

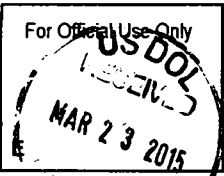
Form LM-20

Standards
Washington, DC 20210

AGREEMENT AND ACTIVITIES REPORT

and Budget
No. 1245-0003
Expires 08-31-2016

For Official Use Only



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)

582266

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 / 13

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 Neil Rube
Organization Raymour's Furniture Company, Inc.
Trade Name, if any Raymour & Flanigan Furniture
P.O. Box, Bldg., Room No., if any
Street 7248 Morgan Rd.
City Liverpool
State New York ZIP Code + 4 13088

7. Date entered into:

04 / 24 / 2013

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

Date

(407) 460-6316

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.):

Gideon Group Consulting will have a consultant(s) at the location being paid on a per hour basis per an oral contract.

Specific Activities to be Performed

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

a. Nature of activity:

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.

11.b. Period during which performed:

04/24/2013

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: