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, 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)

| S D Transition and Telegraphics Consultation and Other Insultations and Organizations, Other  | a section 200(b) of the Labor-History enterin regulates and inspection for or 1800, as a related. (Limitury)  |
|---|---|
|   | LLY BEFORE PREPARING THIS REPORT  |
| E CAS DROP 574751   |   |
| 1 . File Number C-[CC/25  | 2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyr) Through: Month/Day/Year (mm/dd/yyyr)    11   19   2014   Through:   12   04   2014 |
|   |   |
| A. Person Filing  |   |
| Name and mailing address (include ZIP Code):  | Any other address where records necessary to verify this report are kept:   |
| Name Rebecca Smith  | Name  |
| Title 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  |
|   |   |
| 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 President (if other title, see instructions)   | 18. Signed Treasurer  (If other title, see instructions)  |
| On [2/23/244  | 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 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 12/04/2014  | 5.c. Amount 8993, 20   |  |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS  |  |  |  |
|   |  |  |  |
| C. Statement of Disbursements Report all disbursements made by the report   | ting 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) To   | otals  |  |  |
|   | Office and Administrative Expenses 8993.20                                       |  |  |
|   | 10. Publicity  |  |  |
|   | 11. Fees for Professional Services   |  |  |
|   | 12. Loans Made   |  |  |
|   | 13. Other Disbursements  |  |  |
| 8. Total disbursements to officers and employees:   | 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 ZIP Code + 4  |  |  |  |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY   |  |  |  |