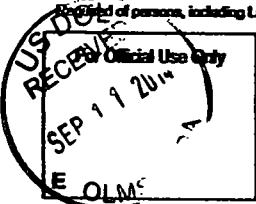


FORM LM-21

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. 435 or 440.

Report 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

572398

1. File Number <u>C-66125</u>	2. Period Covered By This Report From: <u>11/18/2013</u> Through: <u>12/13/2013</u>
-------------------------------	---

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Rebecca M Smith</u> Title <u>Owner</u> Organization <u>Baltes Consulting, Inc Rock Creek Consulting LLC</u> P.O. Box, Building and Room Number, if any Street <u>1474 Lodgepole Dr 554 MAHARD DR</u> City <u>Henderson Twin Falls</u> State <u>Nevada IDAHO</u> ZIP Code <u>+4-89014 83301</u>	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 <u>Rebecca Smith</u> President Title <u>President</u> (if other title, see instructions)	18. Signed _____ Treasurer Title <u>Treasurer</u> (if other title, see instructions)
On <u>12/20/13</u> Date <u>702-454-8416</u> Telephone Number	On <u>1/1</u> 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). Employer <u>Labor Relations Institute</u> Trade Name <u>LRI</u> Attention To <u>Phil Wilson</u> Title <u>President</u>	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>7850 South Elm</u> City <u>Broken Arrow</u> State <u>Ohio</u> <u>OK</u> ZIP Code +4 <u>74013</u>
5.b. Termination Date <u>12-13-13</u>	5.c. Amount <u>26,541.30</u>
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		
				9. Office and Administrative Expenses	<u>25,541.37</u>
				10. Publicity	
				11. Fees for Professional Services	<u>21,000.00</u>
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	<u>26,541.30</u>

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.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.b. Trade Name, if any: 15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		