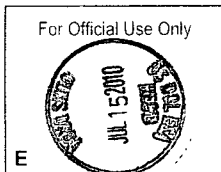


Done

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

432504

1. File Number C- 703	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy) From: 01/01/2007	Through: 12/31/2007	Month/Day/Year (mm/dd/yyyy)
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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 Fehlborg 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).

17. Signed Title President On 07/01/2010 219-365-9457 Date Telephone Number	18. Signed Title Treasurer On 07/01/2010 219-365-9457 Date Telephone Number
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2007

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 12/21/2007 5.c. Amount 55,500

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 55,500

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	
Street	
City	
State	
Washington	ZIP Code + 4
15.e. Purpose	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY