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 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)

## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 593236  |  |
|---|--|
| 1. File Number: C- 00597  |  |
|   |  |
| Person Filing   |  |
| Name and mailing address (include ZIP Code):  | 3. Any other address where records necessary to verify this report are kept: |
| Name Carlos Restrepo  | Name   |
| Title President   | Title  |
| Organization Persuasive Communications Incorporated   | Organization   |
| P.O. Box, Bldg., Room No., if any   | P.O. Box, Bldg., Room No., if any  |
| Street 1474 West Price Road # 7599  | Street   |
| City Brownsville  | City   |
| State Texas ZIP Code + 4 78520  | State ZIP Code + 4   |
| 4. Date fiscal year ends: 5. Type of person:  |  |
| Dec / 31 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):   | 7. Date entered into:  |
| Name  | 11 / 1 / 2014  |
| Organization Mungenast Auto Group   | 8. Name of person(s) through whom made:                                      |
| Trade Name, if any Mungenast Hyunday  | Name Pat Sanders   |
| P.O. Box, Bldg., Room No., if any   | Name   |
| Street 13700 Manchester Road  | Name   |
| City St Louis   | Name   |
| State Missouri ZIP Code + 4 63011   | 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 President (If other title, see instructions)   | 14. Signed Treasurer (If other title, see instructions)                      |
| Title Programme   | Title  |
| On 435 15 30-847-0384 Telephone Number  | On Date Telephone Number   |

| Filer: Cérlos Restrepo Persuasive Communications Incorporated   | File Number C- 00597   |
|---|--|
| 9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:   |  |
| <ul> <li>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.</li> <li>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.</li> </ul> |  |
| 10. Terms and conditions (Explain in detail; see instructions. Written agreements Inform and educate employees, managers and supervisors regarding Act and National Labor relations Board procedures  | must be attached.):  their rights duties and responsibilities under National Labor Relations |
|   |  |
| Specific Activities to be Performed   |  |
| 11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:      Conducted group and indivdiual meetings with employees and management.  |  |
| 11.b. Period during which performed:  | 11.c. Extent performed:  |
| 11/1/2014-12/15/2014  | Completed  |
| 11.d. Name and address through whom performed:  Name Carlos Restrepo  | Additional Name and address through whom performed, if any:  Name James Needles              |
| Name Carlos Restrepo  Organization Persuasive Communications Inc.   | Organization Employee Relations Group  |
|   |  |
| P.O. Box, Bldg., Room No., if any   | P.O. Box, Bldg., Room No., if any  |
| Street 1474 West Price Road # 7599  | Street   |
| City Browsnville  | City Playa del Rey   |
| State Texas ZIP Code + 4 78520  | State California ZIP Code + 4 91729  |
| . 12.a. Identify subject groups of employees:   | 12.b. Identify subject labor organizations:  |
| lAuto Technitians   | IAM 777  |