

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

FB/25/2008

CLASS DATA

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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.

1. File Number: C- 00367

388439

Person Filing

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

Name ERICK BECKER

Title CEO

Organization THE AMERICAN CONSULTING GROUP, INC.

P.O. Box, Bldg., Room No., if any

Street 23361 MADRID, SUITE 220

City MISSION VIEJO

State CA

ZIP Code + 4 92691

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

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

12 / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☒ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization SUTTER AMADOR HOSPITAL

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7. Date entered into:

11 / 1 / 2008

8. Name of person(s) through whom made:

Name PAM SANTOS

Name

Name

Name

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 President CEO

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

2/2/2009

Date

949-452-1840

Telephone Number

On

2/2/09

Date

949-452-1840

Telephone Number

Filer: THE AMERICAN CONSULTING GROUP, INC.

File Number C- 00367

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 A PER DIEM BASIS BY THE EMPLOYER LISTED IN NO. 5 ABOVE
NO FORMAL WRITTEN AGREEMENT.

Specific Activities to be Performed

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

a. Nature of activity:

MEET WITH EMPLOYEES TO PROVIDE INFORMATION ABOUT LEGAL
PROCESS OF ORGANIZING, UNIONS, COLLECTIVE BARGAINING. ANSWER
EMPLOYEE QUESTIONS AND REVIEW DOCUMENTATION REGARDING UNIONS.

11.b. Period during which performed:

NOVEMBER 2008 - DECEMBER 2008

11.c. Extent performed:

THROUGH DECEMBER 2008

11.d. Name and address through whom performed:

Name ERICK BECKER
EDDIE ECHANIQUE

Organization THE AMERICAN CONSULTING GROUP, INC.

P.O. Box, Bldg., Room No., if any

Street 23361 MISERO, SUITE 220

City MISSION VIEJO

State CA

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:

RN'S, TECHNICAL AND SERVICE EMPLOYEES

12.b. Identify subject labor organizations:

UNITED HEALTHCARE WORKERS - WEST,
SEIU