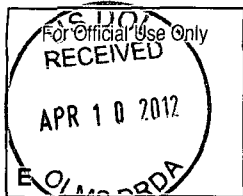


FORM LM-21

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 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

494264

1. File Number C-759	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2011		12 / 31 / 2011

A. Person Filing

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

Name Penelope J 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 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

President
(if other title, see
instructions)

18. Signed

Title Treasurer

Treasurer
(if other title, see
instructions)

On

03 / 29 / 2012

Date

602-820-2611

Telephone Number

On

/ /

Date

/ /

Telephone Number

Name of Person Filing: <u>PENELOPE J. FAMILUSI JACKSON</u>	File Number C-
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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 <u>Fresenius Medical Care</u>		P.O. Box, Building and Room Number, if any	
Trade Name <u>Bio-Medical Applications of Ind</u>		Street <u>920 Winter Street</u>	
Attention To <u>Anne Gaeta</u>		City <u>Waltham</u>	
Title		State <u>Massachusetts</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>02451</u>	

5.b. Termination Date <u>11/2/2011</u>	5.c. Amount <u>23,102</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>23,102</u>
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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	
<u>Penelope Familusi Jackson</u>	<u>18,885</u>	<u>4,217</u>	<u>23,102</u>	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:			<u>23,102</u>	14. Total Disbursements (Sum of Items 8-13) <u>0</u>

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 <input checked="" type="checkbox"/> ZIP Code + 4	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY
