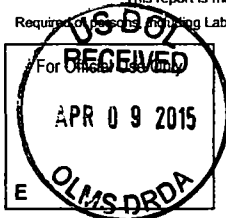


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 08-31-2016

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 providing 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)



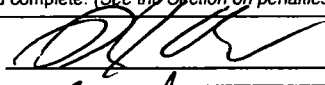
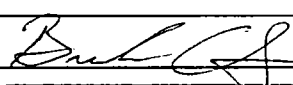
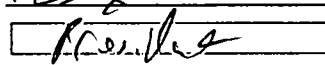
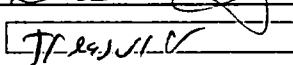
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

589718

1. File Number C- 703	2. Period Covered By This Report From: 01 / 01 / 2014 Through: 12 / 31 / 2014
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A. Person Filing	
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)
Title 		Title 	
On <u>03 / 15 / 2015</u> Date	<u>219-577-7420</u> Telephone Number	On <u>03 / 15 / 2015</u> Date	<u>219-577-7420</u> Telephone Number

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). Employer Rockform Tooling and Machinery, Inc, Trade Name Attention To Sonia Smith Title VP Human Resources	Mailing Address: P.O. Box, Building and Room Number, if any Street 808 Waterford Estates Manor City Canton State Georgia ZIP Code + 4 30114
5.b. Termination Date 3/21/2014	5.c. Amount 7,112
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:	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 Indiana ZIP Code + 4	15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	