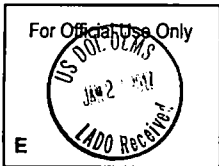


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 07-31-2019



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

633389

1. File Number: C- 65548

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	David A Garcia
Title	President
Organization	Buena Creek Mgmt Conserv Hing
P.O. Box, Bldg., Room No., if any	
Street	2134 Buena Creek Road
City	Vista
State	CA
ZIP Code + 4	92084
3. Any other address where records necessary to verify this report are kept:	
Name	N/A
Title	
Organization	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	
ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:
Dec / 2015	a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): LLC

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	John R Gasparian
Organization	American Reclamation
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	
Street	4560 Doran Street
City	Los Angeles
State	CA
ZIP Code + 4	90039-1006
7. Date entered into: 11 / 01 / 2011	
8. Name of person(s) through whom made:	
Name	
Name	
Name	
Name	
Name	

### 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 Section VI on penalties in the instructions.)

13. Signed   
Title President  
President (If other title, see instructions)

14. Signed \_\_\_\_\_  
Title Treasurer  
Treasurer (If other title, see instructions)

On 01-17-2017 (714) 476-3907  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

Filer:

Buena Creek Mgmt Consulting

File Number C-65548

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☒ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

verbal agreement with payments in installments  
for work performed in FY 2011, 2012, and  
2014

## Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

- ① Box 9a: assist with RC election campaign in 2011  
direct communication with employees and written  
communication
- ② Box 9b: assist in ULP litigation, Spanish translation  
of employee declarations

11.b. Period during which performed:

Nov-Dec 2011, Jan-Sept 2014

11.c. Extent performed:

RC election petition withdrawn

11.d. Name and address through whom performed:

Name David A Garcia

Organization Buena Creek Mgmt Cons

P.O. Box, Bldg., Room No., if any

Street 2134 Buena Creek Road

City Vista

State CA

ZIP Code + 4

92084

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

sorters, drivers,  
maintenance

12.b. Identify subject labor organizations:

IBT Local 396