

FORM LM-21

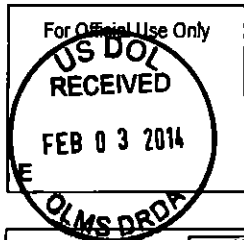
RECEIPTS AND DISBURSEMENTS REPORT

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

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT



540482

1. File Number C- <u>65743</u>	2. Period Covered By This Report From: <u>03</u> / <u>01</u> / <u>2013</u> Through: <u>12</u> / <u>31</u> / <u>2013</u>
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Daniel W Block
Title Independent Consultant
Organization _____
P.O. Box, Building and Room Number, if any _____
Street 14314 Elinor Ct
City Cypress
State Texas ZIP Code + 4 77429

4. Any other address where records necessary to verify this report are kept:

Name _____
Title _____
Organization _____
P.O. Box, Building and Room Number, if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

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 the Section on penalties in the instructions).

17. Signed [Signature] President
(if other title, see instructions)
Title President

18. Signed _____ Treasurer
(if other title, see instructions)
Title Treasurer

On 01 / 17 / 2014 8327254286
Date Telephone Number

On _____
Date Telephone Number

Name of Person Filing:	File Number C-
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text" value="Jeld-Wen, Inc."/>	P.O. Box, Building and Room Number, if any <input type="text"/>		
Trade Name <input type="text"/>	Street <input type="text" value="146 Pleasant Steet Extension"/>		
Attention To <input type="text"/> <input type="text"/>	City <input type="text" value="Ludlow"/>		
Title <input type="text"/>	State <input type="text" value="Vermont"/> ZIP Code + 4 <input type="text" value="05149"/>		

5.b. Termination Date <input type="text" value="on-going"/>	5.c. Amount <input type="text" value="6,005"/>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS <input type="text" value="6,005"/>

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:						
(a) Name		(b) Salary	(c) Expenses	(d) Totals		
Daniel <input type="checkbox"/> W Block		4,625	1,380	6,005	9. Office and Administrative Expenses	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:				6,005	14. Total Disbursements (Sum of Items 8-13)	6,005

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: <input style="width: 90%;" type="text"/>	15.b. Trade Name, If any: <input style="width: 90%;" type="text"/>
15.c. To Whom Paid Name <input style="width: 40%;" type="text"/> <input style="width: 10%; text-align: center;" type="checkbox"/> <input style="width: 40%;" type="text"/> Title <input style="width: 90%;" type="text"/> Organization <input style="width: 90%;" type="text"/> P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 60%;" type="text"/> State <input style="width: 20%;" type="text" value="Washington"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	15.d. Amount <input style="width: 60%;" type="text"/> 15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 95%; margin-top: 5px;"></div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
