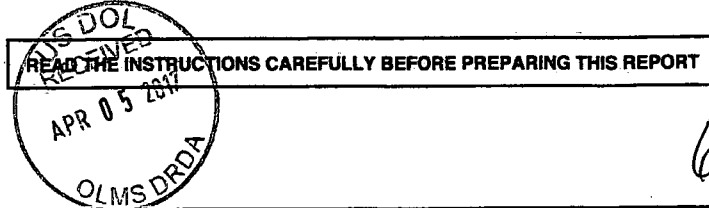
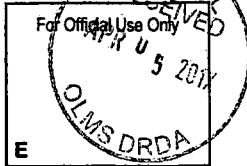


# FORM LM-21

## 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)

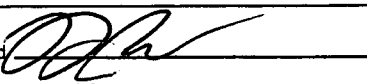
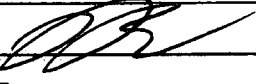


645603

1. File Number C- 709	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2016		12 / 31 / 2016

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  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	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 	President (if other title, see instructions)	18. Signed 	Treasurer (if other title, see instructions)
On 03 / 26 / 2017 219-577-7420 Date Telephone Number		On 03 / 26 / 2017 219-577-7420 Date Telephone Number	

Name of Person Filing:

File Number C-

**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 Quest Diagnostics, Inc

Trade Name

Street 8401 Fallbrook Avenue

Attention To

Ribka

Fox

City

West Hills

Title

State

California



ZIP Code + 4 91304

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:

Quest Diagnostics

15.b. Trade Name, if any:

15.c. To Whom Paid

Name

Evelyn

Fragoso

Title

President

Organization

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

Street

City

State

California



ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 60,858

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 Quest Diagnostics, Inc P.O. Box, Building and Room Number, if any

Trade Name  Street 8401 Fallbrook Avenue

Attention To Ribka Fox City West Hills

Title  State California ☒ ZIP Code + 4 91304

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: Quest Diagnostics

15.b. Trade Name, If any:

15.c. To Whom Paid

Name Pat Omara

Title President

Organization Omara & Associates, LLC

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

Street 6 Drakewood Lane

City Novato

State California ☒ ZIP Code + 4 94947

15.d. Amount 60,858

15.e. Purpose

**16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 60,858**

Name of Person Filing: <b>Byron Clay</b>	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	<b>Quest Diagnostics</b>	P.O. Box, Building and Room Number, if any	
Trade Name		Street	<b>8401 Fallbrook Ave</b>
Attention To	<b>Ribka</b> <input type="checkbox"/> <b>Fox</b>	City	<b>West Hills</b>
Title		State	<b>California</b> ZIP Code + 4 <b>91304</b>

5.b. Termination Date	<b>Completed</b>	5.c. Amount	<b>479,240</b>
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS **479,240**

**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: <b>Quest Diagnostics</b>	15.b. Trade Name, If any: 
15.c. To Whom Paid Name <b>Byron</b> <input type="checkbox"/> <b>J</b> <b>Clay</b> Title <b>President</b> Organization <b>BJC &amp; Associates, Inc</b>  P.O. Box, Building and Room Number, if any  Street <b>10108 Fehlberg Court</b> City <b>Saint John</b> State <b>Indiana</b> ZIP Code + 4 <b>46373</b>	15.d. Amount <b>\$ 171,000.45</b>  15.e. Purpose <b>Held meetings to discuss all aspects of collective bargaining so employees would be able to make an informed decision on whether or not to support a union</b>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <b>0</b>	

Name of Person Filing:	File Number C-
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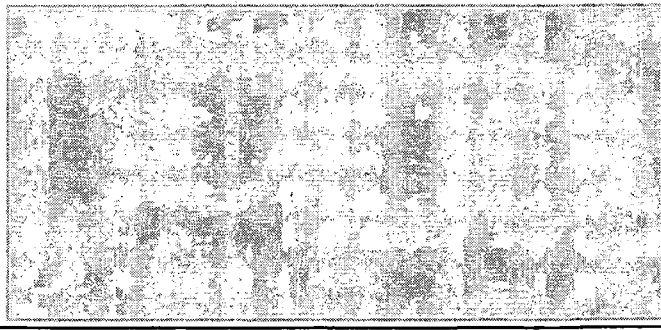
**B. Statement of Receipts** Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Quest Diagnostics, Inc</u>	P.O. Box, Building and Room Number, if any		
Trade Name	Street <u>8401 Fallbrook Avenue</u>		
Attention To <u>Ribka</u> <input type="checkbox"/> <u>Fox</u>	City <u>West Hills</u>		
Title	State <u>California</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>91304</u>		
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: <u>Quest Diagnostics</u>	15.b. Trade Name, If any: <u></u>
15.c. To Whom Paid	15.d. Amount <u>21,586.21</u>
Name <u>Kirsten</u> <input type="checkbox"/> <u>Moore</u>	15.e. Purpose 
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street <u>139 Drexel Rd</u>	
City <u>Andover</u>	
State <u>California</u> <u>PA</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>19007</u>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0	

Name of Person Filing: Joseph Brock	File Number C-
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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: Quest Diagnostics	15.b. Trade Name, If any:
15.c. To Whom Paid Name       Byron                   Clay Title       President Organization BJC & Associates  P.O. Box, Building and Room Number, if any  Street 10108 Fehlberg Ct City Saint John State Indiana                   ZIP Code +4 46379	15.d. Amount 52,890  15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Seal Beach Health and Rehabilitation Center	15.b. Trade Name, If any:
15.c. To Whom Paid Name       Byron                   Clay Title       President Organization BJC & Associates  P.O. Box, Building and Room Number, if any  Street 10108 Fehlberg Court City Saint John State Indiana                   ZIP Code +4 46379	15.d. Amount 18,723  15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

15.a. Employer Name: Laboratory Corporation of America	15.b. Trade Name, If any:
15.c. To Whom Paid Name       Byron                   Clay Title       President Organization BJC & Associates P.O. Box, Building and Room Number, if any  Street 10108 Fehlberg Court City Saint John State Indiana                   ZIP Code +4 46379	15.d. Amount 51,108  15.e. Purpose Engaged to communicate to employees regarding their right to organize and bargain collectively

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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<b>15.a. Employer Name:</b> Jacksonville Health and Rehab	<b>15.b. Trade Name, if any:</b> NHS Management, LLC
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 18,553 <b>15.e. Purpose</b> Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> Via Christi Health Inc	<b>15.b. Trade Name, if any:</b>
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 17,991 <b>15.e. Purpose</b> Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

<b>15.a. Employer Name:</b> Walgreen Company	<b>15.b. Trade Name, if any:</b>
<b>15.c. To Whom Paid</b> 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	<b>15.d. Amount</b> 18,278 <b>15.e. Purpose</b> 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
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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: Jacksonville Health and Rehab	15.b. Trade Name, if any: NHS Management, LLC
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 18,553 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Via Christi Health 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 17,991 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Walgreen 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 18,278 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.