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 enalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals d Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

07/31/2015

Date

On

800-555-7509

Telephone Number

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. 1. File Number: Person Filing 2. 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 Individual b. Partnership c. Corporation d. X Other (Specify): Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2015 Name 8. Name of person(s) through whom made: Organization Howard Snacks Name Charlie Leoux Trade Name, if any International Provisions Name P.O. Box, Bldg., Room No., if any Street 14 Hamden Park Drive Name City Hamden Name State Connecticut ZIP Code + 4 06517-3149 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 President Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title Title

07/31/2015

Date

800-555-7509

Telephone Number

Filer: Sparta	File Number C-
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.):	
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 7/13/2015	Ongoing Additional Name and address through when performed if any
11.d. Name and address through whom performed: Name Cesar Alarcon	Additional Name and address through whom performed, if any: Name
Name Cesal Alarcon	Name
Organization	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 382 Nome Avenue	Street
City Staten Island	City
State New York ZIP Code + 4 10314	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees eligible to vote in the bargaining unit	
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