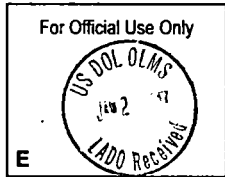


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

632186

1. File Number C- <u>65548</u>	2. Period Covered By This Report From: <u>01/01/2012</u> Through: <u>12/31/2012</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>David A Garcia</u> Title <u>President</u> Organization <u>Buena Creek Mgmt Consulting LLC</u> P.O. Box, Building and Room Number, if any Street <u>2134 Buena Creek Road</u> City <u>Vista</u> State <u>CA</u> ZIP Code + 4 <u>92084</u>	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 <u>[Signature]</u> Title <u>President</u> On <u>01/12/2012</u> Date <u>(714) 476-3907</u> Telephone Number	18. Signed _____ Title <u>Treasurer</u> On _____ Date _____ Telephone Number
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Name of Person Filing: <u>Buena Creek Mgmt Consultng</u>	File Number C- <u>65548</u>
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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 <u>American Reclamation</u>	P.O. Box, Building and Room Number, if any		
Trade Name		Street	<u>4560 Doran Street</u>
Attention To <u>John R Gasparian</u>		City	<u>Los Angeles</u>
Title <u>President</u>		State	<u>CA</u> ZIP Code + 4 <u>90039-1006</u>
5.b. Termination Date <u>Open-verbal agreement</u>		5.c. Amount <u>49,266-</u>	
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:																
<table style="width: 100%;"> <tr> <td style="width: 50%;">9. Office and Administrative Expenses</td> <td></td> </tr> <tr> <td>10. Publicity</td> <td></td> </tr> <tr> <td>11. Fees for Professional Services</td> <td></td> </tr> <tr> <td>12. Loans Made</td> <td></td> </tr> <tr> <td>13. Other Disbursements</td> <td></td> </tr> <tr> <td>14. Total Disbursements (Sum of Items 8-13)</td> <td></td> </tr> </table>					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)	
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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	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	15.e. Purpose
Street	
City	
State <u>Washington</u> ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	