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

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Managemer and Budget No. 1245-0003 Expires: 08-31-201

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. :equired 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

582281

File Number C- 65717		2. Period Covered By This Report		Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)	
		From:		01 / 01 / 2014		12 / 31	/ 201
iling							
_	4. Any other add	iress	s where reco	rds necessa	rv to verify	this report are	e kept:
Nekeya Nunn	Name				•	•	•
President	Title						
on Gideon Group Consulting/The Labor Pros	Organization						
	P.O. Box, Bu	ilding	g and Room	Number, if a	iny		
0 North Orange Avenue	Street						
lando	City						
orida ZIP Code + 4 32801	State				ZIP Cod	e+4	
Sig	natures			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
ontained is any accompanying documents) has been examined by	alties of law, that all of the signatory and is,	the to th	information so be best of the	ubmitted in th undersigned	is report (inc d's knowledg	luding the ge and belief,	true,
President (if other title, see instructions)	18. Signed					_ Treasurer (If other title instructions	•
12 / 2015 (407) 460-6316 Date Telephone Number	On/		/				
	mailing address (include ZIP Code): Nekeya Nunn President on Gideon Group Consulting/The Labor Pros Building and Room Number, if any e. 2300 O North Orange Avenue lando orida ZIP Code + 4 32801 Sign dersigned declares, under penalty of perjury and other applicable pen contained in any accompanying documents) has been examined by complete. (See the Section on penalties in the instructions). President (If other title, see instructions)	iling mailing address (include ZIP Code): Nekeya Nunn President On Gideon Group Consulting/The Labor Pros Building and Room Number, if any e. 2300 North Orange Avenue Street Lando Orida ZIP Code + 4 32801 State Signatures Indersigned declares, under penalty of perjury and other applicable penalties of law, that all of oritained in any accompanying documents) has been examined by the signatory and is, complete. (Sye the Section on penalties in the instructions). President President (if other title, see instructions) Title	illing mailing address (include ZIP Code): Nekeya Nunn President On Gideon Group Consulting/The Labor Pros Organization Building and Room Number, if any e. 2300 North Orange Avenue Street Lando Orida ZIP Code + 4 32801 Signatures Indersigned declares, under penalty of perjury and other applicable penalties of law, that all of the contained in any accompanying documents) has been examined by the signatory and is, to the complete. (See the Section on penalties in the instructions). President It le Title 18. Signed President If other title, see instructions) Title	iling mailing address (include ZIP Code): Nekeya Nunn President On Gideon Group Consulting/The Labor Pros: Onganization Proc. Box, Building and Room City City Orida Signatures Indersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information so contained in any accompanying documents) has been examined by the signatory and is, to the best of the complete. (Spe the Section on penalties in the instructions). President It le Title 18. Signed Title 12 / 2015 (407) 460-6316	illing mailing address (include ZIP Code): Nekeya Nunn President On Gideon Group Consulting/The Labor Pros Organization Building and Room Number, if any e. 2300 O North Orange Avenue I ando Orida ZIP Code + 4 32801 Signatures Indersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in the ordanied in the year of the complete. (Signatures) Indersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in the ordanied in the year of the complete. (Signatures) I signatures I signatures I signatures I signatures I signatures I signatory and is, to the best of the undersigned complete. (Signatures) I signatures I signatures I signatures I signatures I signatures I signatures I signatory and is, to the best of the undersigned complete. (Signatures) I signatures I signature	illing mailing address (include ZIP Code): Nekeya Nunn President on Gideon Group Consulting/The Labor Pros Building and Room Number, if any e . 2300 North Orange Avenue Street Clando Orida ZIP Code + 4 32801 Signatures Idersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (incontained prafty accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge complete. (Sye the Section on penalties in the instructions). President President President President Ital 18. Signed Title	Illing mailing address (include ZIP Code): Nekeya Num President Organization Building and Room Number, if any e 2300 O North Orange Avenue City Orida ZIP Code + 4 Signatures Idensigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the ontained pramy accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, complete (Signature) President If the Signatures Idensigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the ontained pramy accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, complete (Signature) President If the Treasurer (If other title, see instructions) Treasurer If the information submitted in this report (including the information submitted in this report (including the ontained pramy accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, complete (Signature) President If the If the information submitted in this report (including the

	ts Report all receipts from	m employers in	n connection	with labor relati	ons advice or serv	rices regardless of the purpos	ses of the advice	
a. Name and Address of Employer (including trade name, if any). Employer Orlando Health Central, Inc.			P.O. Box,	Mailing Address: P.O. Box, Building and Room Number, if any				
	th Central Park	.,		044	10000 W. Col	oniol		
Trade Name				0.000		Ontal		
Authority				City	0coee			
Title Pres		State	State Florida ZIP Code + 4 34					
i.b. Termination Date 12/31/2014				5.c. Amou	int 197,962			
. TOTAL RECEIPTS FR	ROM ALL EMPLOYERS	197962						
Statement of Disbura Disbursements to Office (a) Name	to the emplo	isbursements byers listed in (b) Salary			ization in connecti	on with labor relations advice	e or services rer	
	efevre	21,920	(4) = 2,75,100	1	9 Office and	Administrative Expenses		
ekeya N	lunn	88,021			10. Publicity			
						rofessional Services		
					12. Loans Mad	le		
		+		 				
		}			13. Other Disb	oursements		
. Total disbursements to	officers and employees	<u>.</u>		 09,941		oursements rements (Sum of Items 8-13)		
	o officers and employees		Use this So	· · · · · · · · · · · · · · · · · · ·	14. Total Disbu	rsements (Sum of Items 8-13)	cribed in Part D	
			Use this So	hedule to report	14. Total Disbur		scribed in Part D	
). Schedule of Disburs 5.a. Employer Name:	ements for Reportable	Activity		hedule to report	14. Total Disburonly disbursement de Name, If any:	rsements (Sum of Items 8-13)	cribed in Part D	
). Schedule of Disburs 5.a. Employer Name:		Activity		hedule to report	14. Total Disbur	rsements (Sum of Items 8-13)	scribed in Part D	
D. Schedule of Disburs 5.a. Employer Name: Orlando Heal 15.c. To Whom Paid	ements for Reportable	Activity		hedule to report . 15.b. Tra	14. Total Disburonly disbursement de Name, If any:	rsements (Sum of Items 8-13)	scribed in Part D	
D. Schedule of Disburs 5.a. Employer Name: Orlando Heal	ements for Reportable	Activity		hedule to report . 15.b. Tra	14. Total Disbursement de Name, If any: Jealth Centra	rsements (Sum of Items 8-13)	cribed in Part D	
5.a. Employer Name: Orlando Heal 15.c. To Whom Paid	th Central, Inc.	Activity		15.b. Tra 15.d. Amo	14. Total Disbursement de Name, If any: lealth Central Dunt 118,638	rsements (Sum of Items 8-13) is made for the purposes des	orkforce as	
5.a. Employer Name: Orlando Heal 15.c. To Whom Paid Name Nekeyo	th Central, Inc.	Activity	instructions	15.b. Tra 15.d. Ame 15.e. Pur To ed neede Secti or as	14. Total Disbursement de Name, If any: lealth Central Disbursement 118,638 pose sucate all ded and reques on 7 rights sist labor of	rements (Sum of Items 8-13) as made for the purposes des al Park apartments in the wated by the employer under the NLRA, to organizations, to be	orkforce as r of their inform, jo	
5.a. Employer Name: Orlando Heal 15.c. To Whom Paid Name Nekey: Title Organization Gideon	th Central, Inc. a Num	Activity	instructions	15.b. Tra 15.d. Ame 15.e. Pur To ed neede Secti or as collectheir	14. Total Disbursement de Name, If any: lealth Central Disbursement 118,638 pose sucate all ded and reques on 7 rights sist labor octively, or mutual aid	rements (Sum of Items 8-13) is made for the purposes des al Park expartments in the wo	orkforce as r of their inform, jo argain civities fo	
5.a. Employer Name: Orlando Heal 5.c. To Whom Paid Name Nekey: Title Preside Organization Gideon	th Central, Inc. a Num dent n Group Consulti	Activity	instructions	15.b. Tra 15.d. Ame 15.e. Pur To ed neede Secti or as collectheir	14. Total Disbursement de Name, If any: lealth Central Disbursement 118,638 pose sucate all ded and reques on 7 rights sist labor octively, or mutual aid	rements (Sum of Items 8-13) as made for the purposes described by the employer under the NLRA, to organizations, to be engage in other act or protection, as well-	orkforce as r of their inform, jo argain civities fo	
D. Schedule of Disburs 5.a. Employer Name: Orlando Heal 15.c. To Whom Paid Name Nekey. Title Presid Organization Gideon P.O. Box, Building and Ste. 2300	th Central, Inc. a Num dent n Group Consulti	Activity	instructions	15.b. Tra 15.d. Ame 15.e. Pur To ed neede Secti or as collectheir	14. Total Disbursement de Name, If any: lealth Central Disbursement 118,638 pose sucate all ded and reques on 7 rights sist labor octively, or mutual aid	rements (Sum of Items 8-13) as made for the purposes described by the employer under the NLRA, to organizations, to be engage in other act or protection, as well-	orkforce as r of their inform, jo argain civities fo	