Department of Labor
Labor-Management
Standards
Washington, DC 20210

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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.

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1. File Number: C- 66578

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, Inc	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: 3 / 19 / 2017
Name	
Organization Sysco- European Imports	8. Name of person(s) through whom made:
Trade Name, if any	Name Adrian Goetz
P.O. Box, Bldg., Room No., if any	Name
Street 600 E. Brook Dr	Name
City Arlington Heights	Name
State Illinois ZIP Code + 4 60005	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
(If other title, see instructions)

Title President

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

Title Treasurer

On 03/20/2017   800-555-7509
Date   Telephone Number

On 03/20/2017   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 $375 per hour 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 reguarding exercising their rights to organize and bargin collectively.

11.b. Period during which performed:	11.c. Extent performed:
Beginning on or about 9/19/2017	Ongoing

11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name Christian Blaine
Organization Pinnacle Labor Solutions	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 10380 Rochelle Ave	Street 416 E B Street
City Santee	City Jenks
State California ZIP Code + 4 92071	State Oklahoma ZIP Code + 4 74037

12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees eligible to vote in the bargaining unit	Unknown