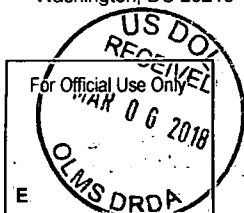


# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 03-31-2019



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.

663811

1. File Number: C- 67333

### Person Filing

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

Name

Title

Organization The-Global Institute for Interest Based S

P.O. Box, Bldg., Room No., if any 120-177

Street 42020 Village Center Plaza

City Stone Ridge

State Virginia ZIP Code + 4 20105

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 / 2017

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 Francis Kuhn

Organization Island Ready Mix

Trade Name, if any

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

Street 91-047 Hanua Street

City Kapolei

State Hawaii ZIP Code + 4 96707

7. Date entered into:

11 / 15 / 2017

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. (See Section VII on penalties in the instructions.)

13. Signed

Title

Managing Partner

President  
(If other title, see  
instructions)

14. Signed

Title

Treasurer  
(If other title, see  
instructions)

On

Date

Telephone Number

On

Date

Telephone Number

Filer:	File Number C-
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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 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.):

Consulting Fees + Expenses

**Specific Activities to be Performed**

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

a. Nature of activity:

Educate Employees to make an informed decision

11.b. Period during which performed:

11/15/17 - 12/07/17

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization Sparta, Inc

P.O. Box, Bldg., Room No., if any #225

Street 8086 S. Yale Ave

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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 Employees eligible to vote

12.b. Identify subject labor organizations: