

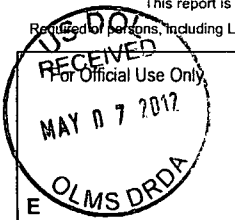
FORM LM-21

RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

496943

1. File Number C- 743	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2009	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2009
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name James Needles Title President Organization Employee Relations Group, Inc. P.O. Box, Building and Room Number, if any 146 Street 322 Culver Blvd City Playa Del Rey State California ZIP Code + 4 90293-7704	4. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Building and Room Number, if any Street City State 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 <u>James E Needles</u> President Title President (if other title, see instructions)	18. Signed _____ Treasurer Title Treasurer (If other title, see instructions)
On <u>04 / 29 / 2012</u> <u>310-251-8215</u> Date Telephone Number	On <u>/ /</u> _____ Date Telephone Number

Name of Person Filing: James Needles	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 Persuasive Communications, Inc. Trade Name Attention To Carlos Restrepo Title President	Mailing Address: P.O. Box, Building and Room Number, if any 599 Street 1424 W. Price Rd City Brownsville State Texas ZIP Code + 4 78520-8672
5.b. Termination Date 12/31/2009	5.c. Amount 66,148
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 66,148	

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		
James Needles	39,700	0	39,700	9. Office and Administrative Expenses	15,500
				10. Publicity	0
				11. Fees for Professional Services	9,500
				12. Loans Made	0
				13. Other Disbursements	0
8. Total disbursements to officers and employees:			39,700	14. Total Disbursements (Sum of Items 8-13)	64,700

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:	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	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		