

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

572890
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00717

Person Filing

2. Name and mailing address (include ZIP Code):

Name Gabrielle Shores

Title

Organization

P.O. Box, Bldg., Room No., if any

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State Arizona

ZIP Code + 4 85254

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization Informed Choices Education

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State Arizona

ZIP Code + 4 85254

7. Date entered into:

6 / 4 / 2014

8. Name of person(s) through whom made:

Name

Name

Name

Name

Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed Gabrielle Shores

Digitally signed by Gabrielle Shores
DN: cn=Gabrielle Shores, o=ILA,
email=gabrielle@ilapstrategies.com, c=US
Date: 2014.09.03 14:05:21 -0700

President
(If other title, see
instructions)

Title Other (Specify)

Consultant

On 06/26/2014

Date

877-525-2920

Telephone Number

14. Signed _____

Treasurer
(If other title, see
instructions)

Title _____

On _____

Date

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Informed Choices Education has agreed to contract with Gabrielle Shores, to provide educational consulting services for Ormat Nevada Inc dba Mammoth Pacific LP.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Gabrielle Shores is engaged to educate the employees of Ormat Nevada Inc dba Mammoth Pacific LP, of their Section 7 rights under the NLRA.

11.b. Period during which performed:

06/04/2014

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Gabrielle Shores

Organization

P.O. Box, Bldg., Room No., if any

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State Arizona ZIP Code + 4 85254

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

All employees of Ormat Nevada Inc dba Mammoth Pacific LP.

12.b. Identify subject labor organizations:

IBEW
International Brotherhood of Electrical Workers