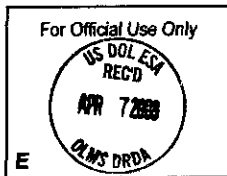


FORM LM-21

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

360496

1. File Number C- 00507	2. Period Covered By This Report From: 01/01/2007 Through: 12/31/2007
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: Cindy Wysock Title: Organization: P.O. Box, Building and Room Number, if any: Street: 765 Pinnacle Ct. City: Lexington State: Kentucky ZIP Code + 4: 40515-6312	4. Any other address where records necessary to verify this report are kept: Name: Title: Organization: P.O. Box, Building and Room Number, if any: Street: City: State: ZIP Code + 4:

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>Cindy Wysock RNC</u> Title: On: 03/26/2008 Telephone Number: 859-272-0882 Date Telephone Number	18. Signed: _____ Title: _____ On: ____/____/____ Telephone Number: _____ Date Telephone Number
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Name of Person Filing: Cindy Wysock

File Number C- 00507

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:

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

Employer Finley HospitalTrade Name Street 350 N. Grandview Ave.Attention To Karla☐ WaldbilligCity DubuqueTitle Vice President Human ResourcesState Iowa ZIP Code + 4 520015.b. Termination Date 08-22-20075.c. Amount 4,226

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 14,246

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

Cindy	<input type="checkbox"/> <u>Wysock</u>	<u>13,000</u>	<u>1,246</u>	<u>14,246</u>	9. Office and Administrative Expenses	<u></u>
	<input type="checkbox"/> <u></u>	<u></u>	<u></u>	<u></u>	10. Publicity	<u></u>
	<input type="checkbox"/> <u></u>	<u></u>	<u></u>	<u></u>	11. Fees for Professional Services	<u></u>
	<input type="checkbox"/> <u></u>	<u></u>	<u></u>	<u></u>	12. Loans Made	<u></u>
	<input type="checkbox"/> <u></u>	<u></u>	<u></u>	<u></u>	13. Other Disbursements	<u></u>
8. Total disbursements to officers and employees:				<u>14,246</u>	14. Total Disbursements (Sum of Items 8-13)	<u>14,246</u>

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

15.d. Amount Name Title Organization

15.e. Purpose

P.O. Box, Building and Room Number, if any Street City State WashingtonZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: <u>Cindy Wysock</u>		File Number C- 00507	
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>St. John's Mercy Medical Center</u>	P.O. Box, Bldg., Room No., if any _____		
Trade Name _____	Street <u>615 S. Ballas Road</u>		
Attention To: <u>Chris</u> <input type="checkbox"/> <u>Carter</u>	City <u>St. Louis</u>		
Title <u>Human Resources</u>	State <u>Missouri</u>	ZIP Code + 4 <u>63141</u>	
5.b. Termination Date <u>07-28-2007</u>		5.c. Amount <u>10,020</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____	P.O. Box, Bldg., Room No., if any _____		
Trade Name _____	Street _____		
Attention To: _____ <input type="checkbox"/> _____	City _____		
Title _____	State _____	ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____	P.O. Box, Bldg., Room No., if any _____		
Trade Name _____	Street _____		
Attention To: _____ <input type="checkbox"/> _____	City _____		
Title _____	State _____	ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____	P.O. Box, Bldg., Room No., if any _____		
Trade Name _____	Street _____		
Attention To: _____ <input type="checkbox"/> _____	City _____		
Title _____	State _____	ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____	P.O. Box, Bldg., Room No., if any _____		
Trade Name _____	Street _____		
Attention To: _____ <input type="checkbox"/> _____	City _____		
Title _____	State _____	ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____	P.O. Box, Bldg., Room No., if any _____		
Trade Name _____	Street _____		
Attention To: _____ <input type="checkbox"/> _____	City _____		
Title _____	State _____	ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	