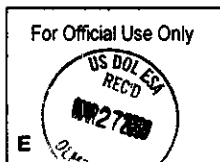


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C-

pending 647

364295

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 Greenmoe 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 *NA*

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 *Norton Healthcare*
Organization *North Audubon Hospital*
Trade Name, if any
P.O. Box, Bldg., Room No., if any
Street *1 Audubon Plaza Dr.*
City *Louisville*
State *KY* ZIP Code + 4 *40217*

7. Date entered into:

2/28/08

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

Name *Jane Carmody*
Name *Karen Higdon*
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

Bryce E. Shultz

President
(If other title, see
instructions)

Title *President*

14. Signed

NA

Treasurer
(If other title, see
instructions)

Title *Treasurer*

On

3-17-08

Date

636-394-5970

Telephone Number

On

Date

Telephone Number

Filer: <u>Bridget Whitson</u>	File Number C- <u>pending</u>
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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 at North Audubon Hospital, we were contacted by a nurse manager & the Chief Nurse Executive to come to the facility & share our experience of voting a union in, living in the union environment & 8 yrs & then deceitifying our union.

We were paid \$50.00/hr x 40 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:

2-28-08 - 3-01-08

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 North Audubon Hospital

12.b. Identify subject labor organizations:

California Nurses Association