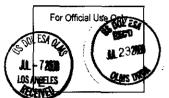
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 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, fine in 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-hitanagement Relations and Disclosure Act of 1959, as amended. (LMRDA)



A. Person Filing

Name

Title

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

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

344309

					_
1 . File Number C- 00367	2. Period Covered By This Report			Month/Day/Year ( mm/dd/yyyy )	
	From:	01 / 01 / 2005	Through:	12 / 31 / 2005	

Name

Title

4. Any other address where records necessary to verify this report are kept:

Organization The American C	onsulting Group, Inc.	Organization			
P.O. Box, Building and Room Number, if any		P.O. Box, Building and Room Number, if any			
Street 23361 Madero, Suit	e 220	Street			
City Mission Viejo		City			
State California	ZIP Code + 4 92691	State	ZIP Code + 4		
<del></del>	Sig	natures			
ch of the undersigned declares, under		alties of law, that all of the information submitt	ed in this report (including the		
prect, and complete. See the Section	on benalties in the instructions).		rsigned a knowledge and belief, tide,		

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Name of Person Filing:		File Numb	er <b>C</b> - 00367	

1 -=

or services.		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address	
F	P.O. Box, Building and Roc	m Number, if any
Employer See Attached		
Trade Name	Street	
Attention To	City	
Title	State	ZIP Code + 4
5.b. Termination Date See Attached	5.c. Amount 154, 541	

C. Statement of	of Disbursements	Report all disbursements to the employers listed in it	made by the rep Part B.	orting organiza	tion in connection with labor relations advice or se	ervices rendered
7. Disbursement (a) Name	s to Officers and Emplo	yees: (b) Salary	(c) Expenses (d)	Totals		
Eddie	Echanique	≘ 39,075	9,416	48,491	Office and Administrative Expenses	18,545
Terren	Becker	11,700	2,299	13,999	10. Publicity	
Bob	Long	4,500	2,547	7,047	11. Fees for Professional Services	
Clif	Smith	11,250	4,051	15,301	12. Loans Made	
David	Garcia	11,250	6,604	17,854	13. Other Disbursements	
8. Total disburs	sements to officers an	d employees:		102,692	14. Total Disbursements (Sum of Items 8-13)	121,237

D. Schedule of Disbursements for Reportable Activity	Use this Schedule to report only disbu sements 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	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	

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Name of Person Filing:	File Number C- 00367
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C. Statement of Disbursements 7. Disbursements to Officers and Employers: (a) Name	(b) Salary		(c) Expenses	(d) Totals	
		0	0		0
		0	0		0
		0	0		0
[					

Form LM-21 (2003)

## The American Consulting Group, Inc. LM-21 (1/1/05-12/31/05) Item B.5 Statement of Receipts

1 25

Name and Address of Employer	Termination Date	<u>Amount</u>
Alta Bates Summit Medical Center 350 Hawthorne Avenue Oakland, CA 94609	12/31/05	\$31,994.97
Deluxe Media Management 200 South Flower Street Burbank, CA 91502	2/28/05	\$21,798.85
Eden Medical Center, San Leandro Hospital 13855 East 14 <sup>th</sup> Street San Leandro, CA 94578	1/31/05	\$52,593.14
Equity Residential P.O. Box 443 Dupont, WA 98327	3/31/05	\$25,353.69
Kandersteg, Inc. 4076 Market Street, Suite 200 Camp Hill, PA 17011	3/31/05	\$5000.00
On Target Express 1782 Meadowvale Way Sparks, NV 89431	6/30/05	\$17,800.75
Total Persuader Receipts		\$154,541.40