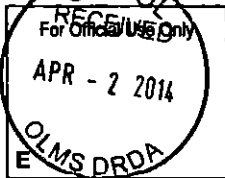


# FORM LM-21

## 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

552985

1. File Number C- <input type="text" value="703"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2013"/> Through: <input type="text" value="12/31/2013"/>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  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 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"/> ZIP Code + 4 <input type="text" value="46373"/>	4. Any other address where records necessary to verify this report are kept:  Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 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" value="President"/> <input type="checkbox"/> On <input type="text" value="03/15/2014"/> <input type="text" value="219-577-7420"/> Date Telephone Number	18. Signed Title <input type="text" value="Treasurer"/> <input type="checkbox"/> On <input type="text" value="03/15/2014"/> <input type="text" value="219-577-7420"/> Date Telephone Number
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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  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		
<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**

Name of Person Filing: LRI Consulting Services, Inc.	File Number C- 00525
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<b>D. Schedule of Disbursements for Reportable Activity</b>	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: ABM	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 5,589 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Airgas	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 2,020 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Kingspan Industrial Panels, 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 13,541 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

Name of Person Filing: LRI Consulting Services, Inc.

File Number C- 00525

**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: Advantage Contractor Solutions, 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 7,022 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Doss Aviation	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 2,163 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Linc Logistics 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 3,760 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

**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: Northwest Pipe Company	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 18,369 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 Fehlberg Court City St John State IN ZIP Code + 4 46379	15.d. Amount 19,030 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Scopelitis Garvin Light Hanson & Feary	15.b. Trade Name, if any: FBO Gordon Trucking Inc
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 20,637 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

**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: Southfresh Farms	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 17,725 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: The May Institute, 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 29,740 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Unified Community Connections	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 15,555 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.