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: 08-31-2016

> Month/Day/Year (makkSyyyy)

6/29/2015

No. 1245-0003
Expires: 08-31-201

Discreport 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 section 203(b) of the Labor-Management Relations and Disclosure Act of 1999, as amended. (LMRDA)

FOR OTHER DISTRIBUTIONS CAPPENS E 1. File Number C 60125 Month/Day/Year (mmtd/yyyy) 2. Period Covered By This Report From: 128/2015 Through: A. Person Filing

3. Name and mailing address (include ZIP Code):	4. Any other address where n	ecords necessary to verify this report are kept:
Name Rebecca M Snith	Name	
Title Quiner	Title	
Organization Rock Creek Consulting (	Organization	
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Ro	orn Number, if any
Street 554 Marhard Dr	Street	
City Twin Falls	City	
State IDAHO ZIP Code +4 83301	State	ZIP Code + 4
S	ignatures	
Each of the undersigned declares, under penalty of perjury and other applicable information contained in any accompanying documents) has been examined correct, and complete. (See the Section on penalties in the instructions).	penalties of law, that all of the information I by the signatory and is, to the best of	n submitted in this report (including the the undersigned's knowledge and belief, true,
17. Signed President (If other title, se	18. Signed	Treasurer
Title Owner instructions)	Title	(If other title, see instructions)
on // / 702-494-8416	on / /	
Date Telephone Number	Date	Telephone Number

Name of Person Filing: Rubelco	a Dr.	Shall	<b>A</b>			
B. Statement of Receipts Report all receipts respect all receipts or services.  5.a. Name and Address of Employer (including to			-		File Mumber C.	
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Street

State ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY