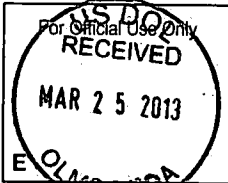


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No: 1245-0003  
Expires 10-31-2013

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

517950

1. File Number C-10717	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2012		12 / 31 / 2012

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name: Gabrielle Shores	Name:
Title:	Title:
Organization:	Organization:
P.O. Box, Building and Room Number, if any:	P.O. Box, Building and Room Number, if any:
Street: 6501 E. Greenway Parkway #103-114	Street:
City: Scottsdale	City:
State: Arizona ZIP Code + 4 85254	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).

<u>Gabrielle Shores</u> Gabrielle Shores (Mar 20, 2013)		18. Signed _____	
Title: Other (Specify) Consultant	President (if other title, see instructions)	Title: Other (Specify)	Treasurer (if other title, see instructions)
On: 03 / 01 / 2013	877-525-2920	On: / /	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Gabrielle Shores

File Number C- 0717

**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 Informed Choices Education

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

Informed Choices Education

Trade Name

Street

6501 E. Greenway Parkway #103-114

Attention To

Gabrielle

Shores

City

Scottsdale

Title

President

State

Arizona

ZIP Code + 4 85254

5.b. Termination Date 12/31/2012

5.c. Amount 15356

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 15356

**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:

0

14. Total Disbursements (Sum of Items 8-13)

0

**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

15.d. Amount

Name

Title

Organization

15.e. Purpose

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

Street

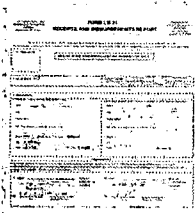
City

State

Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY









# 2012 LM 21 - Gabrielle Shores

EchoSign Document History

March 20, 2013

Created:	March 20, 2013
By:	Lorna Chehov (lorna@chehov.co)
Status:	SIGNED
Transaction ID:	SLJM8X236X4NXL

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-  Document created by Lorna Chehov (lorna@chehov.co)  
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