U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

- 12 -

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 07-31-2019

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, lines, 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)

REC'	EIVED READ THE	INSTRUCTIONS CAREFU	LLY BEFORE	PREPARING	THIS REPORT] 6890	317	
1 . File Nu	,		2. Period Cov By This Re	cieu	Acrith/Diny/Year (mm/ddfyyyy) ///20/8	Through:	Morth/Day/Year (am/09/yyy)	
A. Perso								
3. Name	and mailing address (include ZIP Code):		4. Any other	address whe	re records necessa	rry to verify thi	s report are kept:	
Name	Rebecca Smith	and the second of the second o	Name				and the same of th	
Title	Owner		Title				mm com me i e mo y	
Organi	Organization Rock Creek Consulting LLC			Organization				
P.O. B	ox, Building and Room Number, if any	}	P.O. Box,	Building and	Room Number, if a	any		
Street	554 Mahard Dr	-	Street		and the second second	englowers i caloni this		
City	Twin Falls		City					
State	Idaho ZIP (Code + 4 83301	State			ZIP Code	+4	
<u> </u>			<u> </u>	 	<u> </u>			
		Sign	atures					
informatio	e undersigned declares, under penalty of perju on contained in any accompanying documen and complete, [See the Section on genalties	ts) has been examined by th	ties of law, that a ne signatory and	Il of the informi is, to the bes	ation submitted in ti t of the undersigne	nis report (inclu d's knowledge	ding the and belief, true,	
17. Signe	7	President (if other title, see instructions)	18. Signed _	Treasur	er and the second		Treasurer (If other title, see instructions)	
On Z	702-494-8416 Date Telephone Number		On	Date	Telephon	ne Number		

Name of Person	n Filing:					File Number C-			
D Statement	of Descints Deport all manists for			nh t-han min					
B. Sulciral .	of Receipts Report all receipts fro or services.	m employers	in connection w	Ath labor resa	dions advice or serv	ices regardless of the purpos	ses of the advice		
5.a. Name and A	5.a. Name and Address of Employer (including trade name, if any).								
Employer	Rup Labor			P.O. 803	P.O. Box, Building and Room Number, if any				
Trade Nan	18	The second secon	3	Street	reference in the medical control of the control of				
Attention 1	o Russ	Brown	3	City	Satellite Beah				
Title	OWNER			State	Florida	ZIP Code	+4 32937-		
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5.b. Terminafi	on Date 10/17-18			5.c. Amo	ount 37,050	5.17			
6. TOTAL REC	EIPTS FROM ALL EMPLOYERS								
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C Statement	of Disbursements Report all d			**	* * *	****			
G. Suitainni		lisbursement oyers listed i	s made by the re n Part B.	sporting orga	nization in connect	on with labor relations advice	or services rendered		
7. Disbursement (a) Name	s to Officers and Employees:	(b) Salary	(c) Expenses (d	di Tatale					
(a) rank	W. N.	(v) Saay	(c) Expenses (c)	I) IUMS	Office and	Administrative Expenses	80.000 · 00		
					9. United and a	Administrative Expenses	30,000		
					- 	rofessional Services			
 					12. Loans Mad		· · · · · · · · · · · · · · · · · · ·		
		 			13. Other Disb		7050.17		
8. Total disbur	sements to officers and employees	<u> </u>	<u></u>	L		sements (Sum of Items 8-13)	1.10.30		
<u> </u>			<u> </u>		1	annual formation of the			
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D. Schedule o	f Disbursements for Reportable	Activity	Use this Scher instructions.	dule to report	t only disbursement	s made for the purposes des	cribed in Part D of the		
15.a. Employe	r Name:			15.b. Tr	15.b. Trade Name, If any:				
	members and the state of the st				provide the control of the control o				
15.c. To Whon	Dald		and the first series of	15.d. An	A di Proposicio de Para de Sancia de la compansa del compansa de la compansa de la compansa del compansa de la compansa del la compansa de la		- paragraph		
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16. TOTAL DIS	SBURSEMENTS FOR ALL REPO	RTABLE ACT	Πνιτγ						

Name of Person Filing:	"		File Number C-				
B. Statement of Receipts Report all rece or services.	ipts from employers i	in connection wit	h labor relatio	ons advice or services regardless of the purpo	oses of the advice		
5.a. Name and Address of Employer (including	trade name, if any).			Mailing Address:	——————————————————————————————————————		
Employer Alliance	Labor Da	la Lanc	P.O. Box,	Building and Room Number, if any			
Trade Name		CCT OILS	Street	Street 3195 Chino Hills PKWY			
Attention To Frank	100-		City	3193 CHING HILLS PLUE	7		
Praul	Triogen)	City Chico Hills				
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5.b. Termination Date 9-8-1	8		5.c. Amou	mt 28.222.88			
6. TOTAL RECEIPTS FROM ALL EMPLO	YERS	••••					
							
							
C. Statement of Disbursements Reports to the	ort all disbursements e employers listed in	made by the rep Part B.	orting organi	ization in connection with labor relations advic	e or services rendered		
7. Disbursements to Officers and Employees:							
(a) Name	(b) Salary	(c) Expenses (d)	Totals				
	i	L	*** · · · · · · · · · · · · · · · · · ·	9. Office and Administrative Expenses	422,500.00		
				10. Publicity			
				11. Fees for Professional Services			
	managai a a anga aga ag			12. Loans Made			
				13. Other Disbursements	\$ 5722.90		
8. Total disbursements to officers and emp	oloyees:			14. Total Disbursements (Sum of Items 8-13)			
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D. Schedule of Disbursements for Repo		· · · · · · · · · · · · · · · · · · ·			·		
D. Scheding of Distribution Repo	Trade Activity	Use this Scheduinstructions.	uie to report o	only disbursements made for the purposes de	scribed in Part D of the		
15.a. Employer Name:			15.b. Trac	de Name, If any:			
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Name	and the second s		15.e. Purpose				
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to the day, a little of the second and the second and	ZIP Code + 4		11		;		
16. TOTAL DISBURSEMENTS FOR ALL	REPORTABLE ACTI	MTY					

Name of Person F	iting:				· · · · · · · · · · · · · · · · · · ·	File Number C-	
B. Statement of	Receipts Report all receipts or services.	from employers in	n connection wi	th labor relation	ns advice or serv	ices regardless of the purpos	es of the advice
5.a. Name and Add	tress of Employer (including trad	te name, if any).			Mailing Address:	·	
			no antono de la casa de casa d	P.O. Box,	Building and Room	n Number, If any	
Employer	Reliant Co	nsulting.					
Trade Name		الرجيع والموارد عدر والمعاوض الم	المحمدين	Street	10108	FehlBerg CT	
Attention To	Be	Brade		City	54 Joh	W.	
Title	President	and the state of t		State	India	TIP Code	+4 46375
5.b. Termination	Date 4/28	2018		5.c. Amou	nt 24,000.	200	
6. TOTAL RECEI	PTS FROM ALL EMPLOYE	~~ · · · · · · · · · · · · · · · · · · 		···-		· · · · · · · · · · · · · · · · · · ·	
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C. Statement of	Disbursements Report	ali disbursements	made by the re	porting organi	zation in connecti	on with labor relations advice	or services rendered
7. Disbursements t	to the ea to Officers and Employees:	mployers listed in l (b) Salary	Part B. (c) Expenses (d				
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					10. Publicity		12,000
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The second second	1	enter bound of the second	and a second		12. Loans Mad		
		1	!		13. Other Disb	ursements	5/62.11
8. Total disburser	ments to officers and employ	ees:			14. Total Disbur	sements (Sum of Items 8-13)	10-13-63-1
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D. Schedule of D	Disbursements for Reports	ble Activity	lies this School	ule to report o	nh dishursamant	s made for the purposes desi	without in Don't D of the
			instructions.		ary discussion	s made for the purposes desi	aloed in Part D of the
15.a. Employer N	lame:				e Name, if any:		
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15.c. To Whom P	aid		_	15.d. Amo	unt		
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	ding and Room Number, if a	iny					

Name of Person Filing:				File Number C-			
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	e, if any).	-		failing Address: wilding and Room Number, if any			
Employer Rock Creek	Cons	Ating L	(C)	wary an room numer, a my			
Trade Name	and		Street	554 Makard O			
Attention To Repacca M S	mille			provides the analysis of the contract of the contract of			
Title Owner			State	TO Z	IP Code +4 8 330 (
5.b. Termination Date U/A			5.c. Amoun	5482.41			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
							
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C. Statement of Disbursements Report all disb to the employe	oursements	made by the r	eporting organiz	ation in connection with labor relation	ns advice or services rendered		
7. Disbursements to Officers and Employees:							
	b) Satary	(c) Expenses ((d) Totals				
				9. Office and Administrative Exper	1585 PASO0.00		
3 1		Service services and		10. Publicity			
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				12. Loans Made	Andrew Color and the Color and		
	والمراجعة والمعاجرات	<u></u>		13. Other Disbursements	#982.31		
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)			
D. Schedule of Disbursements for Reportable A	43.00.						
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15.a. Employer Name:			15.b. Trade	Name, If any:			
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15.c. To Whom Paid			45.4	The second secon	<u></u>		
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY							