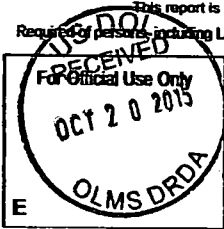


FORM LM-21

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. 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

600221

1. File Number C- <u>66125</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	<u>6/28/2015</u>		<u>6/29/2015</u>

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Rebecca M Smith</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>owner</u>	Name
Organization <u>Rock Creek Consulting LLC</u>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>554 Mahard Dr</u>	P.O. Box, Building and Room Number, if any
City <u>Twain Falls</u>	Street
State <u>IDaho</u> ZIP Code + 4 <u>83301</u>	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>	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title <u>owner</u>		Title _____	
On <u>1/1/</u> <u>702-494-8416</u>	Date Telephone Number	On <u>1/1/</u> _____	Date Telephone Number

Name of Person Filing: Rebecca M. 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>	Mailing Address	
Trade Name	<u>LRI</u>	P.O. Box, Building and Room Number, if any	<u>1529</u>
Attention To	<u>Phil Wilson</u>	Street	<u>7850 South Elm Place</u>
Title	<u>President</u>	City	<u>Broken Arrow</u>
		State	<u>OK</u>
		ZIP Code + 4	<u>74013</u>

5.b. Termination Date 6-29-15

5.c. Amount 3754.31

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 3754.14

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

8. Total disbursements to officers and employees:

9. Office and Administrative Expenses	<u>3754.31</u>
10. Publicity	<u>0.00</u>
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of Items 8-13)	<u>3754.31</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.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	15.e. Purpose
Street	
City	
State	
ZIP Code + 4	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY