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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 pros ecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. ed of big Sprise, 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. (LMROA) **READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT** Month/Day/Yest 2. Period Covered Month/Dav/Year 1 . File Number C-(mm/dd/yyyy) By This Report From: 2013 01 / 2013 Through: A. Person Filling 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: Name Name J Clay Byron Title Title President Organization BJC Enterprises, 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 Saint John City City ▼ ZIP Code + 4 46373 State Indiana 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). 18. Signed President Treasurer 17. Signed 2 (If other title, see (if other title, see President Treasurer Title instructions) instructions)

On

219-577-7420

Telephone Number

2014

Date

219-577-7420

Telephone Number

2014

Date

Name of Person F			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: P.O. Box, Building and Room Number, if any				
Employer Subcontractor for GRCA											
Trade Name						Street					
Attention To						City					
Title	Title State ZIP Code + 4 ✓ ZIP Code + 4										
5.b. Termination Date					5.c. Amount						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS											
<u> </u>											
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											
(a) Name			(5/5523)	(0,040			9. Office and /	Administrative Expenses	Г	<u></u>	
	╦				=		10. Publicity				
	╫				╡		 	ofessional Services			
							12. Loans Mad	8			
							13. Other Disb	ursements			
8. Total disbursements to officers and employees:						14. Total Disbursements (Sum of Items 8-13)					
						•					
D. Sabadula af I	Naha	rsements for Reportable	Andreite								
D. Schedule of	DISUL	isements for Reportable	-	use mis instructio		e to report or	uy disoursement	s made for the purposes des	CHIDE	ed in Part D of the	
15.a. Employer Name: 15.b. Trade Name,							e Name, If any:				
Bethesd	a Lu	theran Services									
15.c. To Whom i	Paid					15.d. Amou	ınt 48,250				
None Byron J.J.Clay											
						15.e. Purpose Employed to communicate to employees regarding					
Organization BJC Enterprises, Inc. their exercising their rights to organize and bargain collectively.									ize and		
P.O. Box, Building and Room Number, if any											
Street 10108 Fehlberg Court											
City Saint John											
State India	na	ZI	P Code + 4 4	6373							
16. TOTAL DISE	BURS	EMENTS FOR ALL REPOR	RTABLE ACTI	VITY 48	3,250				_		

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Name of Person Filing:								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: P.O. Box, Building and Room Number, if any											
Employer Subcontractor for GRCA											
Trade Name						Street					
Attention To						City					
Title			-			State		▼ ZIP Code	+ 4		
5.b. Termination (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 Pr	rofessional Services			
							12. Loans Mad	8	L_		
				_1		13. Other Disbursements		L			
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:											
Bally Ga	Bally Gaming, Inc.										
15 c. To Whom Pa	aid					15 d Amo	unt 17.912	7	_		
15.c. To Whom Paid Name Byron J Clay 15.d. Amount 17,912											
						15.e. Purpose					
Title President Employed to communicate to employees regarding their exercising their rights to organize and											
Organization BJC Enterprises, Inc. bargain collectively.											
P.O. Box, Building and Room Number, if any											
Street 10108 Fehlberg Court											
City Saint John											
State India:	na	z	IP Code + 4	46373		<u> </u>					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 17, 912											

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