

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006



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.

550089

1. File Number: C-00483

<b>Person Filing</b>	
2. Name and mailing address (include ZIP Code): Name Lupe Cruz Title CEO Organization Cruz and Associates, Inc. P.O. Box, Bldg., Room No., if any P.O. Box 1831 Street City Upland State California ZIP Code + 4 91785	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 ZIP Code + 4
4. Date fiscal year ends: Dec / 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 Jim Brock Organization JELD-WEN - Coral Springs Trade Name, if any P.O. Box, Bldg., Room No., if any Street 12421 NW 39th Street City Coral Springs State Florida ZIP Code + 4 33071	7. Date entered into: 3 / 23 / 2013 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 Lupe Cruz President  
 Title Other (Specify) (if other title, see instructions)  
CEO  
 On 03/27/2014 (909) 980-8736  
 Date Telephone Number

14. Signed \_\_\_\_\_ Treasurer  
 Title Treasurer (if other title, see instructions)  
 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 using NLRB & Union Documents

11.b. Period during which performed:

April 13, 2013

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Wayne Peterson  
 Organization Peterson Consulting  
 P.O. Box, Bldg., Room No., if any  
 Street 1338 Emory St  
 City San Jose  
 State California ZIP Code + 4 95126

Additional Name and address through whom performed, if any:

Name  
 Organization  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

12.a. Identify subject groups of employees:

Production Workers

12.b. Identify subject labor organizations:

IAM