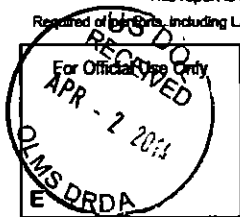


FORM LM-21

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 employers, 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

552984

1. File Number C- <input type="text" value="703"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2013"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Byron"/> <input type="text" value="J"/> <input type="text" value="Clay"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="President"/>	Name <input type="text"/>
Organization <input type="text" value="BJC Enterprises, Inc."/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text" value="10108 FEhlberg Court"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="Saint John"/>	Street <input type="text"/>
State <input type="text" value="Indiana"/> ZIP Code + 4 <input type="text" value="46373"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

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	President (if other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title <input type="text" value="President"/>		Title <input type="text" value="Treasurer"/>	
On <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2014"/> <input type="text" value="219-577-7420"/>	Date Telephone Number	On <input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2014"/> <input type="text" value="219-577-7420"/>	Date Telephone Number

Name of Person Filing:	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 <input type="text" value="Subcontractor for GRCA"/>	P.O. Box, Building and Room Number, if any <input type="text"/>		
Trade Name <input type="text"/>	Street <input type="text"/>		
Attention To <input type="text"/> <input type="checkbox"/> <input type="text"/>	City <input type="text"/>		
Title <input type="text"/>	State <input type="text"/> <input type="button" value="v"/> ZIP Code + 4 <input type="text"/>		
5.b. Termination Date <input type="text"/>		5.c. Amount <input type="text"/>	
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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements	<input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	<input type="text"/>

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: <input type="text" value="Bethesda Lutheran Services"/>	15.b. Trade Name, if any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text" value="48,250"/>
Name <input type="text" value="Byron"/> <input type="checkbox"/> <input type="text" value="J"/> <input type="text" value="Clay"/>	15.e. Purpose <input type="text" value="Employed to communicate to employees regarding their exercising their rights to organize and bargain collectively."/>
Title <input type="text" value="President"/>	
Organization <input type="text" value="BJC Enterprises, Inc."/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text" value="10108 Fehlberg Court"/>	
City <input type="text" value="Saint John"/>	
State <input type="text" value="Indiana"/> <input type="button" value="v"/> ZIP Code + 4 <input type="text" value="46373"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 48,250	

Name of Person Filing:	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):

Employer Mailing Address:

Trade Name P.O. Box, Building and Room Number, if any

Attention To ☐ Street

Title City

State ZIP Code + 4

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10. Publicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11. Fees for Professional Services <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12. Loans Made <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input type="text"/>

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

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 17,912