☐.S. Department of Labor ☐ffice of Labor-Management ☐andards ☐ashington, DC 20210

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. Faiture to compty 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)

2016	2. Period Covered By This Report (mm/dd/yyy) Prom: [/] / [/] / [20/5] Through: 1.2 / [3/1/20/5]			
A. Person Filing				
Name and mailing address (include ZIP Code):				
3. Name and maining address (include 21r Code).	4. 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 Organization				
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any			
Street 4435 Cornwell Lane	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 Proprietor (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)			
On Date 734-478-5155 Telephone Number	On Date Telephone Number			

Name of Person Filing: Nancy Jowske		File Number C- 007//		
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:				
P.O. Box, Bldg., Room No., if any Employer Via Christi Health				
Trade Name	Street 848 North S	St. Francis		
Attention To: Gary Knight	City Wichita			
Title	State Kansas	ZIP Code + 4 67214		
5.b. Termination Date 12/10/2015	5.c. Amount 25,500			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres			
Employer				
Trade Name	Street			
Attention To:	City			
Title	State	ZIP Code + 4		
5.b. Termination Date	5.c. Amount			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres			
Employer	P.O. Box. Blda., Room N	loif_anv		
Trade Name	Street			
Attention To:	City			
Title	State	ZIP Code + 4		
5.b. Termination Date 5.c. Amount				
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5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	Mailing Address P.O. Box, Bidq., Room N Street			
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title	P.O. Box, Bidq., Room N Street City State	lo., if any		
5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date	P.O. Box, Bidq., Room N Street City	lo., if any		
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Name of Person Filing: Nancy Jowske	File Number C- 00 7//			
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice			
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:				
Employer Mid Michigan Health	O. Box, Building and Room Number, if any			
Trade Name	Street 400 Wellness Drive			
Attention To Greg Ghilardi	City Midland			
Title Human Resources Director State Michigan ZIP Code + 4 48670				
5.b. Termination Date 3/12/2015 5.c. Amount 25,500				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 51,000				
C Statement of Bishuranana Barrell Bishuranana				
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	orting organization in connection with labor relations advice or services rendered			
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d)	Entate			
(6) state (7) Expenses (8)	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.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 Washington ZIP Code + 4				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY				
10. 10 TAL DIODONGLINLING FOR ALL REPORTABLE ACTIVITY				

Form LM-21 (2003)