

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. 438 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

554343

1. File Number C- 00711	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2013	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2013
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Nancy E Jowske Title sole proprietor Organization Jowske Consulting Services LLC P.O. Box, Building and Room Number, if any Street 4435 Cornwell City Whitmore Lake State Michigan ZIP Code + 4 48189	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 Sole Proprietor On 3/31/14 734 478 5155 Date Telephone Number	18. Signed _____ Title Treasurer On 1 / 1 Date Telephone Number
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Name of Person Filing: NANCY JOWSKE	File Number C- 00711
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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). Employer Lake Superior Community Health Trade Name Attention To Mavis Brehm Title Director	Mailing Address: P.O. Box, Building and Room Number, if any Street 4325 Grand City Duluth State Minnesota ZIP Code 55807
5.b. Termination Date 6/20/2013	5.c. Amount 12,548
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 22,863	

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		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
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: 15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.b. Trade Name, If any: 15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: NANCY JOWSKIE	File Number C- 00711
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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). Employer EastRidge Health Systems Trade Name Attention To Paul Macom Title Director	Mailing Address: P.O. Box, Building and Room Number, if any Street 235 south Water St City Martinsburg State West Virginia ZIP Code + 4 25401
5.b. Termination Date 07/01/2013	5.c. Amount 3,588
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 22,863	

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		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
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:	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount	
Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: NANCY JOWSKIE	File Number C: 00711
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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 Caterpillar Company		P.O. Box, Building and Room Number, if any	
Trade Name		Street 101 N. E. Adams	
Attention To Ron Hasinger		City Peoria	
Title Director		State Illinois ZIP Code + 4 61629	
5.b. Termination Date 07/01/2013		5.c. Amount 6,727	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 22863			

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		
				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
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:	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount
Name:	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	