

FORM LM-20

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.

1. File Number: C-65743

Person Filing

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

Name Daniel W Block

Title Independent Consultant

Organization

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

Street 14314 Elinor Ct

City Cypress

State Texas ☒ ZIP Code + 4 77429

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

Name

Title

Organization

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

Street

City

State ☒ ZIP Code + 4

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

Organization Jeld-Wen, Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any 1329

Street

City Klamath Falls

State Oregon ☒ ZIP Code + 4 97601

7. Date entered into:

3 / 1 / 2013

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

Name Lupe Cruz

Name Greg Passant

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

President
(If other title, see
instructions)

Title

14. Signed

Treasurer
(If other title, see
instructions)

Title ☒

On 01/17/2014 8327254286

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 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.):

Hourly rate plus usual and customary expenses. Starting 03/4/2013 until end of assignment to be determined, conduct meetings with employees and their management subject to the National Labor Relations Act, discuss consequences of signing authorization cards, the NLRB union election process, and historical attributes of union representation. No maximum number of hours allocated to this work assignment. Billing of time/expenses to be completed monthly. There is no written agreement as to maximum billing amount.

Specific Activities to be Performed

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

a. Nature of activity:

To educate employees and their management of their rights subject to NLRA Section 7 in choosing to be represented by a union for the purposes of collective bargaining or to refrain from any/all such activities. To advocates the company's labor relations position. To address their questions/concerns pertaining to such subject(s).

11.b. Period during which performed:
on-going

11.c. Extent performed:
held meetings

11.d. Name and address through whom performed:

Name SELF

Organization

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

Street

City

State ZIP Code + 4

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:

Any/all potential employees subject to NLRA.
Management Staff.

12.b. Identify subject labor organizations:

IAM