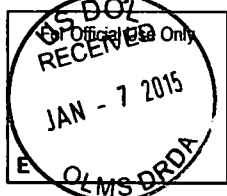


574754

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**

1. File Number C- <u>00125</u>	2. Period Covered By This Report From: <u>03</u> / <u>10</u> / <u>2014</u>	Month/Day/Year (mm/dd/yyyy)	Through: <u>03</u> / <u>19</u> / <u>2014</u>	Month/Day/Year (mm/dd/yyyy)
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### A. Person Filing

3. Name and mailing address (include ZIP Code):		4. Any other address where records necessary to verify this report are kept:	
Name	Rebecca <input type="checkbox"/> Smith	Name	<input type="checkbox"/> <input type="checkbox"/>
Title	owner	Title	<input type="checkbox"/>
Organization	Rock Creek Consulting, LLC	Organization	<input type="checkbox"/>
P.O. Box, Building and Room Number, if any		P.O. Box, Building and Room Number, if any	
<input type="checkbox"/>		<input type="checkbox"/>	
Street	554 Mahard Dr	Street	<input type="checkbox"/>
City	Twin Falls	City	<input type="checkbox"/>
State	Idaho	State	<input type="checkbox"/>
ZIP Code + 4	83301	ZIP Code + 4	<input type="checkbox"/>

## 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).

<p>17. Signed <u><i>Kelsey Smith</i></u></p> <p>Title <u>President</u></p> <p>President (if other title, see instructions)</p>	<p>18. Signed _____</p> <p>Treasurer (If other title, see instructions)</p>
<p>On <u>4/12/2014</u></p> <p>Date</p>	<p>On <u>          </u></p> <p>Date</p>
<p><u>702-494-8416</u></p> <p>Telephone Number</p>	<p><u>                                </u></p> <p>Telephone Number</p>

Name of Person Filing: Rebecca Smith	File Number C-
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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). Mailing Address:

Employer <input type="text" value="Labor Relations Institute"/>	P.O. Box, Building and Room Number, if any <input type="text" value="1529"/>
Trade Name <input type="text" value="LRI"/>	Street <input type="text" value="7850 South Elm Place"/>
Attention To <input type="text" value="Phil"/> <input type="checkbox"/> <input type="text" value="Wilson"/>	City <input type="text" value="Broken Arrow"/>
Title <input type="text" value="President"/>	State <input type="text" value="Oklahoma"/> ZIP Code + 4 <input type="text" value="74013"/>

5.b. Termination Date  5.c. Amount

**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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses	<input type="text" value="\$13,216.3"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	<input type="text"/>

**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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="checkbox"/> <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"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	