U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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. 88-257, as amended. Failure to compty 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)

FOR OFFICE AND THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT									
FEB 2 4 2015 E G. 57 7825										
1 . File Number C- 65548	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) D2 / 18 / 2014 Through: Month/Day/Year (mm/dd/yyyy) Through: D3 / D6 / 2014									
A. Person Filing										
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:									
Name David A Garcia	Name									
Title Principal	Title									
Organization Buena Creek Management Consulting LLC	Organization									
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any									
Street 2134 Buena Creek Road	Street									
City Vista	City									
State California ZIP Code + 4 92084	State ZIP Code + 4									
Signatures										
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).										
17. Signed President	18. Signed Treasurer									
Title President (if other title, see instructions)	Title Treasurer (If other title, see instructions)									
On 02 / 12 / 2015 714476 3-907 Date Telephore Number	On Date Telephone Number									

10. Publicity	Name of Person Filing: David Garcia					File Number C- 65548				
Sa. Name and Address of Employer (Including trade name, if any). Employer Waste Management Trade Name Street Trade Name Labor Relations Manager State Title Labor Relations Manager	<u> </u>									
Employer waste Management Trade Name Attention To James Clements City Title Labor Relations Manager State State Labor Relations Manager State State Labor Relations Manager State State Labor Relations Manager State Labor Relations Manager State Labor Relations Manager State Labor Relations Manager State State Labor Relations Manager State State Labor Relations Manager State Labor Relations Manager State State Labor Relations Manager State State Labor Relations Manager State Labor Relations Manager State State Labor Relations Manager State State Labor Relations Manager State Labor Reportable Activity Use this Schedule to report only disbursements (Sum of Items 8-13) 13, 608 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 State Management 15.b. Trade Name, If any: 15.b. Trade Name, If any: 15.b. Trade Name, If any: 15.c. Purpose Direct Persuader in NLRB election campaign 15.c. Purpose Direct Persuader in NLRB election campaign										
Employer Saste Management Trade Name Attention To James Clements City Title Labor Relations Manager State JP Code+4 S.b. Termination Date March 6, 2014 S.c. Amount 0 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 8. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 9. Office and Administrative Expenses 750 10. Publicity 0 11. Fees for Professional Services 10. 800 11. Cleans Made 11. Other Disbursements 13. Other Disbursements (Sum of Items 8-13) 13. 608 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: Waste Management 15.c. To Whom Pad Name Ermesto 2uniga 15.d. Amount 15.e. Purpose Direct Persuader in NLRB election campaign P.O. Box, Building and Room Number, if any Street [422 8. Florence Ave. City West Covina State California ZIP Code + 4 [91790]	5.a. Name and Address of Employer (including trade na	me, if any).		Р.		_	Number, if any			
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	16. TOTAL DISBURSEMENTS FOR ALL REPOR	RTABLE ACT	IVITY			** 				

Form LM-21 (2003)