

Line

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

432507

1. File Number C- 703	2. Period Covered By This Report From: <table border="1" style="display: inline-table;"><tr><td>01</td><td>/</td><td>01</td><td>/</td><td>2009</td></tr></table> Through: <table border="1" style="display: inline-table;"><tr><td>12</td><td>/</td><td>31</td><td>/</td><td>2009</td></tr></table>	01	/	01	/	2009	12	/	31	/	2009
01	/	01	/	2009							
12	/	31	/	2009							

A. Person Filing

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

Name Byron J. Clay
Title President
Organization BJC and Associates, Inc.
P.O. Box, Building and Room Number, if any
Street 10108 Fehlberg Court
City Saint John
State Indiana ZIP Code + 4 46373

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).

<p>17. Signed <u><i>[Signature]</i></u> President (if other title, see instructions) Title <u>President</u></p> <p>On <table border="1" style="display: inline-table;"><tr><td>07</td><td>/</td><td>01</td><td>/</td><td>2010</td></tr></table> <table border="1" style="display: inline-table;"><tr><td>219</td><td>-</td><td>365</td><td>-</td><td>9457</td></tr></table> Date Telephone Number</p>	07	/	01	/	2010	219	-	365	-	9457	<p>18. Signed <u><i>[Signature]</i></u> Treasurer (if other title, see instructions) Title <u>Treasurer</u></p> <p>On <table border="1" style="display: inline-table;"><tr><td>07</td><td>/</td><td>01</td><td>/</td><td>2010</td></tr></table> <table border="1" style="display: inline-table;"><tr><td>219</td><td>-</td><td>365</td><td>-</td><td>9457</td></tr></table> Date Telephone Number</p>	07	/	01	/	2010	219	-	365	-	9457
07	/	01	/	2010																	
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219	-	365	-	9457																	

2009

Name of Person Filing: Byron Clay	File Number C-
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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 LRI Consulting Services, Inc.	P.O. Box, Building and Room Number, if any		
Trade Name	Street 7850 S. Elm Place, Suite E		
Attention To	City Broken Arrow		
Title	State Oklahoma	ZIP Code + 4	74011
5.b. Termination Date 12/31/2009		5.c. Amount 35,680	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 121,798		8121,798	

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	15.e. Purpose
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Byron Clay		File Number C-	
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: LRI Consulting Services, Inc.	P.O. Box, Bldg., Room No., if any:		
Trade Name:	Street: 7850 S. Elm Place, Suite E		
Attention To:	City: Broken Arrow		
Title:	State: Oklahoma		ZIP Code + 4: 74011
5.b. Termination Date: 12/31/2009		5.c. Amount: 63,298	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: LRI Consulting Services, Inc.	P.O. Box, Bldg., Room No., if any:		
Trade Name:	Street: 7850 S. Elm Place, Suite E		
Attention To:	City: Broken Arrow		
Title:	State: Oklahoma		ZIP Code + 4: 74011
5.b. Termination Date: 12/31/2009		5.c. Amount: 22,820	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer:	P.O. Box, Bldg., Room No., if any:		
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:	
Employer:	P.O. Box, Bldg., Room No., if any:		
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:	
Employer:	P.O. Box, Bldg., Room No., if any:		
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:	
Employer:	P.O. Box, Bldg., Room No., if any:		
Trade Name:	Street:		
Attention To:	City:		
Title:	State:		ZIP Code + 4:
5.b. Termination Date:		5.c. Amount:	