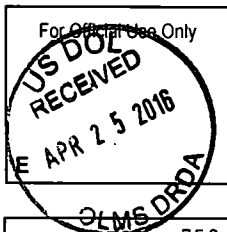


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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

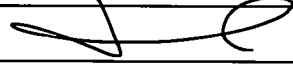
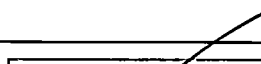
618740

1. File Number C-759	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1 / 1 / 2015	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2015
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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	
Street	300 Rivefront 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	3858 Yorkshire Road
City	Detroit
State	Michigan ZIP Code + 4 8224

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 	President (if other title, see instructions)	18. Signed 	Treasurer (If other title, see instructions)
Title	President	Title	Treasurer
On	3 / 30 / 2016	On	
Date	313-623-4238	Date	
	Telephone Number		Telephone Number

10f4

Name of Person Filing: Penelope Familusi Jackson	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). Employer McLaren Greater Lansing Trade Name Attention To Amy Dorr Title Vice President Human Resources		Mailing Address: P.O. Box, Building and Room Number, if any Street 402 West Greenlaw Avenue City Lansing State Michigan ZIP Code + 4 48910	
5.b. Termination Date 01/17/2015		5.c. Amount 4901	
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	
Vickie	Hall	26462	6936	33,398	9. Office and Administrative Expenses	
Nakeya	Nunn	37125	8609	45,734	10. Publicity	
Roberta	Buesching	45850	20381	66,231	11. Fees for Professional Services	
Penelope	Familusi Jackson	289387	63801	353,188	12. Loans Made	
					13. Other Disbursements	
8. Total disbursements to officers and employees:				498,551	14. Total Disbursements (Sum of Items 8-13)	498,551

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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State <input style="width: 150px;" type="text"/> ZIP Code + 4	15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Penelope Familusi -Jackson	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). Employer Fresenius Medical Care of Montana Trade Name Attention To: Anne Gaeta Title Vice President, General Counsel	Mailing Address: P.O. Box, Bldg., Room No., if any Street 920 Winter Street City Waltham State Massachusetts ZIP Code + 4 02451
5.b. Termination Date 3/5/2015	5.c. Amount 15905

5.a. Name and Address of Employer (including trade name, if any). Employer Huntington Hospital Trade Name Attention To: Debbie Ortega Title Chief Human Resources Officer	Mailing Address: P.O. Box, Bldg., Room No., if any Street 100 West California Blvd. City Pasadena State California ZIP Code + 4 91105
5.b. Termination Date 4/16/2015	5.c. Amount 66732

5.a. Name and Address of Employer (including trade name, if any). Employer Fres. Medical Care University of Rochester Trade Name Attention To: Anne Gaeta Title Vice President, General Counsel	Mailing Address: P.O. Box, Bldg., Room No., if any Street 920 Winter Street City Waltham State Massachusetts ZIP Code + 4 02451
5.b. Termination Date 9/23/2015	5.c. Amount 40572

5.a. Name and Address of Employer (including trade name, if any). Employer Bio-Medical Applications of New Jersey Trade Name Attention To: Anne Gaeta Title Vice President, General Counsel	Mailing Address: P.O. Box, Bldg., Room No., if any Street 920 Winter Street City Waltham State Massachusetts ZIP Code + 4 02451
5.b. Termination Date 6/19/2015	5.c. Amount 23756

5.a. Name and Address of Employer (including trade name, if any). Employer Thomas Jefferson University Hospitals Trade Name Attention To: Stacy Vahey Title Vice President, Human Resources	Mailing Address: P.O. Box, Bldg., Room No., if any Street 833 Chestnut Street, Suite 900 City Philadelphia State Pennsylvania ZIP Code + 4 19107
5.b. Termination Date 7/22/2015	5.c. Amount 100707

5.a. Name and Address of Employer (including trade name, if any). Employer University of Maryland Baltimore Washington Trade Name Attention To: Kathy Poehler Title Vice President, Human Resources	Mailing Address: P.O. Box, Bldg., Room No., if any Street 301 Hospital Drive City Glen Burnie State Maryland ZIP Code + 4 21061
5.b. Termination Date ongoing	5.c. Amount 214479

Name of Person Filing:	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 Beechwood Continuing Care	P.O. Box, Bldg., Room No., if any		
Trade Name <input type="text"/>	Street 2235 Millerspot Highway		
Attention To: Richard McCune	City Getzville		
Title Administrator	State New York	ZIP Code + 4 14068	
5.b. Termination Date ongoing	5.c. Amount 31500		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/>		
Trade Name <input type="text"/>	Street <input type="text"/>		
Attention To: <input type="text"/>	City <input type="text"/>		
Title <input type="text"/>	State <input type="text"/>	ZIP Code + 4 <input type="text"/>	
5.b. Termination Date <input type="text"/>	5.c. Amount <input type="text"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/>		
Trade Name <input type="text"/>	Street <input type="text"/>		
Attention To: <input type="text"/>	City <input type="text"/>		
Title <input type="text"/>	State <input type="text"/>	ZIP Code + 4 <input type="text"/>	
5.b. Termination Date <input type="text"/>	5.c. Amount <input type="text"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/>		
Trade Name <input type="text"/>	Street <input type="text"/>		
Attention To: <input type="text"/>	City <input type="text"/>		
Title <input type="text"/>	State <input type="text"/>	ZIP Code + 4 <input type="text"/>	
5.b. Termination Date <input type="text"/>	5.c. Amount <input type="text"/>		

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <input type="text"/>	P.O. Box, Bldg., Room No., if any <input type="text"/>		
Trade Name <input type="text"/>	Street <input type="text"/>		
Attention To: <input type="text"/>	City <input type="text"/>		
Title <input type="text"/>	State <input type="text"/>	ZIP Code + 4 <input type="text"/>	
5.b. Termination Date <input type="text"/>	5.c. Amount <input type="text"/>		