

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. 507
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A. Person Filing

1. Name and mailing address (include ZIP code): Cindy Wysock 765 Pinnacle Ct. Lexington, Ky. 40515	2. Any other address where records necessary to verify this report are kept:
3. Date fiscal year ends: 12-31-03	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): Resurrection Health Care 7435 W. Talcott Ave. Chicago, Illinois 60631	6. Date entered into: May 6, 7, 8, 2003
7. Names of persons through whom made: Paul Skiem VP Human Resources	

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):

I was called & asked to give testimony of my previous experiences with the organizing campaign by a union & then subsequent representation of the nurses at St. Joseph medical center in Joliet, Ill.

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:	On May 6, 7, 8, 2003 I held voluntary open staff meetings regarding my experiences in union organization. After I gave testimony of experiences people could ask questions. re: my experiences.	
b. Period during which performed:	May 6, 7, 8, 2003	
c. Extent performed:	Completed as of May 8, 2003	
d. Names and addresses of persons through whom performed: Paul Skiem, VP Human Resources of Resurrection Health Care 7435 W. Talcott Ave. Chicago, Illinois 60631		

11. Identify (a) Subject employees, groups of employees, and (b) labor organizations:

Any staff who wanted to attend the open sessions could. RN's, LPN, Resp. Staff, assistants, housekeeping, etc.

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.

Signed: Cindy Wysock (If other title, cross out and write in correct title above.) City State Date at: Lexington, Ky. on: 6-8-03	Signed: _____ (If other title, cross out and write in correct title above.) City State Date at: _____ on: _____
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