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:10-31-2013



'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.

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1. File Number: C- 00483	
Person Filing	
2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name	Name
Title	Title
Organization Cruz & Associates	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: 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: 2 / 25 / 2013
Name Chris Generux	2 / 25 / 2013
Organization Jeld-Wen, Vista	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 2760B Progress St.	Name
City Vista	Name
State California ZIP Code + 4 92081-8449	Name
Signa	itures
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	
13. Signed President (If other title, see instructions)	14. Signed Treasurer, (If other title, see instructions)
Title Other (Specify)	Title d instructions)
On 03/27/2013 909-980-8736	On
Date Telephone Number	Date Telephone Number ·

Filer:	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.):					
Paid Hourly, Expenses reimbursed.					
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and the second s					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instruct	ions):				
a, Nature of activity:					
To inform employees of their section 7 rights and a	answer questions regarding collective barganing.				
	. •				
11.b. Period during which performed:	11.c. Extent performed:				
Ongoing					
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Luis Camerana	Name Juan Cruz				
Organization LKLS Consulting	Organization Reconnect Labor Relations				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 1975 Alderbrook Pl.	Street 12831 Moreno Beach Dr.				
.City Chula Vista	City Ranchō Belago				
State California ZIP Code + 4 91913	State California ZIP Code + 4 92555				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Production Workers:	IAM				
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To inform employees of their section 7 rights and answer questions regarding collective barganing.				
	144-54-4-54			
11.b. Period during which performed: Ongoing	11.c. Extent performed:			
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:			
Name Javier Carbone	Name Elizabeth Hernandez			
Organization Rivera Carbone	Organization			
P.O. Box, Bidg., Room No., if any	P.O. Box, Bldg., Room No.,,if any			
Street 30200 Rancho Viejo Road, Suite A	Street 1945 Sherrington Pl. # G-106			
City San Juan Capistrano	City—Newport Beach—			
State California ZIP Code + 4 92675	State California ZIP Code + 4 92663			
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:			
Production workers	IAM			
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