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 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

511941						
1. File Number C- 00678	2. Period Covered	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)		
	By This Report From:	01/01/2012	Through:	12/31/2012		
	,					
A. Person Filing				·		
3. Name and mailing address (include ZIP Code):	4. Any other addres	s where records necessa	ry to verify	this report are kept:		
Name Gabrielle Shores	Name					
Title President	Title	k in some operation of the second property approximation of the second property appro				
Organization Informed Choices Education, Inc.	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			The second secon		
City Scottsdale State Arizona ZIP Code + 4 85254	City	en e		**A* *********************************		
Side AL1201d 21F Code + 4 85254	State	e sone i e e e e		e+4		
Signatures						
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the e signatory and is, to th	information submitted in the best of the undersigned	is report (inc	luding the ge and belief, true,		
17 Septicial Shores (Mar 20, 2013) Title President (if other title, see instructions)		zois er (Specify) er Leeper		Treasurer (If other title, see instructions)		
On Date Telephone Number	On 03 / 01	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The continues of the co		
Pate Felephone Number	Dat	e Telephone	Number			

ame of Person ing: Gabrielle Shores			File Number C- 00678			<u>.</u>
•						- :-
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 Calpine Operating Services Company Inc.		Mailing Address: P.O. Box, Building and Room Number, if any				
Trade Name The Geysers		Street 10350 Socrates Mine Road				
Attention To Michael Rogers		City Middletown				
Title		State (California	7ID Code	+4 194561	>
Needlemanner, day is administrative in the content of specific transfer and administrative in the content of th		0.0.0	THE TWO DESCRIPTIONS OF THE PARTY OF THE PAR		74 194301	
5.b. Termination Date 12/31/2012		5.c. Amou	nt 100237	Marin a spranning		•
6 TOTAL RECEIPTS FROM ALL EMPLOYERS 100237			<u></u>			
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<u>.</u>						
C. Statement of Disbursements Report all disbursements in the employers listed in Report all disbursements in the employers listed in Report all disbursements.	nade by the rep	orting organi	zation in connection	n with labor relations advice	e or services r	endered
to the employers listed in F	Part B.				3.01.001410031	cudored
Disbursements to Officers and Employees: (a) Name (b) Salary	(c) Expenses (d)	Totals				
(0,000)	(0) Expenses (0)	Totals	0.05	1.5.	4	
	· · · · · · · · · · · · · · · · · · ·			dministrative Expenses		* ****
	A		10. Publicity		-	
The second secon			11. Fees for Pro	fessional Services		35600
			12. Loans Made		gamerican seed sand	Ö
and the second s	. \$15 A. 1851 . M. 1884 .		13. Other Disbu	rsements	Y***	
8. Total disbursements to officers and employees:			14. Total Disburse	ements (Sum of Items 8-13)		35600
				·		
B.O. C.			<u> </u>			
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the					D of the	
AF a Freedown No.						
Commence of the same and the same and the same at the		15.b. 1rad	e Name, If any:	والواد المحادة		
and the state of t			The state of the s			
15.c. To Whom Paid			15.d. Amount 19680			
Name				··		
			ose	ا المعظمين في المراجع المعارض	e	en restaurant
And the companies of th			es Company, ;	loyees of Calpine Inc Geysers, of	Operating their Se	r th
Organization The Towson Toolman, Inc.			ts under the	NLRA.		
P.O. Box, Building and Room Number, if any		· ·				
		11				
Street 218 Midhurst Road						H
Comments and many many many many many many many many						il
definition of the state of the	And the state of t			•		!]
State Maryland ZIP Code + 4 121212				tet to be made as as as		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 35600						

Name of Person Filing: Gabrielle Shores File Number C-00678				
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:			
Designation of the contract of	· · · · · · · · · · · · · · · · · · ·			
15.c. To Whom Paid Name James Marshall	15.d. Amount ₁ 7920			
Name James (Marshall Title Organization	15.e Purpose To educate the employees of Calpine Operating Services Company, Inc Geysers, of their Section 7 rights under the NLRA.			
P.O. Box, Building and Room Number, if any Street 3676 Crown Point Drive City San Diego				
State California ZIP Code + 4 92109				
	The second secon			
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount :15356			
Name Gabrielle Shores				
Title Organization	15.e Purpose To educate the employees of Calpine Operating Services Company, Inc Geysers, of their Section 7 rights under the NLRA:			
P.O. Box, Building and Room Number, if any Street 6501 E. Greenway Parkway #103-114 City Scottdale				
State Arizona ZIP Code + 4.85254	a unumur			
	The state of the s			
15.a. Employer Name:	15.b. Trade Name, If any:			
	For the second s			
15.c. To Whom Paid	15.d. Amount 2644			
Name Thomas Zigray	15.e. Purpose			
Title	To educate the employees of Calpine Operating Services Company, Inc Geysers, of their Section			
Organization	17 rights under the NLRA.			
P.O. Box, Building and Room Number, if any				
Street 6501 E. Greenway Parkway #103-114				
City Scottsdale				
State Arizona ZIP Code + 4 85254	1			



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EchoSign Document History

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By: Lorna Chehov (lorna@chehov.co)

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 March 20, 2013 11:04 AM PDT 76.227.225.49
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