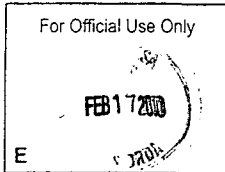


FORM LM-21

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

414270

1. File Number C- <u>A5676</u> <u>668</u> <u>pending #</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	<u>01/01/08</u>		<u>12/31/08</u>

A. Person Filing

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

Name Bridget Whitson

Title RN

Organization

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

Street 364 Greenmore Dr.

City Ballwin

State MO

ZIP Code + 4 63011

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

Name Laura Sease

Title RN

Organization

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

Street 422 Winding Oaks Ct.

City Ballwin

State MO

ZIP Code + 4 63021

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 Supt. E. White

Title President seep

President
(if other title, see
instructions)

18. Signed na

Title Treasurer

Treasurer
(If other title, see
instructions)

On 01/25/2010
Date

314-402-0439
Telephone Number

On 1/1
Date

Telephone Number

Name of Person Filing: <i>Bridget Whitson</i>	File Number C- <i>15616</i>
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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 <i>Norton Health Care</i> Trade Name <i>Hospital</i> Attention To <i>Jane Carmody</i> Title <i>V.P. Patient Care Services</i>	Mailing Address: P.O. Box, Building and Room Number, if any Street <i>One Audubon Plaza</i> <i>De</i> City <i>Louisville</i> State <i>KY</i> ZIP Code + 4 <i>40217</i>
5.b. Termination Date <i>3-02-08</i>	5.c. Amount <i>3104.86</i>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <i>0</i>	

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 <i>Washington</i> ZIP Code + 4	15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		



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

No. 614394

Check Date: 03/26/2008

BRIDGET WHITSON, 364 GREENMORE DR, BALLWIN MO 63011

(1015363)

Invoice No.	Invoice Date	Comments	Gross Amount	Discounts	Net Amount
513842	03/25/08	Consulting Work	\$500.00	\$0.00	\$500.00
513845	03/25/08	Consulting Work	\$2,055.36	\$0.00	\$2,055.36
TOTALS:			\$2,555.36	\$0.00	\$2,555.36

Page 1 of 1

Detach at Perforation Before Depositing Check



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

Fifth Third BANK (KY - Louisville)
401 South Fourth Street
Louisville, KY 40202-3411
21-234/830

Check Number	Check Date
614394	Mar-26-2008

Check Amount

\$ 2,555.36

PAY *VOID VOID VOID VOID VOID VOID VOID VOID*

TO THE
ORDER
OF
BRIDGET WHITSON
364 GREENMORE DR
BALLWIN MO 63011
(1015363)

NON-NEGOTIABLE



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

|||||
BRIDGET WHITSON
364 GREENMORE DR
BALLWIN MO 63011



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

No. 606830

Check Date: 02/20/2008

BRIDGET WHITSON, 364 GREENMORE DR, BALLWIN MO 63011

(1015363)

Invoice No.	Invoice Date	Comments	Gross Amount	Discounts	Net Amount
512659	02/19/08	st louis nurse consultants exp reimb	\$549.50	\$0.00	\$549.50
TOTALS:			\$549.50	\$0.00	\$549.50

Detach at Perforation Before Depositing Check



NORTON
HEALTHCARE

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

Fifth Third BANK (KY - Louisville)
401 South Fourth Street
Louisville, KY 40202-3411
21-234/830

Check Number	Check Date
606830	Feb-20-2008

Check Amount
\$ 549.50

PAY VOID VOID VOID VOID VOID VOID VOID VOID

TO THE
ORDER
OF
BRIDGET WHITSON
364 GREENMORE DR
BALLWIN MO 63011
(1015363)

NON-NEGOTIABLE



NORTON
HEALTHCARE

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

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BALLWIN MO 63011