

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

578384

1. File Number C- 65548	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 02 / 2014	Through:	Month/Day/Year (mm/dd/yyyy) 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 On 02 / 16 / 2014 Date 7144763907 Telephone Number	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).		Mailing Address:	
Employer	American Reclamation Inc.	P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To	John R Gasparian	City	
Title	President	State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
May 31, 2014		6,875	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,875			

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	6,875
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	6,875

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			
ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			