

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

400710

1. File Number: C- 00597

Person Filing

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

Name Carlos Restrepo

Title President

Organization Persuasive Communications Inc.

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

Street 1474 W. Price Rd.

City Brownsville

State Texas

ZIP Code + 4 78520

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 Jo Ellen Zayer

Organization Paramount Meadows Nursing center

Trade Name, if any Paramount Meadows Nursing center

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

Street 7039 Alondra Boulevard

City Paramount

State California

ZIP Code + 4 90723

7. Date entered into:

9 / 10 / 2008

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

Name Jo E Zayer

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

[Signature]

President
(If other title, see
instructions)

Title President

14. Signed

[Signature]

Treasurer
(If other title, see
instructions)

Title Treasurer

Ref'd
On

7/4/09

Date

310-897-0384

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.):

To conduct translation services and bilingual informational and educational meetings with managers, supervisors and employees.

Specific Activities to be Performed

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

a. Nature of activity:

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.

11.b. Period during which performed:

September 15 to October 15, 2008

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name James Needles

Organization

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

Street 322 Culver Bl

City Playa del Rey

State California ZIP Code + 4 90293

Additional Name and address through whom performed, if any:

Name Fernando Rivera

Organization

P.O. Box, Bldg., Room No., if any 340

Street 12223 Highland Avenue

City Rancho Cucamonga

State California ZIP Code + 4 91739

12.a. Identify subject groups of employees:

All employees providing services at Paramount Meadows

12.b. Identify subject labor organizations:

SEIU 6434

Filer: Carlos Restrepo Persuasive Communications Inc.	File Number C- 00597
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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>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.</p>	
<p>11.b. Period during which performed:</p> <p>September 15 to October 15, 2008</p>	<p>11.c. Extent performed:</p> <p>Completed</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Carlos Restrepo</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any 7599</p> <p>Street 1474 West Price Road</p> <p>City Brownsville</p> <p>State Texas ZIP Code + 4 78520</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Luz Ceballos</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 10515 Mildred Street</p> <p>City El Monte</p> <p>State California ZIP Code + 4 91733</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees providing services at Paramount Meadows</p>	<p>12.b. Identify subject labor organizations:</p> <p>SEIU 6434</p>