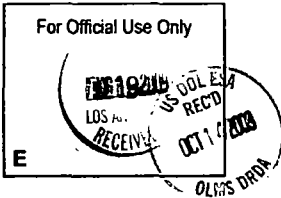


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

406057

1. File Number C- 00597	2. Period Covered By This Report From: 01 / 01 / 2008 Through: 12 / 31 / 2008
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Carlos Restrepo Title President Organization Persuasive Communications Inc.  P.O. Box, Building and Room Number, if any 7599  Street 1474 West Price Road City Brownsville State Texas ZIP Code + 4 78520	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 President On 7/4/09 Date 310-897-0384 Telephone Number	18. Signed _____ Title Treasurer On / / Date Telephone Number
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Name of Person Filing: Carlos Restrepo	File Number C- 00597
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<b>B. Statement of Receipts</b> 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).  Employer See addendum  Trade Name  Attention To  Title	Mailing Address: P.O. Box, Building and Room Number, if any  Street  City  State  ZIP Code + 4
5.b. Termination Date	5.c. Amount 0
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0	

<b>C. Statement of Disbursements</b> 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		
Carlos Restrepo	127,840	0	127,840	9. Office and Administrative Expenses	133,074
Joseph Starling	26,666	0	26,666	10. Publicity	0
				11. Fees for Professional Services	166,451
				12. Loans Made	0
				13. Other Disbursements	0
8. Total disbursements to officers and employees:			154,506	14. Total Disbursements (Sum of Items 8-13)	454,031

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
15.a. Employer Name: ARAMARK	15.b. Trade Name, If any: ARAMARK	
15.c. To Whom Paid  Name James Needles  Title  Organization <i>Employee Relations Group (CR)</i>  P.O. Box, Building and Room Number, if any 146  Street 322 Culver Bl  City Culver City  State California ZIP Code + 4 90293	15.d. Amount 36,094  15.e. Purpose Inform employees, managers and supervisors about their rights, duties and responsibilities under the National Labor Relations Act (NLRA) Section 7 and under National Labor Relations Board (NLRB) procedures.	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 94,114		

Name of Person Filing: Carlos Restrepo	File Number C- 00597
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**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: ARAMARK	15.b. Trade Name, If any: ARAMARK
15.c. To Whom Paid Name: Fernando Rivera Title: Organization: N/A P.O. Box, Building and Room Number, if any: 340 Street: 12223 Highland Avenue City: Rancho Cucamonga State: California ZIP Code + 4: 91739	15.d. Amount: 34,200 15.e. Purpose: Inform employees, managers and supervisors about their rights, duties and responsibilities under the National Labor Relations Act (NLRA) Section 7 and under National Labor Relations Board (NLRB) procedures.

15.a. Employer Name: ARAMARK	15.b. Trade Name, If any: ARAMARK
15.c. To Whom Paid Name: Luz Ceballos Title: Organization: N/A P.O. Box, Building and Room Number, if any: Street: 10515 Mildred St City: El Monte State: California ZIP Code + 4: 91733	15.d. Amount: 13,700 15.e. Purpose: Inform employees, managers and supervisors about their rights, duties and responsibilities under the National Labor Relations Act (NLRA) Section 7 and under National Labor Relations Board (NLRB) procedures.

15.a. Employer Name: Kuhmo Tire	15.b. Trade Name, If any: Kuhmo Tire
15.c. To Whom Paid Name: India Thompson Title: Organization: N/A P.O. Box, Building and Room Number, if any: Street: 6804 Park Street City: Joshua Tree State: California ZIP Code + 4: 92252	15.d. Amount: 10,120 15.e. Purpose: Inform employees, managers and supervisors about their rights, duties and responsibilities under the National Labor Relations Act (NLRA) Section 7 and under National Labor Relations Board (NLRB) procedures.

Name of Person Filing: Carlos Restrepo	File Number C- 00597
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**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: Paramount Meadows Nursing center	15.b. Trade Name, If any: Paramount Meadows Nursing center
15.c. To Whom Paid Name Fernando Rivera Title Organization <i>N/A</i> P.O. Box, Building and Room Number, if any 340 Street 12223 Highland Avenue City Rancho Cucamonga State California ZIP Code + 4 91739	15.d. Amount 11,875 15.e. Purpose Inform employees, managers and supervisors about their rights, duties and responsibilities under the National Labor Relations Act (NLRA) Section 7 and under National Labor Relations Board (NLRB) procedures.

15.a. Employer Name: Paramount Meadows Nursing center	15.b. Trade Name, If any: Paramount Meadows Nursing center
15.c. To Whom Paid Name Luz Ceballos Title Organization <i>N/A</i> P.O. Box, Building and Room Number, if any Street 10515 Mildred St City El Monte State California ZIP Code + 4 91733	15.d. Amount 9,700 15.e. Purpose Inform employees, managers and supervisors about their rights, duties and responsibilities under the National Labor Relations Act (NLRA) Section 7 and under National Labor Relations Board (NLRB) procedures.

15.a. Employer Name: Paramount Meadows Nursing center	15.b. Trade Name, If any: Paramount Meadows Nursing center
15.c. To Whom Paid Name James Needles Title Organization <i>Employee Relations Group (CN)</i> P.O. Box, Building and Room Number, if any 146 Street 322 Culver Bl. City Culver City State California ZIP Code + 4 90293	15.d. Amount 11,050 15.e. Purpose Inform employees, managers and supervisors about their rights, duties and responsibilities under the National Labor Relations Act (NLRA) Section 7 and under National Labor Relations Board (NLRB) procedures.

Name of Person Filing: Carlos Restrepo

File Number C- 00597

**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: Halsted	15.b. Trade Name, If any: 
15.c. To Whom Paid Name Fernando Rivera Title Organization N/A P.O. Box, Building and Room Number, if any 340 Street 12223 Highland Avenue City Rancho Cucamonga State California ZIP Code + 4 91739	15.d. Amount 17,650 15.e. Purpose Inform employees, managers and supervisors about their rights, duties and responsibilities under the National Labor Relations Act (NLRA) Section 7 and under National Labor Relations Board (NLRB) procedures.

15.a. Employer Name: Halsted	15.b. Trade Name, If any: 
15.c. To Whom Paid Name James Needles Title Organization <i>Employee Relations Group</i> P.O. Box, Building and Room Number, if any 146 Street 322 Culver Bl City Culver City State California ZIP Code + 4 90293	15.d. Amount 22,063 15.e. Purpose Inform employees, managers and supervisors about their rights, duties and responsibilities under the National Labor Relations Act (NLRA) Section 7 and under National Labor Relations Board (NLRB) procedures.

15.a. Employer Name: 	15.b. Trade Name, If any: 
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 0 15.e. Purpose Inform employees, managers and supervisors about their rights, duties and responsibilities under the National Labor Relations Act (NLRA) Section 7 and under National Labor Relations Board (NLRB) procedures.

<b>Employer- Attention</b>	<b>Address</b>	<b>Amount</b>	<b>Termination Date</b>
<b>ARAMARK</b> Barry Bevacqua Senior VP Labor/Employment	101 Market Street Philadelphia, PA 19107	229,550.00	February 2008
<b>Halsted Communications</b> Kirk Halsted President	13 Commerce Dr Ballston Spa, NY 12020-3631	100,224.00	August 20, 2008
<b>Paramount Meadows Convalescent Center</b> Jo Ellen Zayer Director	7039 Alondra Boulevard Paramount, CA 90723	78,920.00	October 15, 2008
<b>Allied Waste</b> Mark Buntjer General Manager	1601 Dizon Landing Rd Milpitas, CA 95035	17,567.00	November 30, 2007
<b>Kuhmo Tire</b> Mr. Nam Director	1240 Highway 155 So. McDonough, GA	28,988.00	December 2007