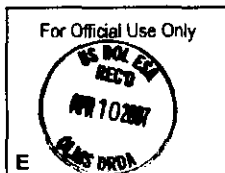


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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. 438 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- <u>401</u>	<u>325 354</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		From:	01 / 01 / 2006		12 / 31 / 2006

A. Person Filing	
3. Name and mailing address (Include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Carlos A Restrepo	Name
Title President	Title
Organization Persuasive Communications Incorporated	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
1474 West Price Road	
Street Suite 599	Street
City Brownsville,	City
State Texas	State
ZIP Code + 4 78520	ZIP Code + 4

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 the Section on penalties in the instructions).

17. Signed	President (If other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title President		Title Other (Specify)	
		N/A	
On 03 / 31 / 2007	305-588-6669	On / /	
Date	Telephone Number	Date:	Telephone Number

Name of Person Filing: Carlos Restrepo	File Number C-
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
5.a. Name and Address of Employer (including trade name, if any).	
Employer Allied Waste Services	Mailing Address: P.O. Box, Building and Room Number, if any
Trade Name Allied Waste Services- Hutchings	Street 1450 East Cleveland Street
Attention To John Covington	City Hutchings
Title General Manager	State Texas ZIP Code +4 75141
5.b. Termination Date 06/2006	5.c. Amount 111,646
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 719,232	

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
7. Disbursements to Officers and Employees:					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
Nathan Flores	40,000	0	40,000	9. Office and Administrative Expenses	91,619
Joseph Starling	67,333	0	67,333	10. Publicity	0
Marco Bartolomeo	66,000	0	66,000	11. Fees for Professional Services	180,585
Carlos Restrepo	249,555	0	249,555	12. Loans Made	0
Angelica Restrepo	17,640	0	17,640	13. Other Disbursements	0
8. Total disbursements to officers and employees:			447,028	14. Total Disbursements (Sum of Items 8-13)	719,232

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.	
15.a. Employer Name: Primm Valley Resorts; Chestertown Foods;	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 158,716
Name	15.e. Purpose Inform and educate employees regarding their lawful rights under Section 7 of the National Labor Relations Act and various National Labor Relations Board procedures such as collective bargaining, union membership, secret ballot elections and unfair labor practices; provide translations services Services also rendered at Schuetz Container, Stoneman's Mill, Yucaipa Valley Water District, Southern Highlands.
Title	
Organization Employee Relations Group Incorporated	
P.O. Box, Building and Room Number, if any	
Street 322 Culver Boulevard, # 146	
City Playa Del Rey	
State California ZIP Code +4 90293	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 180,585	

Name of Person Filing: Carlos Restrepo		File Number C-	
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.			
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer ALLIED WASTE SERVICES		P.O. Box, Bldg., Room No., if any	
Trade Name ALLIED SERVICES-FALL RIVER		Street	
Attention To: Dan Balboni		City Fall River	
Title General Manager		State Massachusetts ZIP Code +4 02720	
5.b. Termination Date 05/2006		5.c. Amount 53,273	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Chestertown Foods		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 27030 Morningside Road	
Attention To: Hank Laird		City Chestertown	
Title General Manager		State Maryland ZIP Code +4 21620	
5.b. Termination Date 05/2006		5.c. Amount 130,164	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Primm Valley Resorts		P.O. Box, Bldg., Room No., if any	
Trade Name Primm Valley Resorts		Street 31900 Las Vegas Blvd. South	
Attention To: Michael Puggi		City Las Vegas	
Title President/Chief Operating Officer		State Nevada ZIP Code +4 89109	
5.b. Termination Date 02/2006		5.c. Amount 228,800	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Stoneman's Mill		P.O. Box, Bldg., Room No., if any	
Trade Name Stoneman's Mill		Street 1540 Vision Drive	
Attention To: Mark Zinna		City Plattsville	
Title President		State Wisconsin ZIP Code +4 53818	
5.b. Termination Date 07/06		5.c. Amount 104,275	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Southern Highlands		P.O. Box, Bldg., Room No., if any	
Trade Name Southern Highlands		Street 11411 Southern Highlands Pkwy., 300	
Attention To: Kathy Recob		City Las Vegas	
Title Director of Human Resources		State Nevada ZIP Code +4 89109	
5.b. Termination Date 05/2006		5.c. Amount 28,780	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Schuetz Container		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2105 South Wilkinson Way	
Attention To: Ian Miller		City Perrysburg	
Title CFO		State Ohio ZIP Code +4 43551	
5.b. Termination Date 07/06		5.c. Amount 49,291	

Name of Person Filing: Carlos Restrepo	File Number C-
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Employer Yucaipa Valley Water District Trade Name Yucaipa Valley Water District Attention To: Joseph Zoba Title General Manager	Mailing Address: P.O. Box, Bldg., Room No., if any Street 12770 Second Street City Yucaipa State California ZIP Code + 4 92399
5.b. Termination Date 09/2006	5.c. Amount 13,003

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	Mailing Address: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

Name of Person Filing: Carlos Restrepo	File Number C-
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D. Schedule of Disbursements for Reportable Activity	Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 21,869
Name Title Organization LCI Holding Company P.O. Box, Building and Room Number, if any Street 906 West McDermott Drive City Allen State Texas ZIP Code + 4	15.e. Purpose Inform and educate employees regarding their lawful rights under Section 7 of the National Labor Relations Act and various National Labor Relations Board procedures such as collective bargaining, union membership, secret ballot elections and unfair labor practices.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.e. Purpose

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.e. Purpose