

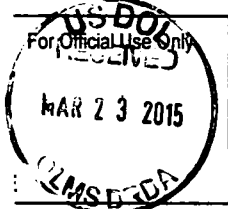
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

58 2278

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

File Number C- 65717

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

06 / 01 / 2013

Through:

Month/Day/Year
(mm/dd/yyyy)

12 / 31 / 2013

A. Person Filing

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

Name **Nekeya Nunn**
Title **President**
Organization **Gideon Group Consulting d/b/a The Labor Pros**
P.O. Box, Building and Room Number, if any
Street **390 North Orange Avenue, Suite 2300**
City **Orlando**
State **Florida** ZIP Code + 4 **32801**

4. Any other address where records necessary to verify this report are kept:

Name
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

Title **President**

President
(if other title, see
instructions)

18. Signed

Title

Treasurer
(if other title, see
instructions)

On

03 / 12 / 2015

Date

(407) 460-6316

Telephone Number

On

Date

Telephone Number

Name of Person Filing: Nekeya Nunn

File Number C- 65717

I. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

a. Name and Address of Employer (including trade name, if any).

Mailing Address:

Employer JELD-WEN

P.O. Box, Building and Room Number, if any
1831

Trade Name

Street

Attention To Lupe Cruz

City Upland

Title President

State California ZIP Code + 4 91786

b. Termination Date 12/31/2013

5.c. Amount 29,584

TOTAL RECEIPTS FROM ALL EMPLOYERS 29,584

II. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
Nekeya Nunn	29,584	0	29,584	9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
Total disbursements to officers and employees:			29,584	14. Total Disbursements (Sum of Items 8-13) 29,584

III. Schedule of Disbursements for Reportable Activity

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

5.a. Employer Name:

Cruz & Associates

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount 29,584

Name Nekeya Nunn

15.e. Purpose

Title

Held employee meetings to inform them of their section (7) rights governed by the NLRA and answered questions pertaining to the union using Union Documentation and NLRB documents etc. for employees at JELD-WEN.

Organization Gideon Group Consulting d/b/a The Labor Pros

P.O. Box, Building and Room Number, if any

Street 390 North Orange Avenue, Ste. 2300

City Orlando

State Florida ZIP Code + 4 32801

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 29,584