

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.

552382

1. File Number: C- 00483

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

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Jay Borrell	7. Date entered into: 4 / 3 / 2013
Organization JELD-WEN - Craigsville	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 500 JELD-WEN Rd	Name
City Craigsville	Name
State West Virginia ZIP Code + 4 26205	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>Lupe Cruz</u> Title <u>Other (Specify)</u> CEO On <u>03/27/2014</u> <u>(909) 980-8736</u> Date Telephone Number	14. Signed _____ Title <u>Treasurer</u> On _____ Date Telephone Number	President (If other title, see instructions)	Treasurer (If other title, see instructions)
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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 3, 2013

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name

Organization: Newstrand Associates

P.O. Box, Bldg., Room No., if any P.O. Box 897

Street

City Union

State Kentucky

ZIP Code + 4. 41091

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