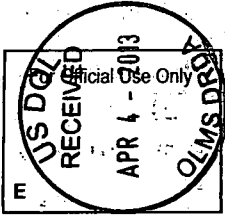


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT



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.**

*525622*

1. File Number: **C- 00483**

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code):  Name  Title  Organization <b>Cruz &amp; Associates</b>  P.O. Box, Bldg., Room No., if any <b>P.O. Box 1831</b>  Street  City <b>Upland</b>  State <b>California</b> <input checked="" type="checkbox"/> ZIP Code + 4 <b>91785</b>	3. Any other address where records necessary to verify this report are kept:  Name  Title  Organization  P.O. Box, Bldg., Room No., if any  Street  City  State <input checked="" type="checkbox"/> ZIP Code + 4
4. Date fiscal year ends:  Dec <input checked="" type="checkbox"/> / 31	5. Type of person: a. <input type="checkbox"/> Individual    b. <input type="checkbox"/> Partnership    c. <input checked="" type="checkbox"/> Corporation    d. <input type="checkbox"/> Other (Specify):

<b>Nature of Agreement or Arrangement</b>	
6. Full name and address of employer with whom made (include ZIP Code):  Name <b>Chris Generux</b>  Organization <b>Jeld-Wen, Vista</b>  Trade Name, if any  P.O. Box, Bldg., Room No., if any  Street <b>2760B Progress St.</b>  City <b>Vista</b>  State <b>California</b> <input checked="" type="checkbox"/> ZIP Code + 4 <b>92081-8449</b>	7. Date entered into: <b>2 / 25 / 2013</b>  8. Name of person(s) through whom made:  Name  Name  Name  Name  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 <u><i>June Cruz</i></u> President (If other title, see instructions)  Title <u>Other (Specify) <input checked="" type="checkbox"/></u> CEO	14. Signed _____      Treasurer (If other title, see instructions)  Title <u>d <input checked="" type="checkbox"/></u>
On <u>03/27/2013</u> <u>909-980-8736</u> Date      Telephone Number	On _____      _____ Date      Telephone Number

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.):

Paid Hourly, Expenses reimbursed.

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

To inform employees of their section 7 rights and answer questions regarding collective bargaining.

<p>11.b. Period during which performed:</p> <p>Ongoing</p>	<p>11.c. Extent performed:</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Luis Camerana</p> <p>Organization LKLS Consulting</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1975 Alderbrook Pl.</p> <p>City Chula Vista</p> <p>State California ZIP Code + 4 91913</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Juan Cruz</p> <p>Organization Reconnect Labor Relations</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 12831 Moreno Beach Dr.</p> <p>City Rancho Belago</p> <p>State California ZIP Code + 4 92555</p>

<p>12.a. Identify subject groups of employees:</p> <p>Production Workers:</p>	<p>12.b. Identify subject labor organizations:</p> <p>IAM</p>
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M. g. k.

Consejero

Filer:

File Number C-

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.):

Paid hourly, Expenses reimbursed.

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

To inform employees of their section 7 rights and answer questions regarding collective bargaining.

11.b. Period during which performed:

Ongoing

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Javier  Carbone

Organization Rivera Carbone

P.O. Box, Bldg., Room No., if any

Street 30200 Rancho Viejo Road, Suite A

City San Juan Capistrano

State California ZIP Code + 4 92675

Additional Name and address through whom performed, if any:

Name Elizabeth  Hernandez

Organization

P.O. Box, Bldg., Room No., if any

Street 1945 Sherrington Pl. # G-106

City Newport Beach

State California ZIP Code + 4 92663

12.a. Identify subject groups of employees:

Production workers

12.b. Identify subject labor organizations:

IAM