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



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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

· · · · · · · · · · · · · · · · · · ·		
1. File Number: C- 66578		
Person Filing		
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kep
Name		Name
Title		Title
Organization Sparta		Organization
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any
Street 8086 South Yale Ave suite 225		Street
City Tulsa		City
State Oklahoma	ZIP Code + 4 74136	State ZIP Code + 4
Date fiscal year ends:	5. Type of person:	
Dec / 31	a. Individual b. Partnership	c. Corporation d. Other (Specify):
Nature of Agreement or Arrangemen	t	
6. Full name and address of employer with whom made (include ZIP Code):		7. Date entered into:
Name		5 / 3 / 2016
Organization Sysco Miami		8. Name of person(s) through whom made:
Trade Name, if any		Name John Abreu
P.O. Box, Bldg., Room No., if any		Name
Street 12500 NW 112th Ave		Name
City Medley		Name
State Florida	ZIP Code + 4 33178	Name
	Signa	atures
Each of the undersigned declares, und the information contained in any accommod true, correct, and complete. (See Section 13. Signed President	panying documents) has been examined	e penalties of law, that all of the information submitted in this report (including d by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned's knowledge and believed by the signatory and is, to the best of the undersigned by the signatory and is, to the best of the undersigned by the signatory and is, to the best of the undersigned by the signatory and is the signatory and signatory and signatory and signatory and signatory and signator
On 05/11/2016 80	0-555-7509	On 05/11/2016 800-555-7509

Form LM-20 (2003)

Filer: Sparta	File Number C- 66578		
Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:		
a. To persuade employees to exercise or not to exercise, or persuade em collectively through representatives of their own choosing.	aployees as to the manner of exercising, the right to organize and bargain		
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.):			
Specific Activities to be Performed			
11. For each activity, separately list in detail the information required (See instruct	ions):		
a. Nature of activity:			
Engaged to communicate with employees so they can make an informed decision reguarding exercising their rights to organize and bargin collectively.			
11.b. Period during which performed:	11.c. Extent performed:		
Beginning on or about 5/03/2016	Ongoing		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name Simon Jara	Name Cesar Alarcon		
Organization Pinnacle Labor Solutions	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 10380 Rochelle Ave	Street 382 Nome Ave		
City Santee	City Staten Island		
State California ZIP Code + 4 92071	State New York ZIP Code + 4 10314		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
All employees eligible to vote in the bargaining unit			