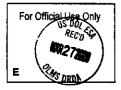
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 **AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c- 646 364292				
Person Filing				
2. Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:		
Name Laura Sease		Name Bridget Whitson		
Title RN		Title RN		
Organization NA		Organization Na		
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any		
Street 422 Winning Rahs Ct		Street 364 Greenmore Dr.		
City Ballwin		City Ballwin		
State MD	ZIP Code +4 63021	State M b ZIP Code + 4 (63011		
4. Date fiscal year ends:	5. Type of person:			
12/31	a. Individual b. Partnership	c. Corporation d. Other (Specify):		
Nature of Agreement or Arrangement				
Full name and address of employer with whom made (include ZIP Code):		7. Date entered into: // / 30 / 07		
Name Naples Community		8. Name of person(s) thraugh whom made:		
Organization		Name Al McKenna		
Trade Name, if any		Name All Turcheurre		
P.O. Box, Bldg., Room No., if any		Name		
Street 350 Seventh Street North		Name		
city Naples		Name		
State Plovida	ZIP Code + 4 34102	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)		14. Signed Treasurer (If other title, see		
		Title Treasurer instructions)		
on 3/11/2 ro8 13	6.227.0385	On		
Date	Telephone Number	Date Telephone Number		
Form LM-20 (2003)				

Filer: Laura Glase	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.):				
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in their tout the tackty to same our experience				
Through a Sauree a Naples Community Harpital, me were contracted by their legal carried to come to the facility to share air experience of watery a union in living in the union				
I have the first of the same o				
am union. It were paid \$50.00/how for 45.50				
theirs & for her expenses.				
Specific Activities to be Performed				
11. For each activity, separately list in detail the information required (See instructions);				
a. Nature of activity:				
hed and stary to the leader she to				
a. Nature of activity: Saed and stary to the leadership term of to enterested staff nurses.				
11.b. Period during which performed: ///3/07 -> /2/3/07	11.c. Extent performed: pending			
11.d. Name and address through whom performed:	Additional Name and address	ss through whom performed, if any:		
Name	Name			
- Harris				
Organization	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street	Street			
City	City			
State ZIP Code + 4	State	ZIP Code + 4		
12.a. Identify subject groups of employees:	12.b. Identify subject lation	organizations:		
Staff nurses at Bountour	SEIU campaign			
SALT MUCHEZ WE 1800 CO	SEIVE CR	a requestion		
Naples with the total				
Naples Community Haspital and at North Naples community Haspit	<u> </u>			
Naple community Hap 17				
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