

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

1. File Number C- 00678

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

A. Person Filing

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

Name Gabrielle Shores

Title President

Organization Informed Choices Education

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 Gabrielle Shores

Gabrielle Shores (Jan 26, 2011)

President

(if other title, see
instructions)

Title

18. Signed

Title

Bookkeeper

Treasurer

(If other title, see
instructions)

On 01 / 24 / 2011 858-246-6522

Date

Telephone Number

On 01 / 24 / 2011 858-246-6522

Date

Telephone Number

Name of Person Filing: Gabrielle Shores

File Number C- 00678

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 Livingston Healthcare

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

Livingston Healthcare

Trade Name

Street 504 South 13th Street

Attention To Sam Pleshar

City Livingston

Title CEO

State

ZIP Code + 4 59047

5.b. Termination Date 04/16/2010

5.c. Amount 8181

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 28082

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	8100
				12. Loans Made	0
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	8100

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 Gabrielle Shores

Title

Organization

15.d. Amount 8100

15.e. Purpose

To educate employees of Livingston Healthcare 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 Scottsdale

State ZIP Code + 4 85254

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 8100

Name of Person Filing: Gabrielle Shores	File Number C- 00678
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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 The Art Institutes		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2323 Elliott Avenue	
Attention To: Linda Hunter		City Seattle	
Title VP Human Resources		State ZIP Code + 4 98121-1642	
5.b. Termination Date 06/04/2010		5.c. Amount 2500	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Presby's Inspired Life		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2000 Joshua Road	
Attention To: Michelle Bryk		City Lafayette Hill	
Title VP Human Resources		State ZIP Code + 4 19444	
5.b. Termination Date 04/17/2010		5.c. Amount 17401	

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	

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	

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	

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	

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 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	15.d. Amount 2500 15.e. Purpose To educate employees of The Art Institutes of their Section 7 rights under the NLRA.
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Mike Roan Title Organization P.O. Box, Building and Room Number, if any Street 6213 Capistrano Avenue City Woodland Hills State ZIP Code + 4 91367	15.d. Amount 12500 15.e. Purpose To educate employees of Presby's Inspired Life of their Section 7 rights under the NLRA.
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose