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: 08-31-2016

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 1969 is meduding 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 MAR 3 0 2016 Month/Day/Year (mm/dd/yyyy) Month/Day/Year 2 Period Covered 1 . File Number C-( mm/dd/yyyy ) By This Report From: Through: A. Person Filina 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name J clay byron Title President Title Organization BJC & Associates, 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 ▼ ZIP Code + 4 46373 State ZIP Code + 4 State Indiana 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). President 18. Signed Treasurer 17. Signed , (If other title, see (if other title, see Treasurer President 4 Title Title instructions) instructions) 219-577-7420 03 25 2016 219-577-7420 2016 On Telephone Number Telephone Number Date Date

Name of Person Filing: byron clay										
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, Building and Room Number, if any										
Employer   See Attached LM21 LRI Form										
Trade Name	Street									
Attention To City										
Title State ZIP Code + 4										
5.b. Termination Date 5.c. Amount										
6. TOTAL RECEIPTS FROM ALL EMPLOYERS										
C. Statement of Disbursements Report all disbursements made by the rep to the employers listed in Part B.	porting organization in connection with labor relations advice or services rendered									
Disbursements to Officers and Employees:										
(a) Name (b) Salary (c) Expenses (d)	Totals									
	Office and Administrative Expenses									
	10. Publicity									
	11. Fees for Professional Services									
	12. Loans Made									
	13. Other Disbursements									
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)									
<u> </u>										
D. Schedule of Disbursements for Reportable Activity Use this Sched instructions.	ule to report only disbursements made for the purposes described in Part D of the									
15.a. Employer Name:	15.b. Trade Name, If any:									
Alta Bicycle Share										
	1									
15.c. To Whom Paid	15.d. Amount 0									
Name Byron J Clay	15.e. Purpose									
Title President	Engaged to communicate to employees regarding exercising their rights to organize and bargain									
Organization BJC & Associates, Inc.	collectively.									
P.O. Box, Building and Room Number, if any										
Street 10108 Fehlberg Court										
City Saint John	¬ []									
State Indiana ZIP Code + 4 46373	J									
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0										

Name of Person Filing: LRI Consulting Services, Inc. File Number C- 00525

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: Alta Bicycle Share 15.d. Amount 8,301 15.c. To Whom Paid Name Byron Clay 15.e. Purpose Title Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization BJC and Associates Inc collectively. P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379

Name of Person	Filing:				•	-		• • • • • • • • • • • • • • • • • • • •	File Number C-	7/	-		
Name of Person Filing: File Number C- 70 3													
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 [							P.O. Box,	Building and Roon	Number, if any				
Trade Name							Street	Street					
Attention To							City	iity					
Title	ttle State ZIP Code + 4								+ 4				
}				•			•			<u>-</u>			
5.b. Termination	Date						5.c. Amou	ınt [					
6. TOTAL RECE	IPTS F	ROM ALL EMPLOYE	RS										
L													
C. Statement of	Disbu	rsements Report	all dis	sbursements i	made b	y the repo	orting organ	ization in connecti	on with labor relat	tions advice	or s	services rendered	
[		to the e		yers listed in f		•							
7. Disbursements (a) Name	to Office	ers and Employees:		(b) Salary	(с) Ехф	enses (d)	<b>Fotals</b>						
								9. Office and	Administrative Exp	enses			
								10. Publicity					
								11. Fees for P	rofessional Service	es			
								12. Loans Mad	е				
								13. Other Disb	ursements	_			
8. Total disburse	ements	to officers and emplo	yees:					14. Total Disbu	sements (Sum of I	tems 8-13)			
D. Schedule of	Disbur	sements for Report	able	Activity	Use thi		le to report	only disbursement	s made for the pu	ırposes des	crib	ed in Part D of the	
15.a. Employer	Name:			<del></del>			15.b. Tra	ide Name, If any:				·	
Eskato	n							· · · · · · · · · · · · · · · · · · ·					
15.c. To Whom	Paid						15.d. Am	ount 0	99 12	1,708	>		
Name	Byro	J	Cla	у			15.e. Pu			<u></u>			
Title	Pres	ident					Engag	ed to commun					
Organization	вјс (	Associates,	Inc	•				ising their ctively	rights to o	rganıze	and	o bargain	
							<b>-</b>						
P.O. Box, Building and Room Number, if any													
Street 10108 fehlberg court													
City sain	City saint John												
State Indiana ZIP Code + 4 46373													
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0													

B. Statement of Receipts Report all eccipts 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  Trade Name  Attention To  Title  State  Stat	Name of Person Filing: File Number C- 703											
Sa. Name and Address of Employer (Including trade name, if any).  Employer Trade Name Street City Title State Stat												
Employer Trade Name Attention To Tritle State Street  Street  City Title State  CITY Title Treasident  COrganization SITY Title Treasident  CORGANIZATION Title Treasident Total Disbursements for exportable Activity Title Treasident Total Disbursements made for the purposes described in Part D of the Inspection Title Treasident Total Disbursements Total Disbursement	· · · · · · · · · · · · · · · · · · ·											
Employer Track Name Attention To Title State Street  Street  State ZIP Code + 4  State ZIP Code + 4  State Street  State Street  State ZIP Code + 4  State State Street 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.  State Statement of Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  State Sta												
Trade Name Street State ZIP Code + 4 Attention To City Title State ZIP Code + 4 State ZIP												
Attention To City  Title State ZIP Code + 4  5.b. Termination Date 5.c. Amount 5.c. Amount 6.c. 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: (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: Nest Le  15.c. Towhom Paid  Name Byron J Clay  Title President  Organization BJC s Associates, Inc.  P.O. Box Building and Room Number, if any  Street [10108 fehiberg court City Saint John State Indiana Y ZIP Code + 4 465773	Trade Name	Trade Name Street										
5.b. Termination Date 5.c. Amount 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  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Fees for Professional Services 12. Loans Made 12. Loans Made 13. Other Disbursements (Sum of Items 8-13)  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: [Nest Le]  15.b. Trade Name, If any: [Nest Le]  15.c. To Whom Paid  Name [Byron J] Clay 15. Amount [P-13] 6-1-9]  15.e. Purpose Engaged to communicagte to employees regarding exercising their rights to organize and bargain collectively  Street [10108 fehlberg court City Saint John 15]  Street [10108 fehlberg court ZIP Code + 4 46373]												
5.b. Termination Date 5.c. Amount 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  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 11. Fees for Professional Services 12. Loans Made 12. Loans Made 13. Other Disbursements (Sum of Items 8-13)  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: [Nest Le]  15.b. Trade Name, If any: [Nest Le]  15.c. To Whom Paid  Name [Byron J] Clay 15. Amount [P-13] 6-1-9]  15.e. Purpose Engaged to communicagte to employees regarding exercising their rights to organize and bargain collectively  Street [10108 fehlberg court City Saint John 15]  Street [10108 fehlberg court ZIP Code + 4 46373]	Title State 77ID Code + 4									<del>-</del> -7		
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) Salaay (c) Expenses (d) Totals  9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. Total disbursements to officers and employees: 14. Total Disbursements (Sum of Items 8-13)  15. Employer Name: (Nest Le  15. Trade Name, If any: (Nest Le  15. Purpose (Engaged to communicage to employees regarding exercising their rights to organize and bargain collectively  Street [10108 fehlberg court City saint John State [Indiana	Title	<del></del>	····					· · · · · · · · · · · · · · · · · · ·				
C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employees 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 14. Total Disbursements 15. Total disbursements for Reportable Activity 15. Employer Name Nest Le  15. To Whom Paid Name Byron J Clay Title President Organization (BJC 6 Associates, Inc.  P.O. Box, Building and Room Number, if any Street [10108 fehlberg court City saint John State [Indiana ] ZIP Code + 4 [46373]	5.b. Termination Date	•				5.c. Amoun	ıt [			,		
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 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: Nest1e  15.c. To Whom Paid Name Byron J Clay Title President Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any Street 10108 fehlberg court City Saint John State Indiana  ZIP Code +4 46373	6. TOTAL RECEIPTS	FROM ALL EMPLO	YERS						,			
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 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: Nest1e  15.c. To Whom Paid Name Byron J Clay Title President Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any Street 10108 fehlberg court City Saint John State Indiana  ZIP Code +4 46373										<u></u>		
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 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: Nest1e  15.c. To Whom Paid Name Byron J Clay Title President Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any Street 10108 fehlberg court City Saint John State Indiana  ZIP Code +4 46373	O Statement of Biob				<u> </u>	-4						
(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  Instructions.  15.a. Employer Name:  Nest Le  15.c. To Whom Paid  Name  Byron  Title  President  Organization  BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street  10108 fehlberg court  City  Saint John  State  Indiana  T ZIP Code + 4 46373	C. Statement of Disb				ле геро	rung organiz	ation in connecti	on with labor rela	uons auvice	or services render	rea	
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: Nest le 15.b. Trade Name, If any: 15.b. Trade Name, If any: 15.c. To Whom Paid Name Byron J Clay Title President Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any Street [10108 fehlberg court City Saint John State Indiana VIP Code + 4 [46373]		cers and Employees:	(h) Salary	(c) Expen	T (h) eaz	otals						
10. Publicity   11. Fees for Professional Services   12. Loans Made   13. Other Disbursements   14. Total Disbursements   14. Total Disbursements (Sum of Items 8-13)   15. Employer Name:   15. Employer Name:   15. Trade Name, If any:   15. Prosident   15. Purpose	(a) Name	ir	(0, 000.0)	7			9. Office and	Administrative Ex	penses			
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:  Nest le  15.b. Trade Name, If any:  15.d. Amount  15.d. Amount  15.e. Purpose  Engaged to communicagte to employees regarding exercising their rights to organize and bargain collectively  Street 10108 fehlberg court  City Saint John  State Indiana  2 ZIP Code +4 46373		/ <u> </u>			-						===	
D. Schedule of 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:  Nest le  15.b. Trade Name, If any:  15.c. To Whom Paid  Name  Byron  J Clay  Title  President  Organization  BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City saint John  State Indiana  ZIP Code +4 46373							+ <u>`</u>	rofessional Servi	ces			
B. Total disbursements to officers and employees:  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:  Nestle							12. Loans Mad	<u> </u>				
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:  Nestle  15.b. Trade Name, If any:  15.c. To Whom Paid  Name  Byron  Title  President  Organization  BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City Saint John  State Indiana  TIDI 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.d. Amount  0							13. Other Disb	ursements				
instructions.  15.a. Employer Name: Nestle  15.b. Trade Name, If any:  15.c. To Whom Paid  Name Byron J Clay  Title President  Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City saint John  State Indiana ZIP Code +4 46373	8. Total disbursements	s to officers and emp	oloyees:			-	14. Total Disbu	sements (Sum of	Items 8-13)			
instructions.  15.a. Employer Name: Nestle  15.b. Trade Name, If any:  15.c. To Whom Paid  Name Byron J Clay  Title President  Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City saint John  State Indiana ZIP Code +4 46373												
instructions.  15.a. Employer Name: Nestle  15.b. Trade Name, If any:  15.c. To Whom Paid  Name Byron J Clay  Title President  Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City saint John  State Indiana ZIP Code +4 46373	D. Sabadula of Diabi	reamonts for Page	atable Activity		Cabadul		ah diah managan	a mada far tha a	umanan dan	oribad in Dart D of	**	
Nestle  15.c. To Whom Paid  Name Byron J Clay  Title President  Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City saint John  State Indiana  ZIP Code + 4 46373	D. Schedule of Disbl	irsements for Repo	Mable Activity			e to report o	niy disbursemeni	s made for the p	urposes des	cribed in Part D or	tie	
15.c. To Whom Paid  Name Byron J Clay  Title President  Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City saint John  State Indiana ZIP Code +4 46373	15.a. Employer Name	:				15.b. Trad	e Name, If any:					
Name Byron J Clay  Title President  Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City saint John  State Indiana ZIP Code + 4 46373	Nestle											
Title President  Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City saint John  State Indiana ZIP Code + 4 46373	15.c. To Whom Paid					15.d. Amo	unt 0-/3	619				
Title President  Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City saint John  State Indiana ZIP Code + 4 46373	Name Byro	on J	Clay			15.e. Purp	ose		····	<del></del>		
Organization BJC & Associates, Inc.  P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City saint John  State Indiana ZIP Code + 4 46373	Title Pres	sident				Engage	d to commun				$\Box$	
P.O. Box, Building and Room Number, if any  Street 10108 fehlberg court  City saint John  State Indiana ZIP Code + 4 46373	Organization BJC	& Associates,	Inc.					rights to o	rganize	and bargain	1	
Street 10108 fehlberg court  City saint John  State Indiana ZIP Code + 4 46373			<del></del>			' <b>}</b>						
City saint John  State Indiana ZIP Code + 4 46373	P.O. Box, Building	and Room Number,	if any									
City saint John  State Indiana ZIP Code + 4 46373												
State Indiana ZIP Code + 4 46373	Street 10108 fehlberg court											
	City saint John											
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0	State Indiana ZIP Code + 4 46373											
	16. TOTAL DISBURS	EMENTS FOR ALL	REPORTABLE AC	TIVITY 0	· · · · ·	<u> </u>		-				

Name of Person Filing:	File Number C 703									
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, Building and Room Number, if any										
Employer										
Trade Name	Street									
Attention To City										
Title State ZIP Code + 4										
5.b. Termination Date 5.c. Amount										
6. TOTAL RECEIPTS FROM ALL EMPLOYERS										
C. Statement of Disbursements Report all disbursements made by the rep	adian appairation in appropriate with labor relations onlying any continuous and con-									
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)	Totals									
(a) Name (b) calculation (c) Expenses (b)	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 Schedu	to be most cally dishumomosts made for the supposed described in Rat D of the									
Use this screen instructions.	le to report only disbursements made for the purposes described in Part D of the									
15.a. Employer Name:	15.b. Trade Name, If any:									
DirectSat										
15.c. To Whom Paid	15.d. Amount 1. 11,041									
Name Byron J Clay	15.e. Purpose									
Title President	Engaged to communicagte to employees regarding									
Organization BJC & Associates, Inc.	exercising their rights to organize and bargain collectively									
200 4 12500144057 11101	-									
P.O. Box, Building and Room Number, if any										
Street 10108 fehlberg court										
City saint John										
State Indiana ZIP Code + 4 46373										
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0										

Name of Person Filing: File Number C- 70.3										
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, Building and Room Number, if any										
Employer										
Trade Name Street										
Attention To City										
Title State ZIP Code + 4										
5.b. Termination Date 5.c. Amount										
6. TOTAL RECEIPTS FROM ALL EMPLOYERS										
C Chatamant of Biokumannata . Daned all dishumannata made h, the annual										
C. Statement of Disbursements Report all disbursements made by the reporting to the employers listed in Part B.	ng organization in connection with labor relations advice or services rendered									
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Tota	ale									
(a) Name (b) Salary (c) Expenses (d) Tota	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)									
e. Folia de diferio de Gilletto de Gilletto de Gilletto	TV. Total Substitution (GETTO Harris Toy)									
D. Schedule of Disbursements for Reportable Activity  Use this Schedule to instructions.	to report only disbursements made for the purposes described in Part D of the									
15.a. Employer Name:	15.b. Trade Name, If any:									
Professional Services Industries, Inc.										
15.c. To Whom Paid	15.d. Amount 0.26,615									
Name Byron J Clay										
	15.e. Purpose Engaged to communicagte to employees regarding									
	exercising their rights to organize and bargain									
Organization BJC & Associates, Inc.	collectively									
P.O. Box, Building and Room Number, if any										
Street 10108 fehlberg court										
City saint John										
State Indiana ZIP Code + 4 46373										
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0										

Name of Person Filing: File Number C- 703											
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, Building and Room Number, if any											
Employer											
Trade Name						Street			_		
Attention To	To City										
Title State ZIP Code + 4											
5.b. Termination Da	ite			J		5.c. Amour	nt [				
6. TOTAL RECEIPT	SF	ROM ALL EMPLOYERS									
C. Statement of Dis	bu				the repo	orting organiz	zation in connection	on with labor relations advice	or!	services rendered	
7. Disbursements to C	lffic.	•	yers listed in F	an b.							
(a) Name	71110	ers and ciripioyees.	(b) Salary	(c) Exper	nses (d) 1	Totals					
							9. Office and A	Administrative Expenses			
							10. Publicity				
							11. Fees for Pr	ofessional Services			
							12. Loans Made	e			
							13. Other Disb	ursements			
8. Total disburseme	nts	to officers and employees:					14. Total Disbur	sements (Sum of Items 8-13)			
D. Schedule of Dis	bui	sements for Reportable	Activity (	Use this	Schedu	le to report o	nly disbursement	s made for the purposes des		ed in Part D of the	
				instructio	ons.	1	· · · · · ·				
15.a. Employer Nar						15.b. Trad	le Name, If any:			1	
Via Chris	ti	Health Inc				<u> </u>					
15.c. To Whom Paid	i					15.d. Amo	unt @ 17,9	96			
Name By	ro	n J Cla	у			15.e. Purp	ose				
Title Pr	es.	ident						icagte to employees rights to organize			
Organization BJ	C a	Associates, Inc	•				tively	rights to organize	and	Dargain	
										\	
P.O. Box, Buildir	g a	nd Room Number, if any									
Street 10108 fehlberg court											
City saint John											
State Indiana	1	ZI	P Code + 4 4	6373		<u> </u>			<u>=</u>		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0											

e e . .

Name of Person Filing:					File Number C-	70	ラ			
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, Building and Room Number, if any  Employer										
Trade Name			Street		<del></del>					
Attention To		1	City			]		<del></del>		
Title		_	State	State ZIP Code + 4						
			<b>I.</b>		<del> </del>	_				
5.b. Termination Date			5.c. Amount							
6. TOTAL RECEIPTS FROM ALL EMPLOYERS										
					<del> </del>	<del></del>				
C. Statement of Disbursements Report all di	isbursements made by t	he renor	ting organiza	ation in connection	on with labor rela	tions advice	or s	services rendered		
to the emplo	oyers listed in Part B.	ле терог	ang organiza		on with above to a		<b>.</b> .	201100010100100		
7. Disbursements to Officers and Employees: (a) Name	(b) Salary (c) Expen	ses (d) To	otals							
				9. Office and	Administrative Exp	penses				
				10. Publicity						
			•	11. Fees for Pr	ofessional Service	æs				
				12. Loans Made						
				13. Other Disb	ursements					
8. Total disbursements to officers and employees	:	<u> </u>	14. Total Disbursements (Sum of Items 8-13)							
D. Schedule of Disbursements for Reportable	Activity Use this Sinstruction		e to report on	ly disbursement	s made for the p	urposes des	crib	ed in Part D of the		
15.a. Employer Name:			15.b. Trade	Name, If any:			-			
Saginaw Chippawa Tribe of Mi	chigan							ı		
15.c. To Whom Paid	· · · · · · · · · · · · · · · · · · ·		15.d. Amou	nt # /2	562					
Name Byron J Cla	у		15.e. Purpo							
Title President		٦	Engaged	to commun	icagte to e					
Organization BJC & Associates, Inc			exercising their rights to organize and bargain collectively							
	<del>* • • • • • • • • • • • • • • • • • • •</del>			-						
P.O. Box, Building and Room Number, if any								ŀ		
Street 10108 fehlberg court										
City saint John										
State Indiana  ZIP Code + 4 46373										
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0										

Form LM-21 (2003)