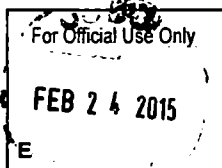


FORM LM-20

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

578072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65548

Person Filing

2. Name and mailing address (include ZIP Code):

Name David a Garcia

Title Principal

Organization Buena Creek Management Consulting LLC

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

Street 2134 Buena Creek Road

City Vista

State California

ZIP Code + 4 92084

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 14

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify): LLC

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name James Clements

Organization Waste Mangement

Trade Name, if any

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

Street 1001 Fannin, Suite 4000

City Houston

State Texas

ZIP Code + 4 77002

7. Date entered into:

2 / 15 / 2014

8. Name of person(s) through whom made:

Name James Clements

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 VII 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 02/09/2015 7144763907

Date

Telephone Number

On

Date

Telephone Number

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.):

Under "gentlemen's agreement" provide advise and personnel to assist WM NLRB election in Oceanside, CA

Specific Activities to be Performed

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

a. Nature of activity:

Follow prepared scripts by Mr. Clements in meeting with employees preparing to vote in NLRB election

11.b. Period during which performed:

February 18-March 6, 2014

11.c. Extent performed:

completed

11.d. Name and address through whom performed:

Name David A Garcia

Organization Buena Creek Management Consulting LLC

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

Street 2134 Buena Creek Road

City Vista

State California ZIP Code + 4 92084

Additional Name and address through whom performed, if any:

Name Ernesto Zuniga

Organization

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

Street 422 E. Florence Ave.

City West Covina

State California ZIP Code + 4 91790

12.a. Identify subject groups of employees:

Drivers, shop, helpers

12.b. Identify subject labor organizations:

IBT Local 683