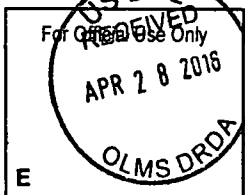


FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

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


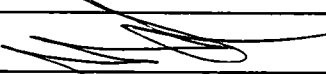
618920

1. File Number C- 66658	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2015		12 / 31 / 2015

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	wendy <input type="checkbox"/> riddler
Title	President
Organization	Riddler Consulting Services
P.O. Box, Building and Room Number, if any	
Street	88604 Ermi Bee Rd
City	Springfield
State	Oregon ZIP Code + 4 97478
4. Any other address where records necessary to verify this report are kept:-	
Name	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>
P.O. Box, Building and Room Number, if any	
Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> ZIP Code + 4 <input type="text"/>

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 	President (if other title, see instructions)	18. Signed 	Treasurer (if other title, see instructions)
Title	President	Title	Treasurer
On	01 / 15 / 2016	On	03 / 31 / 2016
Date		Date	
Telephone Number	949-500-1825	Telephone Number	949-500-1825

Name of Person Filing: <u>Wendy Riddler</u>	File Number C- <u>66658</u>
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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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer <u>Hospital Corporation of America</u></p> <p>Trade Name _____</p> <p>Attention To <u>Thomas</u> <input type="checkbox"/> <u>Beck</u></p> <p>Title <u>VP of Labor Relations</u></p>	<p>Mailing Address:</p> <p>P.O. Box, Building and Room Number, if any _____</p> <p>Street <u>One Park Plaza</u></p> <p>City <u>Nashville</u></p> <p>State <u>Tennessee</u> ZIP Code + 4 <u>37203</u></p>
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5.b. Termination Date 9/25/2015 5.c. Amount 20131.00

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	
Wendy Riddler <input type="checkbox"/>	<u>16875</u>	<u>3256</u>		9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>		13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

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.

<p>15.a. Employer Name: _____</p>	<p>15.b. Trade Name, If any: _____</p>
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<p>15.c. To Whom Paid</p> <p>Name <input type="text"/> <input type="text"/></p> <p>Title <input type="text"/></p> <p>Organization <input type="text"/></p> <p>P.O. Box, Building and Room Number, if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <u>Washington</u> ZIP Code + 4 <input type="text"/></p>	<p>15.d. Amount <input type="text"/></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY