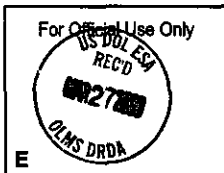


# FORM LM-21

## 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

364297

1. File Number C- 649	2. Period Covered By This Report From: 01/30/07 Through: 12/3/07
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name Laura Sease Title RD Organization NA P.O. Box, Building and Room Number, if any — Street 422 Winding Oaks Ct City Ballwin State MD ZIP Code + 4 63021	4. Any other address where records necessary to verify this report are kept: Name Budget Whitson Title RD Organization NA P.O. Box, Building and Room Number, if any — Street 364 Greenmore Dr. City Ballwin 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 <u>Laura Sease</u> Title <u>President RD</u> On <u>3/11/08</u> <u>636.227.0385</u> Date Telephone Number	18. Signed _____ Title <u>Treasurer</u> On <u>1/1</u> _____ Date Telephone Number
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Name of Person Filing: <u>Laura J. Sease</u>	File Number C-
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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).		Mailing Address:	
Employer <u>Naples Community Hospital</u>		P.O. Box, Building and Room Number, if any	
Trade Name	Street <u>350 Seventh Street North</u>	City <u>Naples</u>	
Attention To <u>Al McKenna</u>	State <u>FL</u>	ZIP Code + 4 <u>34102</u>	
Title <u>Attorney</u>			

5.b. Termination Date	5.c. Amount
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	<u>45.5 hours x \$50.00/hr = \$2275.00 + expenses</u> <u>of \$480.14 (see attached) = \$2755.14</u>
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**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
<u>NA</u>				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: <u>NA</u>	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name	15.e. Purpose
Title	
Organization <u>NA</u>	
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	
<u>NA</u>	

### Hours Summary

Laura's hours, including travel time: 45.5 + ( <sup>expenses</sup> 480.14 )

Bridget's hours, including travel time: 42.5 + ( <sup>expenses</sup> \$ 216.15 )

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

Dinner



TRANSACTION RECORD

USSNEMO

239.261.NEMO (6366)

Sea Base: Naples, FL USA

CARD TYPE:VISA

Nu.:\*\*\*\*\*1425

ENTRY:SWIPED

AUTHORIZATION:06637C

TERMINAL:1

REFERENCE:225505

PURCHASE \$100.00

TIP 10.00

TOTAL \$110.00

THANK YOU

DECEMBER 3,2007 20:43:19

Server's name : Barbara

CUSTOMER COPY

Laura Sese

HMSHOST

STARBUCKS COFFEE "D"

FORT MYERS SW REGIONAL AIRPORT

3273 MARIA

CHK 1074 DEC04'07 11:06AM GST 2

2 GRND COD G 3.98

SUBTOTAL 3.98

TAX 0.24

AMOUNT PAID 4.22

XXXXXXXXXXXXXXXXX5 XX/XX

VISA A0 4\* 4.22

114.22

Laura Sene

Alamo

car rental

UTILITIES  
IN-MILLIMETERS  
SETUP 7 0 2  
CONTRAST 2  
PRINT

ALAND

RA 413455250 Inv 40014052028  
Rental 30-NOV-2007 12:16 PM  
FT MYERS SOUTHWEST FLORIDA INTL APT  
Return 04-DEC-2007 10:46 AM  
FT MYERS SOUTHWEST FLORIDA INTL APT

LAURA SENE  
Vehicle # 87144297  
Model COBALT 4DR  
Class Driven CCAR Class Charged CCAR  
License# WNA5722 State/Province NC  
M/Kms Driven 171  
M/Kms Out 3325  
M/Kms In 3486

Charges	No Unit	Price	Amount
T & M	3 Days	25.68	77.05*
EX T & M	1 Days	25.68	25.68*
UNLIM M/KM	0 M/Kms		0.00*
EP	4 Days	12.44	49.76
ADNL DRVR	4 Days	9.99	39.96*
CUSTOMER FACILITY CHRG			4.00*
CONCESSION REDUCTION FEE			21.59*
FLORIDA SURCHARGE			8.00*
TIRE/BATTERY FEE			0.00*
LICENSE REDUCTION FEE			1.64*
SALES TAX 65.000 %			10.69

USD 238.65

-238.65

USD -0.00

Total Charges

Paid By Visa 1425

Amount Due

\* Taxable Items

Subject to Audit

Customer service Number 1(800) 445-5554



Welcome!

Phone: (314) 426-4510  
Look for TheParkingsSpot  
shuttles for pickup



770395  
06:35



5081/170044200/005911  
11/30/07 Nat Left  
Covered

\$ 79.75 WFC VISA  
12/04/07 14:23



parking

Laura Sease

Lunch

Swan River Seafood Restaurant  
& Fish Market  
3741 Taniami Trail N.

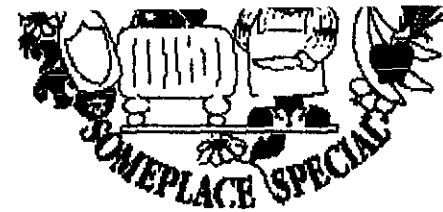
Server: SAMANTHA DOB: 12/01/2007  
12:39 PM 12/01/2007  
Table 54/1 2/20012

VISA 1048580  
Card #XXXXXXXXXX1425 Exp:0908  
Magnetic card present: SEASE LAURA  
Approval: 04238C

Amount: 34.41  
+ Tip: 7.00  
= Total: 41.41

x Laura Sease  
Approval: 04238C

Customer Copy



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

#001-004 12/2/2007 16:07:27 REG4  
Inv#:00460303 Trs#:462127

DASANI WATER \$0.99 F  
DASANI WATER \$0.99 F  
GROCERY: 2 items for \$1.99  
FIRECRACKER MIX 12OZ \$3.29 F  
PRODUCE: 1 items for \$3.29  
TIC TAC CITRUS TWIST \$0.79 T1  
TAX - GROCERY: 1 items for \$0.79

Net Sales \$6.06  
Tax 1 [\$0.79] \$0.05  
TOTAL SALES \$6.11

SUB TOTAL \$6.11  
Debit card \$6.11  
# \*\*\*\*\*0842

Item count 4  
Term. Id: 004  
Card type: DEBIT  
Card: S\*\*\*\*\*0842  
Trans Type: PURCHASE

Amount: \$ 6.11

Auth No: 2007/12/02 16:07  
Sequence: 0353

Result Code: Approved  
Result: APPROVED

Thank you for shopping with us!!!