

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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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.

552 351

1. File Number: C- 00483

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name Lupe Cruz	Name
Title CEO	Title
Organization Cruz and Associates, Inc.	Organization
P.O. Box, Bldg., Room No., if any P.O. Box 1831	P.O. Box, Bldg., Room No., if any
Street	Street
City Upland	City
State California ZIP Code + 4 91785	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):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into:
Name Greg Thigpen	4 / 7 / 2013
Organization JELD-WEN - Wedowee	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 51 Probit Dr.	Name
City Wedowee	Name
State Alabama ZIP Code + 4 36278	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>Jupe Cruz</u>	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title <u>CEO</u>		Title <u>Treasurer</u>	
On <u>03/27/2014</u>	<u>(909) 980-8736</u>	On _____	_____
Date	Telephone Number	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 7, 2013

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Dan Block

Organization

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

Street 14314 Elinor Ct.

City Cypress

State Texas

ZIP Code + 4 77429

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