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

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C- 66578

1. File Number:

Person Filing

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil benalties 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.

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 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:
Name	2 / 3 / 2016
Organization Bronco Wine Company	8. Name of person(s) through whom made:
Trade Name, if any	Name Michael Franzia
P.O. Box, Bldg., Room No., if any	Name
Street 6342 Bystrum Rd	Name
City Ceres	Name
State California ZIP Code + 4 95307	Name
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signe President (If other title, see instructions)	penalties of law, that all of the information submitted in this report (including
On 02/10/2016 800-555-7509 Date Telephone Number	On 02/10/2016 800-555-7509 Date Telephone Number
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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 instruct	ions):
a. Nature of activity: Engaged to communicate with employees so they can r	make an informed decision removading according
their rights to organize and bargin collectively.	make an informed decision regularding exercising
11.b. Period during which performed: Beginning on or about 2/05/2016	11.c. Extent performed:
11.d. Name and address through whom performed:	Ongoing Additional Name and address through whom performed, if any:
Name Simon Jara	Name Angel Cornejo
Organization Pinnacle Labor Solutions	
Organization Finnacte Labor Solutions	Organization Pinnacle Labor Relations
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 10380 Rochelle Ave	Street 1557 Countrywood Ln
City Santee	City Escalon
State California ZIP Code + 4 92071	State California ZIP Code + 4 95320
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
All employees eligible to vote in the bargaining unit	