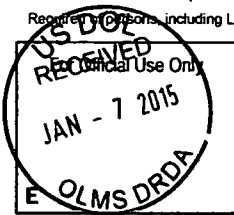


FORM LM-21

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

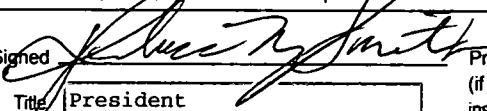
574753

1. File Number C- <u>66125</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		08/27/2014		08/29/2014

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> Rebecca <input type="text"/> Smith	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> owner	Name <input type="text"/> <input type="text"/>
Organization <input type="text"/> Rock Creek Consulting, LLC	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text"/> 554 Mahard Dr	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> Twin Falls	Street <input type="text"/>
State <input type="text"/> Idaho ZIP Code + 4 <input type="text"/> 83301	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"/> President President (if other title, see instructions)	18. Signed _____ Title <input type="text"/> Treasurer Treasurer (if other title, see instructions)
On <input type="text"/> 9/10/2014 <input type="text"/> 702-494-8416 Date Telephone Number	On <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Telephone Number

Name of Person Filing: Rebecca Smith	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>Labor Relations Institute</u>	P.O. Box, Building and Room Number, if any <u>1529</u>
Trade Name <u>LRI</u>	Street <u>7850 South Elm Place</u>
Attention To <u>Phil</u> <input type="checkbox"/> <u>Wilson</u>	City <u>Broken Arrow</u>
Title <u>President</u>	State <u>Oklahoma</u> ZIP Code + 4 <u>74013</u>

5.b. Termination Date 8/29/14 5.c. Amount 4500.00

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

<p>15.a. Employer Name: <input style="width: 90%;" type="text"/></p> <p>15.c. To Whom Paid</p> <p>Name <input style="width: 40%;" type="text"/> <input type="checkbox"/> <input style="width: 40%;" type="text"/></p> <p>Title <input style="width: 90%;" type="text"/></p> <p>Organization <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 40%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>15.b. Trade Name, If any: <input style="width: 90%;" type="text"/></p> <p>15.d. Amount <input style="width: 40%;" type="text"/></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY