

AGREEMENT AND ACTIVITIES REPORT

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For Official Use Only

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)

Group

625587

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number. RC-65527

Person Filing

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

Name Nekeya Nunn
Title President
Organization Gideon Group Consulting
P.O. Box, Bldg., Room No., if any
Street 390 N. Orange Ave Ste 2300
City Orlando
State Florida ZIP Code + 4 32801

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 / 13

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 Greg Takes
Organization Jeld Wenn
Trade Name, if any Windows and Doors DOTSON LA
P.O. Box, Bldg., Room No., if any
Street 3250 Lake Port Blvd
City Klamath Falls
State Oregon ZIP Code + 4 97601

7. Date entered into: 4 / 7 / 13

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

Name
Name
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 in the instructions.)

Not Ready To Sign

Not Ready To Sign

13. Signed _____
Title President

President
(If other title, see
instructions)

14. Signed _____
Title _____

Treasurer
(If other title, see
instructions)

Stamp

Delete On 3/11/16 4074606316
Date Telephone Number

Clear Signatures

On _____
Date Telephone Number

650

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.):

GGC will have a consultant at the location being paid on a per hour basis per an orla agreement thru C&A.

Specific Activities to be Performed

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

TEST PG CNT

a. Nature of activity:

To educate employees concerning their Section 7 rights under the NLRA. Their rights to join, form, assist and refrain from all activity. To bargain collectively or engage in other activities for their own mutual aid or protection.

11.b. Period during which performed:

4/7/13

11.c. Extent performed:

11.d. Name and address through whom performed:

Name Nekeya

Nunn

Organization Gideon Group Consulting

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

Street 390 N. Orange Ave Ste 2300

City Orlando

State Florida

ZIP Code + 4 32801

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:

All full time/ part time employees whom may be subject to a bargaining unit.

12.b. Identify subject labor organizations: