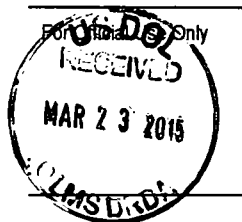


FORM LM-21

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

582281

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 / 2014		12 / 31 / 2014

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

