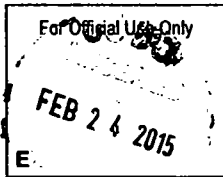


FORM LM-21

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

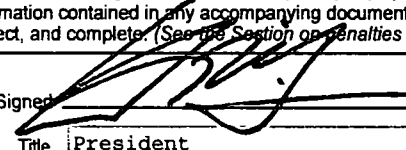
517026

1. File Number C- <input type="text" value="65548"/>	2. Period Covered By This Report From: <input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2014"/> Through: <input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="David"/> <input type="text" value="Garcia"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="Principal"/>	Name <input type="text"/>
Organization <input type="text" value="Buena Creek Management 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" value="2134 Buena Creek Road"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="Vista"/>	Street <input type="text"/>
State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92084"/>	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 	18. Signed _____
Title <input type="text" value="President"/>	Treasurer (If other title, see instructions) Title <input type="text" value="Treasurer"/>
On <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/> <input type="text" value="714-476-3907"/>	On <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>
Date Telephone Number	Date Telephone Number

Name of Person Filing: David Garcia	File Number C- 65548
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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	JBT Aero Tech Services	P.O. Box, Building and Room Number, if any	
Trade Name		Street	1805 West 2250 South
Attention To	Brent Ahlstrom	City	Ogden
Title	General Manager	State	Utah ZIP Code + 4 84401

5.b. Termination Date 06/27/2014	5.c. Amount 32,750
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 32,750

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	
				10. Publicity	
				11. Fees for Professional Services	32,750
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	32,750

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 Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	