

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

494278

1. File Number C- 711	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	Nancy E Jowske
Title	sole proprietor
Organization	Jowske Consulting Services LLC
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	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title	Sole Proprietor	Title	Other (Specify)
On	03 / 10 / 2012	On	/ /
Date	734 478 5155	Date	
	Telephone Number		Telephone Number

Name of Person Filing: NANCY JOWSKE	File Number C- 711
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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 **Our House - KSMS**

Trade Name _____

Attention To **Dave Kingen**

Title _____

Mailing Address:

P.O. Box, Building and Room Number, if any _____

Street **3695 Airport Drive**

City **Indianapolis**

State **Indiana** ZIP Code + 4 **46254**

5.b. Termination Date **12/12/10**

5.c. Amount **5979**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **103,307**

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 _____ ZIP Code + 4 _____	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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 Aramark		P.O. Box, Building and Room Number, if any	
Trade Name		Street 2010 Main Street, Suite 1200	
Attention To Rick Ellis		City Irvine	
Title V.P.		State California ZIP Code + 4 92614	

5.b. Termination Date 09/06/2011	5.c. Amount 44,623
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	103,307
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7. Disbursements to Officers and Employees:				
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
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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	ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
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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). Employer <u>Chickasaw Nation</u> Trade Name <u>Winstar Casino</u> Attention To <u>Sherri Waters</u> Title _____	Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>2020 Lonnie Abbot Blvd</u> City <u>Ada</u> State <u>Oklahoma</u> ZIP Code + 4 <u>74820</u>
5.b. Termination Date <u>01/31/2011</u>	5.c. Amount <u>29980</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 103,307	

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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 _____ ZIP Code + 4 _____	15.d. Amount _____ 15.e. Purpose _____
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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 <u>Cooper Health Systems</u>		P.O. Box, Building and Room Number, if any	
Trade Name <u>Cooper University Hospital</u>		Street <u>Three Cooper Plaza</u>	
Attention To <u>Gary Lesneski</u>		City <u>Camden</u>	
Title		State <u>New Jersey</u> ZIP Code + 4 <u>08103</u>	

5.b. Termination Date <u>04/27/2011</u>	5.c. Amount <u>22725</u>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	<u>103,307</u>
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15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	