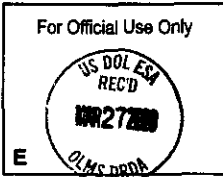


FORM LM-21

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

364298

1. File Number C- <u>650</u>	2. Period Covered By This Report From: <u>07/13/07</u> Through: <u>12/31/07</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Bridget Whitson</u> Title <u>RN</u> Organization <u>na</u> P.O. Box, Building and Room Number, if any Street <u>364 Greenmore Dr</u> City <u>Ballwin</u> State <u>MO</u> ZIP Code + 4 <u>63011</u>	4. Any other address where records necessary to verify this report are kept: Name <u>Laver Sease</u> Title <u>rn</u> Organization <u>na</u> P.O. Box, Building and Room Number, if any Street <u>422 Winging Oaks</u> City <u>Ballwin</u> State <u>MO</u> ZIP Code + 4 <u>63021</u>

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 <u>Bridget E. Whitson</u> Title <u>President</u> On <u>2/11/08</u> Date <u>636-394-5970</u> Telephone Number	18. Signed _____ Title <u>Treasurer</u> On <u>1/1</u> Date _____ Telephone Number
---	---

Name of Person Filing: <u>Bridget Whitson</u>	File Number C-
---	----------------

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.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Naples Community Hospital</u>	P.O. Box, Building and Room Number, if any	Street <u>350 Seventh St. N</u>	City <u>Naples</u>
Trade Name		State <u>FL</u>	ZIP Code + 4 <u>34102</u>
Attention To <u>AI McKenna</u>			
Title <u>Attorney</u>			

5.b. Termination Date	5.c. Amount
-----------------------	-------------

6. TOTAL RECEIPTS FROM ALL EMPLOYERS $42.50 \times 50/\text{hr} = \2125	+ <u>unpaid</u> $216.15 = 2341.15$
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see attached

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		
NA				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

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.

15.a. Employer Name:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name <u>NA</u>	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State <u>Washington</u>	ZIP Code + 4
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
NA	

Hours Summary

Laura's hours, including travel time: 45.5 + *(expenses 480.14)*

Bridget's hours, including travel time: 42.5 + *(expenses \$ 216.15)*

Attached, please see expenses in an itemized format by individual.

HMSHOST
STARBUCKS COFFEE C17
LAMBERT ST LOUIS INT'L AIRPORT

129 SHIRLEY

CHK 6095 NOV30'07 7:34AM GST 2

EAT IN

2 TALL COD T 3.80

SUBTOTAL 3.80

TAX 0.23

AMOUNT PAID 4.03

CASH 5.03

CHANGE DUE 1.00

THANK YOU
HMSH HOST
STARBUCKS C17
ST. LOUIS LAMBERT AIRPORT
QUESTIONS & COMMENTS
314-429-3400 EXT 105
STEVE.DAY@HMSHOST.COM

****CREDIT CARD VOUCHER****

Brio Tuscan Grille
The Shops at Waterside
5505 Tamiami Trail North
Naples, FL 34108

Date: Nov30'07 07:10PM

Card Type: Visa

Acct #: XXXXXXXXXXXX5182

Trans Key: CIC000247103732

Exp Date: XX/XX

Auth Code: 009462

Check: 1881

Check ID: BRIDGETTE17

Server: 533 EDMOND M

Subtotal: 37.95

Gratuity: 8.00

Total: 45.95

Signature: *Diana Jiri 11-30*

Guest Copy

Visit www.guest-feedback.com and
tell us about your experience.

Enter survey ID 235534

Bridget

49.98

TRANSACTION RECORD



CARD TYPE:VISA
 NU.:*****5182
 ENTRY:SWIPED
 AUTHORIZATION:030037
 STORE #:0
 TERMINAL:1
 REFERENCE:467114

dinner

PURCHASE \$55.57
 TIP 12.00
 TOTAL 67.57

THANK YOU
 DECEMBER 2,2007 19:44:44
 Server's name : DAISY

CUSTOMER COPY

** STARBUCKS COFFEE COMPANY **

CENTRAL AVENUE AN #08481
 NAPLES FL32102

--- DUPLICATE RECEIPT ---

1 TL PMKN LATTE 3.50
 1 TL BREWED COFFEE 1.65

000002

SUBTOTAL 5.15
 TAX 8.0 0.31
 TOTAL 5.46
 CASH 10.00
 CHANGE DUE 4.54

08481 0282 700301 001480033E
 12/02/07 10:31

--- DUPLICATE RECEIPT ---

Pass the Cheer
 this Holiday Season!
 Log on to www.itsredagain.com
 to pass the cheer
 to family and friends.

73.03

Budget

Calistoga Bakery Cafe
The simple life,
7941 Airport Pulling Road
Naples, FL 34109

CI303

Host: Alex
CI303
12/02/2007
12:39 PM
20085
Order Type: Counter Serv
Choc Chunk Ck 1.69
Subtotal 1.69
Tax 0.10
Round -0.04
Counter Serv Total 1.75
Cash 2.00
Change 0.25

Better, Simply Better....
We are getting ready to grow.
Now accepting applications for
our Town Center location....
For information, go to....
www.calistogacafe.com

--- Check Closed ---

lunch

Calistoga Bakery Cafe
The simple life,
7941 Airport Pulling Road
Naples, FL 34109

BRIDGET

Host: Jillian
BRIDGET
12/02/2007
12:06 PM
30040
Order Type: Here
Any Two!!! 7.39
1/2Bleu Spinach Salad
1/2Monterey Chopped
Iced Tea 1.89
Any Two!!! 7.39
1/2Grecian Insalata
1/2Bleu Spinach Salad
Fountain Drink 1.89
Subtotal 18.56
Tax 1.11
Round -0.02
Here Total 19.65
Visa #XXXXXXXXXXXX5182
Auth:000739 Exp 1209

SIGNATURE : _____

Better, Simply Better....
We are getting ready to grow.
Now accepting applications for
our Town Center location....
For information, go to....
www.calistogacafe.com

--- Check Closed ---

** STARBUCKS COFFEE

CENTRAL AVENUE AN
NAPLES FL3211

DUPLICATE
1 TL PMKN LATTE
1 TL BREWED COFFEE

000002

SUBTOTAL

TAX 6.0

TOTAL

CASH

CHANGE DUE

08481 02B2 700301 00

12/02/07

DUPLICATE

Pass the Chee

this Holiday Sea

Log on to www.itsreda

to pass the che

to family and fri

21.40

hand

Coffee Cart
Naples Community Hospital
Naples, FL 34102

6123 Pam

CHK 8210 DEC03'07 8:33AM

2 @ 1.75	3.50
G Brewed Coffee	
Subtotal.....	3.50
Tax.....	0.21
Total Paid.....	3.71
Cash	20.00
Change Due.....	16.29



WYNN'S FAMILY MARKET
Capt. Jerry's Seafood
(239) 262-1353

#001-002 12/3/2007 16:41:30 REG2
Inv#:00123537 Trs#:301698

PRODUCE \$3.29 F
PRODUCE: 1 items for \$3.29

5 OZ. WINE GLASS \$3.39 T1
Client age: 1
STERLING VINT CHARD \$10.99 T1
WING CORKSCREW \$6.99 T1
WINE: 3 items for \$21.37

Net Sales \$24.86
Tax 1 [\$21.37] \$1.28
TOTAL SALES \$25.94

SUB TOTAL \$25.94
Visa \$25.94
*****4126

Handwritten signature

29.65

First Watch
The Daytime Cafe

Server: Host DOB: 12/04/2007
10:01 AM 12/04/2007
Table 9763/1 2/20015

VISA 1048620
Card #XXXXXXXXXX5182
Magnetic card present: WHITSON BRIDGET
Approval: 079136

Amount: 18.92
+ Tip: 4
= Total: 22.92

X _____

Customer Copy

*Budget
on way out
of town*

Garline
WELCOME TO
OUR STORE

00006844054

DUPLICATE OUTDOOR RECEIPT

TRAN # 10400407
DATE 12/04/07 09:16
PUMP # 04
PRODUCT: BLUE
GALLONS: 5.918
PRICE/G: \$ 3.239
FUEL SALE \$ 19.17

VISA
XXXXXXXXXXXX5182
Auth #: 028824
Ref: 24876020
Resp Code: 000
Stan: 004125382

SITE ID: 6844054

Earn a 5% rebate
with the BP Visa
Take application
and Apply Today

THANKS, COME AGAIN

2/20/15

42.09

216.15