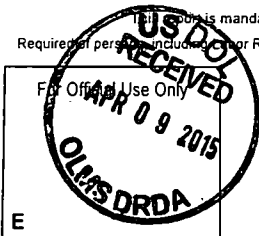


FORM LM-21

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.
Required for 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

589745

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

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

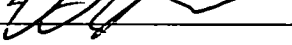
Name byron J clay
Title President
Organization BJC & Associates, Inc.
P.O. Box, Building and Room Number, if any
Street 10108 fehlberg court
City saint john
State Indiana ZIP Code + 4 46373


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  President
Title President (if other title, see instructions)

18. Signed  Treasurer
Title Treasurer (If other title, see instructions)

On 03 / 15 / 2015 219-577-7420
Date Telephone Number

On 03 / 15 / 2015 219-577-7420
Date Telephone Number

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.	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Supervalu	P.O. Box, Building and Room Number, if any
Trade Name	Street 11840 Valley View Road
Attention To William Seehafer	City Eden Prairie
Title Director	State Minnesota ZIP Code + 4 55344
5.b. Termination Date 8/20/2014	5.c. Amount 41,132
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 41,132	

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		