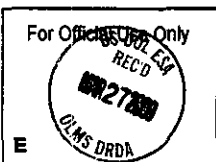


# FORM LM-20

## AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

c. Pending 646

364293

### Person Filing

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

Name Laura J Sease

Title RN

Organization NA

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

Street 422 Winding Oaks Ct

City Ballwin

State MD

ZIP Code + 4 63021

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

Name Bridget Whitson

Title RN

Organization NA

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

Street 364 Greenmore Dr

City Ballwin

State MD

ZIP Code + 4 63011

4. Date fiscal year ends:

12 / 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 Norton Healthcare

Organization North Audubon Hospital

Trade Name, if any

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

Street One Audubon Plaza Drive

City Louisville

State KY

ZIP Code + 4 40217

7. Date entered into:

2 / 28 / 08

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

Name Jane Carmody

Name Karen Higdon

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

Laura Sease

President  
(If other title, see  
instructions)

Title President

RN

14. Signed

NA

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

3/17/08

Date

636-227-0385

Telephone Number

On

Date

Telephone Number

Filer: Laura J Sease

File Number C- pending

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.):

Through a source at North Audubon Hospital, we were contacted by a nurse manager and the Chief Nurse Executive to come to the facility & share our experience of voting a union on, leaving in the union environment for 8 years, and then decertifying our union. We were paid \$50.00/hr x 40 hours & for our expenses.

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Let our story to the Leadership Team & to interested staff nurses.

11.b. Period during which performed:

2/28/08 → 3/1/08

11.c. Extent performed:

pending

11.d. Name and address through whom performed:

Name

Organization

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

Street

City

State

ZIP Code + 4

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:

Staff nurses at North Audubon Hospital

12.b. Identify subject labor organizations:

California Nurses Assoc.  
(CNA)