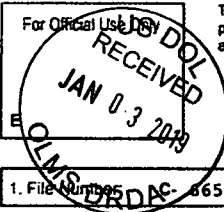


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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.

686709

1. File Number: LMRDA- 86578

Person Filing

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

Name

Title

Organization Sparta

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

Street 8086 South Yale Ave suite 225

City Tulsa

State Oklahoma

ZIP Code + 4 74136

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 Kullman Law

Trade Name, if any

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

Street 6750 N. Andrew Ave , Suite 200

City Fort Lauderdale

State Florida

ZIP Code + 4 33309

7. Date entered into:

8 / 31 / 2016

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

Name Howard

Linzy

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 VI on penalties in the instructions.)

13. Signed

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On 01/24/2017

Date

800-555-7509

Telephone Number

On 01/24/2017

Date

800-555-7509

Telephone Number

Filer: **Sparta**

File Number C: **66578**

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.):

The fee for a day rate is \$375 per hour per consultant plus travel.

Specific Activities to be Performed

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

a. Nature of activity:

Consulting services only, no employee contact

11.b. Period during which performed:
Beginning on or about 9/13/2016

11.c. Extent performed:
Ongoing

11.d. Name and address through whom performed:

Name

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:

12.b. Identify subject labor organizations:

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

Amended
FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Revised
Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016

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 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)

DEC 15 2016

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

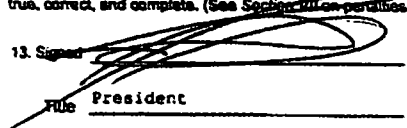
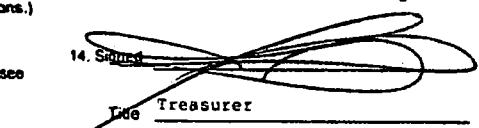
629980

1. File Number: C- 66578

Person Filing	
2. Name and mailing address (include ZIP Code): Name Title Organization Sparta P.O. Box, Bldg., Room No., if any Street 8086 South Yale Ave suite 225 City Tulsa State Oklahoma ZIP Code + 4 74136	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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization Kullman Law Trade Name, if any P.O. Box, Bldg., Room No., if any Street 6750 N. Andrew Ave , Suite 200 City Fort Lauderdale State Florida ZIP Code + 4 33309	7. Date entered into: 8 / 31 / 2016 8. Name of person(s) through whom made: Name Howard Linzy 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 203 on penalties in the instructions.)	
13. Signed  Title President On 09/22/2016 Date 800-555-7509 Telephone Number	14. Signed  Title Treasurer On 09/22/2016 Date 800-555-7509 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.):

The fee for a day rate is \$375 per hour per consultant plus travel.

Specific Activities to be Performed

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

a. Nature of activity:

Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.

11.b. Period during which performed:

Beginning on or about 9/13/2016

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name **Floyd Hightower**

Organization

P.O. Box, Bldg., Room No., if any **P.O. Box 222**

Street

City **Terlton**

State **Oklahoma** ZIP Code +4 **74447**

Additional Name and address through whom performed, if any:

Name **Simon E Jara**

Organization

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

Street **10380 Rochelle Ave**

City **Santee**

State **California** ZIP Code +4 **92071**

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Teamster Local 769