

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)

582270
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number: C- 65717

Person Filing

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

Name Nekeya Nunn

Title President

Organization Gideon Group Consulting, Inc.

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

Street 390 North Orange Avenue, Ste. 2300

City Orlando

State Florida

ZIP Code + 4 32801

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 13

5. Type of person:

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):

Name Lupe Cruz

Organization Cruz & Associates

Trade Name, if any

P.O. Box, Bldg., Room No., if any 1831

Street

City Upland

State California

ZIP Code + 4 91786

7. Date entered into:

06 / 01 / 2013

8. Name of person(s) through whom made:

Name Nekeya Nunn

Name

Name

Name

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

Title President

President
(If other title, see
instructions)

14. Signed

Title

Treasurer
(If other title, see
instructions)

On 03/12/2015 (407) 460-6316

Date

Telephone Number

On

Date

Telephone Number

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 and expenses reimbursed per an oral agreement

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Held employee meetings to inform them of their section (7) rights governed by the NLRA and answered questions pertaining to the union using Union Documentation and NLRB documents etc. for employees at JELD-WEN.

11.b. Period during which performed:

June, 2013

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Lupe Cruz

Organization Cruz & Associates

P.O. Box, Bldg., Room No., if any 1831

Street

City Upland

State California

ZIP Code + 4 91786

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:

Groups consisted of day & night floor employees for the company

12.b. Identify subject labor organizations: