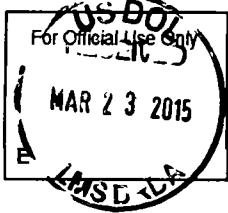


# FORM LM 20

## AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

582267

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 65717

### Person Filing

#### 2. Name and mailing address (include ZIP Code):

Name **Nekeya Nunn**  
Title **President**  
Organization **Gideon Group Consulting dab The Labor Pro**  
P.O. Box, Bldg., Room No., if any  
Street **390 North Orange Avenue, Ste. 2300**  
City **Orlando**  
State **Florida** ZIP Code + 4 **32801**

#### 3. Any other address where records necessary to verify this report are kept:

Name  
Title  
Organization  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

#### 4. Date fiscal year ends:

Dec / 12

#### 5. Type of person:

a. Individual b. Partnership c. ☒ Corporation d. Other (Specify):

### Nature of Agreement or Arrangement

#### 6. Full name and address of employer with whom made (include ZIP Code):

Name **Lori Pisarski**  
Organization **Albert Einstein Healthcare Network**  
Trade Name, if any  
P.O. Box, Bldg., Room No., if any  
Street **5501 Old York Road**  
City **Philedalphia**  
State **Pennsylvania** ZIP Code + 4 **19141**

#### 7. Date entered into:

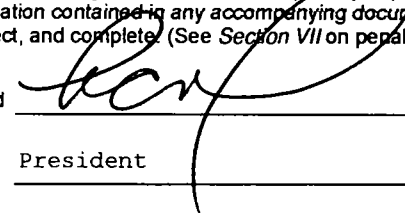
10 / 25 / 2012

#### 8. Name of person(s) through whom made:

Name **Nekeya Nunn**  
Name  
Name  
Name  
Name

### 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 Section VII on penalties in the instructions.)

13. Signed  President  
(If other title, see instructions)  
Title **President**

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title \_\_\_\_\_

On **03/12/2015** (407) 460-6316  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Paid hourly with expenses reimbursed per an oral agreement

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Held employees meetings to inform them of their Section 7 rights governed by the NLRA and answered questions pertaining to the union using Union documentation and NLRB documents etc. for employees at Albert Einstein Healthcare Network

11.b. Period during which performed:

10/25/12

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name Nekeya Nunn  
Organization Gideon Group Consulting/The Labor Pros  
P.O. Box, Bldg., Room No., if any  
Street 390 North Orange Avenue, Ste. 2300  
City Orlando  
State Florida ZIP Code + 4 32801

Additional Name and address through whom performed, if any:

Name  
Organization  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

12.a. Identify subject groups of employees:

All full-time and part-time departmental employees

12.b. Identify subject labor organizations: