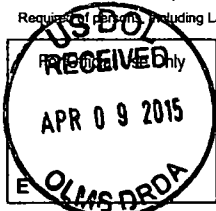


FORM LM-21

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.
Requirement of reports by 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

589746

1. File Number C- <u>703</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2014		12 / 31 / 2014

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>byron J Clay</u> Title <u>President</u> Organization <u>BJC & Associates, Inc.</u> P.O. Box, Building and Room Number, if any Street <u>10108 Fehlberg Court</u> City <u>Saint John</u> State <u>Indiana</u> ZIP Code + 4 <u>46373</u>	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 <u>[Signature]</u>	President (if other title, see instructions)	18. Signed <u>[Signature]</u>	Treasurer (if other title, see instructions)
Title <u>President</u>		Title <u>Treasurer</u>	
On <u>03 / 15 / 2015</u>	<u>219-577-7420</u>	On <u>03 / 15 / 2015</u>	<u>219-577-7420</u>
Date	Telephone Number	Date	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).		Mailing Address:	
Employer GD Copper USA		P.O. Box, Building and Room Number, if any	
Trade Name		Street 27 Country Road	
Attention To Keith Weil		City Pine Hill	
Title CFO		State Alabama ZIP Code + 4 36769	
5.b. Termination Date 10/24/2014		5.c. Amount 13,946	
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		15.d. Amount	
Name		15.e. Purpose	
Title			
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			
State Indiana ZIP Code + 4			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			