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)

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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		
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 Treasurer			
Title President (If other title, see instructions)	Treasurer (If other title, see instructions)		
On 122134 310-251-8215 Date Telephone Number	On		

Form LM-20 (2003)

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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					
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 to 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 and supervisors of their rights, duties and responsibilities under Section 7 of the National Labor Relations Act. Specific Activities to be Performed	Filer: James Needles Employee Relations Group, Inc.		File Number C- 00763		
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Employees, managers, supervisors and executives Teamsters	State Texas	State	ZIP Code + 4		
Employees, managers, supervisors and executives of Bed Bath & Beyond, Union, NJ	12.a. Identify subject groups of employees:	12.b. Identify subject labor o	rganizations:		
	Employees, managers, supervisors and executives of Bed Bath & Beyond, Union, NJ	Teamsters			