

Amended

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

654477

1. File Number: C- 66578

Person Filing

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

Name

Title

Organization Sparta, Inc

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 Bronco Wine Company

Trade Name, if any

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

Street 6342 Bystrum Rd

City Ceres

State California

ZIP Code + 4 95307

7. Date entered into:

2 / 3 / 2016

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

Name Michael

Franzia

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 05/15/2017

Date

800-555-7509

Telephone Number

On 05/15/2017

Date

800-555-7509

Telephone Number

Filer: Sparta, Inc	File Number C- 66578
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

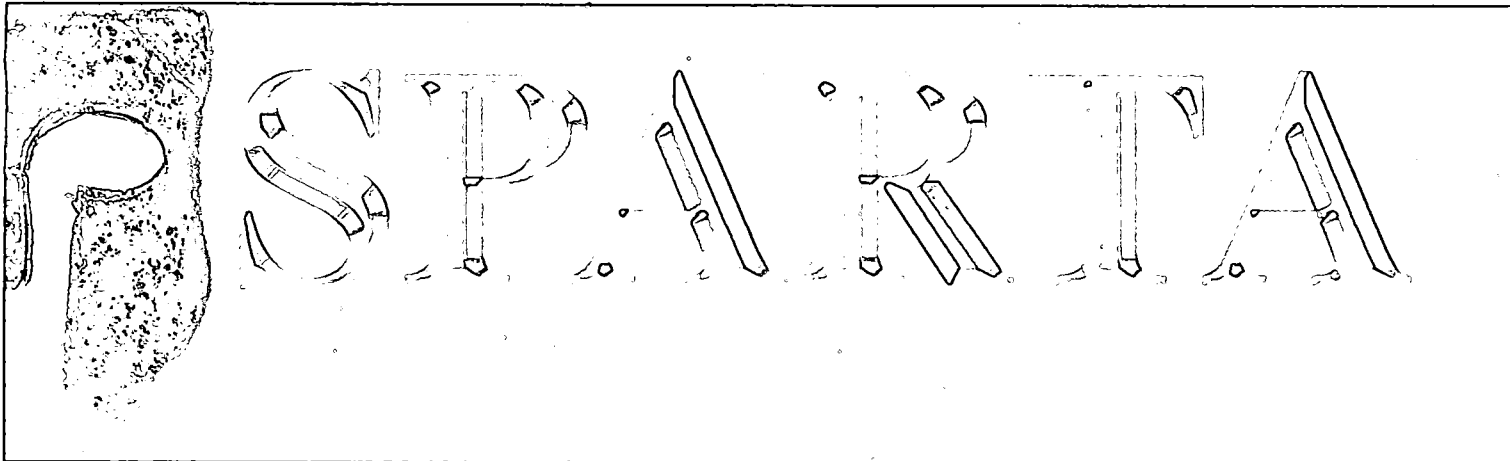
a. ☐ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.

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 is a hourly rate per Consultant plus travel days and 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 consulting with management .	
11.b. Period during which performed:	11.c. Extent performed:
Beginning on or about 2/05/2016	02/24/17
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
	Unknown



www.spartasolutions.com

Consulting Proposal

Date: February 03, 2016
Via Email: michael.franzia@broncowine.com
Contact: Michael Franzia
Company: Bronco Wine Co
Phone: 209.272.3017

OBJECTIVES:

SPARTA
8086 S. Yale Ave, Suite 225
Tulsa, Okla 74136
800.308.9398

Our objective include conducting management training on the latest techniques in union avoidance through positive employee relations. In addition we will provide a vulnerability assessment through structured interview with local managers and supervisors. Recommendations will be made based on structured interviews. In addition employee inoculation and or card immediation maybe recommended and included under this agreement.

TERMS & CONDITIONS:

Fee: The fee for a day rate per Consultant is \$375 per hour per calender day worked by each consultant (plus travel days & travel expenses).

Initial Retainer: The initial retainer for Campaign Consulting is \$10,000.00 to be wired to Sparta upon commencement of service.

Should additional days of Management Consulting be requested by the Company, it is understood those additional calender days will be billed at our customary rate of \$375 per hour (plus travel expenses). For purpose of this management consulting means each calender day worked worked.

Payment Terms: Payment of Statement of Services Rendered, to be delivered in an electronic format, is expected within 7 days upon delivery throughout the mutually agreed upon duration for Management Consulting.

A handwritten signature in dark ink, appearing to read 'James Teague', is written over a horizontal line.

Print Name: James Teague

Signature: _____
Print Name: _____