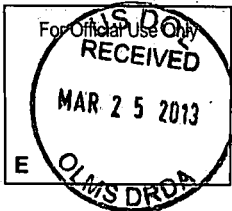


FORM LM-21

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

517947

1. File Number C- 00678	2. Period Covered By This Report From: 01/01/2012 Through: 12/31/2012
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A. Person Filing

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

Name Gabrielle Shores
Title President
Organization Informed Choices Education, Inc.
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. <u>Gabrielle Shores</u> Gabrielle Shores (Mar. 20, 2013) Title <u>President</u> On <u>03/01/2013</u> <u>877-525-2920</u> Date Telephone Number	18. <u>Lorna Chenov</u> Lorna Chenov (Mar. 21, 2013) Title <u>Other (Specify)</u> <u>Bookkeeper</u> On <u>03/01/2013</u> <u>858-246-6522</u> Date Telephone Number	Treasurer (If other title, see instructions)
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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:

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

Employer Calpine Operating Services Company Inc.

Trade Name The Geysers

Street 10350 Socrates Mine Road

Attention To Michael Rogers

City Middletown

Title

State California

ZIP Code + 4 194561

5.b. Termination Date 12/31/2012

5.c. Amount 100237

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 100237

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

35600

12. Loans Made

0

13. Other Disbursements

8. Total disbursements to officers and employees:

14. Total Disbursements (Sum of Items 8-13)

35600

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 9680

Name

15.e. Purpose

Title

To educate the employees of Calpine Operating Services Company, Inc. - Geysers, of their Section 7 rights under the NLRA.

Organization The Towson Toolman, Inc.

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

Street 218 Midhurst Road

City Baltimore

State Maryland

ZIP Code + 4 21212

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 35600

Name of Person Filing: Gabrielle Shores

File Number C- 00678

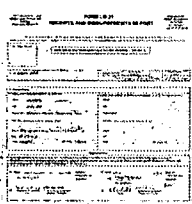
D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: <div></div>	15.b. Trade Name, If any: <div></div>
15.c. To Whom Paid Name James Marshall Title Organization P.O. Box, Building and Room Number, if any <div></div> Street 3676 Crown Point Drive City San Diego State California ZIP Code + 4 92109	15.d. Amount 7920 15.e. Purpose To educate the employees of Calpine Operating Services Company, Inc. - Geysers, of their Section 7 rights under the NLRA.

15.a. Employer Name: <div></div>	15.b. Trade Name, If any: <div></div>
15.c. To Whom Paid Name Gabrielle Shores Title Organization P.O. Box, Building and Room Number, if any <div></div> Street 6501 E. Greenway Parkway #103-114 City Scottsdale State Arizona ZIP Code + 4 85254	15.d. Amount 15356 15.e. Purpose To educate the employees of Calpine Operating Services Company, Inc. - Geysers, of their Section 7 rights under the NLRA.

15.a. Employer Name: <div></div>	15.b. Trade Name, If any: <div></div>
15.c. To Whom Paid Name Thomas Zigray Title Organization P.O. Box, Building and Room Number, if any <div></div> Street 6501 E. Greenway Parkway #103-114 City Scottsdale State Arizona ZIP Code + 4 85254	15.d. Amount 2644 15.e. Purpose To educate the employees of Calpine Operating Services Company, Inc. - Geysers, of their Section 7 rights under the NLRA.












2012 LM21 - Informed Choices Education

EchoSign Document History

March 21, 2013

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-  Document created by Lorna Chehov (lorna@chehov.co)
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