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

For Official SECTIVED This pen and DEC 2 9 2014

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civit 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):	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:			
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:		
Name Carlos A Restrepo	1 / 1 / 2013		
Organization Persuasive Communications, Inc.	8. Name of person(s) through whom made:		
Trade Name, if any	Name		
P.O. Box, Bldg., Room No., if any 7599	Name		
Street 1424 W. Price Rd	Name		
City Brownsville	Name		
State Texas	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)	14. Signed Treasurer (If other title, see instructions)		
	Title		
On 12 21 14 310-251-8215	On		
Date Telephone Number	Date Telephone Number		

Form LM-20 (2003)

FISHER NUTS

Files Tarres Navilla B. D.		File Number 0	
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:			
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 informe employees, executives, managers adn supervisors of their rights, duties and responsibilities under Section 7 of the National Labor Relations Act.			
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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:		
November 2013	Complete		
11.d. Name and address through whom performed:	Additional Name and addres	s 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 of	organizations:	
Production, Sanitation and maintenance employees, managers, supervisors and executives of John B. Sanfilippo and Sons, (Fisher Nuts)	Teamsters		