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 08-31-2016



1. File Number:

Person Filing

C- 66578

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.

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Name and mailing address (include ZIP Code):			Any other address where records necessary to verify this report are kept:		
Name		Name	Name		
Title		Title			
Organization Sparta, Inc		Organization	า		
P.O. Box, Bidg., Room No., if any		P.O. Box, E	ldg., Room No., if an	у	
Street 8086 S Yale Ave # 225		Street			
City Tulsa		City			
State Oklahoma	ZIP Code + 4 74136	State		ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:	4			
Dec / 31	a. Individual b. Partnership	c. Corpo	ration 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: 3 / 14 / 2017			
Name		, .			
Organization Ridgewood Bushwick			8. Name of person(s) through whom made:		
Trade Name, if any			Name Scott Short		
P.O. Box, Bldg., Room No., if any		Name			
Street 80 Seigel St		Name			
City Brooklyn		Name			
State New York	ZIP Code + 4 11206	Name		·	
	Signa	atures			
	panying documents) has been examined			rmation submitted in this report (including it of the undersigned's knowledge and belief,	
	Whom perialities in the instructions.)				
13. Signed Title President	President (If other title, see instructions)	14. Sig ned	Treasurer	Treasurer (If other title, see instructions)	
Title President On 05/05/2017	President (If other title, see		Treasurer 05/05/2017 Date	(If other title, see	

Filer.	Sparta, Inc	•	File Number C- 66578			
9. Check the	9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:					
a. To	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 ar	nd conditions (Explain in detail; see instructions. Written agreements	must be attached.):				
The fe	e for a day rate per consultant is \$250 per	hour plus travel.				
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•	vities to be Performed					
	activity, separately list in detail the information required (See instruct	ions):				
	of activity:		rician manusadina avancisina			
	d to communicate with employees so they can rights to organize and bargin collectively.	make an informed dec	cision regularding exercising			
11.b. Period	during which performed:	11.c. Extent performed:				
	nning on or about 03/30/2017	Ongoing				
11.d. Name	and address through whom performed:	Additional Name and address through whom performed, if any:				
Name		Name Monica	Mejia			
Organization	SSS Consulting, LLC	Organization				
P.O. Box, B	dg., Room No., if any	P.O. Box, Bldg., Room No.	, if any			
Street 206	Walker St	Street 3101 Harding	Ave			
City Sta	ten Island	City Bronx				
State New	York ZIP Code + 4 10303	State New York	ZIP Code + 4 10465			
12.a. Identify	subject groups of employees:	12.b. Identify subject labor organizations:				
All empl	Loyees eligible to vote in the bargaining	Unknown				
unit						
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