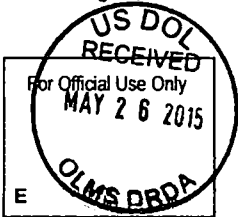


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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.

593200

1. File Number: C-66576

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name Karla R Temple	3. Any other address where records necessary to verify this report are kept:
Title Consultant	Name Nekeya Nunn
Organization	Title President
P.O. Box, Bldg., Room No., if any	Organization Gideon Group Consulting, Inc.
Street 149 Homerun Parkway	P.O. Box, Bldg., Room No., if any Ste. 2300
City Donaldsonville	Street 390 North Orange Avenue
State Louisiana ZIP Code + 4 70346	City Orlando
4. Date fiscal year ends:	State FLORIDA ZIP Code + 4 32801
Dec / 14	5. Type of person:
	a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name Nekeya Nunn	7. Date entered into: 10 / 6 / 2014
Organization Gideon Group Counseling, Inc.	8. Name of person(s) through whom made:
Trade Name, if any The Labor Pros	Name Paul Ades
P.O. Box, Bldg., Room No., if any	Name
Street 390 North Orange Avenue	Name
City Orlando	Name
State FLORIDA ZIP Code + 4 32801	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 Karla R Temple President
(If other title, see instructions)
Title President

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 4/30/15 (504) 451-9363
Date 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.):

Gideon Group Consulting will have consultant(s) at the location being paid on a per hour basis per an oral contract.

Specific Activities to be Performed

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

a. Nature of activity:

To educate employees concerning their Section 7 rights under the National Labor Relations act to form, join, or assist labor organizations, to bargain collectively or engage in other activities for their mutual aid or protection and the right to refrain from doing so. To enhance the business literacy of the workforce and educate on what it means if they complete a union authorization card.

11.b. Period during which performed:

October 6, 2014

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Nekeya Nunn
 Organization Gideon Group Consulting, Inc.
 P.O. Box, Bldg., Room No., if any Ste. 2300
 Street 390 North Orange Avenue
 City Orlando
 State ZIP Code + 4 32801

Additional Name and address through whom performed, if any:

Name
 Organization
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

12.a. Identify subject groups of employees:

All full-time and part-time employees who may be eligible to join a Collective Bargaining Organization

12.b. Identify subject labor organizations:

NLRA Section (7)