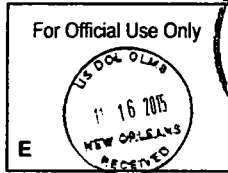


# FORM LM-20

## 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)

601318

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65743

### Person Filing

#### 2. Name and mailing address (include ZIP Code):

Name Daniel W Block  
Title Independent Consultant  
Organization  
P.O. Box, Bldg., Room No., if any  
Street 14314 Elinor Ct  
City Cypress  
State Texas ZIP Code + 4 77429

#### 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 / 31

#### 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 Tom Brown  
Organization Jeld-Wen Windows and Doors  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 205 Lanes Dr  
City Wilkesboro  
State North Carolina ZIP Code + 4 28659

#### 7. Date entered into:

3 / 1 / 2013

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

Name Lupe Cruz  
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 [Signature] President  
(If other title, see instructions)  
Title Sole Proprietor

On 11/4/2015 832-725-4286  
Date Telephone Number

14. Signed Treasurer  
(If other title, see instructions)  
Title Other (Specify)

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.):

Starting Mar 1, 2013 until the completion of assignment (date yet to be determined), consultant will be conducting meetings with employees in a potential bargaining unit to discuss the realities of union authorization cards, the NLRB union election process, consequences of unionization and potential outcomes. Consultant to advise local leadership of the NLRA process and to advocate the company's employee/labor relations position. Billing of time and usual and customary expenses to be submitted monthly. No maximum number of hours allocated for this work assignment No written agreement as to maximum billing amounts.

#### Specific Activities to be Performed

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

a. Nature of activity:

To inform potential bargaining unit employees and local leadership of their rights as described by the NLRA; to choose whether or not they wish to be represented for the purposes of collective bargaining.

11.b. Period during which performed:

03/01/2013 to end of assignment

11.c. Extent performed:

On-going

11.d. Name and address through whom performed:

Name SELF

Organization

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

Street

City

State ZIP Code + 4

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:

All potential bargaining unit personnel as defined by the NLRA. All local leadership.

12.b. Identify subject labor organizations: