

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016



This report is mandatory under P.L. 88-257, 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.

552399		
1. File Number: C- 00483		
Person Filling		
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:	
Name Lupe Cruz	Name	
Title CEO	Title	
Organization Cruz & Associates, Inc	Organization	
P.O. Box, Bldg., Room No., if any PO 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: 5. Type of person:		
Dec / 31 a. Individual b. Partnership	c. Corporation d. 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 Jay Borrel		
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 Road	Name	
City Graigsville	Name	
State Washington 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 Luce Cres President	14. Signed Treasurer	
Title President. (If other title, see instructions)	(If other title, see instructions)	
On 3/26/2014 9099808736	On	
Date Telephone Number	Date Telephone Number	

Filer Lupe Cruz Cruz & Associates, Inc	File Number C- 00483	
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.):		
Påid Hourly, Expenses reimbursed		
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Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	ions):	
a. Nature of activity:		
Held meetings to inform employees of their Section 7 rights and answer questions regarding unions and collective bargaining.		
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11.b. Period during which performed:	11.c. Extent performed:	
on-going	Held meetings with employees	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name Gregg Newstrand	Name	
Organization Newstrand Associates	Organization	
P.O. Box; Bldg., Room No., if any PO BOX 897	P.O. Box, Bldg., Room No., if any	
Street	Street	
City Union	City	
State Kentucky ZIP Code + 4 41091	State ZIP:Code + 4	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Production Workers	IAM	
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