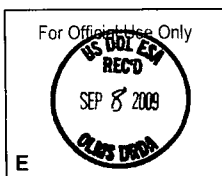


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

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

404148

1. File Number C: 00367	2. Period Covered By This Report From: 01 / 01 / 2008 Through: 12 / 31 / 2008
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### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name

Title

Organization The American Consulting Group, Inc.

P.O. Box, Building and Room Number, if any

Street 23361 Madero, Suite 220

City Mission Viejo

State California ZIP Code + 4 92691

#### 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

Other (Specify)

CEO

President  
(if other title, see  
instructions)

On

8 / 27 / 2009

Date

949 452 1840

Telephone Number

18. Signed

Title

Other (Specify)

Treasurer

Treasurer  
(If other title, see  
instructions)

On

8 / 28 / 2009

Date

949 452 1840

Telephone Number

Name of Person Filing:	File Number C- 00367
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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:

P.O. Box, Building and Room Number, if any

Employer

Trade Name  Street

Attention To   City

Title  State  ZIP Code + 4

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5.b. Termination Date  5.c. Amount

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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**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		
Eddie <input type="checkbox"/> Echanique	48,565	5,688	54,253	9. Office and Administrative Expenses	19,420
Terren <input type="checkbox"/> Becker	45,100	3,484	48,584	10. Publicity	542
Bob <input type="checkbox"/> Long	16,500	16,387	32,887	11. Fees for Professional Services	
Erick <input type="checkbox"/> Becker	14,200	5,687	19,887	12. Loans Made	
<input type="checkbox"/>	0	0	0	13. Other Disbursements	
8. Total disbursements to officers and employees:				155,611	14. Total Disbursements (Sum of Items 8-13) <span style="float: right;">175,573</span>

**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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/>  15.e. Purpose <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

**7. Disbursements to Officers and Employers:**

(b) Salary

(c) Expenses

(d) Totals

[illegible]

**The American Consulting Group, Inc.**  
**LM-21 (1/1/08-12/31/08)**  
**Item B.5 Statement of Receipts**

<u>Name and Address of Employer</u>	<u>Termination Date</u>	<u>Amount</u>
Community Medical Centers 2440 Tulare, Suite 400 Fresno, CA 93721	12/16/08	\$38,606
Crystal Magic 7703 Kingspoint Pkwy, #300 Orlando, FL 32819	1/31/08	\$5,483
First Choice Services 7373 Flores Street Downey, CA 90242	10/31/2008	\$53,391
Lamps Plus 20250 Plummer Street Chatsworth, CA 91311	5/31/08	\$46,867
NYK Logistics (Americas) 2417 E. Carson Street, Suite 210 Long Beach, California 90810-1252	10/31/08	\$14,031
Sutter Amador Hospital P.O. Box 160727 Sacramento, CA 95816	12/15/08	\$47,728
Total Persuader Receipts		\$206,106