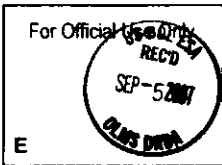


# FORM LM-20

## 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.

335 429

1. File Number: C- 00507

### Person Filing

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

Name Cindy Wysock

Title

Organization

P.O. Box, Bldg., Room No., if any

Street 765 Pinnacle Ct.

City Lexington

State Kentucky

ZIP Code + 4 40515-6312

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

Name

Title

Organization St. John's Mercy Medical Center

P.O. Box, Bldg., Room No., if any

Street 615 S. New Ballas Road

City St. Louis

State Missouri

ZIP Code + 4 63141

4. Date fiscal year ends:

Dec / 7

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

Organization St. John's Mercy Medical Center

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 615 S. New Ballas Road

City St. Louis

State Missouri

ZIP Code + 4 63141

7. Date entered into:

7 / 24 / 2007

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

Name Chris Carter

Name

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

*Cindy Wysock*

President  
(If other title, see  
instructions)

14. Signed

Treasurer  
(If other title, see  
instructions)

Title

Title

On

8-29-07

Date

859-272-0882

Telephone Number

On

Date

Telephone Number

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.):

I volunteered to give testimony of my past experiences with the organizing campaign by a union and the subsequent representation of the nurses at St. Joseph Medical Center in Joliet, Illinois.  
There was no written agreement.

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

I was introduced to staff who was interested in attending open-session meetings. I gave testimony of my experiences at St. Joseph Medical Center in regards to the union organizing campaign. Staff was allowed to ask me questions about my past experiences. I answered their questions as it related to my personal experiences with the union organizing campaign and representation.

11.b. Period during which performed:

July 24-28, 2007

11.c. Extent performed:

visit completed as of 7-28-07

11.d. Name and address through whom performed:

Name

Organization St. John's Mercy Medical Center

P.O. Box, Bldg., Room No., if any

Street 615 S. New Ballas Road

City St. Louis

State Missouri

ZIP Code + 4 63141

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 of St. John's Mercy Medical Center

12.b. Identify subject labor organizations: