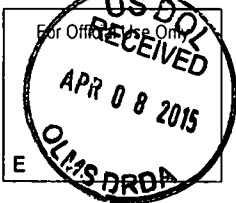


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

589736

1. File Number C: <u>1005</u>	2. Period Covered By This Report From: <u>01/01/2014</u> Through: <u>12/31/2014</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>byron J clay</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name <u></u>
Organization <u>BJC &amp; Associates, Inc.</u>	Title <u></u>
P.O. Box, Building and Room Number, if any <u></u>	Organization <u></u>
Street <u>10108 fehlberg court</u>	P.O. Box, Building and Room Number, if any <u></u>
City <u>saint john</u>	Street <u></u>
State <u>Indiana</u> ZIP Code + 4 <u>46373</u>	City <u></u>
	State <u></u> ZIP Code + 4 <u></u>

### 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> President (if other title, see instructions)	18. Signed <u>[Signature]</u> Treasurer (If other title, see instructions)
Title <u>President</u>	Title <u>Treasurer</u>
On <u>03/15/2015</u> <u>219-577-7420</u>	On <u>03/15/2015</u> <u>219-577-7420</u>
Date Telephone Number	Date Telephone Number

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 Vallourec Star	P.O. Box, Building and Room Number, if any		
Trade Name		Street	2669 Martin Luther King Blvd
Attention To	Trina <input type="checkbox"/> Cooper	City	Youngstown
Title	VP Human Resources	State	Ohio ZIP Code + 4
5.b. Termination Date 1/9/14		5.c. Amount 30,751	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 30,751			

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