To a

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. 1215-0188 Expires 09-30-2011

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

1 File Number C- 763	2. Period Covered By This Report Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy)
	From: 01/01/2008 Through: 12 /31/2008
A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name Byron J. Clay	Name
Title President	Title
Organization BJC and Associates, Inc.	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 10108 Fehlberg Court	Street
City Saint John	City
State Indiana ZIP Code + 4 46373	State ZIP Code + 4
Sigr	natures
Each of the undersigned declares, under penalty of perjury and other applicable penaltiformation contained in any accompanying documents) has been examined by correct, and complete. (See the Section on penalties in the instructions).	alties of law, that all of the information submitted in this report (including the the signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	Treasurer (If other title, see instructions)

2007

Name of Person Filing: Byron Clay	File Number C-	•
B. Statement of Receipts Report all receipts from employers in connection with I or services.	abor relations advice or services regardless of the purpos	es of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
Employer LRI Consulting Services, Inc.	P.O. Box, Building and Room Number, if any	engalitika yang promonen sada an
Trade Name	Street 7850 S. Elm Place, Suite E	and the second second second
Attention To	City Broken Arrow	
Attention 10	magazar a garagang gara menghang nagala a la a a a a a a a a a a a a a a a	
Title	State ,Oklahoma ,ZIP Code	+ 4 /4011
5.b. Termination Date 12/31/2008	5.c. Amount 66,342	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS (1/0, 8	19	
1/0/3	()	
C. Statement of Disbursements Report all disbursements made by the report	ting 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) To	otals	
	9. Office and Administrative Expenses	Because of a contract of the contract of
	10. Publicity	in the second se
parameter and the second secon	11. Fees for Professional Services	g grow and a substitute of the contract of the
	12. Loans Made	
	13. Other Disbursements	
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)	
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	e to report only disbursements made for the purposes des	cribed in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount	
have a historical manuscriminated act to sending a rain of another interesting an entire trial and entirely and	Se and the contract of the con	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City Control Control of Control		
State ZIP Code + 4		
16 TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	The state of the s	Maria Maria Maria Maria

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Name of Person Filing: Byron Clay	File Number C-
B. Statement of Receipts Report all receipts from employers in connection wadvice or services.	vith labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer LRI Consulting Services, Inc.	
Trade Name	Street 7,850 S. Elm Place, Suite E
Attention To:	City Broken Arrow
Title	State Oklahoma ZIP Code + 4 74011
5.b. Termination Date 12/31/2008	5.c. Amount 8, 260
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer LRI Consulting Services, Inc.	The special control of the second control of
Trade Name	Street .7850 S. Elm Place, Suite E
Attention To:	City Broken-Arrow
Title	State Öklahöma ZIP Code + 4 74011
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5.b. Termination Date 12/31/2008	5.c. Amount +36;-21-7
5.a. Name and Address of Employer (including trade name if any).	Mailing Address:
	P.O. Box, Blda., Room No., if any
Employer	Character is a separate process of the control of t
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 Address: P.O. Box, Bldg., Room No., if any
Employer	
Trade Name	Street
Attention To:	City
Title	State ZIP Code + 4
Construction and an arrangement of the second	
5.b. Termination Date	5.c. Amount
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Tanka and the state of the stat	P.O. Box, Bldg Room No if any
Employer E	And the second s
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 Address:
	P.O. Box. Bldg Room No if any
Employer	Change of the first state of the state of th
Trade Name	Street 1
Attention To:	City District City
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount