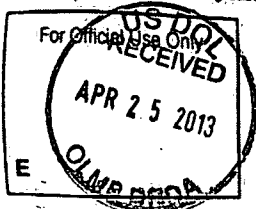


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

This report is mandatory under P.L. 89-257, 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

527769

1. File Number C- 759	2. Period Covered By This Report From: 01 / 01 / 2012 Through: 12 / 31 / 2012
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A. Person Filing

3. Name and mailing address (include ZIP Code):

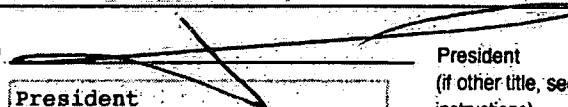
Name **Penelope Familusi Jackson**
Title **President**
Organization **PJF Consulting Services Inc**
P.O. Box, Building and Room Number, if any
Street **300 Riverfront Drive, Suite 21A**
City **Detroit**
State **Michigan** ZIP Code +4 **8226**

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 **3 / 25 / 2013** **313-623-4238**
Date Telephone Number

18. Signed _____
Title **Treasurer**
On **/ /** _____
Date Telephone Number

Name of Person Filing:

Penelope Famulusi-Jackson

File Number C-

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:

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

Employer Fresenius Medical Care North America

Street 920 Winter Street

Trade Name

City Waltham

Attention To Anne

Gaeta

State Massachusetts

ZIP Code + 4 02451

Title Associate General Counsel

Title

5.c. Amount 84043

5.b. Termination Date

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:

(b) Salary

(c) Expenses (d) Totals

(a) Name	(b) Salary	(c) Expenses	(d) Totals	9. Office and Administrative Expenses	
Penelope Famulusi Jackson	50125	33918	84,043	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)	84,043

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