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



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)

VE JUH - B TAIL	READ THE INSTRUCTIONS CAREFUL	LY REFORE PREPARING THIS REPORT.			
	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.				
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 Comm	unications Incorporated	Organization			
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any			
Street 1474 West 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:				
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: 6 / / 2011			
Name Gregg Spangle		Name of person(s) through whom made:			
Organization AIMCO		Name Doug Lowey			
Trade Name, if any		Name			
P.O. Box, Bldg., Room No., if any		Name			
Street 582 S. Ulster St		Name			
City _{Denver}		Name			
State Colorado	ZIP Code + 4 80237	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.) President It is igned Treasurer (If other title, see					
Title President	instructions)	Title Treasurer instructions)			
On 06/01/2012 3	310-897-0384	On			
Date	Telephone Number	Date Telephone Number			

Filef. Carlos Restrepo Persuasive Co	ommunicatiosn	Incorporated	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 detail; 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:			
June - July 2011		Completed	· ·		
11.d. Name and address through whom performed:		Additional Name and addre	Additional Name and address through whom performed, if any:		
Name		Name	Name		
Organization See Addendum Page 3		Organization	Organization		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No.	P.O. Box, Bldg., Room No., if any		
Street		Street	Street		
City		City			
State ZIP Code	· + 4	State	ZIP Code + 4		
12.a. Identify subject groups of employees:		12.b. Identify subject labor	12.b. Identify subject labor organizations:		
ALl Maintenance Employees		IUOE	IUOE		
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LM 20 AIMCO 2011 Name and Address Through Whom Performed

Employee Relations Group 322 Culver Bl. # 146 Playa del Rey CA 90293

Carlos Restrepo 1474 W price Rd Suite7599

Brownsville ,TX 78520