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

For Official Use Only
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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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 66578

Person Filing

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

Name

Title

Organization Sparta

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 B & H Photo & Electronics

Trade Name, if any

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

Street 420 9th Ave

City New York

State New York ZIP Code + 4 10001

7. Date entered into: 2 / 4 / 2016

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

Name Max Laufer

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 _____ President (If other title, see instructions)

Title President

On 02/11/2016 (Date) 800-555-7509 (Telephone Number)

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

Title Treasurer

On 02/11/2016 (Date) 800-555-7509 (Telephone Number)

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. [X] 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 2/05/2016	Ongoing

11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Cesar Alarcon	Name Jose Palacios
Organization	Organization Trident Labor Solutions
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 382 Nome Ave	Street 11306 Chimineas St
City Staten Island	City Porter Ranch
State New York ZIP Code + 4 10314	State California ZIP Code + 4 91326

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