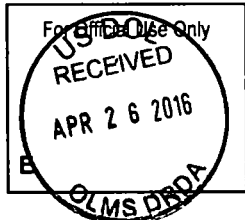


RECEIPTS AND DISBURSEMENTS REPORT

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

619193

1. File Number C- 66923	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		1 / 1 / 2015		12 / 31 / 2015

A. Person Filing

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

Name Simon E Jara

Title

Organization

P.O. Box, Building and Room Number, if any

Street 10380 Rochelle Avenue

City Santee

State California ZIP Code + 4 92071

4. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State ZIP Code + 4

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 the Section on penalties in the instructions).

17. Signed

Title President

President
(if other title, see
instructions)

18. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

Date

Telephone Number

On

Date

Telephone Number

Name of Person Filing:

File Number C-

66923

B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Building and Room Number, if any

Employer Sparta Incorporated

Trade Name

Street

Attention To James Teague

City

Title President

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount \$28812.50

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name (b) Salary (c) Expenses (d) Totals

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

D. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:

Sparta

15.b. Trade Name, if any:

15.c. To Whom Paid

Name Simon E JARA

15.d. Amount

Title

15.e. Purpose

Organization

P.O. Box, Building and Room Number, if any

Street 10380 Rochelle Ave

City SANTEE

State Washington CA ZIP Code + 4 92071

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY