

# 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 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

APR 24 2012

OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 696

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

3/20/2012

Through:

Month/Day/Year  
(mm/dd/yyyy)

3/20/2012

01/01/2011

12/31/11

### A. Person Filing

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

Name Rebecca M. Smith

Title Owner

Organization Tallos Consulting, Inc

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

Street 1474 Lodgepole Dr.

City Henderson

State NV

ZIP Code + 4  
89014

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

Title President

President  
(if other title, see  
instructions)

18. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

4/12/2012

Date

702-494-8416

Telephone Number

On

1/1

Date

Telephone Number

Name of Person Filing: Rebecca M. Smith, Talbot Consult 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, if any).

Mailing Address:

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

Employer Phil Wilson  
Trade Name Labor Relations Institute  
Attention To Phil Wilson  
Title President

Street

City Broken Arrow

State OK

ZIP Code + 4

5.b. Termination Date 3-20-2012

5.c. Amount 2421.20

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**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

<u>Rebecca M. Smith</u>	<u>1500.00</u>	<u>921.20</u>	<u>2421.20</u>	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: <u>2421.20</u>				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

15.d. Amount

15.e. Purpose

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY