

FORM LM-20 AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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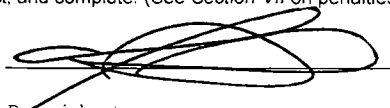
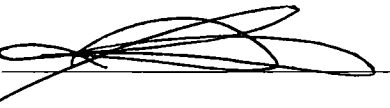
1. File Number: C- 66578

Person Filing	
2. Name and mailing address (include ZIP Code): Name Title Organization Sparta, Incorporated 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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Organization RTW Management Trade Name, if any P.O. Box, Bldg., Room No., if any Street 7601 E. McKellips Rd City Scottsdale State Arizona ZIP Code + 4 85257	7. Date entered into: 10 / 20 / 2017 8. Name of person(s) through whom made: Name George Goates 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  Title President	14. Signed  Title Treasurer
On 11/22/2017 800-555-7509 Date Telephone Number	On 11/22/2017 800-555-7509 Date Telephone Number

Filer: Sparta, Incorporated	File Number C- 66578
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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 per consultant is a hourly rate plus travel expenses.

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 regarding exercising their rights to organize and bargain collectively.	
11.b. Period during which performed:	11.c. Extent performed:
Beginning on or about 10/24/2017	10/30/2017
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name John Cevallos	Name
Organization The CCG Group , LLC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 18541 Atlantic St	Street
City Hesperia	City
State California ZIP Code + 4 92345	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	Unknown