Receipts and Disbursements Report

U.S. Department of Labor



Office of Labor-Management Standards Washington, D.C. 20210 (Feb. 1990)	Consultants a Under Section	ired of Persons, Including Labor Relations ultants and Other Individuals and Organizations, r Section 203(b) of the Labor-Management rting and Disclosure Act of 1959, As Amended (LMRDA)		No. 1214- Expires: (Form ApprovedOMB No. 1214-0001 Expires: 02/29/93	
	A PERSON	N FILING				
1. NAME AND ADDRESS (include ZIP	code)	TO VERIF	ER ADDRESS WHERE RE Y THIS REPORT ARE KE . Meyer Blvd., S	PT:	SSARY	
4600 W. 88th Street		Kansas	City, MO 64132	dite A-20		
Prairie Village, KS 662	07	3. FILE NO. C-	COVERED		ay Year	
		553	BY THIS From	Dec 31	2001	
	poses of the advice or services		ith labor relations advice	or services rega	rdless of the	
5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code) Health Midwest, 2304 E. Meyer Blvd., Suite A-20,				01 \$ 1	63,246.13	
Kansas City, MO 64132					e Attachment	
			TOTAL	e 1	63,246.13	
8. DISBURSEMENTS TO OFFICERS A (a) Name (b) Salary (c) Expenses \$	10. 11. 12.	Office and Administra Expenses Publicity Fees for Professional Loans Made Other Disbursements Total Disbursements	Services —	1,021.13*	
Total Disbusements to officers	and employees: \$		(Sum of ite	ms 8-13) \$	1,021.13	
D.— SCHEDULE FOR STATEMENT OF	DISBURSEMENTS. Use this	Schedule to report of the instruction		de for the purpo	ses described	
		\$	TO R 6	BINI	3 1	
	-		0 8 0	IN 25 2002		
			- July	USDOL/ESA DLMS/DOE/SRD		
	TOTAL	\$	S is a second as	OLMS/DOE/SKD	and the same of th	
	IF MORE SPACE IS NEEDED	ATTACH ADDI				
E.— VERIFICATION AND SIGNATURE of law, that all information in this report, is, to the best of his knowledge and bell SIGNED:	including all attachments inco	rporated therein o	s undersigned authorized or referred to in this report	, has been exan	nined by him an	
at: on:	(If other title, cross out	at:	on:	(If other title, ca		
City State Date Public reporting burden for this collection of searching existing data sources, gathering a regarding this burden estimate or any other Management Standards, Department of Labo Paperwork Reduction Project (1214-0001), W	and write in correct title above of information is estimated to averand maintaining the data needed, aspect of this collection of information, Room N5625, 200 Constitution Mash., D.C. 20503.	e.) City St	tate Date	and write in co	instructions nd comments ice of Labor t and Budget,	

Attachment A

Ms. Kaiser met with registered nurses employed by Medical Center of Independence, a Health Midwest hospital, to discuss and present information on collective bargaining and negotiation processes. A total of seven meetings were held from May 22 to 29, 2001. The purposes of the meetings were to provide information, answer questions, and present the employer's perspective that the employees should vote against union representation. Registered nurses employed by Medical Center of Independence were invited to attend the discussions. Ms. Kaiser conducted the meetings, and was personally paid \$ __5,475.00 ______ for these services. Additionally, Ms. Kaiser provided other services to Health Midwest for consulting advice and labor negotiations. These other activities were not for the purpose of persuasion and all other payments to Ms. Kaiser were for these activities.