

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT



Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

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|------------------------|-------------------------------------|--------------------------------|----------|--------------------------------|
| 1. File Number C- 0717 | 2. Period Covered By This Report | Month/Day/Year (mm/dd/yyyy) | | Month/Day/Year (mm/dd/yyyy) |
| | From: | 01 / 01 / 2013 | Through: | 12 / 31 / 2013 |

A. Person Filing

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

Name Gabrielle Shores

Title Consultant

Organization

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

Street 6501 E. Greenway Parkway #103-114

City Scottsdale

State Arizona

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 (Mar 30 2014)

Title Other (Specify)

Consultant

On 03 / 29 / 2014 877-525-2920
Date Telephone Number

President
(if other title, see
instructions)

18. Signed

Title

On / /
Date Telephone Number

Treasurer
(If other title, see
instructions)

| | |
|---|---------------------|
| Name of Person Filing: Gabrielle Shores | File Number C- 0717 |
|---|---------------------|

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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 Title | 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 | 5.c. Amount 17010 |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 17010 | |

| | | | | | |
|--|------------|--------------|------------|---|--|
| 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) | |

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