

FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

For Official Use Only

APR 5 2007

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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- 00616

325 248

Person Filing

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

Name Brent W Yessin

Title President

Organization Employee Advocates, Inc.

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. ☐ 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 Linda Bradley

Organization Inland Valley Medical Center

Trade Name, if any

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

Street 255000 Medical Center Drive

City Mueeiwr

State California

ZIP Code + 4 92562

7. Date entered into:

9 / 1 / 2006

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

Name

Name

Name

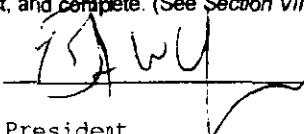
Name

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 VII on penalties in the instructions.)

13. Signed



President
(If other title, see
instructions)

Title President

14. Signed



Treasurer
(If other title, see
instructions)

Title Treasurer

On

9/1/06

Date

813-225-1777

Telephone Number

On

Date

Telephone Number

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 per hour, for training and education of the workforce by various consultants, including registered nurses, human resource professionals, attorneys and former union officials as needed and requested by client.

Specific Activities to be Performed

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

a. Nature of activity:

To educate Inland Valley Medical Center Registered Nurses 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:

9/1/2006

11.c. Extent performed:

Completed by 11/1/2006

11.d. Name and address through whom performed:

Name Kathy Tregear

Organization Employee Advocates, Inc

P.O. Box, Bldg., Room No., if any PO Box 8814

Street

City Longboat Key

State Florida ZIP Code + 4 34228

Additional Name and address through whom performed, if any:

Name Luisa Perez

Organization Employee Advocates, Inc.

P.O. Box, Bldg., Room No., if any PO Box 8814

Street

City Longboat Key

State Florida ZIP Code + 4 34228

12.a. Identify subject groups of employees.

Registered Nurses

12.b. Identify subject labor organizations: