Amended 9/1/17

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



1. File Number:

C- 66578

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.

657583

Person Filing	
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
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
4. Date fiscal year ends: 5. Type of person:	
Dec / 31 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):	7. Date entered into: 9 / 19 / 2016
Name	
Organization G & K	8. Name of person(s) through whom made:
Trade Name, if any	Name David Dingee
P.O. Box, Bldg., Room No., if any	Name
Street 5995 Opus Pkwy #500	Name
City Minnetonka	Name
State Minnesota ZIP Code + 4 55343	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.)	
Title President (If other title, see instructions)	Title Treasurer (If other title, see instructions)
On 9/1/2017 800-555-7509  Date Telephone Number	On 9/1/2017 800-555-7509  Date Telephone Number
- Totophone Number	Date Goppiero Hamber

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 hourly 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 reguarding exercising their rights to organize and bargin collectively.	
11.b. Period during which performed:	11.c. Extent performed:
Beginning on or about 9/26/2016	10/06/2016
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name John Cevallos	Name Simon Jara
Organization The CCG Group, LLC	Organization Pinnacle Labor Solutions
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any P.O. Box 710158
Street 18541 & 1/2 Atlantic St	Street
City Hesperia	City Santee
State California ZIP Code + 4 92345	State California · ZIP Code + 4 92071

12.b. Identify subject labor organizations:

Unknown

12.a. Identify subject groups of employees:

All employees eligible to vote in the bargaining unit