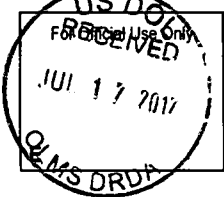


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

652987

1. File Number C- 00711	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1 / 1 / 16	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 16
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Nancy Jowske  Title sole proprietor  Organization jowske consulting  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 [Signature]  
Title President

President  
(If other title, see  
instructions)

18. Signed [Signature]  
Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 7/11/17 7344785155  
Date Telephone Number

On 1/1 \_\_\_\_\_  
Date Telephone Number

Name of Person Filing: <u>JOWSKE</u>	File Number C- <u>00711</u>
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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>WALGREEN</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>104 WILMOT</u>	
Attention To		City <u>DEERFIELD, IL</u>	
Title		State <u>60015</u> ZIP Code + 4	
5.b. Termination Date <u>7/5/16</u>		5.c. Amount <u>5,477</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>30,194</u>			

**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 <u>Michigan</u> ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

Name of Person Filing: <u>JOWSKI</u>	File Number C- <u>00711</u>
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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 service.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>VIA CHRISTI</u>		P.O. Box, Building and Room Number, if any	
Trade Name		Street <u>848 N. ST FRANCIS</u>	
Attention To		City <u>WICHITA, KS</u>	
Title		State <u>67214</u> ZIP Code + 4	
5.b. Termination Date <u>11/18/16</u>		5.c. Amount <u>24,717</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>30,194</u>			

**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 <u>Michigan</u> ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			

# 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. 86-267, 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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1. File Number C- 00711	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	1 / 1 / 16		12 / 31 / 16

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Nancy Jowske	Name
Title sole proprietor	Title
Organization jowske consulting	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 4435 Cornwell	Street
City Whitmore Lake	City
State Michigan ZIP Code + 4 48189	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 / / 7344785155 Date Telephone Number		On / / Date Telephone Number	