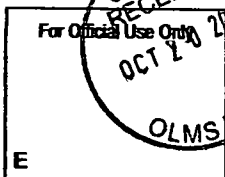


FORM LM-21

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

600222

1. File Number C- 60125	2. Period Covered By This Report From: 7/24/2015 Through: 8/7/2015
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name: Rebecca M Smith	4. Any other address where records necessary to verify this report are kept:
Title: owner	Name:
Organization: Rock Creek Consulting LLC	Title:
P.O. Box, Building and Room Number, if any:	Organization:
Street: 554 Mahard Dr	P.O. Box, Building and Room Number, if any:
City: Twin Falls	Street:
State: IDAHO ZIP Code + 4: 83301	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 Title: owner On: 8/20/2015 Date: 8/20/2015 Telephone Number: 702-494-8416	18. Signed: _____ Title: _____ On: ____/____/____ Date: ____/____/____ Telephone Number: _____
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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

Mailing Address:
P.O. Box, Building and Room Number, if any

1529

Trade Name LRI

Street

7850 South Elm Place

Attention To Phil Wilson

City

Broken Arrow

Title

President

State

OK

ZIP Code + 4 74013

5.b. Termination Date 7-30-15

5.c. Amount 7361.04

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

7361.04

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

4800.00

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

2,561.04

14. Total Disbursements (Sum of Items 8-13)

7361.04

8. Total disbursements to officers and employees:

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

15.d. Amount

Title

15.e. Purpose

Organization

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

Street

City

State

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY