

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



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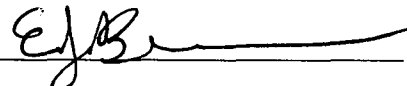

1. File Number: c- 367

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Terren Becker	Name
Title Treasurer	Title
Organization American Consulting Group, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 23361 Madero, Suite 220	Street
City Mission Viejo	City
State California ZIP Code + 4 92691	State ZIP Code + 4
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 8 / 30 / 2012
Name Claudia Finkel	8. Name of person(s) through whom made:
Organization Jewish Vocational Services	Name
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 6505 Wilshire Blvd., Suite 700	Name
City Los Angeles	Name
State California ZIP Code + 4 90048	Name

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 Section VII on penalties in the instructions.)

13. Signed 	14. Signed 
Title Other (Specify) C.E.O.	Title Treasurer
On 11/27/2012 949-452-1840	On 11/27/2012 949-452-1840
Date Telephone Number	Date Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

All services described in Section 11a below shall be performed on an hourly fee basis.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

American Consulting Group, Inc. has been retained by Employer Labor Solutions in collaboration of representing the employer named above in communication with its employees with regard to the manner in which they exercise their rights to organize and bargain collectively. We will assist in conducting meetings with employees and in communications in writing during this period.

11.b. Period during which performed:
8/30/2012 - 9/14/2012

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Terren Becker
Organization American Consulting Group, Inc.
P.O. Box, Bldg., Room No., if any
Street 23361 Madero, Suite 220
City Mission Viejo
State California ZIP Code + 4 92691

Additional Name and address through whom performed, if any:

Name
Organization
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

12.a. Identify subject groups of employees:

All part-time and full-time employees as agreed to between the parties.

12.b. Identify subject labor organizations:

American Federation of State County and municipal Employees, AFSCME Local 800.