

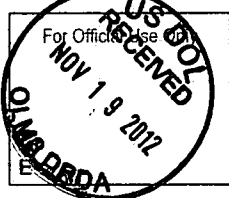
# FORM LM-21

## 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. 85-237, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 433 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

509973

1. File Number C- 696

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

10/01/2012

Through:

Month/Day/Year  
(mm/dd/yyyy)

10/31/2012

01/01/2012

12/31/12

### A. Person Filing

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

Name Rebecca M Smith

Title President

Organization Taltos Consulting, Inc

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

Street 1474 Lodgepole Dr

City Henderson

State Nevada 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)

On 11/13/2012 702-494-8416  
Date Telephone Number

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

On //   
Date Telephone Number

Name of Person Filing: Rebecca 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).

Mailing Address:

Employer Labor Relations Institute

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

PO Box 1529

Trade Name LRI

Street

7850 South Elm Place

Attention To Phil

Wilson

City

Broken Arrow

Title

President

State

Oklahoma

ZIP Code + 4 74013

5.b. Termination Date 10/14/12

5.c. Amount 7,700

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 7,700

**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

R. Smith.		7,500	200	7,700	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:				7,700	14. Total Disbursements (Sum of Items 8-13)	7,700

**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

15.e. Purpose

Title

Organization

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

Street

City

State

Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY