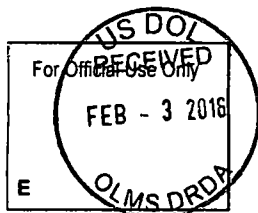


FORM LM-20  
**AGREEMENT AND ACTIVITIES REPORT**

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016



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)

603929

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number: c 66658

**Person Filing**

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

Name Wendy ☐ Riddler

Title President

Organization Riddler Consulting Services

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

Street 88604 Ermi Bee Rd

City Springfield

State Oregon ZIP Code + 4 97478

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 Kenneth ☐ Sommerer

Organization Western Connecticut Health Network

Trade Name, if any

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

Street 24 Hospital Avenue

City Danbury

State Connecticut ZIP Code + 4 06810

7. Date entered into:

10/23/2015

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

Name Kenneth ☐ Sommerer

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

14. Signed

Treasurer  
(If other title, see  
instructions)

Title d

On 01/08/2016 949-500-1825  
Date Telephone Number

On Date Telephone Number

6

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 company was employed on a per hour basis pursuant to an oral contract.

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

To conduct meetings with employees for the purpose of discussing their right to organize; right to refrain from organizing; and the right to bargain collectively.

11.b. Period during which performed:  
10/23/2015

11.c. Extent performed:  
12/10/2015

11.d. Name and address through whom performed:

Name Wendy ☐ Riddler  
Organization Riddler Consulting Services

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

Street 88604 Ermi Bee RD

City Springfield

State Oregon ZIP Code + 4 97478

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

All employees eligible in a bargaining unit.

12.b. Identify subject labor organizations:

CHCA