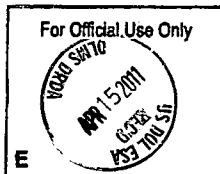


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

457709

1. File Number C- 00000 725	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2010	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2010
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Mike Roan Title Organization P.O. Box, Building and Room Number, if any Street 6213 Capistrano Avenue City Woodland Hills State California ZIP Code + 4 91367	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).

17. Signed _____ Title Other (Specify)	President (If other title, see instructions)	18. Signed _____ Title Other (Specify)	Treasurer (If other title, see instructions)
On _____ Date	Telephone Number _____	On _____ Date	Telephone Number _____

Name of Person Filing: Mike Roan	File Number C- 00000
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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 Informed Choices Education Trade Name Attention To Gabrielle Shores Title President	Mailing Address: P.O. Box, Building and Room Number, if any Informed Choices Education Street 6501 E. Greenway Parkway #103-114 City Scottsdale State Arizona ZIP Code + 4 85254
5.b. Termination Date 04/17/2010	5.c. Amount 12,500
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 12,500	

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)
				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 0	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State	ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		