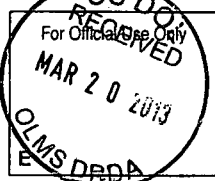


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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

516804

1. File Number C- <u>703</u>	2. Period Covered By This Report From: <u>01 / 01 / 2012</u> Through: <u>12 / 31 / 2012</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Byron J Clay</u> Title <u>President</u> Organization <u>BJC Enterprises, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>10108 Fehlberg Court</u> City <u>Saint John</u> State <u>Indiana</u> ZIP Code + 4 <u>46373</u>	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 <u>[Signature]</u> Title <u>President</u> President (if other title, see instructions)	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> Treasurer (if other title, see instructions)
On <u>02 / 15 / 2013</u> <u>(219) 577-7420</u> Date Telephone Number	On <u>02 / 15 / 2013</u> <u>(219) 577-7420</u> Date Telephone Number

Name of Person Filing:	File Number C-
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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: Ada S. McKinley Community Services, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title 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 6,375 15.e. Purpose engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Johnson Controls, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title 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 24,923 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively

15.a. Employer Name: Ducommun Aerostructures	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title 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 24,454 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively

Name of Person Filing:	File Number C-
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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: NTN-Bower Corporation	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc. P.O. Box, Building and Room Number, if any Street 10108 Fehlborg Court City St John State IN ZIP Code + 4 46379	15.d. Amount \$37,374 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Montaplast	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc. P.O. Box, Building and Room Number, if any Street 10108 Fehlborg Court City St John State IN ZIP Code + 4 46379	15.d. Amount 4,697 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Paris Companies	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc. P.O. Box, Building and Room Number, if any Street 10108 Fehlborg Court City St John State IN ZIP Code + 4 46379	15.d. Amount \$6,331 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing:	File Number C-
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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: Nexcare Health Systems, LLC	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlborg Court City St. John State IN ZIP Code + 4 46379	15.d. Amount 1,718 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Riverview Health & Rehab Center	15.b. Trade Name, if any:
15.c. To Whom Paid Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlborg Court City St. John State IN ZIP Code + 4 46379	15.d. Amount 20,091 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.