

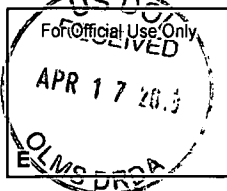
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

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

675382

1. File Number C- <input type="text"/> 703	2. Period Covered By This Report From: <input type="text"/> 03/17/2019 Through: <input type="text"/> 03/31/2019
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Byron J. Clay
Title President
Organization BJC & Associates, Inc.
P.O. Box, Building and Room Number, if any
Street 10108 Fehlbeg CR
City Saint John
State Indiana ZIP Code + 4

4. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Building and Room Number, if any
Street
City
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 President
(if other title, see instructions)
Title President

On 3/28/2018 (219) 577-7420
Date Telephone Number

18. Signed Treasurer
(If other title, see instructions)
Title Treasurer

On 3/28/2018 219-577-7420
Date Telephone Number

Name of Person Filing:	File Number C- 703
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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).		Mailing Address:	
Employer Attache 1721 LPI Fuku	P.O. Box, Building and Room Number, if any		
Trade Name Attache Reliant Labor Guaranty	Street		
Attention To	City	State	
Title	ZIP Code + 4		

5.b. Termination Date	5.c. Amount
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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	
				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.c. To Whom Paid	15.d. Amount
Name	
Title	
Organization	15.e. Purpose
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington	
ZIP Code + 4	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

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: Corecare Systems, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title President Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379	15.d. Amount 32,040 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Corecare Systems, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title President Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379	15.d. Amount 28,934 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Menasha Packaging Company, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title President Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379	15.d. Amount 9,893 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: LRI Consulting Services, Inc.	File Number C- 00525
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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.
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15.a. Employer Name: Owens Corning	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title President Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379	15.d. Amount 10,695 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: <i>Reliant Labor Consultants, Inc</i>	File Number C- <i>703</i>
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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: Quest Diagnostics	15.b. Trade Name, If any:
15.c. To Whom Paid Name Byron Clay Title Organization BJC & Associates P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City Saint John State Indiana ZIP Code + 4 46373	15.d. Amount 67,546 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Save Mart	15.b. Trade Name, If any:
15.c. To Whom Paid Name Byron Clay Title Organization BJC & Associates P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City Saint John State Indiana ZIP Code + 4 46373	15.d. Amount 86,881 15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

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 0 15.e. Purpose