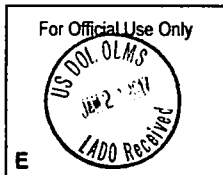


FORM LM-21

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

632187

1. File Number C- <u>65548</u>	2. Period Covered By This Report From: <u>01/01/2015</u> Through: <u>12/31/2015</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>David A Garcia</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name <u></u>
Organization <u>Buena Creek Mgmt Consulting</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u></u>	P.O. Box, Building and Room Number, if any <u></u>
Street <u>2134 Buena Creek Road</u>	Street <u></u>
City <u>Vista</u>	City <u></u>
State <u>CA</u> ZIP Code + 4 <u>92084</u>	State <u></u> ZIP Code + 4 <u></u>

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 <u>[Signature]</u> Title <u>President</u> On <u>01/17/2017</u> Date <u>(714) 476-3907</u> Telephone Number	18. Signed <u></u> Title <u>Treasurer</u> On <u></u> Date <u></u> Telephone Number
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Name of Person Filing: Brena Creek Mgmt Consulting File Number C- 65548

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:
P.O. Box, Building and Room Number, if any

Employer American Reclamation
Trade Name
Attention To John R Gasparian
Title President

Street 4560 Doran Street
City Los Angeles
State CA ZIP Code + 90039-1006

5.b. Termination Date verbal agreement 5.c. Amount 6,500+

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

8. Total disbursements to officers and employees:

9. Office and Administrative Expenses	10. Publicity	11. Fees for Professional Services	12. Loans Made	13. Other Disbursements	14. Total Disbursements (Sum of Items 8-13)

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

Name
Title
Organization

P.O. Box, Building and Room Number, if any
Street
City
State Washington ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY