

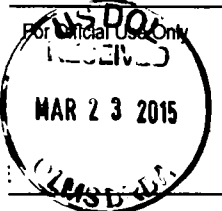
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

582282

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)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2013		12 / 31 / 2013

1. Person Filing

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

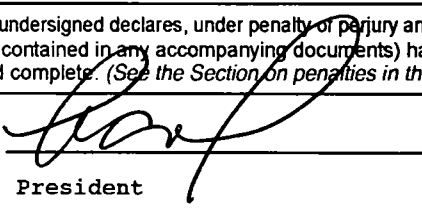
Name **Nekeya Nunn**
Title **President**
Organization **Gideon Group Consulting/The Labor Pros**
P.O. Box, Building and Room Number, if any
Street **390 North Orange Ave., Ste. 2300**
City **Orlando**
State **Florida** ZIP Code + 4 **32801**

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 (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:

Employer Prestige Consulting Solutions

P.O. Box, Building and Room Number, if any
Ste. 249

Trade Name

Street 509 South Chickasaw Trail

Attention To Jason

Rodriguez

City Orlando

Title President/CEO

State Florida

ZIP Code + 4 32825

b. Termination Date 12/31/2013

5.c. Amount 31,000

TOTAL RECEIPTS FROM ALL EMPLOYERS

31,000

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	31000			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)
				31,000

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:

Chef Warehouse

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount 31,000

Name NeKeya Nunn

Title President

Organization Gideon Group Consulting/The Labor Pros

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

Street 390 North Orange Ave., Ste. 2300

City Orlando

State Florida

ZIP Code + 4 32801

15.e. Purpose

To educate employees concerning their Section 7 rights under the NLRA to form, join, 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

31,000