

# 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)

1  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

539705

1. File Number: C- 681

## Person Filing

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

Name Juan Cruz  
Title CEO  
Organization Reconnect Labor Relations Consultants  
P.O. Box, Bldg., Room No., if any  
Street 28715 Mark Road  
City Moreno Valley  
State California ZIP Code + 4 92555

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

Name Lupe Cruz  
Title CEO  
Organization  
P.O. Box, Bldg., Room No., if any 1831  
Street  
City Upland  
State California ZIP Code + 4 91785

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 Boyd Rogers  
Organization Jeld-Wen Yakima, Wa.  
Trade Name, if any Jeld-Wen Yakima Wa. facility  
P.O. Box, Bldg., Room No., if any  
Street 1311 N. 6th Street  
City Yakima  
State Washington ZIP Code + 4 98902

7. Date entered into:

2 / 18 / 2013

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

Name  
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 Other (Specify)

President  
(If other title, see  
instructions)

14. Signed

Title Other (Specify)

Treasurer  
(If other title, see  
instructions)

On 1/14/14 951-413-4402  
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 employee 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.):

No written agreement.

#### Specific Activities to be Performed

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

a. Nature of activity:

Explained to employee's that they have the right to support a union or not support, under section 7 of the National Labor Relations Act.

11.b. Period during which performed:

2/18/13

11.c. Extent performed:

2/22/13

11.d. Name and address through whom performed:

Name Lupe

Cruz

Organization Cruz and Associates Labor Consultant

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

Street

City Upland

State  ZIP Code + 4 91785

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 regular full time employees.

12.b. Identify subject labor organizations:

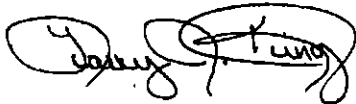
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Information provided on a Form LM-20 report(s) filed by Cruz & Associates, Inc. in Item 11d indicates that you performed reportable activity in connection with such an agreement or arrangement between the consultant and JELD-WEN Yakima. As a result, you must file any required reports within 30 days of the date of this letter. Information on reporting requirements, blank reporting forms and instructions, and access to reports on file may be obtained from our website at [www.dol.gov/olms](http://www.dol.gov/olms). Completed reports should be submitted to:

U. S. Department of Labor  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, DC 20210

If you have any questions, please contact Andrew Davis, Chief, Division of Interpretations and Standards, at (202) 693-1254.

Sincerely,



Larry King, Chief  
Division of Reports,  
Disclosure and Audits

1-14-14

PLEASE SEE THE RE-FILE LM-20  
FOR JELD-WEN, YAKIMA WA.

THANK YOU.

