

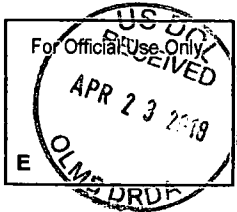
# AGREEMENT AND ACTIVITIES REPORT

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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)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

675780

1. File Number: C-68122

## Person Filing

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

Name Cesar Alarcon  
Title  
Organization Stay Union Free, Corp  
P.O. Box, Bldg., Room No., if any  
Street 614 Springdale Circle  
City Palm Springs  
State Florida ZIP Code + 4 33461

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 Sysco- Miami  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street 12500 NW 112th Ave  
City Medley  
State Florida ZIP Code + 4 33178

7. Date entered into:

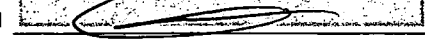
5 / 3 / 2016


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

Name John Abreu  
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  
(If other title, see instructions)

14. Signed   
Title Treasurer  
(If other title, see instructions)

Stamp

On 5/15/16 305 790 2747  
Date Telephone Number

Clear Signatures

On  
Date 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 per consultant is \$3000 per day worked by each consultant plus travel expenses.

Specific Activities to be Performed

Add Additional Activity (Item 11)

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

TEST PG CNT

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 05/03/16

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name   
 Organization Sparta, Inc   
 P.O. Box, Bldg., Room No., if any   
 Street 8086 S. Yale Ave # 225   
 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

Add More Names (Item 11.d.)

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit

12.b. Identify subject labor organizations:

Unknown