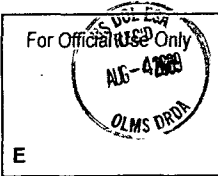


# FORM LM-20

## 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.

401873

1. File Number: C- 00597

### Person Filing

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

Name Carlos Restrepo  
Title President  
Organization Persuasive Communications Incorporated  
P.O. Box, Bldg., Room No., if any 7-599  
Street 1474 West Price Road  
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 Peter Heinemann  
Organization Cavallo Point Lodge  
Trade Name, if any Cavallo Point Lodge  
P.O. Box, Bldg., Room No., if any  
Street 601 Murray Circle-Fort Baker  
City Sausalito  
State California ZIP Code + 4 94965

#### 7. Date entered into:

6 / 20 / 2009

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

Name Peter Heinemann  
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

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 07/18/2009 310-897-0384

Date 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:

6-15-09 to 7-17-09

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name India Thompson

Organization N/A

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

Street 6804 Park Boulevard

City Joshua Tree

State California ZIP Code + 4 92252

Additional Name and address through whom performed, if any:

Name Carlos Restrepo

Organization PCI

P.O. Box, Bldg., Room No., if any 7-599

Street 1474 West Price Road

City Brownsville

State Texas ZIP Code + 4 78520

12.a. Identify subject groups of employees:

Engineering Department

12.b. Identify subject labor organizations:

OEIU Local 39