

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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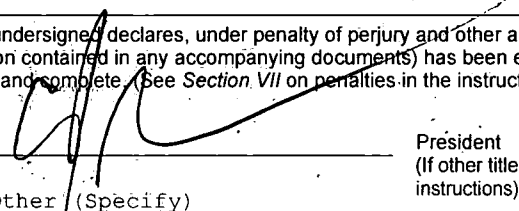
1. File Number: C- 00367

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Erick Becker	3. Any other address where records necessary to verify this report are kept:
Title CEO	Name
Organization The American Consulting Group, Inc.	Title
P.O. Box, Bldg., Room No., if any	Organization
Street 23361 Madero, Suite 220.	P.O. Box, Bldg., Room No., if any
City Mission Viejo	Street
State California ZIP Code + 4 92691	City
	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):

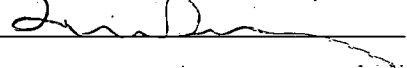
Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Mike Council	7. Date entered into: 4 / 1 / 2013
Organization MBKT Corp.dba Mike Council Electric, Inc	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 1915 O'Toole Way	Name
City San Jose	Name
State California ZIP Code + 4 95131	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 
Title Other (Specify)
CEO

President
(If other title, see
instructions)

14. Signed 
Title Treasurer

Treasurer
(If other title, see
instructions)

On 4/10/2013 949 452-1840
Date Telephone Number

On 4/10/2013 949 452-1840
Date Telephone Number

Filer: Erick Becker The American Consulting Group, Inc.	File Number C- 00367
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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.):

Employed on an hourly basis pursuant to verbal agreement.

Specific Activities to be Performed	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Meet with employees to provide information on the legal process of organizing, unions and collective bargaining. Answer employee questions and review documentation with them regarding unions.</p>	
<p>11.b. Period during which performed:</p> <p>April 2013</p>	<p>11.c. Extent performed:</p> <p>Ongoing</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Terren Becker</p> <p>Organization The American Consulting Group, Inc.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 23361 Madero, Suite 220</p> <p>City Mission Viejo</p> <p>State California ZIP Code + 4 92691</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>Electricians</p>	<p>12.b. Identify subject labor organizations:</p> <p>IBEW Local 332</p>