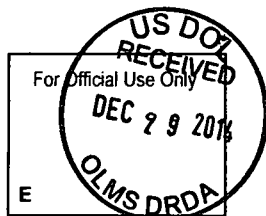


# FORM LM-20

## 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.

5744602

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 A Restrepo  
Organization Persuasive Communications, Inc  
Trade Name, if any   
P.O. Box, Bldg., Room No., if any 7599  
Street 1474 W. Price Rd.  
City Brownsville  
State Texas ZIP Code + 4 78520-8673

7. Date entered into:

1 / 1 / 2013

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

James E Needles

President  
(If other title, see  
instructions)

Title President

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On 12/21/24

Date

310-251-8215

Telephone Number

On

Date

Telephone Number

BARTER HOTELS

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 inform employees, executives, managers and supervisors of 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:

November December 2013

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Carlos A Restrepo

Organization Persuasive Communications, Inc.

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

Street 1424 W. Price Rd

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:

Housekeeping employees, managers, supervisors and executives of Bartell Hotels, d/b/a Half Moon Inn

12.b. Identify subject labor organizations:

HERE