Month/Day/Year (mm/dd/yyyy)

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 09-30-2011

Month/Day/Year

(mni/dd/yyyy)

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

2. Period Covered

1 File Number C- 763

Frie Number C-	By This Report (minutaryyy) From: 01/01/2007 Through: 12/31/2007		
A. Person Filing			
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:		
Name Byron J Clay	Name		
Title President	Title		
Organization BJC and Associates, Inc.	Organization, .		
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any		
Street 10108 Fehlberg Court	Street		
City Saint John	City		
State Indiana ZIP Code + 4 46373	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 President (if other title, see instructions)	Treasurer (If other title, see instructions)		
On 07/01/2010 219-365-9457 Date Telephone Number	On 07 / 01 / 2010 219 365 9457 Date Telephone Number		

Name of Person Filing: Byron Clay	File Number C-	
B. Statement of Receipts Report all receipts from employers in connection with	n labor relations advice or services regardless of the purpos	es 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	grandaumi, - salina F. A.
Trade Name	Street 7850 S. Elm Place Suite E	in guiden and to transpla time temperature digital and the service of
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Attention To	and the second of the second o	
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 rep to the employers listed in Part B.	orting organization in connection with labor relations advice	or services rendered
7. Disbursements to Officers and Employees:		
(a) Name (b) Salary (c) Expenses (d)	Totals	
	Office and Administrative Expenses	Total and an annual and an approximation of the app
	10. Publicity	t
And the first special states are represented to the side of the special specia	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 Schedulinstructions.	ule to report only disbursements made for the purposes des	cribed in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount	
Name	to management when the contract requirement of the contract of	
The state of the s	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
The state of the s		

Form LM-21 (2003)