

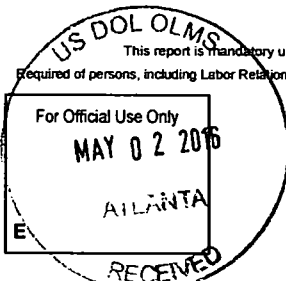


U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

625724



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)

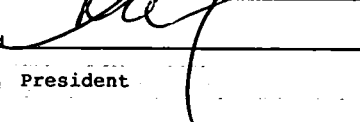
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 65717	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	1 / 1 / 13		12 / 31 / 13

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Nekeya Nunn Title President Organization Gideon Group Consulting P.O. Box, Building and Room Number, if any Street 390 N. 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 On 4 / 25 / 16 Date 4074606316 Telephone Number	President (if other title, see instructions)	18. Signed _____ Title _____ On ____ / ____ / ____ Date _____ Telephone Number	Treasurer (if other title, see instructions)
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Name of Person Filing:	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).	Mailing Address:
Employer The Chefs Warehouse	P.O. Box, Building and Room Number, if any
Trade Name	Street 7477 Candlewood Rd
Attention To Patricia Lecouras	City Hanover
Title VP HR	State Maryland ZIP Code + 4 21076
5.b. Termination Date 12/31/2013	5.c. Amount 31,000
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
Nekeya Nunn	31000
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: Chef Warehouse	15.b. Trade Name, If any:
15.c. To Whom Paid Name Nekeya Nunn Title President Organization Gideon Group Consulting P.O. Box, Building and Room Number, if any Street 390 N. Orange Ave Ste 2300 City Orlando State Florida ZIP Code + 4 32801	15.d. Amount 31,000 15.e. Purpose To educate employees concerning their Section 7 rights under the National Labor Relations Act. To form, join assist labor organizations to bargain collectively or engage in other activities for their mutual aide or protection, and the right to refrain from doing so.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	