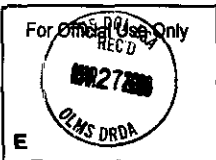


FORM LM-20

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-0047

364294

Person Filing

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

Name Bridget Whitson

Title RN

Organization NA

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

Street 364 Greenmore Dr.

City Ballwin

State MO

ZIP Code + 4 63011

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

Name Laura Sease

Title RN

Organization N/A

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

Street 422 Winding Oaks

City Ballwin

State MO

ZIP Code + 4 63021

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 Naples Community Hospital

Organization

Trade Name, if any

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

Street 350 7th St. North

City Naples

State Florida

ZIP Code + 4 34102

7. Date entered into:

11/30/07

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

Name Al McKenna

Name

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

Bridget Whitson

President
(If other title, see
instructions)

Title President

RN

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

3-11-08

Date

636-394-5970

Telephone Number

On

Date

Telephone Number

Filer:

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.):

Through a source @ NCH, we were contacted by their legal counsel to come to the facility + share our experience of voting a union in, living in the union environment + 8 years + then deceitifying our union.
We were paid \$50.00/hr x 42.5 hrs + 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:

Told our story to the Leadership Team + to interested staff NURSES.

11.b. Period during which performed:

11-30-07 → 12-03-07

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 downtown Naples Community Hospital + at North Naples Hospital.

12.b. Identify subject labor organizations:

SEIU campaign