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. 1. File Number: C- 00763 **Person Filing** 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name James E Needles Name Title President Title Organization Employee Relations Group, Inc. Organization P.O. Box, Bldg., Room No., if any 146 P.O. Box, Bldg., Room No., if any Street 322 Culver Blvd Street City Playa Del Rey City State California ▼ ZIP Code + 4 90293-7704 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: 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: 1 / 2013 Name Carlos Restrepo 8. Name of person(s) through whom made: Organization Persuasive Communications, Inc. Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any 7599 Street 1424 W. Price Rd Name Brownsville Name State Texas ▼ ZIP Code + 4 78520-8763 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)  Title President Title Treasurer	Treasurer (If other title, see instructions)			
On 12 21 14 310-251-8215 On Date	Telephone Number			

Form LM-20 (2003)

LONG ISLAND HOTERS

Filer James Needles Employee Relations Group, Inc.	File Number C- 00763	
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. Tomo and conditions (Evaloin in details one instructions White a constant which have a local to the conditions of th		
10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):  Io informe employees, executives, managers adm 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 Baord documents and phamplets, 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:	11.c. Extent performed:	
October 2012	Complete	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Carlos A Restrepo	Name	
Organization Persuasive Communications, Inc.	Organization	
P.O. Box, Bldg., Room No., if any 7599	P.O. Box, Bldg., Room No., if any	
Street 1424 W. Price Rd	Street	
City Brownsville	City	
State Texas	State ZIP Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Employees, managers, supervisors and executives of Long Island Hotels, Farmingdale, NY (Marriot Courtyard, Town Place Suites)	HERE	