



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.

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

**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: 12-31-01	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): Mercy Hospital 500 Market St. Iowa City, Iowa 52245	6. Date entered into: Dec. 9-10-11th
7. Names of persons through whom made: Ron Reed CEO & Tom Clancy VP Nursing	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 asked & volunteered to give testimony of my experiences with the organizing campaign by a union & then representation of the nurses at St. Joseph Medical Center in Joliet, IL.

**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 Dec 9-11th 2001 I was introduced to staff & held open sessions where I could relate my experiences from St. Josephs & where people could ask me questions of my experiences. I gave testimony & answered questions.	
b. Period during which performed:	Dec. 9, 10, 11th 2001	
c. Extent performed:	Completed as of these dates.	
d. Names and addresses of persons through whom performed: Ron REED CEO + Tom Clancy VP Nursing Mercy Hospital 500 Market St. Iowa City, Iowa 52245		

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

Staff (any interested staff member of the hospital) Professional &/or non-professional, who wanted to come.

**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 President	Signed: _____ Treasurer
(If other title, cross out and write in correct title above.)	(If other title, cross out and write in correct title above.)
City State Date at: Lexington, Ky. on: 12-28-01	City State Date at: _____ on: _____



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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

**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:

12-31-01

4. Type of person:

a. ☒ Individual

b. ☐ Partnership

c. ☐ Corporation

d. ☐ Other (Specify):

**B. Nature of Agreement or Arrangement**

5. Full name and address of employer with whom made (include ZIP code):

Barb Lawson - Lake Orion Nursing Center  
585 E. Flint St. P.O. Box 129  
Lake Orion, MI. 48361

6. Date entered into:

Nov. 13 & Nov. 14 - 2001

7. Names of persons through whom made:

Barb Lawson

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 asked & agreed to give testimony of my experiences with the organizing of the union. Along with the subsequent representation by the union of the nurses at St. Joseph Medical Center in Joliet, IL.

**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 Nov. 13 & 14, 2001, I met with the staff & held voluntary sessions where people could ask questions & hear my experiences from St. Joseph's union organizing campaign.

b. Period during which performed:

Nov. 13 & 14th 2001

c. Extent performed:

Completed as of Nov. 14th

d. Names and addresses of persons through whom performed:

Barb Lawson president of the Lake Orion Nsg. Center.  
585 E. Flint St. P.O. Box 129 Lake Orion, MI. 48361

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

Staff (nurses) of Lake Orion Nursing Center.  
RNs, LPNs

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

President

Signed:

Treasurer

(If other title, cross out and write in correct title above.)

(If other title, cross out and write in correct title above.)

City

State

Date

City

State

Date

at: Lexington

Ky.

on: 12-11-01

at:

on:

# Agreement and Activities Report

# U.S. Department of Labor

Office of Labor-Management Standards



OMB No. 1214-0001  
12/31/86

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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

## A. Person Filing

1. Name and mailing address (include ZIP code):

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

Cindy Wysock  
765 Pinnacle Ct.  
Lexington, Ky. 40515

3. Date fiscal year ends:

4. Type of person:

12-31-01

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

## B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

6. Date entered into:

St. Joseph Hosp. & Health Center  
PO Box 9010  
Kokomo, IN. 46904-9010

9-11-01

7. Names of persons through whom made:

Michael L. Williams C.O.O.

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, then I volunteered to give testimony of my experiences with the organizing campaign by a union & then subsequent representation of the nurses at St. Joseph Medical Center in Ellet, Ill.

## C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

on 9-11, 9-12 & 9-13-2001

a. Nature of activity:

I was introduced to the staff & held open-session meetings where people could ask me questions & hear my experiences. I gave testimony of my experiences at St. Joseph Medical Center.

b. Period during which performed:

9-11-2001  
9-12-2001 & 9-13-2001

c. Extent performed:

Completed as of these dates

d. Names and addresses of persons through whom performed:

Michael Williams, Chief Operating Officer  
1907 W. Sycamore St. PO Box 9010 Kokomo, Indiana 46904-9010

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

any staff who wanted to come - Prof. & non-prof. staff  
RN's, LPN's, Dietary staff - Resp. staff 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

President

Signed:

Treasurer

(If other title, cross out and write in correct title above.)

(If other title, cross out and write in correct title above.)

City State Date  
at: Lexington Ky. on: 10-13-01

City State Date  
at: on:



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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

**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: 12-31-2001	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 Home Health 4930 Oakton Skokie, Illinois 60077		6. Date entered into: May 8th 2001	
		7. Names of persons through whom made: Marie Cleary-Fishman	
8. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly: a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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):**

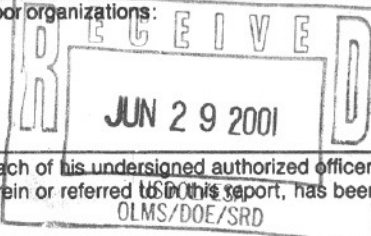
I was asked, so I volunteered to give testimony of experiences I had with an organizing campaign by the union & following representation of the nurses at St. Joseph Medical Center in Joliet, Ill.

**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: I was introduced to the staff on May 8th & 9th. I gave testimony & answered questions they had of my experiences from the union at St. Joseph in Joliet, Ill.			
b. Period during which performed: May 8th & May 9th, 2001		c. Extent performed: Complete as of those dates.	
d. Names and addresses of persons through whom performed: Marie Cleary-Fishman - Resurrection Home Health Services 4930 Oakton Skokie, Illinois 60077			

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

Rns Staff



RECEIVED

JUN 15 2001

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 -President		Signed: _____ Treasurer	
(If other title, cross out and write in correct title above.)		(If other title, cross out and write in correct title above.)	
City at: Lexington	State Ky.	City at:	State on:
Date on: 6-10-01		Date on:	