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. 88-257, 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 Retations 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. . 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 Lupe Name 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, Bldg., Room No., if any Street Street City Upland City ZIP Code +4 91785 State California State ZIP Code + 4 4. Date fiscal year ends: 5. Type of person: Dec c. Corporation d. Other (Specify): 31 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: 23 2013 Name Mark Block 8. Name of person(s) through whom made: Organization JELD-WEN - Pataskala Name Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 91 Heritage Drive City Pataskala Name ZIP Code + 4 43602 State Ohio 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 President 14. Signed Treasurer (If other title, see (If other title, see instructions) instructions) Other (Specify) Treasurer Title CEO 03/27/2014 (909) 980-8736 On Date Telephone Number Date Telephone Number

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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.	
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 .	
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	
	
11.b. Period during which performed:	11.c. Extent performed: Ongoing
March 23, 2013	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization Newstrand Associates	Organization
P.O. Box, Bldg., Room No., if any P.O. Box897	P.O. Box, Bldg., Room No., if any
Street	Street
City Union -	City
State Kentucky ZIP Code + 4 41091	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Production Workers	IAM
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