U.S. Department of Labor Office of Labor-Management Standards

FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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.

Person Filing 2. Name and mailing address (include ZIP Code): Name Carina Hunt Name Phil Wilson Title President Organization C., Hunt Management Consulting Inc. Organization C., Hunt Management Consulting Inc. P.O. Box, Bidg, Room No., if any Steet 703 Love Henry Ct City Southlake City Southlake City Broken Arrow State Tuxas ZIP Code * 4 76092 State Tokasi A Individual b Partnership c Corporation a Other (Speedy): Name Ned Laubach Organization Alle-Kiski Medical Center Trade Name, if any P.O. Box, Bidg, Room No., if any Street 17850 South Elm Place Ste E City Broken Arrow State Oklahoma ZIP Code * 4 74011 8. Name Phil Wilson Title President Organization Labor Relations Institute P.O. Box, Bidg, Room No., if any State Tuxas ZIP Code * 4 76092 State Oklahoma ZIP Code * 4 74011 7. Date entered into: 8. Name Name Name Name Name Name Name Name Street 1301 Cartisle Center City Natrona Heights State Pensylvania ZIP Code * 4 15065 Name Signatures Each of the undersigned declares, under pensity of perjury and other applicable pensities of law, that all of the information submitted in this report (including the information contained and application and expenditions) Title President Traeasurer Title President Title Preside	E	441622	LLI BLI OKL	FREFARING TIIIO RE	OKI.		
2. Name and mailling address (include ZIP Code): Name Carina Hunt Name Phil Wilson Title President Organization C. Hunt Management Consulting Inc. P.O. Box, Bldg, Room No., if any Street 701 Love Henry Ct City Southlake State Texas ZiP Code + 4 76092 State Oklahoma ZiP Code + 4 74011 4. Date fiscal year ends: Dec / 31 a Individual b Partnership c Corporation d Other (Specify): Nature of Agroement or Arrangement 5. Full name and address of employer with whom made (include ZIP Code): Name Ned Laubach Organization Alle-Kiski Medical Center Trade Name, if any Sireet 1301 Carlisle Center City Natrona Heights State Pennsylvania ZIP Code + 4 15065 Name Signatures Signature Each of the undersigned declares, unjer penalty of perjury and beher applicable penalties of law, that all of the information submitted in this report (including true, correct, and complete. (Sge Seftion VI op penalties in the instructions.) Title President 7. Date entered into: 6 / 17 / 2010 8. Name Name Name Name Name Name Name Name	1. File Number: C-69	191000			****		
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Tille President Organization C. Hunt Management Consulting Inc. P.O. Box, Bidg., Room No., if any Street 701 Love Henry Ct City Southlake State Texas ZIP Code +4 76092 State Oklahoma ZIP Code +4 74011 A. Date fiscal year ends: Dec 31 a Individual b Partnership c C Corporation d Other (Specify) Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Ned Laubach Organization Alle-Kiski Medical Center Trade Name, if any P.O. Box, Bidg., Room No., if any Street 1301 Carlisle Center City Natrona Heights State Pennsylvania ZIP Code +4 15065 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 Title President Title Treasurer Treasurer Title Treasurer Treasurer Title Treasurer	Name and mailing address (include ZIP Code):			Any other address where records necessary to verify this report are kept:			
Organization C. Hunt Management Consulting Inc. P.O. Box, Bldg., Room No., if any Street 701 Love Henry Ct Street 7850 South Elm Place Ste E City Broken Arrow State Texas ZIP Code + 4 76092 State Oklahoma ZIP Code + 4 74011 A. Date fiscal year ends: Dec	Name Carina Hunt		Name phil Wilson				
P.O. Box, Bldg., Room No., if any Street 701 Love Henry Ct City Southlake State Texas ZIP Code + 4 76092 State Oklahoma ZIP Code + 4 74011 4. Date fiscal year ends: Dec	Title President			Title President			
Street 701 Love Henry Ct City Southlake State Texas	Organization C. Hunt Management Consulting Inc.		Organization Labor Relations Institute				
City Broken Arrow	P.O. Box, Bldg., Room No., if any			P.O. Box, Bldg., Room No., if any			
State Texas	Street 701 Love Henry Ct			Street 7850 South Elm Place Ste E			
4. Date fiscal year ends: Dec	City Southlake			City Broken Arrow			
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Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Ned Laubach Organization Alle-Kiski Medical Center Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1301 Carlisle Center City Natrona Heights Slate Pennsylvania ZIP Code + 4 15065 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 Treasurer (If other title, see instructions) Treasurer Treasurer (If other title, see instructions)	4. Date fiscal year ends:	5. Type of person:					
6. Full name and address of employer with whom made (include ZIP Code): Name Ned Laubach Organization Alle-Kiski Medical Center Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1301 Carlisle Center City Natrona Heights State Pennsylvania ZIP Code + 4 15065 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 true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed Tittle President Tittle Treasurer Treasurer (If other title, see instructions) Tittle Treasurer Treasurer (If other title, see instructions)	Dec / 31	a. Individual b. Partnership	c. Corpo	oration d. Other (Sp	ecify):		
6. Full name and address of employer with whom made (include ZIP Code): Name Ned Laubach Organization Alle-Kiski Medical Center Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1301 Carlisle Center City Natrona Heights State Pennsylvania ZIP Code + 4 15065 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 true, correct, and complete. (See Section VII on penalties in the instructions.) 13. Signed Tittle President Tittle Treasurer Treasurer (If other title, see instructions) Tittle Treasurer Treasurer (If other title, see instructions)			•	-			
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P.O. Box, Bldg., Room No., if any Street 1301 Carlisle Center City Natrona Heights State Pennsylvania ZIP Code + 4 15065 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 President Title Treasurer (If other title, see instructions) Title Treasurer (If other title, see instructions)	Organization Alle-Kiski Medical Center						
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City Natrona Heights State Pennsylvania ZIP Code + 4 15065 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) Treasurer (If other title, see instructions) Title Treasurer On 12/21/2010 714-310-4080 On	P.O. Box, Bldg., Room No., if any			Name .			
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Title Treasurer On 12/21/2010 714-310-4080 On	13. Signed	(If other title, see	14. Signed				
	Title President	instructions)	Title	Treasurer		instructions)	
	0- 12/21/2010 23	4-310-4080	^				
	On 12/21/2010 /12/ Date	Telephone Number	On	Date	Telephone Number		

Filer: Carina Hunt C. Hunt Management Consulting Inc	. File Number C-				
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.):					
Provide consulting services to Manchester Hospital regarding employee and labor relations.					
Specific Activities to be Performed					
11. For each activity, separately list in detail the information required (See instructions):					
a. Nature of activity:					
Education of employees regarding their section 7 rights and collective bargaining					
11.b. Period during which performed:	11.c. Extent performed:				
various days beginning 06/17/2010	completed				
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:				
Name Phil Wilson	Name				
Organization Labor Relations Institute	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 7850 South Elm Place Suite E	Street				
City Brokem Arrow	City				
State Oklahoma ZIP Code + 4 74011	State ZIP Code + 4				
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:				
Employee group not specified on petition	SEIU Healthcare Pennsylvania				
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