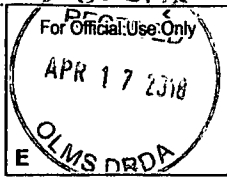


# FORM LM-21

## 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

675380

1. File Number C- <input type="text" value="66125"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2017"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text" value="Rebecca"/> <input type="text" value="M"/> <input type="text"/> Title <input type="text" value="Owner"/> Organization <input type="text" value="Rock Creek Consulting"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="554 Mahard Dr"/> City <input type="text" value="Twin Falls"/> State <input type="text" value="Idaho"/> ZIP Code + 4 <input type="text" value="83301"/>	4. Any other address where records necessary to verify this report are kept: Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>

### 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 Title <input type="text" value="President"/> On <input type="text" value="3"/> / <input type="text" value="31"/> / <input type="text" value="2018"/> <input type="text" value="702-494-8416"/> Date Telephone Number	18. Signed _____ Title <input type="text" value="Treasurer"/> On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> Date Telephone Number
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Name of Person Filing:	File Number C-66125
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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 <input type="text" value="Reliant Consulting"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="10108 Fehlberg Ct"/>
Attention To <input type="text" value="Byron"/> <input type="text" value="Clay"/>	City <input type="text" value="St John"/>
Title <input type="text" value="President"/>	State <input type="text" value="Indiana"/> ZIP Code + 4 <input type="text" value="46373"/>

5.b. Termination Date  5.c. Amount

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	
Rebecca <input type="text" value="Smith"/>	<input type="text" value="8220"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text" value="120000"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

**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: <input type="text" value="See Attached"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

66125

15.a. Employer Name: Save Mart	15.b. Trade Name, If any:
15.c. To Whom Paid Name Rebecca Smith Title Organization Rock Creek Consulting P.O. Box, Building and Room Number, if any Street 544 Mahard Dr City Twin Falls State Idaho ZIP Code + 4 83301	15.d. Amount 39,165 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Labcorp	15.b. Trade Name, If any:
15.c. To Whom Paid Name Rebecca Smith Title Organization Rock Creek Consulting P.O. Box, Building and Room Number, if any Street 544 Mahard Dr City Twin Falls State Idaho ZIP Code + 4 83301	15.d. Amount 63,530 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Quest	15.b. Trade Name, If any:
15.c. To Whom Paid Name Rebecca Smith Title Organization Rock Creek Consulting P.O. Box, Building and Room Number, if any Street 544 Mahard Dr City Twin Falls State Idaho ZIP Code + 4 83301	15.d. Amount 25,525 15.e. Purpose Engaged to Communicate to employees regarding their right to organize and bargain collectively