

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001
12/31/86

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).

File No. C. 6553

A. Person Filing

| | |
|--|---|
| 1. Name and mailing address (include ZIP code): Gina Kaiser 4600 W. 88th Street Prairie Village, KS 66207 | 2. Any other address where records necessary to verify this report are kept: Gina Kaiser 4600 W. 88th Street Prairie Village, KS 66207 |
|--|---|

| | |
|--|--|
| 3. Date fiscal year ends: December 31, 2001 | 4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): |
|--|--|

B. Nature of Agreement or Arrangement

| | |
|---|--|
| 5. Full name and address of employer with whom made (include ZIP code): Health Midwest 2304 E. Meyer, Suite A-20 Kansas City, MO 64132 | 6. Date entered into: May 16, 2001 |
| | 7. Names of persons through whom made: Joseph Hiersteiner |

8. 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.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

Ms. Kaiser will meet with registered nurses employed by Health Midwest at particular Health Midwest facilities to discuss collective bargaining and negotiation processes. Registered nurses employed by Health Midwest at a particular facility are invited to join such discussions. These discussion meetings will be scheduled as Health Midwest and the particular facility find them to be beneficial.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):
- a. Nature of activity:
Speaking engagements in front of groups of registered nurses employed by Health Midwest regarding collective bargaining and negotiation processes.

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|--|---|
| b. Period during which performed: May 22, 2001 through December 31, 2001 | c. Extent performed: Ms. Kaiser has conducted five discussion meetings to date and may perform more. |
| d. Names and addresses of persons through whom performed: Gina Kaiser 4600 W. 88th Street Prairie Village, KS 66207 | |



11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:
Registered nurses employed by Health Midwest at Health Midwest facilities.

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

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|---|--|
| Signed: <u>Gina Kaiser</u> (If other title, cross out and write in correct title above.) City State Date at: <u>Prairie Village</u> <u>KS</u> on: <u>5/25/01</u> | Signed: _____ (If other title, cross out and write in correct title above.) City State Date at: _____ on: _____ |
| President | Treasurer |

Attachment to Employer Report, Form LM-10 Part B.11

Payments to Ms. Kaiser were for a variety of services in addition to those required to be reflected on this form LM-10. Specific payments required to be reflected on this form LM-10 are described on Attachment Part B.12.

| | |
|--------------|------------------|
| Jan | 16,154.04 |
| Feb | 14,446.52 |
| Mar | 18,667.40 |
| Apr | 13,854.52 |
| May | 15,899.95 |
| Jun | 14,410.98 |
| Jul | 12,132.07 |
| Aug | 4,275.00 |
| Sep | 14,325.00 |
| Oct | 2,475.00 |
| Nov | 18,900.00 |
| Dec | <u>17,705.65</u> |
| TOTAL | 163,246.13 |

Attachment Part B.12.

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.

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File No.

C.

553

A. Person Filing

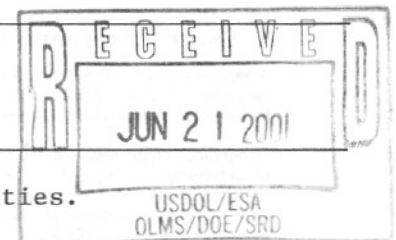
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| 1. Name and mailing address (include ZIP code): Gina Kaiser 4600 W. 88th Street Prairie Village, KS 66207 | | 2. Any other address where records necessary to verify this report are kept: Gina Kaiser 4600 W. 88th Street Prairie Village, KS 66207 | |
| 3. Date fiscal year ends: December 31, 2001 | 4. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): | | |

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| | | 7. Names of persons through whom made: Joseph Hiersteiner |
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| 9. Terms and conditions (Explain in detail; see Part B-9 of instructions): Ms. Kaiser will meet with registered nurses employed by Health Midwest at particular Health Midwest facilities to discuss collective bargaining and negotiation processes. Registered nurses employed by Health Midwest at a particular facility are invited to join such discussions. These discussion meetings will be scheduled as Health Midwest and the particular facility find them to be beneficial. | | |

C. Specific Activities to be Performed

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| 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): a. Nature of activity: Speaking engagements in front of groups of registered nurses employed by Health Midwest regarding collective bargaining and negotiation processes. | | |
| b. Period during which performed: May 22, 2001 through December 31, 2001 | c. Extent performed: Ms. Kaiser has conducted five discussion meetings to date and may perform more. | |
| d. Names and addresses of persons through whom performed: Gina Kaiser 4600 W. 88th Street Prairie Village, KS 66207 | | |
| 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: Registered nurses employed by Health Midwest at Health Midwest facilities. | | |



D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

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|--|--|--|--|--|--|
| Signed: <i>Gina Kaiser</i> (If other title, cross out and write in correct title above.) City State Date at: Prairie Village KS on: 5/25/01 | | | Signed: _____ (If other title, cross out and write in correct title above.) City State Date at: _____ on: _____ | | |
| President | | | Treasurer | | |