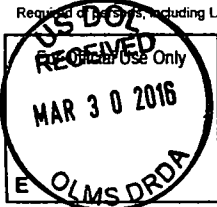


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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



618193

1. File Number C- 703	2. Period Covered By This Report From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> byron <input type="text"/> J <input type="text"/> clay	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> President	Name <input type="text"/> <input type="text"/> <input type="text"/>
Organization <input type="text"/> BJC & Associates, 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"/> 10108 Fehlberg Court	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> Saint John	Street <input type="text"/>
State <input type="text"/> Indiana <input type="text"/> ZIP Code + 4 <input type="text"/> 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  Title <input type="text"/> President <input type="text"/>	President (if other title, see instructions)	18. Signed  Title <input type="text"/> Treasurer <input type="text"/>	Treasurer (if other title, see instructions)
On <input type="text"/> 03 / <input type="text"/> 25 / <input type="text"/> 2016 <input type="text"/> 219-577-7420	Date Telephone Number	On <input type="text"/> 03 / <input type="text"/> 25 / <input type="text"/> 2016 <input type="text"/> 219-577-7420	Date Telephone Number

Name of Person Filing: byron clay

File Number C-

703

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 See Attached LM21 LRI Form

Trade Name

Street

Attention To

City

Title

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

					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:

Alta Bicycle Share

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Byron

J

Clay

Title

President

Organization

BJC & Associates, Inc.

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

Street 10108 Fehlberg Court

City Saint John

State Indiana

ZIP Code + 4

46373

15.d. Amount

0

15.e. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0

Name of Person Filing: LRI Consulting Services, Inc.	File Number C- 00525
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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: Alta Bicycle Share	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 8,301 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

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 style="width: 95%;" type="text"/>	P.O. Box, Building and Room Number, if any	<input style="width: 95%;" type="text"/>
Trade Name	<input style="width: 95%;" type="text"/>	Street	<input style="width: 95%;" type="text"/>
Attention To	<input style="width: 40%;" type="text"/> <input style="width: 10%; text-align: center;" type="checkbox"/> <input style="width: 50%;" type="text"/>	City	<input style="width: 95%;" type="text"/>
Title	<input style="width: 95%;" type="text"/>	State	<input style="width: 40%;" type="text"/> ZIP Code + 4 <input style="width: 60%;" type="text"/>
5.b. Termination Date <input style="width: 80%;" type="text"/>		5.c. Amount <input style="width: 80%;" 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					
								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: <div>Eskaton</div>		15.b. Trade Name, If any: <div></div>	
15.c. To Whom Paid Name <div>Byron</div> <div>J</div> <div>Clay</div> Title <div>President</div> Organization <div>BJC & Associates, Inc.</div> P.O. Box, Building and Room Number, if any <div></div> Street <div>10108 fehlberg court</div> City <div>saint John</div> State <div>Indiana</div> <div>ZIP Code + 4</div> <div>46373</div>		15.d. Amount <div>0 12,008</div> 15.e. Purpose <div>Engaged to communicagte to employees regarding exercising their rights to organize and bargain collectively</div>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0			

Name of Person Filing:

File Number C-

703

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

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

Trade Name

Street

Attention To

City

Title

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

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:

Nestle

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Byron

J

Clay

Title

President

Organization

BJC & Associates, Inc.

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

Street 10108 fehlberg court

City saint John

State Indiana

ZIP Code + 4

46373

15.d. Amount \$13,619

15.e. Purpose

Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0

Name of Person Filing:

File Number C-

703

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

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

Trade Name

Street

Attention To

City

Title

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

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:

DirectSat

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Byron

J

Clay

Title

President

Organization

BJC & Associates, Inc.

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

Street

10108 fehlberg court

City

saint John

State

Indiana

ZIP Code + 4

46373

15.d. Amount

0 11,041

15.e. Purpose

Engaged to communicagte to employees regarding exercising their rights to organize and bargain collectively

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0

Name of Person Filing:	File Number C- 703
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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"/>	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="text"/>	City	<input type="text"/>
Title	<input type="text"/>	State	<input type="text"/> ZIP Code + 4 <input type="text"/>

5.b. Termination Date	<input type="text"/>	5.c. Amount	<input type="text"/>
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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="Professional Services Industries, Inc."/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text" value="Byron"/> <input type="text" value="J"/> <input type="text" value="Clay"/> Title <input type="text" value="President"/> Organization <input type="text" value="BJC & Associates, 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="text" value="46373"/> ZIP Code + 4	15.d. Amount <input type="text" value="026,615"/> 15.e. Purpose <input type="text" value="Engaged to communicagte to employees regarding exercising their rights to organize and bargain collectively"/>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0

Name of Person Filing:	File Number C- 703
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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 style="width: 90%;" type="text"/>	P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/>		
Trade Name <input style="width: 90%;" type="text"/>	Street <input style="width: 90%;" type="text"/>		
Attention To <input style="width: 20%;" type="text"/> <input style="width: 5%;" type="text"/> <input style="width: 25%;" type="text"/>	City <input style="width: 80%;" type="text"/>		
Title <input style="width: 90%;" type="text"/>	State <input style="width: 20%;" type="text"/>	ZIP Code + 4	<input style="width: 20%;" type="text"/>

5.b. Termination Date <input style="width: 80%;" type="text"/>	5.c. Amount <input style="width: 80%;" type="text"/>
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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 style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	9. Office and Administrative Expenses <input style="width: 80%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	10. Publicity <input style="width: 80%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	11. Fees for Professional Services <input style="width: 80%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	12. Loans Made <input style="width: 80%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	13. Other Disbursements <input style="width: 80%;" type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) <input style="width: 80%;" 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 style="width: 90%;" type="text" value="Via Christi Health Inc"/>	15.b. Trade Name, If any: <input style="width: 90%;" type="text"/>
15.c. To Whom Paid	15.d. Amount <input style="width: 80%;" type="text" value="817,896"/>
Name <input style="width: 20%;" type="text" value="Byron"/> <input style="width: 5%;" type="text" value="J"/> <input style="width: 25%;" type="text" value="Clay"/>	15.e. Purpose <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively</div>
Title <input style="width: 90%;" type="text" value="President"/>	
Organization <input style="width: 90%;" type="text" value="BJC & Associates, Inc."/>	
P.O. Box, Building and Room Number, if any <input style="width: 90%;" type="text"/>	
Street <input style="width: 90%;" type="text" value="10108 Fehlberg Court"/>	
City <input style="width: 90%;" type="text" value="Saint John"/>	
State <input style="width: 20%;" type="text" value="Indiana"/> <input style="width: 5%;" type="text" value="46373"/>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0

Name of Person Filing:

File Number C-

703

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

Trade Name

Attention To

Title

Street

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

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:

Saginaw Chippawa Tribe of Michigan

15.b. Trade Name, If any:

15.c. To Whom Paid

Name

Byron

J

Clay

Title

President

Organization

BJC & Associates, Inc.

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

Street

10108 fehlberg court

City

saint John

State

Indiana

ZIP Code + 4

46373

15.d. Amount

\$ 12,562

15.e. Purpose

Engaged to communicagte to employees regarding exercising their rights to organize and bargain collectively

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0