

**FORM LM-20**  
**AGREEMENT AND ACTIVITIES REPORT**



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.

659121

1. File Number: C- 66578

**Person Filing**

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

Name

Title

Organization Sparta, Incorporated

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 Ridgelawn

Trade Name, if any Vanguard Vaults

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

Street 5100 Airport Rd

City Gary

State Indiana

ZIP Code + 4 46406

7. Date entered into:

10 / 18 / 2017

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

Name Robert Williams

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

President

President  
(If other title, see  
instructions)

14. Signed

Title

Treasurer

Treasurer  
(If other title, see  
instructions)

On 11/22/2017

Date

800-555-7509

Telephone Number

On 11/22/2017

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 per consultant is a hourly rate plus travel expenses.

#### 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 10/19/2017

11.c. Extent performed:

10/20/2017

11.d. Name and address through whom performed:

Name John Cevallos

Organization The CCG Group , LLC

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

Street 18541 Atlantic St

City Hesperia

State California

ZIP Code + 4 92345

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 in the bargaining unit

12.b. Identify subject labor organizations:

International Brotherhood  
Teamster Local Union 142