U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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. 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

494275/					
1 . File Number C- 7.1.1	2. Period Covered By This Report From: 01 / 01 / 2011 Through: 12 / 31 / 2011				
A. Person Filing	·				
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:				
Name Nancy E Jowske	Name				
Title sole proprietor	Title				
Organization Jowske Consulting Services LLC	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				
Signa	itures				
Each of the undersigned declares, under penalty of perjury and other applicable penaltic information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	es of law, that all of the information submitted in this report (including the signatory and is, to the best of the undersigned's knowledge and belief, true,				
17. Signed President (if other title, see instructions)	18. Signed Treasurer  Title Other (Specify)				
On 03 / 10 / 2012 734 478 5155  Date Telephone Number	On				

Name of Person Filing: NANC	1 JOWSKE	<b>E</b>		File Number C- 7//	
B. Statement of Receipts Report all rece			elations advice or serv	ices regardless of the nurno	ses of the advice
or services.	Sipto from employers in connec	tion min labor to	siationo adviso or sorv		700 07 tillo tidviloo
5.a. Name and Address of Employer (including	g trade name, if any).		Mailing Address:		
Employer Our House KSMS		P.O. I	Box, Building and Roon	n Number, if any	
Employer Our House - KSMS Trade Name		Stree			46-34 50-500 2003
When problem are entered to the first energy is even		City	3099 ATT POTC		
Attention To Dave		945 2011-022	Indianapolis	DECEMBER TO SERVICE AND PROPERTY OF THE PROPER	10055555711655571 <b>855</b> 44440
Title		State	Indiana	ZIP Code	+ 4 46254
5.b. Termination Date 12/12/10		5.c. A	mount 5 9 7	19	
6. TOTAL RECEIPTS FROM ALL EMPLO	OYERS • •		<u> </u>	/	
	103	3,307			
C. Statement of Disbursements Rep	ort all disbursements made by	the reporting or	ganization in connection	on with labor relations advice	e or services rendered
	ne employers listed in Part B.				
<ol><li>Disbursements to Officers and Employees: (a) Name</li></ol>		nses (d) Totals			
			9. Office and	Administrative Expenses	
			10. Publicity		
			11. Fees for Pr	rofessional Services	
			12. Loans Mad	e	
		200 PC 200 County County County County County County	13. Other Disb	ursements	
8. Total disbursements to officers and em	ployees:		14. Total Disbur	sements (Sum of Items 8-13)	
D. Schedule of Disbursements for Rep	portable Activity Use this instructi	ons.		s made for the purposes des	scribed in Part D of the
15.a. Employer Name:		15.b.	Trade Name, If any:		(464,000)
15.c. To Whom Paid		15.d.	Amount		
Name		15.e.	Purpose		
Title					
Organization					
P.O. Box, Building and Room Number	r, if any				
Street					
Street					
City	**************************************				
State	ZIP Code + 4				

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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.  5.8 Name and Address of Employer (including table name, if any).  Employer At Amarix.  Trade Name  Attention To Rick  Title V. P.  5.1 Tommination Date 09/06/2011  5.2 Amount  Call Total College and Room Number, if any  State Call Formina  6. Total American Disbursements  Flagort 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 Citices and Employees:  (a) Safary  (b) Safary  (c) Expenses (d) Totals  8. Office and Administrative Expenses  10. Publicials  8. Total disbursements to differs and employees:  11. Flows for Professional Services  12. Loans Made  13. Other Disbursements  8. Total disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.  15. Trade Name, If any:  15. Towns Mamme  16. Organization  P.O. Box, Building and Room Number, if any  Street  City  ZIP Code + 4  ZIP Code	Name of Person Filing:	File Number C-					
Sa Name and Address of Employer (including trade name, if any)  Employer A Famarik  Trade Name  Attention To Rick  Eillis  City Irvine  State  California  State  California  State  California  City Galifornia		with labor relations advice or services regardless of the purposes of the advice					
Employer Azamark Trada Name Attention To Rick Blis City Irvine  State V.P. State California Place V.P. State V.P. State California Place V.P. State V.P. S	5.a. Name and Address of Employer (including trade name, if any).	•					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS  // O. 3, 30.7  C. Statement of Disbursements to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name  (b) Satary (c) Expenses (d) Totals  (c) Expenses (d) Totals  (e) Expenses (d) Totals  (ii) 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. b. Trade Name, If any:  15. c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City	Trade Name  Attention To Rick Ellis	Street 2010 Main Street, Suite 1200 City Irvine					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS  // O. 3, 30.7  C. Statement of Disbursements to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name  (b) Satary (c) Expenses (d) Totals  (c) Expenses (d) Totals  (e) Expenses (d) Totals  (ii) 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. b. Trade Name, If any:  15. c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City	5.b. Termination Date 09/06/2011	5.c. Amount 44623					
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15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City	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							
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Title Organization  P.O. Box, Building and Room Number, if any  Street City	Name 15.e. Purpose						
P.O. Box, Building and Room Number, if any Street City	Title						
Street City	Organization						
City	P.O. Box, Building and Room Number, if any						
	Street						
State ZIP Code + 4	City						
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Name of Person Filing:					File Number C-		
B. Statement of Receipts Report all receipts from or services.	n employers ir	n connection with	labor relation	ons advice or servi	ces regardless of the purpos	es of the advice	
5.a. Name and Address of Employer (including trade name, if any).				Mailing Address:			
Employer Chickagay Nation			P.O. Box,	Building and Room	Number, if any		
Chitchasaw na cion			Stroot				
Trade Name Winstar Casino			Street 2020 Lonnie Abbot Blvd				
Attention To Sherri Wa	ters			City Ada			
Title			State 0klahoma				
5.b. Termination Date 01/31/2011			5.c. Amou	unt 29980			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		103,	207				
Appropriate and the second sec			707				
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C. Statement of Disbursements Report all di	sbursements	made by the repr	orting organ	ization in connection	on with labor relations advice	or services rendered	
·	oyers listed in l	Part B.					
Disbursements to Officers and Employees:     (a) Name	(b) Salary	(c) Expenses (d)	Totals				
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15.a. Employer Name:			15.b. Tra	de Name, If any:			
15.c. To Whom Paid	TO DESCRIPTION OF THE PERSON	gerate dentile roller (ed.).	15.d. Amount				
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Name				15.e. Purpose			
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Name of Person Filing:	·				File Number C-		
B. Statement of Receipts Report all receipts from or services.	m employers in con	nection with	h labor relation	s advice or serv	ices regardless of the purpose	es of the advice	
5.a. Name and Address of Employer (including trade name, if any).  P.O. Box, I  Employer Cooper Health Systems  Trade Name Cooper University Hospital Street T  Attention To Gary Lesneski City C			P.O. Box, B Street <sub>Th</sub> City Ca	y camden			
5.b. Termination Date 04/27/2011		W-81-E	5.c. Amoun	22725			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	,	103,	307				
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