

# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

433647

1. File Number C- <u>696</u>	2. Period Covered By This Report From: <u>1/07/09</u>	Month/Day/Year (mm/dd/yyyy)	Through: <u>12/31/09</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 Owner  
Organization Talbot Consulting  
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 8/14/10 762-494-8416  
Date Telephone Number

On 1/1 \_\_\_\_\_  
Date Telephone Number

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Name of Person Filing: <u>Rebecca M Smith</u>	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  
Attention To Phil Wilson  
Title President

Mailing Address:  
P.O. Box, Building and Room Number, if any  
Street P O Box 1529  
City Broken Arrow  
State OK ZIP Code + 4 74013

5.b. Termination Date 1-21-09 5.c. Amount 6880

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
<u>Rebecca M Smith</u>	<u>4501</u>	<u>2379</u>	<u>6880</u>

8. Total disbursements to officers and employees: 6880

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
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 Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State <u>Washington</u> ZIP Code + 4	15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: <u>Rebecca M. Smith</u>	File Number C-
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer <u>Labor Relations Institute</u> Trade Name Attention To <u>Phil Wilson</u> Title <u>President</u>	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any <u>P O Box 1529</u> Street <u>7850 South Elm PL</u> City <u>Broken Arrow</u> State <u>OK</u> ZIP Code + 4 <u>74013</u>
5.b. Termination Date	5.c. Amount <u>8213</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

<b>C. Statement of Disbursements</b> 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	
			<u>8213</u>	10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:			<u>8213</u>	14. Total Disbursements (Sum of Items 8-13)	

<b>D. Schedule of Disbursements for Reportable Activity</b>		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 <u>Washington</u> ZIP Code + 4	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Peterman

Name of Person Filing: <b>Rebecca M Smith</b>	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  
Attention To **Phil Wilson**  
Title **President**

Mailing Address:  
P.O. Box, Building and Room Number, if any  
Street **PO BOX 1529**  
City **Broken Arrow**  
State **OK** ZIP Code + 4 **74013**

5.b. Termination Date **10 - - 09** 5.c. Amount **7,416**

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
<b>Rebecca M Smith</b>			<b>7416</b>

8. Total disbursements to officers and employees: **7416**

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
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 Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State <b>Washington</b> ZIP Code + 4	15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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

PO BOX 1529

Street 7850 South Elm PL

City Broken Arrow

State OK

ZIP Code + 4 74013

5.b. Termination Date

10-1-09

5.c. Amount

67,744

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	67,552	192	67,744	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: 67,744				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

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