

U.S. Department of Labor Office of Labor-Management Standards
Washington, DC 20210

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

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. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| APR - 3 2012 491222   |  |  |  |  |
|---|--|--|--|--|
| 1. File Number C- 616   | 2. Period Covered By This Report From:   Month/Day/Year (mm/dd/yyyy)   Month/Day/Year (mm/dd/yyy |  |  |  |
|   | 12/3/11  |  |  |  |
| A. Person Filing  |  |  |  |  |
| Name and mailing address (include ZIP Code):  | 4. Any other address where records necessary to verify this report are kept:   |  |  |  |
| Name BIZENT YESSIN  | Name N/A   |  |  |  |
| Title MANAGING PARTNER  | Title  |  |  |  |
| Organization EMPLOYER ADVOCATES, LLC  | Organization   |  |  |  |
| P.O. Box, Building and Room Number, if any  P.O. Box, Building and Room Number, if any  |  |  |  |  |
| Street ONE TAMPA RITY CRITTER SIR<br>City TAMPA<br>State FL ZIP Code + 4 33602  | Street City State ZIP Code + 4   |  |  |  |
| Signa   | tures  |  |  |  |
| 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 Level Makes Grand President (if other title, see instructions)   | 18. Signed Treasurer  (If other title, see instructions)   |  |  |  |
| On 3/31/12 9/3 248-1818 Telephone Number  | On   |  |  |  |

| Name of Person Filing:  | Fil   | e Number C-                              |
|---|---|--|
| B. Statement of Receipts Report all receipts from employers in connect or services.                             | ction with labor relations advice or services         | regardless of the purposes of the advice |
| 5.a. Name and Address of Employer (including trade name, if any).  Employer PiZIME I-EALTH CACE/RED  Trade Name | Mailing Address: TINEA P.O. Box, Building and Room Nu | mber, if any                             |
| Trade Name Attention To MARY Schothmiller   | Street 3300 E 6                                       | -UASTIRD                                 |
| Title ASSOC. General Coursel  | State CA  | ZIP Code + 491761                        |
| 5.b. Termination Date 3/3//11   | 5.c. Amount \$ 10,000                                 |  |
| 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 10,000   | )   |  |

|  | t all disbursements<br>employers listed ir |                         | organization in connection with labor relations advice | e or services rendered |
|--|--|-------------------------|--|------------------------|
| 7. Disbursements to Officers and Employees: (a) Name | (b) Selary:                                | (c) Expenses (d) Totals |  |                        |
| DISTRIBUTION   | j T  |                         | Office and Administrative Expenses                     |                        |
| TO SHARLH  | 0000                                       |                         | 10. Publicity  |                        |
|  |  |                         | 11. Fees for Professional Services                     |                        |
|  |  |                         | 12. Loans Made   |                        |
|  |  |                         | 13. Other Disbursements                                | 10,000                 |
| 8. Total disbursements to officers and emplo         | yees:                                      |                         | 14. Total Disbursements (Sum of Items 8-13)            | 10,000                 |

| 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:  | 15.b. Trade Name, If any: |  |
| 15.c. To Whom Paid  | 15.d. Amount              |  |
| Name  | 15.e. Purpose             |  |
| Title   |                           |  |
| Organization  |                           |  |
| P.O. Box, Building and Room Number, if any  |                           |  |
| Street  |                           |  |
| City  |                           |  |
| State Washington ZIP Code + 4   |                           |  |
| 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  10,000 SEC 4800C   |                           |  |