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 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

anizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA

1. File Number: C- 00597			
Person Filing			
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:		
Name Carlos Restrepo	Name		
Title President	Title		
Organization Persuasive Communications Incorporated	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 1474 W. Price Rd. Ste. 7599	Street		
City Brownsville	City		
State Texas ZIP Code + 4 78520	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			
Organization Mission Foods Mt. Top, PA	Name of person(s) through whom made:		
Trade Name, if any	Name David Garza		
P.O. Box, Bldg., Room No., if any	Name		
Street 1159 Cottonwood Ln.	Name		
City Irving	Name		
State Texas ZIP Code + 4 78503	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	14. Signed Treasurer		
Title President (If other title, see instructions)	(If other title, see instructions)  Title		
On 5/28/2012 310-897-0384	On		
Date Telephone Number	Date Telephone Number		

iler Carlos Restre	po Persuasive Communications	Inc	File Number C- 00597	
Callos Reserve				
	ox to indicate whether an object of the activities	undertaken, is directly or indirec	tly:	
. Check the appropriate b	ox to indicate whether an object of the activities	andortanon, to an our		
collectively throu	ployees to exercise or not to exercise, or persuangly representatives of their own choosing.			
b. To supply an em such employer,	nployer with information concerning the activities except information for use solely in conjunction	s of employees or a labor organiz with an administrative or arbitral	ation in connection with a labor dispute involving proceeding or a criminal or civil judicial proceeding.	
	(Explain in detail; see instructions. Written agree	ements must be attached.):		
	s, executives, managers and sup s under Section 7 of the Nation	ervisors regarding the	eir rights duties and t.	
Specific Activities to be P	Performed			
•		instructions):		
11. For each activity, separately list in detail the information required (See instructions):  a. Nature of activity:				
Conducted infor	rmational meetings with employed Relations Board documents and p les and costs, secret ballot el aigns. Provided translation ser	ections, unfair labor	ers and supervisors and distributed collective bargaining union practices, boycotts, strikes and	
		11.c. Extent performed	•	
11.b. Period during which		Completed		
January thro	ough May 2010	_	address through whom performed, if any:	
11.d. Name and address	s through whom performed:	Additional Name and a	Additional Name and address through whom performed, if any:	
Name	See addendum	Name		
Organization		Organization		
P.O. Box, Bldg., Room No., if any		n No., if any		
P.O. Box, Blug., Room	NO., II arry	Street		
Street		Succi		
City		City		
State	ZIP Code + 4	State	ZIP Code + 4	
12.a. Identify subject gro	nuns of employees:	12.b. Identify subject	labor organizations:	
	maintenance employees	UFCW 1776		
Production and	maintenance emproject			
[				

## LM 20 Mission Mt Top 2010 Name and Address Through Whom Performed

Fernando Rivera 12223 Highland Ave. # 340 Rancho Cucamonga, CA 91739

Luz Ceballos 105 Mildred Street El Monte, CA 91733

Employee Relations Group 322 Culver Bl. # 146

Playa del Rey CA 90293 Carlos Restrepo

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