

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

497810

1. File Number C- <u>696</u>	2. Period Covered By This Report From: <u>4/27/2012</u> Through: <u>4/27/2012</u>
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9/9/2011

12/31/11

A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Rebecca M Smith
Title Owner
Organization Tattos Consulting Inc
P.O. Box, Building and Room Number, if any
Street 1474 Lodgepole Dr
City Henderson
State NV ZIP Code + 4 89015

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 M Smith</u> Title <u>President</u> On <u>5/14/2012</u> Date <u>702-494-8116</u> Telephone Number	President (if other title, see instructions)	18. Signed _____ Title <u>Treasurer</u> On <u>1/1</u> Date _____ Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing:	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).		Mailing Address:	
Employer <u>Phil Wilson</u>	P.O. Box, Building and Room Number, if any <u>1529</u>		
Trade Name <u>LRI</u>	Street <u>7850 South Elm</u>		
Attention To <u>Phil</u> <input type="checkbox"/> <u>Wilson</u>	City <u>Broken Arrow</u>		
Title <u>President</u>	State <u>OK</u>	ZIP Code + 4 <u>74013</u>	

5.b. Termination Date <u>4-7-2012</u>	5.c. Amount <u>5781.32</u>
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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>4500</u>	<u>1281</u>	<u>5781.32</u>	9. Office and Administrative Expenses	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Publicity	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Fees for Professional Services	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Loans Made	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Other Disbursements	
8. Total disbursements to officers and employees: <u>5781.32</u>				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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name <input type="checkbox"/> <input type="checkbox"/>	15.e. Purpose
Title <input type="checkbox"/>	
Organization <input type="checkbox"/>	
P.O. Box, Building and Room Number, if any <input type="checkbox"/>	
Street <input type="checkbox"/>	
City <input type="checkbox"/>	
State <u>Washington</u> ZIP Code + 4 <input type="checkbox"/>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY