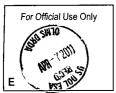
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-21 RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



A. Person Filing

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

457679

1 . File Number <b>C</b> - 00367		2. Period Covered	Month/Day/Year ( mm/dd/yyyy )		Month/Day/Year ( mm/dd/yyyy )
		By This Report From:	01 / 01 / 2010	Through:	12 / 31 / 2010

Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept
Name	Name
Title	Title
Organization The American Consulting Group, Inc.	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 23361 Madero, Suite 220	Street
City Mission Viejo	City
State California ZIP Code + 4 92691	State ZIP Code + 4
Sig	natures

	Sign	atures		
Each of the undersigned declares, under penalty of per information contained in any accompanying docume correct, and complete (See the Section on penaltie	nts) has been examined by the			
17. Signed (Specify)	President (if other title, see instructions)	18. Signed Treasurer	12	Treasurer (If other title, see instructions)
On 3 /25/11 949 452 1840  Date Telephone Number	er	On 3/25/11 Date	949 452 1840 Telephone Number	

Name of Person Filing:		File Number C- 00367	

B. Statement of Receipts Report all receipts from employers in connector services.	ction with labor relations advice or se	rvices regardless of the purposes of the advice
5.a. Name and Address of Employer (including trade name, if any).  Employer See Attached	Mailing Address P.O. Box, Building and Ro	
Trade Name	Street	
Attention To	City	
Title	State	ZIP Code + 4
5.b. Termination Date See Attached	5.c. Amount	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		

C. Statement of Disbursements Report all disbursements made by to the employers listed in Part B.		made by the Part B.	reporting organiza	ation in connection with labor relations advice	or services rendered	
7. Disbursements t (a) Name	o Officers and Emp	loyees: (b) Salary	(c) Expenses	(d) Totals		
Terren	Becker	10,200	2,736	12,936	Office and Administrative Expenses	10,450
Hector	Barcenas	22,425	4,885	27,310	10. Publicity	
David	Acosta	19,875	6,787	26,662	11. Fees for Professional Services	
					12. Loans Made	
-					13. Other Disbursements	
8. Total disburser	nents to officers a	nd employees:		66,908	14. Total Disbursements (Sum of Items 8-13)	77,358

D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part Distructions.			
5.a. Employer Name:		15.b. Trade Name, If any:	
5.c. To Whom Paid		15.d. Amount	
Name		15.e. Purpose	
Title			
Organization			
P.O. Box, Building and Room N	lumber, if any		
Street			
City			
State	ZIP Code + 4		

## The American Consulting Group, Inc. LM-21 (1/1/10-12/31/10) Item B.5 Statement of Receipts

Name and Address of Employer	Termination Date	<u>Amount</u>
Best Loading Services P.O. Box 67 Moscow, TN 38057	7/15/10	\$39,914
Hi-Grade Materials, Inc. 17671 Bear Valley Road Hesperia, CA 92345-4902	12/15/10	\$28,442
TW Services, Inc. 2751 East Chapman Avenue Suite #204 Fullerton, CA 92831	7/15/10	\$33,712
Total Persuader Receipts		\$102,068