U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2009

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)

	For Official Use Only
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Ε	WARE TROPE

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

A. Person Filing Laure J. Sease. 3. Name and mailing address (include ZIP Code): Name Laure Sease Title RN Organization NA P.O. Box, Building and Room Number, if any Street 422 Winding Oaks Ct City Pailure State MD ZIP Code +4 4 43021 State MD Signatures Each of the undersigned declares, under penalty of perjury and other applicable penalties of law that all of the information submitted in the next field in the next fiel	E vanc visit	
3. Name and mailing address (include ZIP Code): Name Laura Seas Seas Seas Seas Seas Seas Seas Sea	1. File Number C- A 5 6 4 9 ending	By This Report (mm/dd/yyyy) (mm/dd/yyyy)
Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this coast (in the information submitted in this coast (in the information)	3. Name and mailing address (include ZIP Code): Name Laura SLASL Title RN Organization NM P.O. Box, Building and Room Number, if any Street 422 Winding Daks Ct City Pailwin	Title RN Organization NN P.O. Box, Building and Room Number, if any Street 344 Greenmore Dr. City Bullwin
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 18. Signed Treasurer	correct, and complete. (See the Section on penalties in the instructions).	e signatory and is, to the best of the undersigned's knowledge and belief, true,
/if other state	Title President Aug (if other title, see instructions) On 01/25/2010 6362365373	Title Treasurer NC (If other title, see instructions)

B. Statement of Receipts Report all receipts from		۲			File Number C-	N57	014
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5.a. Name and Address of Employer (including trade not be provided in the second of th	cere	se rvues	Street	KY	om Number, if any Lubon Pla		rive 4 to217
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	8			t	101.1-1		
C. Statement of Disbursements Report all dito the emploid 7. Disbursements to Officers and Employees: (a) Name	yers listed in Pa	nade by the repo art B. (c) Expenses (d) 1		anization in connec	tion with labor relation	ns advice o	r services rende
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Form LM-21 (2003)

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Street City NORTON* P.O. Box 35070 HEALTHCARE EquisyIlle, KY 40232-5070

No: 606831 Check Date: 02/20/2008

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NORTON* P.O. Box 35070
HEALTHCARE Louisville, KY 40232-5070

No. 614395 Check Date: 03/26/2008

	422 WINDING OAKS CT., BALLWIN N			Casa Assault	Niasa ista	(1015371
Invoice No.	Invoice Date 03/25/08 Consulting Work	Comments:		Gross Amount	Discounts	Net Amount
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13846	03/25/08 Consulting Work			\$2,611.79	\$0.00	\$2,611.7
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