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: 03-31-2019

	ult in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. er section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)
For Official Use Only 150	ILLY BEFORE PREPARING THIS REPORT
E CORDA OLMS DE	645603
1 . File Number C- 709	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Through: 12 / 31 / 2016
A. Person Filing	
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Byron J Clay	Name
Title President	Title
Organization BJC & 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
·	
Sign	atures
Each of the undersigned declares, under penalty of perjury and other applicable penal information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ties of law, that all of the information submitted in this report (including the ne signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)
On 03 / 26 / 2017 219-577-7420 Telephone Number	On 03 / 26 / 2017 219-577-7420 Date Telephone Number

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B. Statement of Receipts Report all receipts from employers in connection with or services.	th labor 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:	
	P.O. Box, Building and Room Number, if any	2000 magaaaaaaaaaaaaaaaaaa
Employer Quest Diagnostics, Inc		
Trade Name	Street 8401 Fallbrook Avenue	
Attention To Ribka Fox	City West Hills	
Title	State California ZIP Code	+4 91304
	Ocean destruction of the convention of the conference of the confe	
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
7. 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	2000
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	ule to report only disbursements made for the purposes desc	cribed in Part D of the
instructions.	15.b. Trade Name, If any:	
Quest Diagnosics	13.b. Trace warre, If any.	
The second secon		
15.c. To Whom Paid	15.d. Amount 48,819, 23	ļ
Name Evelyn Fragoso	15.e. Purpose	··· ·· · · · · · · · · · · · · · · · ·
Title President		
Organization		
P.O. Box, Building and Room Number, if any		
r.o. box, building and room rumper, if any		
Street		
City		
State California ZIP Code + 4		
16 TOTAL DISBURSEMENTS FOR ALL DEPORTABLE ACTIVITY CO. 959		or a commence of the commence

Name of Person Filing:	-	File Number C-	
B. Statement of Receipts Report all receipts from employers in connection with a or services.	abor relations advice or serv	ices regardless of the purpose	s of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Roon	Number, if any	
Employer Quest Diagnostics, Inc		the state of the s	
Trade Name	Street 8401 Fallbro	ok Avenue	2 2 3
Attention To Ribka Fox	City West Hills		ooraa dii aa a
Title	State California	ZIP Code +	4 91304
5.b. Termination Date	5.c. Amount		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	·		
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C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	ting organization in connection	on with labor relations advice o	or services rendered
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) To	otals		
	9. Office and A	Administrative Expenses	8807 IC 1984
	10. Publicity		
	11. Fees for Pr	ofessional Services	
	12. Loans Made	•	
	13. Other Disb	ursements	
Total disbursements to officers and employees:	14. Total Disbur	sements (Sum of Items 8-13)	
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D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	to report only disbursement	s made for the purposes descr	ibed in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:		
Quest Diagnosics			1
15.c. To Whom Paid	15.d. Amount 60,858	32 432	
Name Pat ≰ Ö⊧mara	15.e. Purpose		
Title President	Total appear		
Organization Omara & Asociates, LLC			
P.O. Box, Building and Room Number, if any			
Street 6 Drakewood Lane			
City Novato			
State California ZIP Code + 4 94947			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 60,858			

Name of Person Filing: Byron Clay	File Number C-	
	the state of the state of	
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: P.O. Box, Building and Room Number, if any	
Employer Quest Diagnostics		
Trade Name	Street 8401 Fallbrook Ave	
Attention To Ribka Fox	City West Hills	
Title	State California ZIP Code + 4 91304	
5.b. Termination Date Completed	5.c. Amount 479,240	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 479,240		
C. Statement of Disbursements Report all disbursements made by the report	orting 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	
	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)	
	ale 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:	
Quest Diagnostics		
15.c. To Whom Paid	15.d. Amount 4 171,000 45	
Name Byron J Clay	15.e. Purpose	
Title President	Held meetings to discuss all aspects of collective bargaining so employees would be able to make an	
Organization BJC & Associates, Inc	informed decision on whether or not to support a union	
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-	
	- 	
B. Statement of Receipts Report all receipts from employers in connection with la or services.	bor relations advice or services regardless of the purpose	es of the advice
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
Employer Quest Diagnostics, Inc	P.O. Box, Building and Room Number, if any	
The state of the s	Street 8401 Fallbrook Avenue	
Secretaria de la composición del la composición del la composición de la composición de la composición del la composición de	City West Hills	
Title	State California ZIP Code	-4 91304
5.b. Termination Date	5.c. Amount	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		
C. Statement of Disbursements Report all disbursements made by the reporti to the employers listed in Part B.	ng organization in connection with labor relations advice	or services rendered
7. Disbursements to Officers and Employees:	at.	
(a) Name (b) Salary (c) Expenses (d) Tot	· · · · · · · · · · · · · · · · · · ·	
And the state of t	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)	
o. Total dispositions to officers and on proyects.	14. Total pissusements (cum of items 6-15)	
D. Schedule of Disbursements for Reportable Activity Use this Schedule instructions.	to report only disbursements made for the purposes desc	ribed in Part D of the
	15.b. Trade Name, If any:	
Quest Diagnosics		
in the state of th	15.d. Amount 191,586,24	
Nome Kirsten Moore		
See the control of th	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
元之子,1200年1月20日,120日,120日		
Street 139 Drexel Ros		
City Acad Ove		
State California PA ZIP Code + 4 1900 3		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0		

Name of Person Filing: Joseph Br	rock	File Number C-
D. Schedule of Disbursements for	Reportable Activity Use this Schinstructions.	nedule to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name: Quest Diagnostics		15.b. Trade Name, If any:
15.c. To Whom Paid		15.d. Amount 52,890
Name Byron	Clay	15.e. Purpose
Title President Organization BJC & Associa	 tes .	Engaged to communicate to employees regarding their right to organize and bargain collectively
P.O. Box, Building and Room Nu	mber, if any	
Street 10108 Fehlberg Ct		
City Saint John	1:	
State Indiana	ZIP Code + 4 46379	

15.a. Employer Name: Seal Beach Health a	and Rehabilitation Center	15.b. Trade Name, If any:
15.c. To Whom Paid		15.d. Amount 18,723
Name Byron	Clay	15.e. Purpose
Title President		Engaged to communicate to employees regarding
Organization BJC & Associ	ates	their right to organize and bargain collectively
P.O. Box, Building and Room N	umber, if any	
Street 10108 Fehlberg Co	purt	
City Saint John		
State Indiana	ZIP Code + 4 46379	

15.a. Employer Name: Laboratory Corporation	of America	15.b. Trade Name, If any:
15.c. To Whom Paid		15.d. Amount 51,108
Name Byron	Clay	15.e. Purpose
Title President		Engaged to communicate to employees regarding
Organization BJC & Associates		their right to organize and bargain collectively
P.O. Box, Building and Room Number	, if any	
Street 10108 Fehlberg Court		
City Saint John		
State Indiana	ZIP Code + 4 46379	
%.*		

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: Jacksonville Health and Rehab	15.b. Trade Name, if any: NHS Management, LLC
15.c. To Whom Paid	15.d. Amount 18,553
Name Byron Clay	15.e. Purpose
Title Organization BJC and Associates Inc	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10108 Fehlberg Court	
City St John	
State IN ZIP Code + 4 46379	

5.a. Employer Name: Via Christi Healt	h Inc	15.b. Trade Name, if any:
5.c. To Whom Paid		15.d. Amount 17,991
Name Byron	Clay	15.e. Purpose
Title		Engaged to communicate to employees regarding
Organization BJC and As	sociates Inc	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room	Number, if any	
Street 10108 Fehlberg	Court	
City St John	•	
State IN	ZIP Code + 4 46379	

15.a, Employer Name:	15.b. Trade Name, if any:
Walgreen Company	
15.c. To Whom Paid	15.d. Amount 18,278
Name Byron Clay	15.e. Purpose
Title	Engaged to communicate to employees regarding
Organization BJC and Associates Inc	exercising their rights to organize and bargain 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: 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: Jacksonville Health and Rehab	15.b. Trade Name, if any: NHS Management, LLC
15.c. To Whom Paid	15.d. Amount 18,553
Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any	15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379	

15.a. Employer Name: Via Christi Health Inc 15.c. To Whom Paid		15.b. Trade Name, if any: 15.d. Amount 17,991
Title Organization BJC and Associates Inc		Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
Street 10108 Fehlberg Court		
City St John		
State IN	ZIP Code + 4 46379	

15.a. Employer Name:	15.b. Trade Name, if any:
Walgreen Company	
15.c. To Whom Paid	15.d. Amount 18,278
Name Byron Clay	15.e. Purpose
Title Organization BJC and Associates Inc	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10108 Fehlberg Court	
City St John	
State IN ZIP Code + 4 46379	