

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-

44271
~~A5616~~ 669 #pending

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

8/01/08

Through:

Month/Day/Year
(mm/dd/yyyy)

12/31/08

A. Person Filing

Laura J. Sease

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

Name

Laura Sease

Title

RN

Organization

NA

P.O. Box, Building and Room Number, if any

Street

422 Winding Oaks Ct

City

Baltimore

State

MD

ZIP Code + 4

63021

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

Name

Bridget Whitson

Title

RN

Organization

NA

P.O. Box, Building and Room Number, if any

Street

364 Greenmore Dr.

City

Baltimore

State

MD

ZIP Code + 4 63011

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

Laura Sease

Title

President

sig

President
(if other title, see
instructions)

18. Signed

Title

Treasurer

NA

Treasurer
(If other title, see
instructions)

On

01/25/2010

Date

6362365373

Telephone Number

On

1/1

Date

Telephone Number

Name of Person Filing: <u>Laura J Sease</u>	File Number C- <u>N5616</u>
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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). Employer <u>Norton Healthcare</u> Trade Name <u>Hospital</u> Attention To <u>Jane Carmody</u> Title <u>Vice President, Patient Care Services</u>	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>One Audubon Plaza Drive</u> City <u>Louisville</u> State <u>KY</u> ZIP Code + 4 <u>40217</u>
5.b. Termination Date <u>3/2/08</u>	5.c. Amount <u>\$ 4184.19</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>0</u>	

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		
				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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State <u>Washington</u> ZIP Code + 4	15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

LAURA SEASE, 422 WINDING OAKS CT., BALLWIN, MO 63021

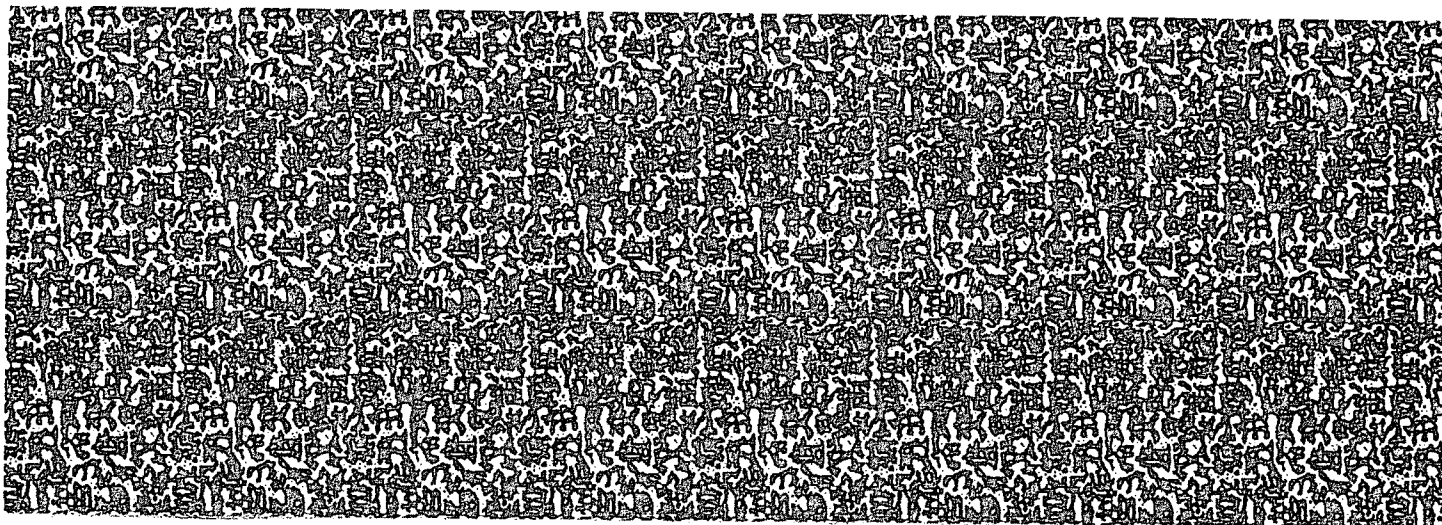
(1015371)

Invoice No.	Invoice Date	Comments	Gross Amount	Discounts	Net Amount
512662	02/18/08	st louis nurse consultants not employees	\$601.45	\$0.00	\$601.45
TOTALS:			\$601.45	\$0.00	\$601.45

Page 1 of 1

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REMOVE DOCUMENT ALONG THIS PERFORATION





P.O. Box 35070
Louisville, KY 40232-5070

No. 614395

Check Date: 03/26/2008

LAURA SEASE 422 WINDING OAKS CT. BALLWIN MO 63021

(1015371)

Invoice No.	Invoice Date	Comments	Gross Amount	Discounts	Net Amount
513843	03/25/08	Consulting Work	\$970.95	\$0.00	\$970.95
513846	03/25/08	Consulting Work	\$2,611.79	\$0.00	\$2,611.79
TOTALS:			\$3,582.74	\$0.00	\$3,582.74

Page 1 of 1

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