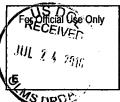
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 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)

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6	READ THE INSTRUCTIONS CAREFUL	LY BEFORE	PREPARING THIS REPORT.	611	
DROS					
1. File Number: C- 67333					
Deven Filing					
Person Filing 2. Name and mailing address (include Z	IP Code):	3. Any othe	r address where records necessary to verify thi	is report are kept:	
Name Brandon Ahakuelo		Name			
Brancon	Hildright				
Title		Title			
Organization The Global Institute for Interest Based		Organization			
P.O. Box, Bldg., Room No., if any 120–177		P.O. Box, Bldg., Room No., if any			
Street 42020 Village Center Plaza		Street			
City Stone Ridge		City			
State	ZIP Code + 4 20105	State	ZIP Code + 4		
4. Date fiscal year ends:	5. Type of person:				
/	a. Individual b. Partnership	c. X Corpo	oration 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:			
Name Amelia Toelkes		8. Name of person(s) through whom made:			
Organization Pacific Waste Systems		Name			
Trade Name, if any					
P.O. Box, Bldg., Room No., if any		Name			
Street 265 Mamis St		Name			
City Tamuning		Name			
State	ZIP Code + 4 96913	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)	14. Signed	Treasurer	Treasurer (If other title, see instructions)	
On		On			
Date	Telephone Number		Date Telephone Numbe	 r	

Filer:	File Number C-
Check the appropriate box to indicate whether an object of the	e activities undertaken, is directly or indirectly:
To persuade employees to exercise or not to exercise collectively through representatives of their own choolectively.	, or persuade employees as to the manner of exercising, the right to organize and bargain sing.
b. X To supply an employer with information concerning the such employer, except information for use solely in concerning the such employer.	e activities of employees or a labor organization in connection with a labor dispute involving onjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

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:

Represent Employer in matters of Collective Bargaining and unfair labor practice charges

11.b. Period during which perform	ed:	11.c. Extent performed:		
1/1/18 - ongoing				
11.d. Name and address through	whom performed:	Additional Name and address through whom performed, if any:		
Name		Name		
Organization Sparta Inc		Organization		
P.O. Box, Bldg., Room No., if any 225		P.O. Box, Bldg., Room No., if any		
Street 8086 S. Yale Ave		Street		
City Tulsa		City		
State	ZIP Code + 4 74136	State ZIP Code + 4		
12.a. Identify subject groups of employees:		12.b. Identify subject labor organizations:		