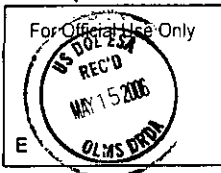


FORM LM-20

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- 616

Person Filing	
2. Name and mailing address (include ZIP Code): Name Brent W Yessin Title President Organization Employee Advocates P.O. Box, Bldg., Room No., if any P.O. Box 8814 Street City Longboat Key State Florida ZIP Code + 4 34228	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: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name Margaret Fisher Organization Civista Medical Center Trade Name, if any P.O. Box, Bldg., Room No., if any Street 616 East Charles Street, Suite 202 City La Plata State Maryland ZIP Code + 4 20646	7. Date entered into: 2 / 28 / 2006 8. Name of person(s) through whom made: Name 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 VI on penalties in the instructions.)

13. Signed [Signature] President
(If other title, see instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title _____

On _____
Date Telephone Number

On _____
Date Telephone Number

Filer: Brent Yessin Employee Advocates	File Number C-
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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.):

Employee Advocates will have various consultants working at \$100.00 per hour, for training and education of the workforce by various consultants, including registered nurses, human resource professionals, attorneys or former union officials, as needed and requested by the client.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: To educated Civista Medical Center employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so. To enhance the business literacy of the workforce and encourage employees to be informed and to vote.	
11.b. Period during which performed: 2/28/06-3/30/06	11.c. Extent performed: Completed by 3/30/06
11.d. Name and address through whom performed: Name Brent Yessin Organization Employee Advocates P.O. Box, Bldg., Room No., if any P.O. Box 8814 Street City Longboat Key State Florida ZIP Code + 4 34228	Additional Name and address through whom performed, if any: Name Nora Boczar Organization Employee Advocates P.O. Box, Bldg., Room No., if any P.O. Box 8814 Street City Longboat Key State Florida ZIP Code + 4 34228
12.a. Identify subject groups of employees: Care givers and ancillary staff at Civista Medical Center	12.b. Identify subject labor organizations: SEIU Local 1199

Filer: Brent Yessin Employee Advocates	File Number C-
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Specific Activities to be Performed (Continuation Page)	
<p>11. For each activity, separately list in detail the information required (See instructions):</p> <p>a. Nature of activity:</p> <p>To educated Civista Medical Center employees about their rights under the National Labor Relations Act to form, join or assist labor organizations, to bargain collectively or engage in other activity for their mutual aid or protection, and the right to refrain from doing so. To enhance the business literacy of the workforce and encourage employees to be informed and to vote.</p>	
<p>11.b. Period during which performed:</p> <p>2/28/06-3/30/06</p>	<p>11.c. Extent performed:</p> <p>Completed by 3/30/06</p>
<p>11.d. Name and address through whom performed:</p> <p>Name Jose Salgado</p> <p>Organization Employee Advocates</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 8814</p> <p>Street</p> <p>City Longboat Key</p> <p>State Florida ZIP Code + 4 34228</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name Jim Strong</p> <p>Organization Employee Advocates</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 8814</p> <p>Street</p> <p>City Longboat Key</p> <p>State Florida ZIP Code + 4 34228</p>
<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>Additional Name and address through whom performed, if any:</p> <p>Name</p> <p>Organization</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
<p>12.a. Identify subject groups of employees:</p> <p>Care givers and ancillary staff at Civista Medical Center</p>	<p>12.b. Identify subject labor organizations:</p> <p>SEIU Local 1199</p>