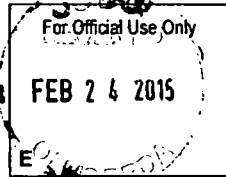


FORM LM-21

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

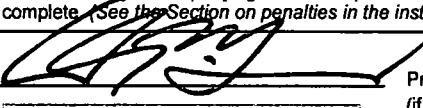
577824

1. File Number C- 65548	2. Period Covered By This Report From: 01 / 01 / 2014 Through: 12 / 31 / 2014
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name David A Garcia	4. Any other address where records necessary to verify this report are kept:
Title Principal	Name
Organization Buena Creek Management Consulting LLC	Title
P.O. Box, Building and Room Number, if any	Organization
Street 2134 Buena Creek Road	P.O. Box, Building and Room Number, if any
City Vista	Street
State California ZIP Code + 4 92084	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 2 / 11 / 2015 Date Telephone Number 714 476 3907	18. Signed _____ Title Treasurer On _____ Date 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). Employer <input type="text" value="Fastrucking Inc."/> Trade Name <input type="text"/> Attention To <input type="text" value="Jeff"/> <input type="text" value="Rhodes"/> Title <input type="text" value="President"/>		Mailing Address: P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="5950 Nancy Ridge Drive"/> City <input type="text" value="San Diego"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92121"/>	
5.b. Termination Date <input type="text" value="January 21, 2014"/>		5.c. Amount <input type="text" value="10,900"/>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10,900			

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Total disbursements to officers and employees:			
			14. Total Disbursements (Sum of Items 8-13) 10,900

9. Office and Administrative Expenses	<input type="text"/>
10. Publicity	<input type="text"/>
11. Fees for Professional Services	10,900
12. Loans Made	<input type="text"/>
13. Other Disbursements	<input type="text"/>

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	