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

This report is mandatory under P.L. 88-257, es amended. Failure to compty 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)

RECEIVED READ THE INSTRUCTIONS CAREFUL JAN - 7 2015	LLY BEFORE PREPARING THIS REPORT 574752
1 . File Number C- \(\bar{U\lambda}\lambda\rangle\r	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) 04 / 07 / 2014 Through: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) 105 / 16 / 2014
A. Person Filing	
3. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Rebecca Smith	Name Name
Trtle Owner	Title
Organization Rock Creek Consulting, LLC	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 554 Mahard Dr	Street
City Twin Falls	City
State Idaho ZIP Code + 4 83301	State ZIP Code + 4
Signa	
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On Date 702-494-8416 Telephone Number	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: P.O. Box, Building and Room Number, if any										
Employer Labor Relations Institute					1529					
Trade Name	Trade Name LRI				Street	reet 7850 South Elm Place				
Attention To	Attention To Phil Wilson				City	Broken Arrow				
Title President					State	Oklahoma ZIP Code + 4 74013				
5.b. Termination Date 05/16/2014 5.c. Amount 10111.19										
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.										
	Offi	pers and Employees:	/b) C-1	(a) F		4_4_				
(a) Name	1	<u></u>	(b) Salary	(c) Expens	ses (d) I	otals	0.050000	Administrative Frances	Τ	
) 				╬		10. Publicity	Administrative Expenses	├	
	1			<u> </u>	=			rofessional Services	-	
	屵				=		12. Loans Mad		\vdash	
					=-		13. Other Disb		\vdash	
8. Total disbursements to officers and employees:						14. Total Disbursements (Sum of Items 8-13)				
17. Four dissolution included to the first of 10)										
D. Schedule of D	isbu	rsements for Reportable		Use this S instruction		e to report of	only disbursement	s made for the purposes des	scrib	ed in Part D of the
15.a. Employer N	me					15.b. Tra	de Name, If any:			
			· ·		\neg	lr				
15.c. To Whom Pa	id					15 d Ame	ount [
15.c. To Whom Paid Name 15.d. Amount										
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Title						11				1
Organization]					
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P.O. Box, Building and Room Number, if any										
Street										
City						11				
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State			P Code + 4			<u> </u>				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY										