

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

1. File Number C-6026

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)
10/14/2013

Through:

Month/Day/Year
(mm/dd/yyyy)
11/1/2013

A. Person Filing

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

Name Rosari Mestre
Title Self
Organization _____
P.O. Box, Building and Room Number, if any _____
Street 2808 Regal Ln.
City Oviedo
State Florida ZIP Code + 4 32765

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

Rosari Mestre

Title

President Self

President
(if other title, see
instructions)

18. Signed

Title

Treasurer

Treasurer
(If other title, see
instructions)

On

9/9/2014

Date

407-695-5359

Telephone Number

On

 / /

Date

Telephone Number

Name of Person Filing: <u>Rosari Mestre</u>	File Number C-
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B. 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.

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

Employer Gideon Group Consulting

Trade Name The Labor Pros

Attention To DeKeya ☒ Nunn

Title President

Mailing Address:

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

Street 390 W. Orange Ave.

City Orlando

State Florida ZIP Code + 4 32801

5.b. Termination Date 11/1/2013

5.c. Amount \$2,292.60

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

C. 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.

7. Disbursements to Officers and Employees:

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

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

15.a. Employer Name: Gideon Group Consulting

15.b. Trade Name, If any: The Labor Pros

15.c. To Whom Paid

Name Rosari ☒ Mestre

Title Self

Organization

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

Street 2808 Regal Lane

City Oviedo

State Washington FL ZIP Code + 4 32765

15.d. Amount \$2,292.60

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

\$2,292.60