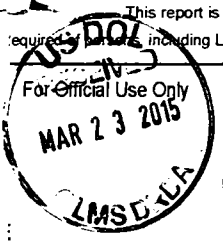


# FORM LM-21

## 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 by 29 U.S.C. 439, 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

582274

File Number C- 65717	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 07 / 01 / 2013	Through:	Month/Day/Year (mm/dd/yyyy) 06 / 30 / 2014
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### 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

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:

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

Employer Albert Einstein Healthcare Network

Trade Name

Street 5501 Old York Road

Attention To Lori Pisarski

City Philadelphia

Title Human Resources Director

State Pennsylvania

ZIP Code + 4 19141

b. Termination Date 6/30/2014

5.c. Amount 99,145

TOTAL RECEIPTS FROM ALL EMPLOYERS

**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	49,572			9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
Total disbursements to officers and employees:				49,572
				14. Total Disbursements (Sum of Items 8-13)

**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:

Albert Einstein Healthcare Network

15.b. Trade Name, if any:

15.c. To Whom Paid

15.d. Amount 99,145

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

15.e. Purpose

To educate all departments in the workforce as needed and requested by the employer of their Section 7 rights under the NLRA, to inform, join or assist labor organizations, to bargain collectively, or engage in other activities for their mutual aid or protection, as well as their rights to refrain from doing so

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

99,145