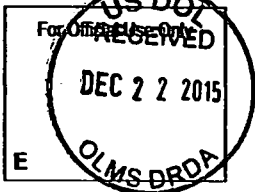


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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 section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

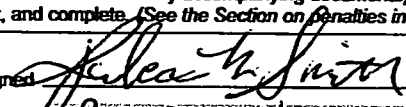
602135

1. File Number C- 66125	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		10 / 01 / 2014		12 / 16 / 2014

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Rebecca Smith
Title	President
Organization	Rock Creek Consulting LLC
P.O. Box, Building and Room Number, if any	
Street	554 Mahard Dr
City	Twin Falls
State	Idaho
ZIP Code + 4	83301
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 	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title President		Title _____	
On 01/15/2015	Telephone Number 702-494-8116	On 1/1	Telephone Number _____
Date	Telephone Number	Date	Telephone Number

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). Employer Labor Relations Institute Trade Name LRI Attention To Phil Wilson Title President	Mailing Address: P.O. Box, Building and Room Number, if any 1529 Street 7850 South Elm Place City Broken Arrow State Idaho ZIP Code + 4 74013
5.b. Termination Date 12/16/14	5.c. Amount 46,056
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 46,056	

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					
				9. Office and Administrative Expenses	33,000
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	13,056
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) 46,056	

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.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.b. Trade Name, if any: 15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	