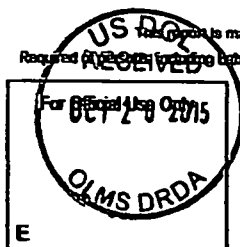


# FORM LM-21

## 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 by (29 USC) 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

621135

1. File Number C- <u>621135</u>	2. Period Covered By This Report From: <u>05/12/2015</u> Through: <u>6/26/2015</u>
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A. Person Filing	
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>Rock Creek Consulting LLC</u>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>554 Mahard Dr</u>	P.O. Box, Building and Room Number, if any
City <u>Twin Falls</u>	Street
State <u>IDaho</u> ZIP Code + 4 <u>83301</u>	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 <u>Rebecca M Smith</u> Title <u>owner</u> On <u>7/8/2015</u> <u>702-494-8116</u> Date Telephone Number	President (if other title, see instructions)	18. Signed _____ Title _____ On <u>1/1/</u> _____ Date Telephone Number	Treasurer (if other title, see instructions)
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Name of Person Filing: <u>Rebecca M. Smith</u>	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.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: <u>LABOR Relations Institute</u>		P.O. Box, Building and Room Number, if any: <u>1529</u>	
Trade Name: <u>LRI</u>	Street: <u>7850 South Elm Ave</u>	City: <u>Broken Arrow</u>	State: <u>OK</u> ZIP Code + 4: <u>74013</u>
Attention To: <u>Phil Wilson</u>	Title: <u>President</u>		

5.b. Termination Date: 6-26-2015 5.c. Amount: 27,873.19

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: \$27,873.19

**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	<u>24,000.00</u>
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	<u>3,873.19</u>
14. Total Disbursements (Sum of Items 8-13)	<u>27,873.19</u>

8. Total disbursements to officers and employees:

**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:
<u></u>	<u></u>
15.c. To Whom Paid:	15.d. Amount:
Name: <u></u>	<u></u>
Title: <u></u>	15.e. Purpose:
Organization: <u></u>	<div style="border: 1px solid black; height: 150px;"></div>
P.O. Box, Building and Room Number, if any: <u></u>	
Street: <u></u>	
City: <u></u>	
State: <u></u> ZIP Code + 4: <u></u>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY