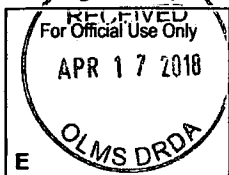


FORM LM-21

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

675381

1. File Number C- <input type="text" value="66125"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2017"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text" value="Rebecca"/> <input type="text" value="Smith"/> Title <input type="text" value="Owner"/> Organization <input type="text" value="Rock Creek Consulting LLC"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="554 Mahard DR"/> City <input type="text" value="Twin Falls"/> State <input type="text" value="Idaho"/> ZIP Code + 4 <input type="text" value="83301"/>	4. Any other address where records necessary to verify this report are kept: Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 <input type="text" value="Sole Proprietor"/> President (if other title, see instructions)	18. Signed _____ Title <input type="text" value="Treasurer"/> Treasurer (if other title, see instructions)
On <input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2018"/> <input type="text" value="702-494-8416"/> Date Telephone Number	On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date Telephone Number

Name of Person Filing:	File Number C- <u>66128</u>
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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).

Employer <u>Russ Brown</u>	Mailing Address: P.O. Box, Building and Room Number, if any <u>#211</u>
Trade Name <u>RWP Labor</u>	Street <u>297 HWY A1A</u>
Attention To <u>Russ</u> <input type="checkbox"/> <u>Brown</u>	City <u>Satellite Beach</u>
Title <u>President</u>	State <u>Florida</u> ZIP Code + 4 <u>32937</u>

5.b. Termination Date 10/27/2018 5.c. Amount 60,215

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</u> <input type="checkbox"/> <u>Smith</u>	<u>5215</u>			9. Office and Administrative Expenses <u>55,000</u>
<input type="checkbox"/> <input type="checkbox"/>				10. Publicity
<input type="checkbox"/> <input type="checkbox"/>				11. Fees for Professional Services
<input type="checkbox"/> <input type="checkbox"/>				12. Loans Made
<input type="checkbox"/> <input type="checkbox"/>				13. Other Disbursements
8. Total disbursements to officers and employees:				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: <u>GE</u>	15.b. Trade Name, if any: <u></u>
15.c. To Whom Paid <u>Rebecca</u> <u>Smith</u>	15.d. Amount <u>1500.00</u>
Name <u>Rebecca</u> <input type="checkbox"/> <u>Smith</u>	15.e. Purpose <u>Video providing Union Free Information And ACT training</u>
Title <u>Consultant Labor Relation</u>	
Organization <u>Rock Creek</u>	
P.O. Box, Building and Room Number, if any <u></u>	
Street <u>554 Mahard Dr</u>	
City <u>Twin Falls</u>	
State <u>Washington ID</u> ZIP Code + 4 <u>83301</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

66125

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:

~~See Attached~~

Krispy Kreme

15.b. Trade Name, if any:

15.c. To Whom Paid Name

Rebecca Smith

Title Organization

Rock Creek Consulting

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

Street City

554 Mahard Dr

State

Twin Falls, ID

ZIP Code + 4

83301

15.d. Amount

14,762

15.e. Purpose

Engaged to
Communicate to employees
regarding their right
to organize and
Bargain collectively

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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:

~~See Attached~~

Kumho Tires

15.b. Trade Name, if any:

15.c. To Whom Paid Name

Rebecca Smith

Title Organization

Rock Creek Consulting

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

Street City

554 Mahard Dr

State

Twin Falls, ID

ZIP Code + 4

83301

15.d. Amount

43,953

15.e. Purpose

Engaged to communicate
to employees regarding
their right to organize
And Bargain collectively

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY