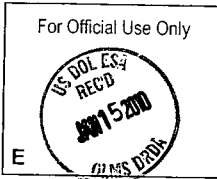


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

410203

1. File Number C- <u>363</u>	2. Period Covered By This Report From: <u>01/01/06</u> Through: <u>12/31/06</u>
------------------------------	---

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>William P Wheeler</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Labor Relations Consultant</u>	Name <u>William P Wheeler</u>
Organization <u></u>	Title <u>Labor Relations Consultant</u>
P.O. Box, Building and Room Number, if any <u>Park Towers, Suite 1509</u>	Organization <u>Midwest Management Consultants, Inc</u>
Street <u>1620 East Broad Street</u>	P.O. Box, Building and Room Number, if any <u>Suite 620</u>
City <u>Columbus</u>	Street <u>425 Metro Place North</u>
State <u>Ohio</u> ZIP Code + 4 <u>43203</u>	City <u>Dublin</u>
	State <u>Ohio</u> ZIP Code + 4 <u>43017</u>

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) Title <u>President</u>	18. Signed _____ Treasurer (If other title, see instructions) Title <u>Treasurer</u>
On <u>12/30/09</u> <u>614-252-2524</u> Date Telephone Number	On _____ Date Telephone Number

Name of Person Filing: William P. Wheeler	File Number C- 363
--	---------------------------

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).

Employer **Anderson Concrete, Inc.** P.O. Box, Building and Room Number, if any **P.O. Box 398**

Trade Name Street

Attention To **Rick** **Compton** City **Columbus**

Title **General Manager** State **OH** ZIP Code + 4 **43216**

5.b. Termination Date **Continuing** 5.c. Amount **2443.43**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **87,536.98**

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

Name Title

Organization

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

Street

City

State **Washington** ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Name of Person Filing: William P. Wheeler		File Number C- 363	
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). Employer Badger Industries Trade Name Attention To: Mark A. Chiarelli Title President		Mailing Address: P.O. Box, Bldg., Room No., if any Street 100 Badger Dr. City Zelienople State PA ZIP Code + 4 16063	
5.b. Termination Date Continuing		5.c. Amount 1650.00	
5.a. Name and Address of Employer (including trade name, if any). Employer Daido Metal Trade Name Attention To: Lewie Ekleberry Title Plant Manager		Mailing Address: P.O. Box, Bldg., Room No., if any Street 1215 Greenwood Street City Bellefontaine State OH ZIP Code + 4 43111	
5.b. Termination Date Continuing		5.c. Amount 12,320.39	
5.a. Name and Address of Employer (including trade name, if any). Employer Fairborn USA, Inc. Trade Name Attention To: Mark E. Dillon Title President		Mailing Address: P.O. Box, Bldg., Room No., if any P. O. Box 151 Street City Upper Sandusky State OH ZIP Code + 4 43351	
5.b. Termination Date Continuing		5.c. Amount 4564.21	
5.a. Name and Address of Employer (including trade name, if any). Employer Gray Container LLC Trade Name Attention To: Kenneth Gray Title Vice President		Mailing Address: P.O. Box, Bldg., Room No., if any Street 2800 East 90th Street City Cleveland State OH ZIP Code + 4 44104	
5.b. Termination Date Continuing		5.c. Amount 4942.83	
5.a. Name and Address of Employer (including trade name, if any). Employer Kerr Wholesale Co. Trade Name Attention To: Ronald L. Strickmaker Title Executive Vice President		Mailing Address: P.O. Box, Bldg., Room No., if any P. O. Box 803 Street City Athens State OH ZIP Code + 4 45701	
5.b. Termination Date Continuing		5.c. Amount 4216.44	
5.a. Name and Address of Employer (including trade name, if any). Employer Eby-Brown Co., LLC Trade Name Attention To: Jeffrey S. Bundy Title Vice President		Mailing Address: P.O. Box, Bldg., Room No., if any Street 1982 Commerce Road City Springfield State OH ZIP Code + 4 43223	
5.b. Termination Date Continuing		5.c. Amount 20,970.33	

Name of Person Filing: William P. Wheeler		File Number C- 363	
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).			
Employer Professional Maintenance of Trade Name Columbus Attention To: R.D. Barnette Title President		Mailing Address: P.O. Box, Bldg., Room No., if any Street 541 Stimmel Road City Columbus State OH ZIP Code + 4 43223	
5.b. Termination Date Continuing		5.c. Amount 1952.50	
5.a. Name and Address of Employer (including trade name, if any).			
Employer R & R Mechanical, Inc. Trade Name Attention To: Rich Fierst Title President		Mailing Address: P.O. Box, Bldg., Room No., if any Street 3519 East 75th Street City Cleveland State OH ZIP Code + 4 44105	
5.b. Termination Date Continuing		5.c. Amount 8019.08	
5.a. Name and Address of Employer (including trade name, if any).			
Employer Ross Enviromental Services, Inc. Trade Name Attention To: Art Hargate Title		Mailing Address: P.O. Box, Bldg., Room No., if any Street 150 Innovation Drive City Elyria State OH ZIP Code + 4 44035	
5.b. Termination Date Continuing		5.c. Amount 11,008.72	
5.a. Name and Address of Employer (including trade name, if any).			
Employer Strawser Equipment & Leasing, Inc. Trade Name Attention To: David Strawser Title President		Mailing Address: P.O. Box, Bldg., Room No., if any Street 1235 Stimmel Road City Columbus State OH ZIP Code + 4 43223	
5.b. Termination Date Continuing		5.c. Amount 2429.13	
5.a. Name and Address of Employer (including trade name, if any).			
Employer T & B Electric, Ltd. Trade Name Attention To: Tom Beshears Title President		Mailing Address: P.O. Box, Bldg., Room No., if any P. O. Box 100 Street City Dublin State OH ZIP Code + 4 43017	
5.b. Termination Date Continuing		5.c. Amount 160.00	
5.a. Name and Address of Employer (including trade name, if any).			
Employer Tube Fabrication Industries, Inc. Trade Name Attention To: Peter A. Ferentines Title CEO		Mailing Address: P.O. Box, Bldg., Room No., if any Street 130 East Industrial Blvd. City Indianapolis State IN ZIP Code + 4 46947	
5.b. Termination Date Continuing		5.c. Amount 2330.56	

Name of Person Filing: William P. Wheeler	File Number C- 363
--	---------------------------

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	Whirlaway Corp.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	720 Shiloh Ave.
Attention To:	Thomas G. Zupan	City	Wellington
Title	President	State	OH
		ZIP Code + 4	44090
5.b. Termination Date Continuing		5.c. Amount 160.00	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Zorro Trucking LLC	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	2761 Salt Springs Road
Attention To:	Susan Faith	City	Youngstown
Title	CFO	State	OH
		ZIP Code + 4	44509
5.b. Termination Date Continuing		5.c. Amount 10,369.36	

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

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

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

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