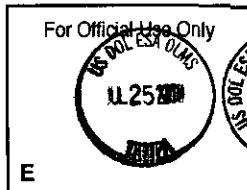


FORM LM-21

RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended. (LMROA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

366576

1. File Number C- <u>616</u>	2. Period Covered By This Report From: <u>7 / 01 / 2007</u> Through: <u>06 / 30 / 2008</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Brent Yessin</u> Title <u>CEO</u> Organization <u>Employee Advocates, LLC</u> P.O. Box, Building and Room Number, if any <u>Ste 1825</u> Street <u>One Tampa City Center</u> City <u>Tampa</u> State <u>Florida</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>33602</u>	4. Any other addresses where records necessary to verify this report are kept: Name _____ Title _____ Organization _____ P.O. Box, Building and Room Number, if any _____ Street _____ City _____ State _____ <input checked="" type="checkbox"/> ZIP Code + 4 _____

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 the Section on penalties in the instructions).

17. Signed <u>[Signature]</u> Title <u>President</u> <input checked="" type="checkbox"/>	President (if other title, see instructions)	18. Signed _____ Title <u>Treasurer</u> <input checked="" type="checkbox"/>	Treasurer (If other title, see instructions)
On <u>06 / 30 / 2008</u> Date	<u>813 248-1818</u> Telephone Number	On <u>/ /</u> Date	<u> </u> Telephone Number

Name of Person Filing:	File Number C-
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Appalachian Regional Healthcare		P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To Dan Fitzpatrick		City	
Title VP Human Resources		State <input checked="" type="radio"/> ZIP Code + 4	

5.b. Termination Date 12/31/07	5.c. Amount \$30,000
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements (Accrued)
				30,000
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) - 0 -

Billed \$30,000 TO COVER ANY POTENTIAL EMPLOYEE CONTACT - BILL NOT YET PAID, AND STILL

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name: A LARGE BALANCE DUE, CURRENTLY OWED TO YESS IN + ASSOCIATES.		15.b. Trade Name, If any: WE CREDITED ARH w/ \$30,000	
15.c. To Whom Paid		15.d. Amount AND BILLED \$30,000 FROM EMPLOYEE ASSOCIATES.	
Name		15.e. Purpose WHEN WE GET PAID, WE WILL PAY THE CONSULTANTS AS NOTED IN THE ADDENDUM.	
Title			
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State <input checked="" type="radio"/> ZIP Code + 4			

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Accrued \$30,000 PENDING PAYMENT OF FINAL BILL BY CLIENT

Addendum to Schedule D, section 15.

Employer Name: Employee Advocates, LLC for work at ARH

15.c and 15.d.

Paul Johnson, PhD

Paid: \$0 – specifically instructed not to engage employees, only statutory supervisors and managers, as defined by the Wagner Act.

Robin Buesching, RN

Paid: \$0 – will be paid \$2000 to have nurse consultants who can go to the units to work on strike plans and employee relations, to conduct one on one or small group conversations to discuss the negotiation process and answer employee questions prior to and during the strike.

Liora Lurie

Paid: \$0 – will be paid \$2500 if client pays, to make labor relations and healthcare professional available for one on one or small group conversations to discuss the negotiation process and answer employee questions prior to and during the strike.

Carina Hunt, RN

Paid: \$0 – will be paid \$6,000 if client pays, to have nurse consultants who can go to the units to work on strike plans and employee relations, to conduct one on one or small group conversations to discuss the negotiation process and answer employee questions prior to and during the strike.

Sue Rosen, RN

Paid: \$0 – will be paid \$10,000, if client pays, to have former nursing union officer conduct or engage in one on one or small group conversations to discuss the negotiation process and answer employee questions prior to and during the strike.

Luisa Perez, LPN

Paid: \$0 -- will be paid \$2500 if client pays to have former nurse and union organizer have one on one or small group conversations to discuss the negotiation process and answer employee questions prior to and during the strike.

Graham Russell, RN

Paid: \$0 -- will be paid \$7000 if client pays to have former nurse and union organizer have one on one or small group conversations to discuss the negotiation process and answer employee questions prior to and during the strike.

15.e. Purpose: to have one on one or small group conversations to discuss the negotiation process and answer employee questions prior to and during the strike.