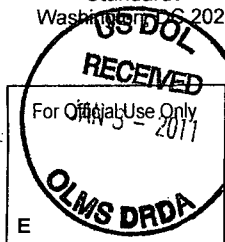


FORM LM-20

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.

441016

1. File Number:

C-691

Person Filing

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

Name Carina Hunt

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

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

Name Phil Wilson

Title President

Organization Labor Relations Institute

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

Street 7850 South Elm Place Ste E

City Broken Arrow

State Oklahoma

ZIP Code + 4 74011

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 Debra Gogliettino

Organization Manchester Memorial Hospital

Trade Name, if any

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

Street 71 Haynes Street

City Manchester

State Connecticut

ZIP Code + 4 06040

7. Date entered into:

1 / 28 / 2010

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

Name

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 Treasurer

On 12/21/2010

Date

714-310-4080

Telephone Number

On

Date

Telephone Number

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:
various days beginning 2/2-4/16/10

11.c. Extent performed:
completed

11.d. Name and address through whom performed:

Name Phil Wilson
Organization Labor Relations Institute
P.O. Box, Bldg., Room No., if any
Street 7850 South Elm Place Suite E
City Broken Arrow
State Oklahoma ZIP Code + 4 74011

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:

Technical employees

12.b. Identify subject labor organizations:

AFT Connecticut