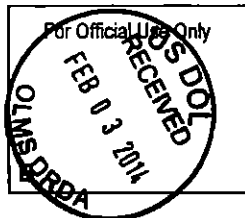


FORM LM-21

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

540476

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>
--------------------------------	---

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 _____ President
(if other title, see instructions)
Title President
On 01 / 17 / 2014 8327254286
Date Telephone Number

18. Signed _____ Treasurer
(if other title, see instructions)
Title Treasurer
On _____
Date Telephone Number

Name of Person Filing:

File Number C-

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:

P.O. Box, Building and Room Number, if any

Employer Jeld-Wen, Inc.

Trade Name

Street

31725 US 97

Attention To

City

Chiloquin

Title

State

Oregon



ZIP Code + 4 97624

5.b. Termination Date on-going

5.c. Amount 12,648

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 12,648

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	W	Block	10,525	2,123	12,648	9. Office and Administrative Expenses	
						10. Publicity	
						11. Fees for Professional Services	
						12. Loans Made	
						13. Other Disbursements	
8. Total disbursements to officers and employees:					12,648	14. Total Disbursements (Sum of Items 8-13)	12,648

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:

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

15.e. Purpose

P.O. Box, Building and Room Number, if any

Street

City

State Washington



ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY