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. 1245-0003
Expires 10-31-2013



1. File Number:

C- 00483

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.

2. Name and mailing address (include ZIP Code): Name Lupe Crux Title Organization Organization P.O. Box, Bidg, Room No., if any p.O. Box 1831 P.O. Box, Bidg, Room No., if any p.O. Box 1831 P.O. Box, Bidg, Room No., if any p.O. Box 1831 P.O. Box, Bidg, Room No., if any p.O. Box 1831 Street City Upland State California ZIP Code + 4 91785 State ZIP Code + 4. 4. Date fiscel year-ends: Dec / 3\$	Person Filing	:
Title CCGC Organization Cruz & Associates P.O. Box, Bldg, Room No., if any P.O. Box 1831 Street City Upland State California ZIP Code + 4 91785 State City Dec		3. Any other address where records necessary to verify this report are kept:
Title Organization Cruz & Associates P.O. Box, Bidg, Room No., if any P.O. Box 1831 P.O. Box, Bidg, Room No., if any Street Street City Upland State California IziP Code +4 91785 State 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 Joel Weeks Organization Jeld-Wen, Millworks- Grand Prairie Name, if any P.O. Box, Bidg, Room No., if any Name Name Name Name Street Z510W, Main St. Ste 300 City Grand Prairie State Texas IziP Code +4 75050 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 Vir on penalties in the instructions.) 13. Signed Title Other (Specify) Title Other (Specify) Treasurer (if other title, see instructions) Title Other (Specify) Treasurer (if other title, see instructions) Title Other (Specify) Treasurer (if other title, see instructions)	Name Lupe Cruz	
P.O. Box, Bldg., Room No., If any P.O. Box 1831 P.O. Box, Bldg., Room No., If any Street City Upland State California ZIP Code + 4 91785 State ZIP Code + 4 1. Date fiscal year end8: Dec Z / 3% a Individual b Pannership c. Corporation d Other (Specify): Nature of Agreement or Arrangement Full name and address of employer with whom made (include ZIP Code): Name Joel Neeks Organization Jeld-Wen, Millworks- Grand Prairie Trade Name, If any P.O. Box, Bldg., Room No., If any Street 2510W. Main St. Ste 300 City Grand Prairie 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 Vir on penalties in the instructions.) Title Other (Specify) Treasurer (If other title, seinstructions) Title Other (Specify) Treasurer (If other title, seinstructions) Title Other (Specify) Treasurer (If other title, seinstructions)	Title CEO	
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Date Telephone Number Date Telephone Number	On 4/2/2013 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 employées 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.	•				
	·	•			
Specific Activities to be Performed 11. For each activity, separately list in detail the information required (See instruc	tions):				
a. Nature of activity:	uorisj.	·			
To inform employees of their section 7 rights and	answer questions reg	arding collective bargaining,			
	•				
11.b. Period during which performed:	11.c. Extent performed:				
Ongoing	, <u> </u>				
11.d. Name and address through whom performed:	Additional Name and address	ss through whom performed, if any:			
Name Juan . Cruz	Name.				
Organization Reconnect Labor Relations	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 12831 Moreno Beach Dr.	Street	į			
City Rancho Belago	City				
State Galifornia ZIP Code + 4 28115	State	ZIP Code + 4			
12.a. Identify subject groups of employees:	12.b. Identify subject labor	organizations:			
Production Workers	IAM				
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