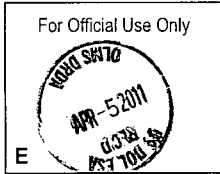


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

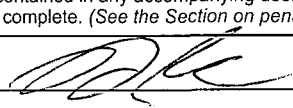
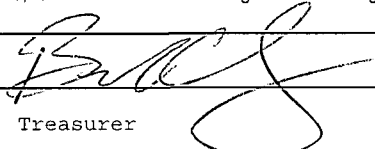
457 706

1. File Number C- 703	2. Period Covered By This Report From: 01 / 01 / 2010 Through: 12 / 31 / 2010
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Byron J Clay Title President Organization BJC Enterprises, 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  Title President On 03 / 15 / 2011 (219) 365-9457 Date Telephone Number	18. Signed  Title Treasurer On 03 / 15 / 2011 (219) 365-9457 Date Telephone Number
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Name of Person Filing: Byron Clay

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 Anderson Corporation

Trade Name Eagle Window and Doors

Street 100 Fourth Avenue North

Attention To Allen Bernick

City Bayport

Title

State Minnesota

ZIP Code + 4 55003

5.b. Termination Date 12/15/2010

5.c. Amount 28,440

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 165,665

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 Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: Byron Clay	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.

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Saginaw Chippwea Tribe-Soaring Eagle Casino</p> <p>Trade Name</p> <p>Attention To: Dennis Kequom</p> <p>Title General Counsel</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 7070 East Broadway</p> <p>City Mt Pleasant</p> <p>State Michigan ZIP Code + 4 48858</p>
5.b. Termination Date 2010	5.c. Amount 63,919

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer ThyssenKrupp Stainless USA, LLC</p> <p>Trade Name</p> <p>Attention To: Dennis Kirkland</p> <p>Title Human Resources</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 ThyssenKrupp Drive</p> <p>City Calvert</p> <p>State Alabama ZIP Code + 4 36513</p>
5.b. Termination Date 2010	5.c. Amount 15,373

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Sejong Alabama</p> <p>Trade Name</p> <p>Attention To: Todd Morgan</p> <p>Title Plant Manager</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 450 Old Fort Road</p> <p>City Fort Deposit</p> <p>State Alabama ZIP Code + 4 36032</p>
5.b. Termination Date	5.c. Amount 15,802

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer DSC Logistics</p> <p>Trade Name</p> <p>Attention To: Verlyn Suderman</p> <p>Title General Counsel</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1750 S Wolf Road</p> <p>City Des Plaines</p> <p>State Illinois ZIP Code + 4 60018</p>
5.b. Termination Date	5.c. Amount 42,131

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer</p> <p>Trade Name</p> <p>Attention To:</p> <p>Title</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>
5.b. Termination Date	5.c. Amount