

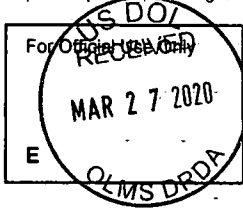
U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 09-30-2021

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).



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 717	2. Period Covered By This Report From: 01/01/2019 Through: 12/31/2019	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing

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

Gabrielle Shores

Name _____

Title **President**

Organization _____

P.O. Box, Building and Room Number, if any _____

Street **6501 E Greenway Parkway #103-114**

City **Scottsdale**

State **AZ** ZIP Code + 4 **85254**

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

Name _____

Title _____

Organization _____

P.O. Box, Building and Room Number, if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

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 the Section on penalties in the instructions).

DocuSigned by: Gabrielle Shores Title President C6307EFA8A654C2...		DocuSigned by: Gabrielle Shores Title Treasurer C6307EFA8A654C2...	
17. Signed	President (If other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
On 3/23/2020 Date	480.221.9757 Telephone Number	On 3/23/2020 Date	480.221.9757 Telephone Number

Name of Person Filing: Gabrielle Shores	File Number C- 717
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____	P.O. Box, Bldg., Room No., if any _____		
Trade Name _____	Street _____		
Attention To: _____	City _____		
Title _____	State _____ ZIP Code + 4 _____		

5.b. Termination Date	5.c. Amount
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.	
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7. Disbursements to Officers and Employees:			
(a) Name	(b) Salary	(c) Expenses	(d) Totals

	9. Office and Administrative Expenses
	10. Publicity
	11. Fees for Professional Services
	12. Loans Made
	13. Other Disbursements
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 9 - 13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
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15.a. Employer Name:	15.b. Trade Name, if any:
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15.c. To Whom Paid Name <u>Gabrielle Shores</u> Title <u>Consultant</u> Organization _____ P.O. Box, Building and Room Number, if any _____ Street <u>6501 E Greenway Parkway #103-114</u> City <u>Scottsdale</u> State <u>Arizona</u> ZIP Code + 4 <u>85254</u>	15.d. Amount <u>19200</u> 15.e. Purpose: To educate the employees of Calpine Operating Services Company, Inc of their Section 7 rights under the NLRA.
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
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Name of Person Filing:	File Number C- 717
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____	P.O. Box, Bldg., Room No., if any _____		
Trade Name _____	Street _____		
Attention To: _____	City _____		
Title _____	State _____ ZIP Code + 4 _____		
5.b. Termination Date		5.c. Amount	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8 – 13)

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid Name <u>Carina Hunt</u> Title <u>Consultant</u> Organization <u>C. Hunt Management</u> P.O. Box, Building and Room Number, if any <u>909 Champion Ct</u> Street City <u>Roanoke</u> State <u>Texas</u> ZIP Code + 4 <u>76262</u>	15.d. Amount <u>9800</u> 15.e. Purpose To educate the employees of Calpine Operating Services Company, Inc of their Section 7 rights under the NLRA.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing:	File Number C- <u>717</u>
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any). Employer _____ Trade Name _____ Attention To: _____ Title _____	Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____
5.b. Termination Date	5.c. Amount
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
7. Disbursements to Officers and Employees:					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8 – 13)	

D. Schedule of Disbursements for Reportable Activity		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name: Name <u>Joseph Brock</u> Title <u>Consultant</u> Organization <u>East Coast Labor Relations, LLC</u> P.O. Box, Building and Room Number, if any _____ <u>515 S Gull Lake Drive</u> Street _____ City <u>Richland</u> State <u>Michigan</u> ZIP Code + 4 <u>49063</u>	15.b. Trade Name, if any: _____ 15.d. Amount <u>11900</u> 15.e. Purpose <u>To educate the employees of Calpine Operating Services Company, Inc of their Section 7 rights under the NLRA.</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		