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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number C- 00367	2. Period Covered By This Report From: 01 / 01 / 2012 Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2012						
	From: 01 / 01 / 2012 Inrough:	12 / 31 / 2012						
A. Person Filing	and the second of the second o	ļ						
Name and mailing address (include ZIP Code):	Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept:							
Name Erick J Becker Title CEO	Name Title	in the second						
Organization The American Consulting Group, Inc.	Organization							
P.O. Box, Building and Room Number, if any Suite 220	P.O. Box, Building and Room Number, if any							
	Street St	÷.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 President (if other title, see instructions)	18. Signed Treasurer	Treasurer (If other title, see instructions)						
On 03 / 06 / 2013 949 452-1840 Date Telephone Number	On 03 / 06 / 2013 949 452-1840 Date Telephone Number							

Name of Person Fili	ng: Erick Becker						File Number C- 00367		
								•	
B. Statement of Re	ceipts Report all receipts fron or services.	n employers ir	n connecti	on with	labor relation	s advice or servi	ces regardless of the purp	oses of the advice	
5.a. Name and Addre	Address of Employer (including trade name, if any).					Mailing Address: P.O. Box, Building and Room Number, if any			
Employer Se	e Attached								
Trade Name				Street	Street				
Attention To	1				City				
Title	•.				State ZIP Code + 4				
5.b. Termination D	l ate See Attached				5.c. Amount	100,124			-
6. TOTAL RECEIP	S FROM ALL EMPLOYERS	100,124			• -			٠.	
				~	* * * *		المساوية ليوسود في رواه الدارة		
C. Statement of Di	Parad - !! -	nhura amané-	made but	ho	hiting of said	tion in connection	on with labor relations advi	oo or oonliken resitten	- T
C. Statement of Di		spursements yers listed in l		ne rep	orting organiza	ition in connection	on with labor relations advi	ce or services rengere	∍ a
7. Disbursements to (a) Name	Officers and Employees:	(b) Salary.	(c) Expen	ses (d)	Totals:			•	
Terren	Becker	48,324	4,3	01	52,425	9. Office and Administrative Expenses		11,6	540
-						10. Publicity			
			•		·*.	11. Fees for Professional Services			
						12. Loans Made	•		\neg
-			. 5			13. Other Disbu	ursements		
8. Total disburseme	ements to officers and employees:				52,425	14. Total Disbur	sements (Sum of Items 8-13)	64.,0)65
					•				
D. Schedule of Di	sbursements for Reportable		Use this S		le to report on	y disbursements	made for the purposes d	escribed in Part D of the	he
15.a. Employer Na	me:	·			15.b. Trade	Name, If any:			
	· 						 	· · · · · · · · · · · · · · · · · · ·	_ :
15.c. To Whom Pai	d				15.d. Amoui	nt .		9	
Name					15.e. Purpo	se	·		\dashv
Title							•		
Organization	and the second second	· . · .	• •••	. . **					
			•						. \
P.O. Box, Buildir.	ng and Room Number, if any								
Street						•	e e e e e e e e e e e e e e e e e e e	* *	
City					1				
State	zii	P Code + 4						•	
16. TOTAL DISBU	RSEMENTS FOR ALL REPOR	RTÄBLE ÄCTI	VITY						

Form LM-21 (2003)

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

Name and Address of Employer	Termination Date	<u>Amount</u>
Jewish Vocational Services 6505 Wilshire Blvd., Suite 700 Los Angeles, CA 90048	9/30/12	\$4,260
Soiland Resources, LLC DBA Northgate Ready Mix 5922 Pruitt Avenue Windsor, CA-95492	7/30/12	\$12,190
Safelite Fulfillment, Inc. 8561 Loch Lomond Dr. Pico Rivera, CA 90660	9/30/12	\$83,674
Total Persuader Receipts		\$100,124