

# 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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-

709

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

1/1/2017

Through:

Month/Day/Year  
(mm/dd/yyyy)

12/31/2018

### A. Person Filing

3. Name and mailing address (include ZIP Code):

Name BYRON J. Clay  
Title President/Treasurer  
Organization BSC & Associates Inc.

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

Street 10108 Fehlbers cr  
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 [Signature] President  
Title President (if other title, see instructions)

18. Signed [Signature] Treasurer  
Title Treasurer (if other title, see instructions)

On 3/28/2019 219-577-7420  
Date Telephone Number

On 3/28/2019 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

Trade Name

Attention To

Title

Street

City

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 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

15.e. Purpose

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY