U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

3. Any other address where records necessary to verify this report are kept:



C- 00597

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

Carlos

President

1. File Number:

Person Filing

Name

Title

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.

Name

Title

498440

Restrepo

Organization Persuasive Communications Incorporated		Organization				
P.O. Box, Bldg., Room No., if any			P.O. Box, Bldg., Room No., if any			
Street 1474 W. Price Rd. Ste. 7599		Street				
City Brownsville		City				
State Texas	ZIP Code + 4 78520	State		ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:	I		120		
Dec / 31	a. Individual b. Partnership	c.XCorpo	ration d. Other (S	Specify):		
Nature of Agreement or Arrangemen	t					
6. Full name and address of employer with whom made (include ZIP Code): Name		7. Date entered into:				
		Name of person(s) through whom made:				
Organization Spectrum Security		Name John Odum				
Trade Name, if any						
P.O. Box, Bldg., Room No., if any P.O. Box 744		Name				
Street		Name				
City Jamul		Name				
State California	ZIP Code + 4 91935	Name				
Signatures						
Each of the undersigned declares, und the information contained/ryany accorr true, correct, and complete. (See Section	er penalty of perjury and other applicable apanying documents) has been examined on VII on penalties in the instructions.)	penalties of la by the signat	aw, that all of the inforr ory and is, to the best	nation submitted in this re of the undersigned's know	eport (including wledge and belief,	
13. Signed	President (If other title, see	14. Signed			Treasurer (If other title, see	
Title President	instructions)	Title	Treasurer	instructions)		
On 5/28/2012 31	0-897-0384	On				
Date	Telephone Number		Date	Telephone Number		
Form LM-20 (2003)					Page 1 of	

File: Carlos Restrepo Pers	suasive Communications Inc	corporated	File Number C- 00597			
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 detai	l 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, corporate campaigns.						
11.b. Period during which performed:		11.c. Extent performed:				
December 2009-January 2010		Completed				
11.d. Name and address through whom performed:		Additional Name and address through whom performed, if any:				
Name See addendum		Name				
Organization		Organization				
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any				
Street		Street				
City		City				
State	ZIP Code + 4	State	ZIP Code + 4			
12.a. Identify subject groups of employees:		12.b. Identify subject labor	organizations:			
All Officers		International Union Security Police and Fire Professionals of America (SPFA)				

LM 20 Spectrum Security 2010 Name and Address Through Whom Performed

I S Thompson 6804 Park St.

Joshua Tree, CA 92252

Michael Roan

6213 Capistrano Avenue

Woodland Hills, CA 91367

Employee Relations Group

322 Culver Bl. # 146

Playa del Rey CA 90293

Carlos Restrepo

1474 W price Rd Suite7599

Brownsville ,TX 78520