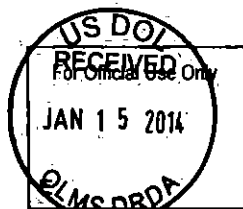


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016



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)

539708  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: C- 00763

### Person Filing

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

Name James E Needles

Title President

Organization Employee Relations Group, Inc.

P.O. Box, Bldg., Room No., if any #146

Street 322 Culver Blvd

City Playa Del Rey

State California

☒ ZIP Code + 4 90293-7704

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:

Dec ☒ / 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 Carlos Restrepo

Organization Persuasive Communications, Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any 699 7599 m

Street 1424 W. Price Road

City Brownsville

State Texas

☒ ZIP Code + 4 78520-8673

7. Date entered into:

6 / 1 / 2011

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

Name

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

*J E Needles*  
Title PRESIDENT ☒

President  
(If other title, see  
instructions)

14. Signed

Title d ☒

Treasurer  
(If other title, see  
instructions)

On 12/27/2013

Date

251  
310-252-8215

Telephone Number

On

Date

Telephone Number

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.):

Inform employees, executives, managers and supervisors regarding their rights, duties and responsibilities under Section 7 of the National Labor Relations Act.

#### Specific Activities to be Performed

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

a. Nature of activity:

Conducted informational meetings with employees, executives, managers and supervisors and distributed National Labor Relations Board documents and pamphlets; discussed collective bargaining, union membership, rules and costs, secret ballot elections, unfair labor practices, boycotts, strikes and corporate campaigns.

11.b. Period during which performed:

June-July 2011

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Carlos Restrepo  
Organization Persuasive Communications, Inc.  
P.O. Box, Bldg., Room No., if any ~~599~~ 7599  
Street 1424 W. Price Road  
City Brownsville  
State Texas ☒ ZIP Code + 4 78520-8673

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:

All maintenance employees of Aimco, New Jersey.

12.b. Identify subject labor organizations:

IUOE