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: 07-31-2019

This report is mandatory under P.L. 88-257, 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)

For Official Use Only READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTION CAREFUL READ THE IN	LLY BEFORE PREPARING THIS REPORT 632/85
1 . File Number C-65548	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyy) Month/Day/Year (mm/dd/yyy)
A. Person Filling 3. Name and mailing address (include ZIP Code): 4. Any other address where records pages any to verify this report are kent:	
Name David A Garcia	Any other address where records necessary to verify this report are kept: Name
Title President	Title
Organization Brena Cruh Mgmt Consulting	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 21 34 Brens Crub Road	Street
City V15 79	City
State (A) ZIP Code + 4 920 8-4	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 of penalties in the instructions).	
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On 01/17/2017 714) 476-3907 Date Talephone Number	On

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services. 5.a. Name and Address of Employer (including trade name, if any). Employer MCCCCAY RCCCAY RCCCAY	Name of Person Filing: DGVIDGATCA	File Number C- 65548	
Sa. Name and Address of Employer (including trade name, if any). Employer Mr. r. c. n. R-c. r. l. k. s. s. s. s. Employer Mr. r. c. n. R-c. r. l. k. s. s. s. Employer Mr. r. c. n. R-c. r. l. k. s. s. s. Employer Mr. r. c. n. R-c. r. l. k. s. s. Employer Mr. r. c. n. R-c. r. l. k. s. s. Employer Mr. r. c. n. R-c. r. l. k. s. s. Employer Mr. r. c. n. R-c. r. l. k. s. Employer Mr. r. l.	<u> </u>		
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Attention To	Trade Name Street 4560 Paran Street		
5.b. Termination Date	.)		
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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 9. Office and Administrative Expenses 110. Publicity 111. Fees for Professional Services 112. Loans Made 113. Other Disbursements 8. Total disbursements to officers and employees: 114. Total Disbursements (Sum of Items 8-13) 115. Employer Name: 115. Trade Name, If any: 116. Organization P.O. Box, Building and Room Number, If any Street City Street City	little / / ES) & EV [/	State ZIP Code + 4 7003 F 700	
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15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City	· · · · · · · · · · · · · · · · · · ·		
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Name			
Title Organization P.O. Box, Building and Room Number, if any Street City	15.c. To Whom Paid	15.d. Amount	
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P.O. Box, Building and Room Number, if any Street City	Title	15.e. Purpose	
P.O. Box, Building and Room Number, if any Street City			
Street City	Organization	41	
Street City			
City	P.O. Box, Building and Room Number, if any		
City	Street		
State Washington ZIP Code + 4			
	State Washington ZIP Code + 4		

Form LM-21 (2003)