

# 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)

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

581037

1. File Number C- 65548	2. Period Covered By This Report From: 01 / 02 / 2014 Through: 12 / 31 / 2014
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### A. Person Filing

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

Name David A Garcia  
Title Principal  
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

#### 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 02 / 18 / 2015 7144763907  
Date Telephone Number

On / /  
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	Lamons Gasket Company	P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To	Mary A Startz	City	
Title	Human Resources Director	State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
08/20/2014		82,753	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 82,753			

**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	15,593
				10. Publicity	
				11. Fees for Professional Services	40,800
				12. Loans Made	
				13. Other Disbursements	27,360
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	83,753

**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:	
Lamons Gasket Company			
15.c. To Whom Paid		15.d. Amount	
Name: Ernesto Zuniga		35,580	
Title: Consultant			
Organization:			
P.O. Box, Building and Room Number, if any:		15.e. Purpose Direct persuader activity and assist in meetings with affected employees.	
Street: 442 E. Florence Avenue			
City: West Covina			
State: California ZIP Code + 4: 91790			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 35,580			