

SECRET

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

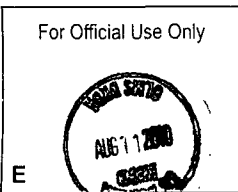
Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT



433645

1. File Number C- <u>696</u>	2. Period Covered By This Report From: <u>01/01/07</u>	Month/Day/Year (mm/dd/yyyy)	Through: <u>12/31/07</u>	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing

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

Name Rebecca M Smith
Title Consultant (owner)
Organization Talos 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 Rebecca M Smith President
Title President (if other title, see instructions)

18. Signed _____ Treasurer
Title Treasurer (If other title, see instructions)

On 8/4/2010 702-494-8416
Date Telephone Number

On 1/1 _____
Date Telephone Number

Name of Person Filing:

Rebecca M. Smith

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).

Employer Labor Relations Institute

Trade Name

Attention To Phil Wilson

Title President

Mailing Address:

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

Box 1529

Street 7850 South Elm PL

City Broken Arrow

State OK

ZIP Code + 4 74013

5.b. Termination Date

12/21/07

5.c. Amount

33,000.00

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	
Rebecca M. Smith	31860.62	2139.30	33,000.00	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:				33,000.00
				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	
Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4		15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			