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

## FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006



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) READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number. C- 00483 Person Filing 2. Name and mailing address (include ZIP Code): 3. Any other address where records necessary to verify this report are kept: Name Name Lupe Cruz Title Title CEO Organization Cruz and Associates, Inc. Organization P.O. Box, Bldg., Room No., if any  $p.O.\ Box\ 1831$ P.O. Box, Bidg., Room No., if any Street Street City City Upland State California ZIP Code + 4 91785 State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: c. Corporation d. Other (Specify): Dec 31 a. Individual b. Partnership Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2013 / 31 Name Jerry Johnson 8. Name of person(s) through whom made: Organization JELD-WEN - Thomas Lumber Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Street 4013 Lakeport Blvd. Name City Klamath Falls Name ZIP Code + 4 97601 State Oregon 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 signatury and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.) 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Treasurer Title 03/27/2014 (909) 980-8736 On Date Telephone Number Date Telephone Number

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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 bergain 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.):
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Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
To inform employees of their Section 7 rights and answer questions using NLRB & Union Documents	
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11.b. Period during which performed:	11.c. Extent performed:
March 31, 2013	Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Eduardo Padilla	Name
Organization EPC Consulting	Organization.
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 3620 Lomacitas Lane	Street
City Bonita	City
State California ZIP Code + 4 91902	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Production Workers	IAM
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