Agreement and Activities Port

of Labor U.S. Departm

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

Required of Persons, including Labor Relations Consultants and Other Individu Under Section 203(b) of the Labor-Management Reporting and Disclosure Act	als and Organizations, of 1959, as amended (LMRDA).
A. Person Filing	
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. Leximation, Ky. 40515	
3. Date fiscal year ends: 12-3/-0/ a. ■ Individual b. □ Partri	ership 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:
Mercy Hospital	Dec. 9-10-1/th
500 Market st.	7. Names of persons through whom made:
Towa City Tala 52245	Ron Reed CED + Tom Clandy VPNSq.
8. Check the appropriate box to indicate whether an object of the activities	
1/	de employees as to the manner of exercising, the right to organize and bargain
	of employees or a labor organization in connection with a labor dispute involv- on with an administrative or arbitral proceeding or a criminal or civil judicial pro-
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):	1 1 a a maria
I was asked # volunteered 4	to give testimony of my experience
with the organizing campaign	befa win & then representation
of the nurses at st. Joseph	beja union & then representation medical Center in Joliet, II.
C. Specific Activities to be Performed	
10. For each activity, separately list in detail the information required (See I	Part C-10 of instructions):
a. Nature of activity: On Dec 9-11th 2001 of wa	es introduced to staff & held
open sessions where I could	
St. Josephs & where people could	ask me aussions of mul experience
I gail test many & ansi	was and a singlificant
b. Period during which performed: c. Extent perform	med:
	ted as of these dates.
d. Names and addresses of persons through whom performed:	
RON REED CEO + Tom Clancy UPNU	rsina
mercy Hospital 500 market St. I	OWN City TOWN 52711
	• 0000000000000000000000000000000000000
11. Identify (a) Subject employees, groups of employees, and (b) labor orga	
Staff (any interested staff in member of the hospital) Professional 4/or non-professional
who wanted to come.	
	is undersigned authorized officers declares, under penalty of law, that all in- eferred to in this report, has been examined by him and is, to the best of his
Signed: / / / / /	Signed:
way whech president	Treasurer
	(If other title, cross out and write in correct title above.)
City State Date	City State Date

Agreement and Activities Re

knowledge and belief, true, correct, and complete.

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Required of Persons, including Labor Relations Consultants and Other Indivi- poder Section 203(b) of the Labor-Management Reporting and Disclosure A	iduals and Organizations, Act of 1959, as amended (LMRDA).
A. Person Filing	
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.	
Cextination, Ky. 40575	
Date fiscal year ends:	
12-31-01 a. Individual b. Par	rtnership c. Corporation d. Other (Specify):
B. Nature of Agreement or Arrangement	
5. Full name and address of employer with whom made (include ZIP code	
Barblawson-Lake Orion Nursing	Center Nov. 13 4Nov. 14-2001
5858. Flint St. P.O. BOX 129	7. Names of persons through whom made:
Lake Drion, MI. 48361	Barb Lawson
8. Check the appropriate box to indicate whether an object of the activities	
 To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing. 	uade employees as to the manner of exercising, the right to organize and bargain
	es of employees or a labor organization in connection with a labor dispute involv- ction with an administrative or arbitral proceeding or a criminal or civil judicial pro-
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):	/
I was asked + armand to	o give lestimony of my
experiences with the or	ganizing of the anion. Along resentation by the union of the
with the subsequent rep	resentation by the union of the
nurses out St. Joseph Medical	Center in Joliet, II.
C. Specific Activities to be Performed	
10. For each activity, separately list in detail the information required (Se	e Part C-10 of instructions):
a. Nature of activity: 011 1000 13419, 2001	, I met with the staff &
held Voluntary selstions where	people could ask questions &
	ohs union organing campaign.
b. Period during which performed: c. Extent perf	ormed:
Nov. 13 + 14th 2001 Comple	Hed as of Nov. 14th
d. Names and addresses of persons through whom performed:	1 Min la No Dais aka Constan
Barb lawson periodit of	I The lave Orion 1089. Center.
	1 the lake Orion Nog. Center. 9 lake Orion, MI. 48361
11. Identify (a) Subject employees, groups of employees, and (b) labor on	ganizations:
Staff (MUN SES) 87 lat	e Orion Nursing Center.
D. Verification and Signature. The person in item 1 shows and each of	of his undersigned authorized officers declares, under penalty of law, that all in-
	a me anacroigined admicrized cincers decidies, under penanty or law, that all ill-

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

City State Date City State Date at: On: 12-11-07 at: On:

formation 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

Agreement and Activities Report

U.S. Department Labor

Office of Labor-Managemen. . . . ndards



86-257 as amended. Failure to comply may

OMB No. 1214-0001

result in criminal prosecution, fines and civil penalties as provided by 2	
Required of Persons, including Labor Relations Consultants and Other Individu Under Section 203(b) of the Labor-Management Reporting and Disclosure Act	als and Organizations, of 1959, as amended (LMRDA).
A. Person Filing	
Name and mailing address (include ZIP code):	Any other address where records necessary to verify this report are kept:
Gindy WYSOCK	
16 Pinnacle ct.	
NCINNATI Lexington, Ky, 40515	
Date fiscal year ends: 4. Type of person:	
12-31-01 a. Individual b. Partr	nership c. Corporation d. Cother (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	9-11-01
PO BOX 9010	7. Names of persons through whom made:
Kokomo, IN. 46904-9010	Michael Lo Williams C.O.O.
8. Check the appropriate box to indicate whether an object of the activities	
 To persuade employees to exercise or not to exercise, or persua collectively through representatives of their own choosing. 	de employees as to the manner of exercising, the right to organize and bargain
 To supply an employer with information concerning the activities ing such employer, except information for use solely in conjunction ceeding. 	of employees or a labor organization in connection with a labor dispute involv- on with an administrative or arbitral proceeding or a criminal or civil judicial pro-
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):	
I was called +asked then .	I volunteered to give textimony
of my experiences with to	representation of the nurses at solver, III.
union I then subsequent,	representation of the nurses at
St. Joseph Medical Center in	soliet, III.
C. Specific Activities to be Performed	Part O (O disability of land)
10. For each activity, separately list in detail the information required (See a. Nature of activity: I way improduced)	of to the Staff the ld open-
session meetings where produced in a property	Rople could ask me questions of testimony of my experiences out
St. Joseph Medical center.	termony of my experiences out
b. Period during which performed: C. Extent perfor	med:
9-11-2001 49-13-2001 Com	pleted as of these dates
 d. Names and addresses of persons through whom performed: 	
Michael Williams. Chief Opera	uting efficer
1907 W. SURAMERIO ZI DO ROS	9010 Kokomo, Indiana 46904-9010
and stall who wanted	to come - Product non-ord well
wing share wanted	To come - The pay, suggesting
"RN'S, LYN'S, Dietary &	to come - Prof. I non-prof. staffs
D. Verification and Signature. The person in item 1 above and each of formation in this report, including all attachments incorporated therein or knowledge and belief, true, correct, and complete.	his undersigned authorized officers declares, under penalty of law, that all in- referred to in this report, has been examined by him and is, to the best of his
Signed: A - A	Signed:
(May WYSOLF) Prosident	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: Lexinoyion Ky, on: 10-13-01	at: on:

Agreement and Activities Rep

Ris Storfx

U.S. Department Labor

Office of Labor-Management standards



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OMB No. 1214-0001 12/31/86

RECEIVED

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, File No. Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA). A. Person Filing 2. Any other address where records necessary to verify this report are kept: 1. Name and mailing address (include ZIP code): CINDY WYSOCK 765 Pinnacle of Cexinaten, Ky. 40515
3. Date fiscal year ends: 4. Type of person: a. M Individual d.

Other (Specify): b.

Partnership c.

Corporation 12-31-2001 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 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): 9. Terms and conditions (Explain in detail; see Part B-9 of Instructions):

I was asked, so I volevateered to give testimeny of experiences I had with an organizing campaign by the union of following representation of the nurses at St. Joseph medical Center in Jeliet, 711. 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 entroduced to the staff on
	I gave testimony & answered questions they had of they
2000	experiences from the union of St. Josephs in Jelief HI.
	b. Period during which performed: c. Extent performed:
	b. Period during which performed: C. Extent performed:
	d. Names and addresses of persons through whom performed:

d. Names and addresses of persons through whom performed:

What is Cheavy-Fishman - Resurrection Home Health Services

4930 Oakton

Skokie, Illinois 60077

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

	1- 1-1	OUN Z 9 2001	0	JUN 1.5 2001
D. Verification and Signature. The person in item 1 above and ea	ch of	his undersigned authorized	fficer	declares, under penalty of law, that all in-
formation in this report, including all attachments incorporated there	ein or	referred to moth's seport, has	beer	examined by him and is to the best of his
knowledge and belief, true, correct, and complete.	200	OLMS/DOE/SRD	1	The second secon

11 M 2 0 000

Signed: //.	· · ·		Signed:			
i Cindy W	BOCK	-President	10		Treasure	ir.
(If other title, cross out and write	e in correct title above.)		(If other title, cross out and write i	n correct title above.)		
City	State	Date 6-10-01	City	State	Date	
at: lexination	Ky.	on: 5-3/-0/	at:		on:	
					Form LM-20 (Feb. 1986	6)