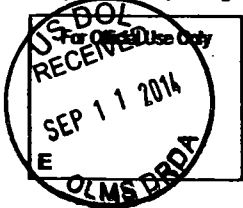


# FORM LM-21

## 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 442.

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

1. File Number <u>C 66125</u>	2. Period Covered By This Report From <u>9/16/2013</u> Through: <u>9/27/2013</u>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <u>Rebecca M Smith</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Owner</u>	Name
Organization <u>Talbot Consulting, Inc</u>	Title
<u>ROCK CREEK Consulting, LLC</u>	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street <u>1474 Lodgepole Dr</u>	Street
City <u>554 MATTHEW DR</u>	City
State <u>NEVADA</u>	State
<u>TWIN FALLS</u>	ZIP Code + 4
IDAHO	
ZIP Code + 4 <u>83301</u>	

### 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 <u>Rebecca M Smith</u>	18. Signed _____
Title <u>President</u>	Title <u>Treasurer</u>
On <u>10/24/2013</u>	On <u>1/1</u>
Date	Date
Telephone Number <u>702-474-8416</u>	Telephone Number

Name of Person Filing: Rebecca Smith	File Number C-
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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.

<b>5.a. Name and Address of Employer (including trade name, if any).</b> Employer Labor Relations Inst Trade Name LRI Attention To Phil Wilson Title President		<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any Street 7850 South Edm City Broken Arrow State OK ZIP Code +4 74013	
<b>5.b. Termination Date</b>		<b>5.c. Amount</b>	
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> \$ 9108.88			

**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	1600.00
				10. Publicity	
				11. Fees for Professional Services	750.00
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	9108.88

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