

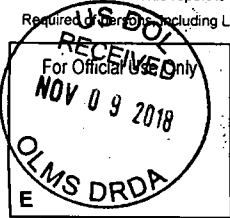
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

685144

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

1. File Number C- 759	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1 / 1 / 2017	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2017
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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
P.O. Box, Building and Room Number, if any
300 Riverfront Drive
Street Suite 21a
City Detroit
State Michigan ZIP Code + 4 48226

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
(if other title, see instructions)

18. Signed
Title Treasurer
(If other title, see instructions)

On 3 / 30 / 2018 602-820-2611
Date Telephone Number

On 3 / 30 / 2018 602-820-2611
Date Telephone Number

Name of Person Filing: Text	File Number C- 759
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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 **Bio-Medical Applications of Alabama** P.O. Box, Building and Room Number, if any

Trade Name Street **920 Winter Street**

Attention To **Anne Gaeta** City **Waltham**

Title **Vice President, General Counsel** 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 the right to bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY