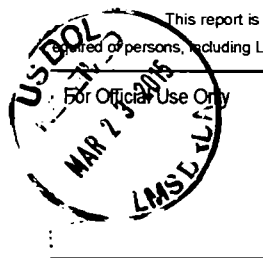


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
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.
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

58'2276

File Number C- 65717	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 07 / 01 / 2012	Through:	Month/Day/Year (mm/dd/yyyy) 06 / 30 / 2013
----------------------	--	--	----------	--

1. Person Filing

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

Name Nekeya Nunn
Title President
Organization Gideon Group Consulting/The Labor Pros
P.O. Box, Building and Room Number, if any
Ste. 2300
Street 390 North Orange Avenue
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 (407) 460-6316
Date Telephone Number

On / /
Date Telephone Number

Name of Person Filing: Nekeya Nunn - Gideon Group Consulting

File Number C- 65717

1. **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:

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

Employer Albert Einstein Healthcare Network

Trade Name

Street 5501 Old York Road

Attention To Lori Pisarski

City Philadelphia

Title Human Resources Director

State Pennsylvania

ZIP Code + 4 19141

i.b. Termination Date 6/30/2013

5.c. Amount 172,793

TOTAL RECEIPTS FROM ALL EMPLOYERS

2. 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	81,138	
Edward	Young	10,517	
i. Total disbursements to officers and employees:			91,655

1. 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:

Albert Einstein Healthcare Network

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount 172,793

Name	Nekeya	Nunn
------	--------	------

Title President

Organization Gideon Group Consulting/The Labor Pros

P.O. Box, Building and Room Number, if any
Ste. 2300

Street 390 North Orange Avenue

City Orlando

State Florida

ZIP Code + 4 32801

15.e. Purpose

To educate all departments in the workforce as needed and requested by the employer of their Section 7 rights under the NLRA, to inform, join or assist labor organizations, to bargain collectively, or engage in other activities for their mutual aid or protection, as well as their rights to refrain from doing so

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 172,793