U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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

E 4.	
410208	
1. File Number C- 363	2. Period Covered By This Report From: 01/01/08 Through: Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: 12/31/08
A. Person Filing	
3. Name and mailing address (include ZIP Code):	4 Any other address when
Name William P Wheeler	Any other address where records necessary to verify this report are kept: Name William P Wheeler
Title Labor Relations Consultant Organization	Title Labor Relations Consultant
And the state of t	Organization Midwest Management Consultants, In
P.O. Box, Building and Room Number, if any Park Towers, Suite 1509	P.O. Box, Building and Room Number, if any
granular of the continues of the continues and t	Suite 620
LOZU Eds.C. Broad Street	Street 425 Metro Place North
Page 1 than 10 to an income and the page of the community	City Dublin
State Ohio ZIP Code +4 43203	State Ohio ZIP Code + 4 43017
Each of the undersigned declares, under negative of perium and other applicable penalty	atures
information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	e signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President	18. Signed Tracquer
Title President (if other title, see instructions)	Treasurer (If other title, see instructions)
On 12/30/09 614-252-2524	

Telephone Number

Telephone Number

William P.	Wheeler		File Number C- 363	3
B. Statement of Receipts Report all receipts fro or services.	m employers in connection wit	h labor relat	ions advice or services regardless of the pu	rposes of the advice
5.a. Name and Address of Employer (including trade n			Mailing Address: , Building and Room Number, if any	ter transport for princip to the com-
THE TO CELL TO CELL IN THE PROPERTY CONTRACTOR OF THE PROPERTY CONTRACTOR	anical Group,	Inc.	CHAIN THE MAN MAN AND THE WHITE THAT THAT CAN AND AN ANTHER MAN THAT AND AN AN AN AN AN AND AN AND AND AND A	en entretenden konnentier och en entrete
Trade Name	endere altrinuis mai em gana y rea y rifo, sido, atas spiringillo, plini y di day and anno yen ay ay y yy) half a d	Street	5729 Westbourne Av	enue
Attention To Brian Yockey	The state of the s	City	Columbus	
Title President	Affilierth, meir stei dominister ei en	State	OH ZIP C	ode + 4 43213
5.b. Termination Date Continuin	G	5.c. Amou	unt 350.00	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	60,405.82			
C. Statement of Disbursements Report all dit to the emplo	isbursements made by the rep byers listed in Part B.	orting organ	ization in connection with labor relations ad	vice or services rendered
Disbursements to Officers and Employees: (a) Name	(b) Salary (c) Expenses (d)	Totals		
CALL AND THE TOTAL TO A PER MAN THE	Marine sension and the system of the control of the		Office and Administrative Expenses	The second secon
	And the second s		10. Publicity	AND THE REAL PROPERTY AND ADDRESS OF COMMENTS AND ADDR
A STATE OF THE PARTY OF THE PAR	girls		11. Fees for Professional Services	The Million of Committee of the Committe
	And the contribution of the first and another than the contribution of the contributio		12. Loans Made	Earth pair and an observable franchised and hand build and a strong companies as a particular to be the improvement of the strate in the spectrum of the strate in the spectrum of the strate in the
	And the state of t		13. Other Disbursements	Control of the Contro
8. Total disbursements to officers and employees:	:		14. Total Disbursements (Sum of Items 8-1	3)
D. Schedule of Disbursements for Reportable	Activity Use this Schedu instructions.	le to report o	only disbursements made for the purposes of	described in Part D of the
15.a. Employer Name:		15.b. Trac	de Name, If any:	
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15.c. To Whom Paid	inner den nyangan selaksiya (1914-1961) a 19 min nila fanahar una hayuka 200) Ama (1919-september	f	The control of the co	no petro (ano palament tippe) N
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Street		Brook		ri vera
City		A P A months of		
State Washington ZIF	Code + 4	P. Carlotte		e e
16. TOTAL DISBURSEMENTS FOR ALL REPOR	Sea to the same about the experience of the company of	J. Annual Control	THE PROPERTY OF THE PROPERTY O	175 Met manuel metale - same metale metale o en major metale servicio de manuel de manuel de la
THE BIODONGEMENTO FOR ALL REPOR	TABLE ACTIVITY			

Name of Person Filing: William P. Wheeler	File Number C- 363
B. Statement of Receipts Report all receipts from employers in connectative or services.	ction with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any). Employer A-l Insulation	Mailing Address: P.O. Box, Bldg., Room No., if any
Trade Name Attention To: William Knox	Street 537 Bonham Avenue
Title President	City COLUMDUS State OH ZIP Code + 4 4 3
5.b. Termination Date Continuing	5.c. Amount 1750.00
5.a. Name and Address of Employer (including trade name, if any). Advanced Services Heating Employer Cooling Trade Name	Mailing Address: & P.O. Box, Bldg., Room No., if any
Attention To:Dave Pinkerton Title	Street 912 E. Main Street City Chillicothe State OH ZIP Code + 4 4 560
5.b. Termination Date Continuing	5.c. Amount 6.6.9. 0.5
5.a. Name and Address of Employer (including trade name, if any). Employer The Columbus Distributing	Mailing Address: CO. P.O. Box. Blda Room No if any
Trade Name Attention To: Bob North Title Executive Vice President	Street4949 Freeway Drive East City Columbus State OH ZIB Code 14 4322
5.b. Termination Date Continuing	ZIP Code + 4
5.a. Name and Address of Employer (including trade name, if any).	11/3.00
Employer BrenMar Construction, Inc.	Mailing Address: P.O. Box, Bldg., Room No., if any
Trade Name Attention To: Andy Graham Title	Street 900 Morton Street City Jackson
Vice President 5.b. Termination Date	State OH ZIP Code + 4 4 5 6 4 0
Continuing 6.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 3077.71
Employer Clarke Power Products, Inc. Trade Name	
Attention To: James G. Mihaly Title CFO	Street 28740 Glenwood Road City Perrysburg State OH ZIP Code + 4 43551
b. Termination Date Continuing	5.c. Amount 1539.38
a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box. Blda Room No if any
Employer Mercedes of Easton Trade Name Attention To: Beth Anne Hardy Title HR	Street 4200 Morse Crossing City Columbus
b. Termination Date Continuing	Stat DH ZIP Code + 4 43219
LM-21 (2003)	5.c. Amount 1079.07

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Name of Person	WIIIIam P. wheeler		File Number C- 363
B. Statement	of Receipts Report all receipts from employers in connect advice or services.	ion with labor relations advice or	services regardless of the purposes of the
5.a. Name and	Address of Employer (including trade name, if any).	Mailing Addres	s:
Employer	Corporate Security Solut	P.O. Box Bldg. Poom N	
Trade Nam	ne	Street 8066 E	Fulton Street
Attention T	o: Leigh Jennings	cakda	rarcon bereet
Title	Corporate Counsel	State MI	ZIP Code + 4 49301
5.b. Termination	^{n Date} Continuing	5.c. Amount 2034	.72
5.a. Name and	Address of Employer (including trade name, if any).	Mailing Address	
Employer	Daido Metal	P.O. Box, Bldg., Room No	
Trade Name	e	_{Street} 1215 Gre	enwood Street
Attention To	:Lewie Ekleberry	City Bellefon	
Title	Plant Manager	State OH	ZIP Code + 4 43311
5.b. Termination	Date Continuing	5.c. Amount 2426.5	2
5.a. Name and A	Address of Employer (including trade name, if any).	Mailing Address	
	••	P.O. Box, Bldg., Room No	. if any
Employer	Falcon Transport	P. O. Box	•
Trade Name		Street 650 N. M	eridian Road
	Thomas J. Welsh	_{City} Youngst	own
Title	Vice President	State OH	ZIP Code + 4 44501
5.b. Termination	Continuing	5.c. Amount 2450	.74
5.a. Name and A	ddress of Employer (including trade name, if any).	Mailing Address:	
Employer	Kentuckiana Trucking, Inc	P.O. Box, Bldg., Room No., P. O. Box	
Trade Name	3 ,	Street	2344
Attention To:	1 - 1	City Clarksv	ille
Title	President	State IN	ZIP Code + 4 4 17 5 1
5.b. Termination [Date Continuing	5.c. Amount 3722.7	1
5.a. Name and Ad	dress of Employer (including trade name, if any).	Mailing Address:	
Employer	Cadallic of Easton	P.O. Box. Blda Room No	if anv
Trade Name	xx 1	Street 4200 Mod	rse Crossing
Attention To:	Vil Vena	City Columbi	.9
Title	General Manager	State OH	ZIP Code + 4
5.b. Termination D		5.c. Amount 185.	43219
i.a. Name and Add	dress of Employer (including trade name, if any).	Mailing Address:	
Employer	Germain Cadallic of Dubli	P.O. Box Bldg Room No. is	anv
Trade Name	===== 01 Dub11	Street 6755 Sawr	nill Road
Attention To:	Beth Anne Hardy	0.3	
Title	HR	City Columbus State OH	ZIP Code + 4 4 3 0 1 7
.b. Termination Da	ate Continuing	5.c. Amount 181.44	
n LM-21 (2003)			

Name of Person Filing: William P. Wheeler	File Number C- 363
B. Statement of Receipts Report all receipts from employers in connecting	
advice or services. 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Bldg., Room No., if any
Employer Gutter Helmet Trade Name	Street 407 Plum Industrial Court
Attention To: Bill Padrick	Tor I ram industrial Court
Title General Manager	State 7- 71D Code of
5.b. Termination Date Continuing	5.c. Amount 820.88
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer General Die Casters, Inc.	P.O. Box, Bldg., Room No., if any
Trade Name	Street 2150 Highland Road
Attention To: James Mathias	City Twinsburg
Title CEO	State OH ZIP Code + 4 44087
5.b. Termination Date Continuing	5.c. Amount 8311.97
5.a. Name and Address of Employer (including trade name, if any).	
	Mailing Address: P.O. Box. Blda Room No if any
Employer Mercedes-Infiniti-Bedford	10100
Trade Name Attention To:	Street 18122 Rockside Road
Attention To: Peter Mapp Title Conoral Management	City Bedford State OH ZIB Code 14 44746
Title General Manager 5.b. Termination Date	217 C000 + 4 4 4 1 4 6
Continuing	5.c. Amount 1540.39
.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
The Gerken Companies	P.O. Box, Bldg., Room No., if any P.O. Box 607
Trade Name	Street Napoleon
Attention To: Kim Edwards	City
Title HR	OH 45545 State ZIP Code + 4
b. Termination Date Continuing	5.c. Amount 4393.67
a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Multi-Flow Dispensers of Or	P.O. Box. Blda Room No if any
Trade Name	Street 5213 Grant Ave.
Attention To: Tim Baird	City Cleveland
Title CFO	State OH ZIP Code + 4 4 1 2 5
D. Termination Date Continuing	5.c. Amount 3269.03
. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Lang Masonry Contractors, I	P.O. Box. Bldg Room No if any nC •
Trade Name Attention To: Misty McConnell	Street 405 Watertown Road
, Mondon 10.	City Waterford
Title	State OH ZIP Code + 4 45786
. Termination Date Continuing	5.c. Amount 365.75
M-21 (2003)	903.73

5.b. Termination Date Continuing 5.c. Amount 5862.28 5.a. Name and Address of Employer (including trade name, if any). Employer NFT Industries Trade Name Attention To: Rob Barron Title Sr. Vice President/General State Attention To: Rob Barron Trade Name Attention To: Rob Barron Counsel State Continuing 5.c. Amount State City Cherry Hill State NJ ZIP Code + 4 Ot City Cherry Hill State NJ ZIP Code + 4 Ot Counsel State NJ ZIP Code + 4 Ot City Gahanna City Gahanna ZIP Code + 4 Ot City Gahanna City Hilliard ZIP Code + 4 Ot City Hilliard ZIP Code + 4 Ot City State OH ZIP Code + 4 Ot City Hilliard City State OH ZIP Code + 4 Ot City Hilliard City State OH	
S.a. Name and Address of Employer (Including trade name, if any). Employer Orlando Baking Co. Trade Name Attention To: Kathy Sandel Title State Attention To: Kathy Sandel Title State Street Attention To: Steel State Attention To: Steel State Attention To: Steel State Attention To: Steel State Attention To: Steel Attention To: Attention To: Steel Attention To:	
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Employer National Carton & Coating Co. Trade Name Attention To: James T. Yost Title President Street Street City State OH ZIP Code + 4 4 5.b. Termination Date Continuing 5.c. Amount 5.c. Amount Mailing Address: RO Box Bldg Room No if any 1439 Lavelle Drive Xenia OH ZIP Code + 4 4 5.b. Termination Date Continuing 5.c. Amount Mailing Address:	
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DO Box Dida Day M	
Employer TMT Logistics P.O. Box, Bldg., Room No., if any	====
Limployer 20919 C1CS	
Trade Name P-314 County Road 12	
Attention To: Carrie A. Sprenger	
Title PHR City Napoleon State OH ZIP Code + 4 435	515
h Termination Date Continuing	 -
5.c. Amount 1928. 77	

Name of Person Filing: William P. Wheeler		File Number C- 363
B. Statement of Receipts Report all receipts from employers in connec advice or services.	tion with labor relations advice or	services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any). Shamy Heating & Air	Mailing Address P.O. Box, Bldg., Room No	s:
Employer Conditioning Trade Name		merican Road
Attention To: Mark Shamy	Street	
Title President	City Toledo State OH	ZIP Code + 4 4 361
5.b. Termination Date 12/31/08	5.c. Amount 934.96	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address	
-	P.O. Box, Bldg., Room No.	
Employer		
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, Blda., 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).	11.00	
Employer	Mailing Address: P.O. Box, Bldg., Room No.,	if any
Trade Name		
Attention To:	Street	
Title	City	
	State	ZIP Code + 4
5.b. Termination Date	5.c. Amount	
.a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
Employer	P.O. Box. Blda Room No., if	fanv
Trade Name	Street	
Attention To:		
Title	City State	ZIP Code + 4
b. Termination Date	5.c. Amount	
a. Name and Address of Employer (including trade name, if any).	Mailing Address:	
Employer	P.O. Box. Blda Room No if	anv
Trade Name	Charat	
Attention To:	Street	
Title	City State	ZIP Code + 4
p. Termination Date		2.0000 14
b. Termination Date	5.c. Amount	