

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 for 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

572 945

1. File Number C- 65548	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		05 / 06 / 2013		06 / 06 / 2013

A. Person Filing

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

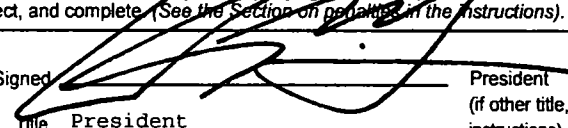
Name David A Garcia
Title Principal
Organization Buena Creek Management Consulting LLC
P.O. Box, Building and Room Number, if any
Street 2134 Buena Creek Road
City Vista
State California ZIP Code + 4 92084

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 On 09 / 01 / 2014 Date	President (if other title, see instructions) 7144763907 Telephone Number	18. Signed _____ Title Treasurer On / / Date	Treasurer (If other title, see instructions) _____ Telephone Number
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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: Waste Management	P.O. Box, Building and Room Number, if any:
Trade Name:	Street: 1001 Fannin, Suite 4000
Attention To: James Clements	City: Houston
Title: Labor Relations Manager	State: Texas ZIP Code + 4: 77002

5.b. Termination Date: June 7, 2013 5.c. Amount: 0

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0

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 16,650
				12. Loans Made
				13. Other Disbursements 7,788
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) 24,438

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: Waste Management	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount: 24,438
Name: Ernesto Zuniga	15.e. Purpose Direct Persuader fees, (please see line 11, Fees for Professional Services), plus (please see line 13, Other Disbursements) for expense: airfare, lodging, car rental, parking/tolls/gas & oil, meals
Title:	
Organization:	
P.O. Box, Building and Room Number, if any:	
Street: 422 E. Florence Ave.	
City: West Covina	
State: California ZIP Code + 4:	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 24,438	