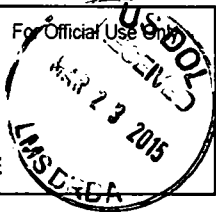


# FORM LM-21

## 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

582273

File Number C- 65717	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2013		12 / 31 / 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)  
On **03 / 12 / 2015** **(407) 460-6316**  
Date Telephone Number

18. Signed \_\_\_\_\_ Treasurer  
Title \_\_\_\_\_ (If other title, see instructions)  
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 Raymours Furniture Company, Inc

Trade Name Raymour &amp; Flanigan Furniture

Street 7248 Morgan Rd.

Attention To Neil Rube

City Liverpool

Title Sr. VP &amp; General Counsel

State New York

ZIP Code + 4 13088

b. Termination Date 12/31/2013

5.c. Amount 71,077

TOTAL RECEIPTS FROM ALL EMPLOYERS 71077

**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	35,538			9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	

35,538

**3. 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:

Raymours Furniture Company, Inc.

15.b. Trade Name, if any:

Raymour &amp; Flanigan Furniture

15.c. To Whom Paid

Name Nekeya Nunn

Title President

Organization President

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.d. Amount 71,077

15.e. Purpose

To educate the employees concerning their Section (7) rights under the NLRA 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 employees on what it means if they complete a union authorization card

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 71077