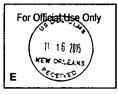
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 FORM LM-20

ECENT AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

| | (001321 |
|---|--|
| 1. File Number: C- 65743 | |
| | |
| Person Filing | |
| 2. Name and mailing address (include ZIP Code): | 3. Any other address where records necessary to verify this report are kept: |
| Name Daniel W Block | Name |
| Title Independent Consultant | Title |
| Organization | Organization |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any |
| Street 14314 Elinor Ct | Street |
| City Cypress | City |
| State Texas ZIP Code + 4 77429 | State ZIP Code + 4 |
| 4. Date fiscal year ends: 5. Type of person: | |
| 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: |
| Name Craig Turner | 3 / 1 / 2013 |
| Organization Jeld-Wen Windows and Doors | 8. Name of person(s) through whom made: |
| Trade Name, if any | Name Lupe Cruz |
| P.O. Box, Bldg., Room No., if any | Name |
| Street 217525 HWY 97N | Name |
| City Chiloquin | Name |
| State Oregon ▼ ZIP Code + 4 97624 | 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 (If other title, see | 14. Signed Treasurer (If other title, see |
| Title Sole Proprietor instructions) | Title Other (Specify) Instructions) |
| | |
| On 11/4/2015 832-725-4286 | On |
| Date Telephone Number | Date Telephone Number |

| Filer: Daniel Block | File Number C- 65743 |
|--|---|
| | |
| 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 | |
| a. Nature of activity: To inform potential bargaining unit employees and the NLRA; to choose whether or not they wish to be bargaining. | |
| 11.b. Period during which performed: | 11.c. Extent performed: |
| 03/01/2013 to end of assignment | On-going On-going |
| 11.d. Name and address through whom performed: | Additional Name and address through whom performed, if any: |
| Name SELF | Name |
| Organization | Organization |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Bldg., Room No., if any |
| Street | Street |
| City | City |
| State ZIP Code + 4 | State ZIP Code + 4 |
| 12.a. Identify subject groups of employees: | 12.b. Identify subject labor organizations: |
| All potential bargaining unit personnel as defined by the NLRA. All local leadership. | |