

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)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

442889

1. File Number C- 00000 718	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 Thomas Zigray
Title
Organization
P.O. Box, Building and Room Number, if any
Street 6501 E. Greenway Parkway #103-114
City Scottsdale
State 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).

17. Signed Thomas Zigray President
Thomas Zigray (Feb. 2011)
Title (if other title, see instructions)
Consultant

18. Signed _____ Treasurer
(If other title, see instructions)
Title

On 01 / 24 / 2011 858-246-6522
Date Telephone Number

On / /
Date Telephone Number

Name of Person Filing: Thomas Zigray

File Number C- 00000

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 ZIP Code + 4 85254

5.b. Termination Date 06/04/2010

5.c. Amount 2500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 2500

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	0
				12. Loans Made	0
				13. Other Disbursements	0
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