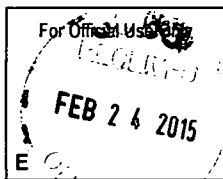


# FORM LM-21

## 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

577825

1. File Number C- 65548	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		From: 02/18/2014		03/06/2014

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	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title	President	Title	Treasurer
On	02/12/2015	On	
Date		Date	
Telephone Number	714 476 7907	Telephone Number	

