

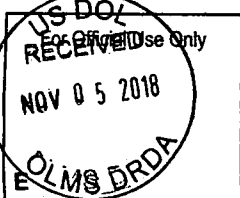
# FORM LM-21

## 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. 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

685012

1. File Number C-65548

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

02 / 01 / 2018

Through:

Month/Day/Year  
(mm/dd/yyyy)

03 / 31 / 2018

### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name David A Garcia  
Title principal consultant  
Organization Buena Creek Management Consulting LLC  
P.O. Box, Building and Room Number, if any  
Street 2134 Buena Creek Road  
City Vista  
State California ZIP Code + 4 92084-7703

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

Name  
Title  
Organization  
P.O. Box, Building and Room Number, if any  
Street  
City  
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 on penalties in the instructions).

17. Signed   
Title President  
President (if other title, see instructions)

18. Signed \_\_\_\_\_  
Title Treasurer  
Treasurer (if other title, see instructions)

On 10 / 24 / 2018 714-476-3907  
Date Telephone Number

On \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Telephone Number

Name of Person Filing: David Garcia

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 Frank D. Lanterman Regional Center

Trade Name

Street

Attention To

Melinda

Sullivan

City

Title

Executive Director

State

ZIP Code + 4

5.b. Termination Date 03-31-2018

5.c. Amount 21,975

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 21,975

**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

6,100

12. Loans Made

13. Other Disbursements

8. Total disbursements to officers and employees:

14. Total Disbursements (Sum of Items 8-13)

6,100

**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:

Frank D. Lanterman Regional Center

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Michael

Alvarado

Title

Independent Consultant

Organization

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

Street 5514 E Mission Way

City Commerce

State California



ZIP Code + 4 90040-1524

15.d. Amount 6,100

15.e. Purpose

Assist in delivery of training session and assist in developing written communications to employees involved in NLRB election

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 6,100