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

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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. 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) For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT APR - 2 2014 Month/Day/Year 2. Period Covered Month/Day/Year 1. File Number C-(mm/dd/yyyy) (mm/dd/yyyy) By This Report From: 01 / 2013 Through: 12 31 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 Name J Clay Byron Title Title President Organization BJC Enterprises, 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 City Saint John Indiana ▼ ZIP Code + 4 46373 State ▼ ZIP Code + 4 State **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 18. Signed Treasurer (If other title, see (if other title, see 4 Treasurer President instructions) instructions)

2014 On

219-577-7420 Telephone Number

2014 Date

219-577-7420

Telephone Number

Name of Person Filing:	File Number C-				
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
Employer See attached LRI LM-21 forms	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 report	rting 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) 1	otals				
	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 Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
15.c. To Whom Paid	15.d. Amount				
Name Francisco Inches In					
Title 15.e. Purpose					
Organization					
Organization	1				
P.O. Box, Building and Room Number, if any					
Street	1				
City	City				
State Washington ZIP Code + 4					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY					

Form LM-21 (2003)

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: ·ABM 15.d. Amount 5,589 15.c. To Whom Paid Byron Ċlay Name 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain Organization BJC and Associates Inc collectively. P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court City St John State IN ZIP Code + 4 46379

15.a. Employer Name: Airgas	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount 2,020
Name Byron Clay	15.e. Purpose
Title Organization BJC and Associates Inc	Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10108 Fehlberg Court	
City St John	
State IN ZiP Code + 4 46379	

15.a. Employer Name:		15.b. Trade Name, if any:
Kingspan Industrial Panels, Inc.		
15.c.To Whom Paid		15.d: Amount 13,541
Name Byron	Clay	15.e. Purpose
Title	•	Engaged to communicate to employees regarding
Organization BJC and Associates Inc		exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room (Number, if any	
Street 10108 Fehlberg	Court	·
City St John		·
State IN	ZIP Code + 4 46379	`
<u>.</u> .		

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	15.d. Amount 7, 022
Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any	15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
Street 10108 Fehlberg Court	
City St John	
State IN ZIP Code + 4 46379	

15.c. To Whom Pald Name Byron Clay 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively. P.O. Box, Building and Room Number, if any	
Title Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.	
Title Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.	
Organization BJC and Associates Inc collectively.	
P.O. Box, Bullding and Room Number, if any	
Street 10108 Fehlberg Court	
City St John	
State IN ZIP Code + 4 46379	

1	15.a. Employer Name: Linc Logistics Inc		15.b. Trade Name, if any:
15.c. To Who	15.c. To Whom Paid		15.d. Amount 3,760
Name	Byron	Clay	15.e. Purpose
Title			Engaged to communicate to employees regarding
Organization	BJC and Associates	Inc	exercising their rights to organize and bargain collectively.
P.O. Box, B	ullding and Room Number, if ar	ıy	
Street 10	108 Fehlberg Court		
City St	John		
State IN		ZIP Code + 4 46379	

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Name of Person Filing: LRI Consulting Services, Inc. File Number C- 00525

D. Schedule of Disbursements for Reportable Activity Use this So

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	15.d. Amount 18,369
Name Byron Clay Title Organization BJC and Associates Inc	15.6 Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any Street 10108 Fehilberg Court City St. John. State IN ZIP Code +4 46379	

15.a Employer Name: Riverview Health & Rehab Center		15.b. Trade Name, if any:
15.c. To Whom Paid		15.d. Amount 19,030
Name By	ron Clay	15.e. Purpose
Title		Engaged to communicate to employees regarding
Organization BJ	C and Associates Inc	exercising their rights to organize and bargain collectively.
P.O. Box, Building	and Room Number, if any	
Street 10108 I	Fehlberg Court	· ·
City St John	n ·	
State IN	ZIP Code + 4 46379	

15.a. Employer Name:	15.b. Trade Name, if any:
Scopelitis Garvin Light Hanson & Feary	FBO Gordon Trucking Inc
15.c. To Whom Paid	15.d. Amount 20, 637
Name Byron Clay	15.e. Purpose
Title	Engaged to communicate to employees regarding
Organization BJC and Associates Inc	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room Number, if any	
Street 10108 Fehlberg Court	
City St. John	
State IN ZIP Code + 4 46379	

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: Southfresh Farms	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amoum 17, 725
Name Byron Clay Title Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any	15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.
Street 10108 Fehlberg Court	
City St John	
State IN ZIP Code + 4 46	379

15.a. Employer Name: The May Institute, Inc.		15.b. Trade Name, if any:
15.c. To Whom Paid		15.d. Amount 29, 740
Name Byron	Clay	15.e. Purpose
Title		Engaged to communicate to employees regarding
Organization BJC and As	sociates Inc	exercising their rights to organize and bargain collectively.
P.O. Box, Building and Room	Number, if any	
Street 10108 Fehlberg	Court	
City St John		
State IN	ZIP Code + 4 46379	

15.a. Employer Name: Unified Community Connections		ions	15.b. Trade Name, if any:
15.c. To Who	om Paid	· · ·	15.d. Amount 15, 555
Name	Byron	Clay	15.e. Purpose
Title			Engaged to communicate to employees regarding
Organizatio	n BJC and Associates	Inc	exercising their rights to organize and bargain collectively.
P.O. Box,	Building and Room Number, if a	ny	
Street 10	108 Fehlberg Court		
City St	John		
State IN	ī	ZIP Code + 4 46379	