

Revised

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)

632553  
**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

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. ☐ 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-Harrisburg

Trade Name, if any

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

Street 3905 Corey Rd

City Harrisburg

State Pennsylvania

ZIP Code + 4 17109

7. Date entered into:

11 / 25 / 2015

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

Name Richard Euler

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 12/08/2015 800-555-7509

Date Telephone Number

On 12/08/2015 800-555-7509

Date Telephone Number

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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 \$3000.00 per calender day worked by each Consultant plus travel expenses and travel days.

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:	11.c. Extent performed:
Beginning on or about 11/29/2015	Ongoing
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Eric Grumbrecht	Name Simon Jara
Organization	Organization Pinnacle Labor Solutions
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 200 Lago Cir #201	Street 10380 Rochelle Ave
City Melbourne	City Santee
State Florida ZIP Code + 4	State California ZIP Code + 4 92071
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees eligible to vote in the bargaining unit	Unknown

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<b>Specific Activities to be Performed (Continuation Page)</b>	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>Engaged to communicate with employees so they can make an informed decision regarding exercising their rights to organize and bargain collectively.</p>	
<p>11.b. Period during which performed:</p> <p>Beginning on or about 11/29/2015</p>	<p>11.c. Extent performed:</p> <p>1/11/2016</p>
<p>11.d. Name and address through whom performed:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>All employees eligible to vote in the bargaining unit</p>	<p>12.b. Identify subject labor organizations:</p> <p>Unknown</p>