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

Date

Telephone Number

## **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. Fällure 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 CAREFU	LLY BEFORE PREPARING THIS REPORT.
524604	
1. File Number: <b>C-</b> 00483	
·	
Person Filling	3. Any other address where records necessary to verify this report are kept:
2. Name and mailing address (include ZIP Code):	-
Name Lupe Cruz	Name
Title CEO	Title
Organization Cruz & Associates	Organization
P.O. Box, Bidg., Room No., if any Pr.O. Box 1831	P.O. Box, Bidg., Room No., if any
Street	Street
City Upland	City
State California ZIP Code + 4 91711,	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	) St. 1 - 41.1
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: 3 / 11 / 2013
Name Blaine Meyer	
Organization Jeld-Wen, Windows Division Rantoul	8. Name of person(s) through whom made:
Trade Name, if any	Name
PiO. Box, Bldg., Room No., if any	Name-
Street 201 Evans Rd.	Name:
City Rantoul	Name
State Illinois ZIP Code + 4 61866	Name
Signa	atures
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.)	penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and belief;
13. Signed Prešident (If other title, see instructions)	14. Signed Treasurer (If other title, see instructions)
Title Other (Specify)	Title d
On 4/10/2013 909-980-8736	On
Date Telephone Number	Date Telephone Number

Filer: Crūz & Associates	File Number C- 0.0483	
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/		
o to a time and product		
Specific Activities to be Performed	ional	
11. For each activity, separately list in detail the information required (See instruct a. Nature of activity:	ions).	
To inform employees of their section 7 rights and a	enswer questions regarding collective bargaining.	
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 Bill Michaelis	Name Edward Echanique	
Organization	Organization	
P.O. Box; Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any	
Street 6930 Parsons Trail	Street 155 Bay Laurel	
City Tujunga	City Mooresville	
State California ZIP Code + 4 91042	State North Carolina   ZIP Code + 4 28115	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Production workers	IAM	
	·	
•	·	

Filer: Cruz & Associates	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 Paid hourly, Expenses reimbursed/	must be attached.):	
	· ·	
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	tions):	
a. Nature of activity. To inform employees of their section 7 rights and a	answer questions regarding collective bargaining.	
11.b. Period during which performed:	11.c: Extent performed:	
Ongoing	A 100	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:  Name Dana Tran	
Name Juan Cruz		
Organization Reconnect Labor Relations	Organization Dana Tran Consulting	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any	
Street 12831 Mořeňo Beach Dr	Street: 657/5 Alyssa Dr.	
City Rancho Belago	City San José	
State California ZIP Code + 4 92555	State California	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
Production workers	IAM	
·		