

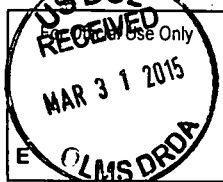
FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

☐ OLMS ☐ QA

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 by 29 U.S.C. 439, 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

588103

1. File Number C- 0759	2. Period Covered By This Report From: 01 / 01 / 2014 Through: 12 / 31 / 2014
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name Penelope Familusi Jackson	4. Any other address where records necessary to verify this report are kept:
Title President	Name Penelope Familusi Jackson
Organization PJF Consulting Services, Inc.	Title President
P.O. Box, Building and Room Number, if any	Organization PJF Consulting Services, Inc.
Street 300 Riverfront Drive, Suite 21a	P.O. Box, Building and Room Number, if any
City Detroit	Street 3858 Yorkshire
State Michigan ZIP Code + 4 48226	City Detroit
	State Michigan ZIP Code + 4 48224

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 _____	
On 3 / 15 / 2015	602-820-2611	On / /	
Date	Telephone Number	Date	Telephone Number

Sign/Print

Submit to OLMS

Code Tester

Reset

Spawn List

Name of Person Filing: Penelope Familusi Jackson	File Number C- 0759
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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 Orlando Health
 Trade Name
 Attention To Nancy Dinon
 Title Vice President of Human Resources

Mailing Address:
 P.O. Box, Building and Room Number, if any
 Street 50 South Lucerne Circle West
 City Orlando
 State Florida ZIP Code + 4 42801

5.b. Termination Date 12/31/2014 5.c. Amount 25,774.50

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	
Penelope Familusi Jackson	20,900	4874.50	25,774.50	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:			25,774.50	14. Total Disbursements (Sum of Items 8-13) 25,774.50

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	