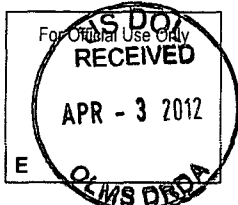


# FORM LM-21

## 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. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

491222

1. File Number C- 616	2. Period Covered By This Report From: 1/1/2011	Month/Day/Year (mm/dd/yyyy)	Through: 12/31/11
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name <b>BIZENT YESSIN</b> Title <b>MANAGING PARTNER</b> Organization <b>EMPLOYEE ADVOCATES, LLC</b> P.O. Box, Building and Room Number, if any Street <b>ONE TAMPA CITY CENTER <sup>512</sup> 2830</b> City <b>TAMPA</b> State <b>FL</b> ZIP Code + 4 <b>33602</b>	4. Any other address where records necessary to verify this report are kept: Name <b>N/A</b> Title Organization P.O. Box, Building and Room Number, if any Street City State 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><i>Bizent Yessin</i></u> President Title <b>President</b> <b>MANAGING PIR</b> (if other title, see instructions)	18. Signed _____ Treasurer Title <b>Treasurer</b> (If other title, see instructions)
On <u>3/31/12</u> Date <u>813 248-1818</u> Telephone Number	On <u>1/1</u> Date _____ Telephone Number

