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. 1245-0003 Expires: 03-31-2019

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)



APR 1 7 (8.3)	LLY BEFORE PREPARING THIS REPORT 675382	
ELMODISA		
1 . File Number C 703	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy)	
A. Person Filing		
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:	
Name Byron Ji Clay	Name []	
Title President	Title	
Organization BJC & ASJOCintes, Inc.	Organization	
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any	
Street 10108 Fehlberg CT	Street	
city Saint John	City	
State [Indiana ZIP Code + 4]	State ZIP Code + 4	
Signa	tures	
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 3 /29 / 1201 9 (219) 577 - 17420 Date Telephone Number	On 3 1/58/5018 219 505 04 20 Telephone Number	

Name of Person Filing: File Number C-	703		
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless or services.	f the purposes of the advice		
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room Number, if any			
Employer A Hochel 1721 LPI FULS			
Trade Name Atachel Reliant Luber Gunttaskeet			
Attention To City	1		
Title State	ZIP Code + 4		
]211 0000 . 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 relationships and the connection of Disbursements are connected by the reporting organization in connection with labor relationships and the connection of Disbursements are connected by the reporting organization in connection with labor relationships are connected by the reporting organization in connection with labor relationships are connected by the reporting organization in connection with labor relationships are connected by the reporting organization in connection with labor relationships are connected by the reporting organization in connection with labor relationships are connected by the reporting organization in connection with labor relationships are connected by the reporting organization in connection with labor relationships are connected by the reporting organization in connection with labor relationships are connected by the reporting organization or connected by the reporting organization are connected by the reporting organization or connected by the reporting or connected by the reporting organization or connected by the report of	tions 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 Exp	penses		
11. Fees for Professional Service	es		
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 15.d. Amount			
Name 150 Purpos			
Title 15.e. Purpose			
Organization			
Organization			
P.O. Box, Building and Room Number, if any			
Joseph San House House House House			
l l l	1		
Street			
Street City			

File Number C- 00525 703 Narme of Person Filing: LRI Consulting Services, Inc.

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: Corecare Systems, Inc.	15.b. Trade Name, if any:
15.c. To Whom Paid	15.d. Amount 32,040
Name Byron Clay	15 o Pumoco

15.c. To Whom Paid	15.d. Amount 32,040
Name Byron Clay Title President 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	1
State IN ZIP Code + 4 46379	

15.a. Employer Name: Corecare Systems, Inc.		15.b. Trade Name, if any:	
5.c. To Whom Paid		15.d. Amount 28, 934	
Name Byron	` Clay	15.e. Purpose	
Title President		Engaged to communicate to employees regarding	
Organization BJC and A	associates Inc	exercising their rights to organize and bargain collectively.	
P.O. Box, Building and Room	n Number, if any		
Street 10108 Fehlber	g Court		
City St John	•		
State IN	ZIP Code + 4 46379		

Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court		15.b. Trade Name, if any:	aging Company, LLC	15.a. Employer Nam Menasha Pa
Title President Engaged to communicate to employees regarding exercising their rights to organize and barga collectively. P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court		15.d. Amount 9, 893		15.c. To Whom Paid
Organization BJC and Associates Inc P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court		15.e. Purpose	Clay	Name By:
Organization BJC and Associates Inc collectively. P.O. Box, Building and Room Number, if any Street 10108 Fehlberg Court		Engaged to communicate to employees regarding	dent	Title Pro
Street 10108 Fehlberg Court	rgain	1 -	nd Associates Inc	Organization BJ
			Room Number, if any	P.O. Box, Building
City St John			lberg Court	Street 10108 F
Ony De Com				City St John
State IN ZIP Code + 4 46379			ZIP Code + 4 46379	State IN

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Name of Person Filing: File Number C- 00525 LRI Consulting Services, Inc. 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: Owens Corning 15.c. To Whom Paid 15.d. Amount 10,695 Name Byron Clay 15.e. Purpose Title President 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

ZIP Code + 4 46379

Form LM-21 (2003)

Street 10108 Fehlberg Court

St John

ΙN

City

State

(e)			
Name of Person Filling: Reliant Labor Consultant, Inc. File Number C- 703			
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	15.d. Amount 67, 546		
Name Byron Clay	15.e. Purpose		
Title	Engaged to communicate to employees regarding their right to organize and bargain collectively		
Organization BJC & Associates			
P.O. Box, Building and Room Number, if any	• : '		
Street 10108 Fehlberg Court			
City Saint John			
State Indiana ZIP Code + 4 46373	·		
15.a. Employer Name:	15.b. Trade Name, If any:		
Save Mart			
15.c. To Whom Paid	15.d. Amount -86,881		
Name Byron Clay	15.e. Purpose		
Title	Engaged to communicate to employees regarding their right to organize and bargain collectively		
Organization BJC & Associates			
P.O. Box, Building and Room Number, if any			
Street 4 03 00 Febblerate Count	;		
Street 10108 Fehlberg Court City Saint John			
State Indiana ZIP Code + 4 46373			
15.a. Employer Name:	15,b. Trade Name, If any:		
15.c. To Whom Paid	15.d. Amount 0		
Name	15.e. Purpose		
Title .			
Organization			
P.O. Box, Building and Room Number, if any			
Street			

ZIP Code + 4

City

State