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

Required of penalts: including sport 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 penalts: including sport Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)

For Official Use Unity D

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 . File Number C- 1 2. Period Covered By This Report From: 01 / 01 / 2014 Through: 12 / 31 / 2014

	710111 017 01 7 0011 111101311 127 017			
A. Person Filing				
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 & 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			
Signa	tures			
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)			
On 03 / 15 / 2015 219-577-7420 Telephone Number	On 03 / 15 / 2015 219-577-7420 Telephone Number			

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Name of Person Filing:

Statement of Receipts Report all receipts from employers in conne or services.	ection with labor relations advice or services regardless of the purposes of the advic
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer TMK IDSCO Tubulars Inc.	P.O. Box, Building and Room Number, if any
Employer TMK Ipsco Tubulars, Inc.	
Trade Name	Street 6403 Sixth Avenue
Attention To Tom Kellner	City Koppel
Title General Counsel	State Pennsylvania ZIP Code + 4 16136
5.b. Termination Date 2/18/2014	5.c. Amount 5,454
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

File Number C-

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.		
Disbursements to Officers and Emp (a) Name	loyees: (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 a	nd 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	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Indiana ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE AC	CTIVITY

Form LM-21 (2003)