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

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires: 03-31-2019

This report is mandatory under P.L. 88-257, 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	er section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)				
For Official Use Only APR 17 2318 E US DEOP READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT (75 7 80)					
1 . File Number C- 66(25)	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy)				
A. Person Filing					
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:				
Name Rebecca M	Name				
Title Owner	Title				
Organization Rock Creek Conculting	Organization				
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any				
Street 554 Mahard Dr	Street				
City Twin Falls	City				
State Idaho ZIP Code + 4 83301	State ZIP Code + 4				
Signa	itures				
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).					
17. Signed President (if other title, see instructions)	18. Signed Treasurer Title Treasurer (If other title, see instructions)				
On 3 / 31 / 2018 702-494-8416 Telephone Number	On Date Telephone Number				

Name of Person Fili	ng:							File Number C-	56125	
B. Statement of Re	ce	ipts Report all receipts from or services.	n employers ir	connec	tion with	h labor relat	ions advice or serv	ices regardless of t	he purposes	of the advice
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room I					Mumber if any					
Employer Re	Employer Reliant Consulting				10.60	, building and Room	i Nulliber, ir alily			
Trade Name					Street	10108 Fehlberg	Ct			
Attention To	Зуг	on C	Clay				St John			,
Title [Pre	sident				State	Indiana	z	ZIP Code + 4	46373
										
5.b. Termination D	ate	12/31/2017				5.c. Amo	unt 128220			· · · · · · · · · · · · · · · · · · ·
6. TOTAL RECEIP	SI	ROM ALL EMPLOYERS								
					•	-				
C. Statement of Di	sbı		isbursements i	nade by	the rep	orting organ	nization in connection	n with labor relatio	ns advice or	services rendered
7. Disbursements to	\ #;	•	yers listed in F	Part B.						
(a) Name	JIII	ers and Employees.	(b) Salary	(c) Expe	nses (d)	Totals				
Rebecca		Smith	8220				9. Office and A	dministrative Exper	nses	120000
							10. Publicity			
							11. Fees for Pr	ofessional Services	·	
							12. Loans Made	•		
							13. Other Disb	ırsements		
8. Total disbursements to officers and employees:			·		14. Total Disbur	sements (Sum of Iten	ns 8-13)			
D. Schedule of Dis	bu	rsements for Reportable				le to report	only disbursements	made for the purp	oses describ	ed in Part D of the
15.a. Employer Na				instruction	ons.	15 h Too	de Nome If any			
See Attach		 				15.b. 11a	de Name, If any:			1
Gee Attach	<u>-</u>					<u> </u>				
15.c. To Whom Pai	<u> </u>					15.d. Am	ount			
Name						15.e. Pur	pose			
Title										
Organization				*******		1				
<u> </u>						-				
P.O. Box, Buildii	ıg a	and Room Number, if any								
Street										
City	City									
State Washin	gt	on ZI	P Code + 4							
16. TOTAL DISBUI	16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY									

Form LM-21 (2003)

15.a. Employer Name: Save Mart	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 39,165
Name Rebecca Smith	15.e. Purpose
Title Organization Rock Creek Consulting	Engaged to Communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Number, if any	
Street 544 Mahard Dr	
City Twin Falls	
State Idaho ZIP Code + 4 83301	

15.a. Employer Name: Labcorp	15.b. Trade Name, if any:				
15.c. To Whom Paid	15.d. Amount 63,530				
Name Rebecca Smith	15.e. Purpose				
Title	Engaged to Communicate to employees regarding their right to organize and bargain collectively				
Organization Rock Creek Consulting					
P.O. Box, Building and Room Number, if any					
Street 544 Mahard Dr	• •				
City Twin Falls					
State Idaho ZIP Code + 4 83301					

15.a. Employer Name: Quest		10.b. Trade Name, If any:				
15.c. To Whom Paid		15.d. Amount 25, 525				
Name Rebecca Smith		15.e. Purpose				
Title		Engaged to Communicate to employees regarding their right to organize and bargain collectively				
Organization Rock Creek Consulti	ng ·					
P.O. Box, Building and Room Number, if a	ny					
Street 544 Mahard Dr						
City Twin Falls						
State Idaho	ZIP Code + 4 83301	.				
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