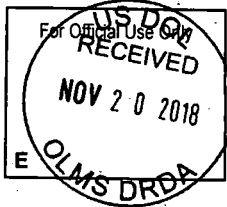


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 03-31-2019

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

685329

1. File Number C- 759	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	1 / 1 / 2017		12 / 31 / 2017

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	Penelope Familusi-Jackson
Title	President
Organization	PJF Consulting Services, Inc
P.O. Box, Building and Room Number, if any	
Street	300 Riverfront Drive
City	Detroit
State	Michigan ZIP Code + 4 8225
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	President (if other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title	President	Title	Treasurer
On	3 / 30 / 2018	On	3 / 30 / 2018
Date	602-820-2611	Date	602-820-2611
	Telephone Number		Telephone Number

Name of Person Filing: P.Familusi-Jackson

File Number C- 759

**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).

Employer Bio-Medical Applications of Alabama

Trade Name

Attention To Anne Gaeta

Title Vice President, General Counsel

Mailing Address:

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

Street 920 Winter Street

City Waltham

State Massachusetts ZIP Code + 4 02451

5.b. Termination Date 9/15/18

5.c. Amount 80,548

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		
Penelope Familusi-Jackson	24,634		24,634	9. Office and Administrative Expenses	23,695
				10. Publicity	
				11. Fees for Professional Services	32,219
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:		24,634		14. Total Disbursements (Sum of Items 8-13)	80,548

**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:

Bio-Medical Applications of Alabama

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Nakeya Nunn

Title Consultant

Organization

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

Street 390 North Orange Avenue, Suite 2300

City Orlando

State Florida ZIP Code + 4 32801

15.d. Amount 32,219

15.e. Purpose:

To conduct meetings with employees for the purpose of discussing their rights to organize; right to refrain from organizing; and their right to bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY