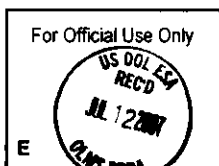


FORM LM-20

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.

1. File Number:

C-

626

331357

Person Filing

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

Name MARIA C. SILVA-ODES

Title

Organization

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

Street 10309 S. KARLOV AVE.

City OAK LAWN

State ILLINOIS

ZIP Code + 4 60453

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

Name

Title

Organization

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

12/07

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 Mt. Sinai Health Systems

Organization Health Care

Trade Name, if any Hospital

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

Street 15th & California St.

City Chicago

State ILLINOIS

ZIP Code + 4 60608

7. Date entered into:

/ /

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

Name Allen Channing

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

Title President

President
(If other title, see
instructions)

14. Signed

Title Treasurer

Treasurer
(If other title, see
instructions)

On

6/27/2007 (708) 422-7163

Date

Telephone Number

On

Date

Telephone Number

Filer: **MARIA C. SILVA-ODES**

File Number C-

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.):

\$ 40.00/hr. + mileage
\$ 10.00/day expenses

Specific Activities to be Performed

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

a. Nature of activity:

11.b. Period during which performed:

6/13/2007 to 6/27/2007

11.c. Extent performed:

11.d. Name and address through whom performed:

Name **Mt. Sinai Health Systems**

Organization

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

Street **15th & California**

City **Chicago**

State **ILLINOIS**

ZIP Code + 4 **60608**

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:

Registered Nurses

12.b. Identify subject labor organizations:

CNA / NNOC