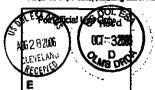
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-21 RECEIPTS AND DISBURSEMEN''S REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Falkure 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 Disolveure Act of 1969, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 . File Nuπ	nber <b>c</b> - 363		2. Period Covered (mm/dd/yyyy) (mm/dd/yyyy)
	3	015100	By This Report
A. Person	- Etting		
	nd mailing address (include ZIP Code):		T d A a set and describe a set and a second a second as a set and a second as
	• • •		4. Any other address where records necessary to verify this report are kept:
Name	William P. Wheel	er	Name William P. Wheeler
Title	Labor Relations Consu	ltant	Title Labor Relations Consultant
Organiza	ation		Organization Miduest Management Consultants.
P.O. Box	c, Building and Room Number, if any		P.O. Box, Building and Room Number, if any
	Suite 1509		Sui te 620
Street	1620 East Broad Street		Street 425 Metro Place North
	Columbus		City Dublin
	Ohio ZIP Code	+4 40000	State Ohio
	Uni.o:::	43203	Ohio43017
_		Signa	atures
nformation	undersigned declares, under penalty of perjury an contained in any accompanying documents) had complete. (See the Section on penalties in the	is been examined by the	ies of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,
<b>,</b>	111		
·		Desaldont	40 Claused
-	The second control of	President	18. Signed
17. Signed	President	President (if other title, see instructions)	
Titie	The second control of	Mather title, see	(if other title, see

B. Statement of Receipts Report all or services.	receipts from employers in o	connection wi	th labor rela	tions advice or ser	vices regardless of	the purposes of the advice		
5.a. Name and Address of Employer (incl.	5.a. Name and Address of Employer (including trade name, if any).			Mailing Addr⊮ss:				
Employer CENCO Dic+			P.O. Box	P.O. Box, Building and Room Number, if any				
ACIACO DES CETUALTON SÃS CAM			 	300 DE-				
Trade Name   GENCO			Street		rcraft Parl	<u> </u>		
Attention To Mark W. Boyer  Title Senior Vice President			City	Pittsbur	_	]		
			State	PA		ZIP Code + 4 13852		
5.b. Termination Date conti	nuing service	j	5.c. Amo	unt \$25,250	.00			
6. TOTAL RECEIPTS FROM ALL EM	PLOYERS \$106,218	8.46						
		· · ·						
: 7. Disbursements to Officers and Employ	to the employers listed in Pa /ees:			nization in con 180	ion with labor relati	ons advice or services rendered		
(a) Name	(b) salary (c	C) Expenses (u)	) Totals	Q Office rand	Administrative Expe	27000		
				10. Publicity	Administrative Expe	511505		
		***************************************		70. Publicity		L. L		
		4		11 Face tor E	rofossional Candos			
					rofessional Service	98		
				12. Loans Ma	ie	98		
9. Total dishumoments to officers and				12. Loans Ma 13. Other Dis	ie pursements			
8. Total disbursements to officers and	employees:			12. Loans Ma 13. Other Dis	ie			
8. Total disbursements to officers and	employees:			12. Loans Ma 13. Other Dis	ie pursements			
8. Total disbursements to officers and  D. Schedule of Disbursements for F	Reportable Activity U:	se this Sched	ule to report	12. Loans Ma 13. Other Dis 14. Total C. sbx	de oursements rsements (Sum of Ite			
	Reportable Activity U:			12. Loans Ma 13. Other Dis 14. Total C. sbx	de oursements rsements (Sum of Ite	oms 8-13)		
D. Schedule of Disbursements for F	Reportable Activity U:			12. Loans Ma 13. Other Dis 14. Total C. sbu	de oursements rsements (Sum of Ite	oms 8-13)		
D. Schedule of Disbursements for F 15.a. Employer Name:	Reportable Activity U:		15.b. Tr	12. Loans Ma 13. Other Dis 14. Total C sbu only disbursementate Name, If any:	de oursements rsements (Sum of Ite	oms 8-13)		
D. Schedule of Disbursements for F 15.a. Employer Name:  15.c. To Whom Paid	Reportable Activity U:			12. Loans Ma 13. Other Dis 14. Total C sbu only disbursementate Name, If any:	de oursements rsements (Sum of Ite	oms 8-13)		
D. Schedule of Disbursements for F 15.a. Employer Name:	Reportable Activity U:		15.b. Tr	12. Loans Ma 13. Other Dis 14. Total C sbu only disbursementade Name, If any:	de oursements rsements (Sum of Ite	oms 8-13)		
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D. Schedule of Disbursements for F  15.a. Employer Name:  15.c. To Whom Paid  Name	Reportable Activity U:		15.b. Tri	12. Loans Ma 13. Other Dis 14. Total C sbu only disbursementade Name, If any:	de oursements rsements (Sum of Ite	oms 8-13)		
D. Schedule of Disbursements for F  15.a. Employer Name:  15.c. To Whom Paid  Name  Title	Reportable Activity U:		15.b. Tri	12. Loans Ma 13. Other Dis 14. Total C sbu only disbursementade Name, If any:	de oursements rsements (Sum of Ite	oms 8-13)		
D. Schedule of Disbursements for F  15.a. Employer Name:  15.c. To Whom Paid  Name  Title  Organization	Reportable Activity Usin		15.b. Tri	12. Loans Ma 13. Other Dis 14. Total C sbu only disbursementade Name, If any:	de oursements rsements (Sum of Ite	oms 8-13)		
D. Schedule of Disbursements for F  15.a. Employer Name:  15.c. To Whom Paid  Name  Title	Reportable Activity Usin		15.b. Tri	12. Loans Ma 13. Other Dis 14. Total C sbu only disbursementade Name, If 4 ny:	de oursements rsements (Sum of Ite	oms 8-13)		
D. Schedule of Disbursements for F  15.a. Employer Name:  15.c. To Whom Paid  Name  Title  Organization	Reportable Activity Usin		15.b. Tri	12. Loans Ma 13. Other Dis 14. Total C sbu only disbursementade Name, If 4 ny:	de oursements rsements (Sum of Ite	oms 8-13)		
15.a. Employer Name:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Num	Reportable Activity Usin		15.b. Tri	12. Loans Ma 13. Other Dis 14. Total C sbu only disbursementade Name, If 4 ny:	de oursements rsements (Sum of Ite	oms 8-13)		
D. Schedule of Disbursements for F  15.a. Employer Name:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Num	Reportable Activity Usin		15.b. Tri	12. Loans Ma 13. Other Dis 14. Total C sbu only disbursementade Name, If 4 ny:	de oursements rsements (Sum of Ite	oms 8-13)		

Form LM-21 (2003)

Name of Person Filling: 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 Adcress: P.O. Box_Bidg., Room No., if any				
Employer Rood Trucking Company, Inc.  Trade Name RTC  Attention To: George W. Rood, Sr.	Street 3505 Union Street, S.E.				
Title President	State Ohio ZIP Code + 4 44440				
5.b. Termination Datecontinuing service	5.c. Amount \$10,636.94				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
Employer AIM Nationalease	P.O. Box, Bidg., Roor, No., if any				
Trade Name	Street 1500 Trumbull Road				
Attention To: Thomas Fleming	City Girard				
Title President	State Ohio ZIP Code + 4 44420				
5.b. Termination Datecontinuing_service	5.c. Amount \$8,000,00				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Adcress:				
Employer Mansfield Brick & Supply	P.O. Box. Bldg., Regrit No., if any				
Trade Name	Street 320 N. Diamond Street				
Blanch - 1 mm a resident headers a men th year - 1 mm a resident in					
Attention To: Michael K Anderson Title President					
5.b. Termination Data   COntinuing service	5.c. Amount\$5 ,0()0 .00				
5.a. Name and Address of Employer (including trade name, if any).	S.c. Amount \$5,0()0.00  Mailing Address: P.O. Box, Bldg., Roor: No., if any				
5.a. Name and Address of Employer (including trade name, if any).  Employer. Allied Corporation	Mailing Address: P.O. Box, Bldg., Roor: No., if any				
5.a. Name and Address of Employer (including trade name, if any).  Employer. Allied Corporation  Trade Name	Mailing Address: P.O. Box, Bidg., Roor: No., if any Street 3848 Eirle Avenue, S.W.				
5.a. Name and Address of Employer (Including trade name, if any).  Employer. Allied Corporation  Trade Name  Attention To: Jerry Mock or Tom Byrd	Mailing Address: P.O. Box, Bldg., Roor No., if any  Street 3848 Elfe Avenue, S.W. City Massillon				
5.a. Name and Address of Employer (Including trade name, if any).  Employer. Allied Corporation  Trade Name  Attention To: Jerry Mock pr Tom Byrd  Title General Manager/Manager	Mailing Address: P.O. Box, Bldg., Roor: No., if any  Street 3848 Errie Avenue, S.W.  City Massillon  State Ohio ZIP Code + 4 49646				
5.a. Name and Address of Employer (Including trade name, if any).  Employer. Allied Corporation  Trade Name  Attention To: Jerry Mock or Tom Byrd	Mailing Address: P.O. Box, Bldg., Roor No., if any  Street 3848 Elfe Avenue, S.W. City Massillon				
5.a. Name and Address of Employer (including trade name, if any).  Employer Allied Corporation  Trade Name  Attention To: Jerry Mock pr Tom Byrd  Title General Manager/Manager  5.b. Termination Date October 19, 2005  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Roor: No., if any  Street 3848 Errie Avenue, S.W.  City Massillon  State Ohio ZIP Code + 4 49646				
5.a. Name and Address of Employer (including trade name, if any).  Employer Allied Corporation Trade Name Attention To: Jerry Mock pr Tom Byrd Title General Manager/Manager  5.b. Termination Date October 19, 2005  5.a. Name and Address of Employer (including trade name, if any).  Employer B&L Freight	Mailing Address:  P.O. Box, Bidg., Roor: No., if any  Street 3848 Errie Avenue, S.W.  City Massilion  State Ohio ZIP Code + 4 49646  5.c. Amount \$3,644, 23  Mailing Address:  P.O. Box, Bidg., Roog: No., if any				
5.a. Name and Address of Employer (including trade name, if any).  Employer. Allied Corporation Trade Name Attention To: Jerry Mock pr Tom Byrd Title General Manager/Manager  5.b. Termination Date October 19, 2005  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Roor: No., if any  Street 3848 Errie Avenue, S.W.  City Mass11 on  State Ohio ZIP Code + 4 49646  5.c. Amount \$3,644, 23  Mailing Address:				
5.a. Name and Address of Employer (Including trade name, if any).  Employer Allied Corporation Trade Name Attention To: Jerry Mock or Tom Byrd Title General Manager/Manager  5.b. Termination Date October 19, 2005  5.a. Name and Address of Employer (Including trade name, if any).  Employer B&L Freight Trade Name DHL	Mailing Address: P.O. Box, Bldg., Roor: No., if any  Street 3848 Erie Avenue, S.W. City Massillon State Ohio ZIP Code + 4 49646  5.c. Amount \$3,644,23  Mailing Address: P.O. Box, Bldg., Roog: No., if any  Street 12240 Commissioner Drive				
5.a. Name and Address of Employer (Including trade name, if any).  Employer Allied Corporation Trade Name Attention To: Jerry Mock pr Tom Byrd Title General Manager/Manager  5.b. Termination Date October 19, 2005  5.a. Name and Address of Employer (Including trade name, if any).  Employer B&L Freight Trade Name DHL	Mailing Address: P.O. Box, Bldg., Roor: No., if any  Street 3848 Erie Avenue, S.W. City Massillon State Ohio ZIP Code + 4 49646  5.c. Amount \$3,644,23  Mailing Address: P.O. Box, Bldg., Roog: No., if any  Street 12240 Commissioner Drive				
5.a. Name and Address of Employer (including trade name, if any).  Employer. Allied Corporation.  Trade Name Attention To: Jerry Mock pr Tom Byrd Title General Manager/Manager  5.b. Termination Date October 19, 2005  5.a. Name and Address of Employer (including trade name, if any).  Employer B&L Freight Trade Name DHL Attention To: Donald Lanzo	Mailing Address:  P.O. Box, Bldg., Roor: No., if any  Street 3848 Errie Avenue, S.W.  City Massillon  State Ohio ZIP Code + 4 49646  5.c. Amount \$3,644,23  Mailing Address:  P.O. Box, Bldg., Rogg: No., if any  Street 12240 Commissioner Drive  City North Jackson				
5.a. Name and Address of Employer (Including trade name, if any).  Employer. Allied Corporation Trade Name Attention To: Jerry Mock pr Tom Byrd Title General Manager/Manager  5.b. Termination Date October 19, 2005  5.a. Name and Address of Employer (Including trade name, if any).  Employer B&L Freight Trade Name DHL Attendon To: Donald Lanzo Title President	Mailing Address: P.O. Box, Bldg., Roor: No., if any  Street 3848 Erie Avenue, S.W.  City Massillon State Ohio ZIP Code + 4 49646  5.c. Amount \$3,644,23  Mailing Address: P.O. Box, Bldg., Roog: No., if any  Street 12240 Commissioner Drive  City North Lickson State Ohio ZIP Code + 4 44451				
5.a. Name and Address of Employer (Including trade name, if any).  Employer Allied Corporation Trade Name Attention To: Jerry Mock pr Tom Byrd Title General Manager/Manager  5.b. Termination Date October 19, 2005  5.a. Name and Address of Employer (Including trade name, if any).  Employer B&L Freight Trade Name DHL Attention To: Donald Lanzo Title President  6.b. Termination Date August 9, 2005	Mailing Address: P.O. Box, Bldg., Roor: No., if any  Street 3848 Erie Avenue, S.W. City Massillon State Ohio ZIP Code + 4 49646  5.c. Amount \$3,644,23  Mailing Address: P.O. Box, Bldg., Roog: No., if any  Street 12240 Commissioner Drive City North Jackson State Ohio ZIP Code + 4 44451  5.c. Amount \$3,201,00 -				
5.a. Name and Address of Employer (including trade name, if any).  Employer Allied Corporation Trade Name Attention To: Jerry Mock or Tom Byrd Title General Manager/Manager  5.b. Termination Date October 19, 2005  5.a. Name and Address of Employer (including trade name, if any).  Employer B&L Freight Trade Name DHL Attention To: Donald Lanzo Title President  6.b. Termination Date August 9, 2005  5.a. Name and Address of Employer (including trade name, if any).  Employer Bessemer Concrete LLC Trade Name	Mailing Address: P.O. Box, Bldg., Roor: No., if any  Street 3848 Erie Avenue, S.W. City Massillon State Ohio ZIP Code + 4 49646  5.c. Amount \$3,644,23  Mailing Address: P.O. Box, Bldg., Roog: No., if any  Street 12240 Commissioner Drive City North Jackson State Ohio ZIP Code + 4 44451  5.c. Amount \$3,201,00 -				
5.a. Name and Address of Employer (Including trade name, if any).  Employer Allied Corporation Trade Name Attention To: Jerry Mock pr Tom Byrd Title General Manager/Manager  5.b. Termination Date October 19, 2005  5.a. Name and Address of Employer (Including trade name, if any).  Employer B&L Freight Trade Name DHL Attendon To: Donald Lanzo Title President  6.b. Termination Date August 9, 2005  5.a. Name and Address of Employer (Including trade name, if any).  Employer Bessemer Concrete LLC	Mailing Address: P.O. Box, Bldg., Roor: No., if any  Street 3848 Erie Avenue, S.W. City Massillon State Ohio ZIP Code + 4 49646  5.c. Amount \$3,644,23  Mailing Address: P.O. Box, Bldg., Roog: No., if any  Street 12240 Commissioner Drive City North Lickson State Ohio ZIP Code + 4 44451  5.c. Amount \$3,201,00  Mailing Address: P.O. Box, Bldg., Roog: No., if any				
5.a. Name and Address of Employer (including trade name, if any).  Employer Allied Corporation Trade Name Attention To: Jerry Mock or Tom Byrd Title General Manager/Manager  5.b. Termination Date October 19, 2005  5.a. Name and Address of Employer (including trade name, if any).  Employer B&L Freight Trade Name DHL Attention To: Donald Lanzo Title President  6.b. Termination Date August 9, 2005  5.a. Name and Address of Employer (including trade name, if any).  Employer Bessemer Concrete LLC Trade Name	Mailing Address:  P.O. Box, Bldg., Roor: No., if any  Street 3848 Erie Avenue, S.W.  City Massillon  State Ohio ZIP Code + 4 49646  5.c. Amount \$3,644,23  Mailing Address: P.O. Box, Bldg., Roog: No., if any  Street 12240 Commissioner Drive  City North Jickson  State Ohio ZIP Code + 4 44451  5.c. Amount \$3,201,00 -  Mailing Address: P.O. Box, Bldg., Roog: No., if any  Street 13501 Youngstown-Pittsburgh Rd.				

Name of Person Filing: William P. Wheeler	File Number C- 363
B. Statement of Receipts Report all receipts from employers in connection advice or services.	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 Address:
Employer Custom Glass Corporation	P.O. Box, Bldg., Recom No., if any P.O. Box 944
Trade Name	Street R.D. 8, Route 85
Attention To: John M. Rice	Chy Kittanning
Title President	State PA ZIP Code + 4 16201
5.b. Termination Date continuing service	5.c. Amount \$3,210.00
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Roum No., if any
Employer Braden Sutphin Ink Co.	
Trade Name	<sub>Street</sub> 3650 East 93rd Street
Attention To: Jim S. Leitch	<sup>Chy</sup> Cleveland
Title CEO	State Ohio ZIP Code +4 44105
5.b. Termination Date continuing service	5.c. Amount \$7,330.00
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box. Bidg., Rox m No., if any
Employer Converse Electric	dent 2702 Conta Dond
Trade Name Attention To: Jerry Converse	Street 3783 Gantz Road City Grove City
Attention To: Jerry Converse Title President	State Ohio ZIP Code + 4 43123
	211 0000 14
5.b. Termination Date continuing service	5.c. Amount \$495 04
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bklq., Room No., if any
Employer LibRon, Inc.	s de la companya de l
Trade Name DHL	Street 159 8th Street
Attention To: Libby Rath	City Zanesville
Title President	State Ohio ZIP Code + 4 43701
5.b. Termination Date continuing service	5.c. Amount \$3,2(10.00
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add'ess: P.O. Box, Bldg., Roon No., if any
Employer Ross Environmental Services, Inc	•
Trade Name	Street 150 Innovation Drive
Attention To: Gregg A. Searle	chy Elyria
<sub>Пив</sub> President & CEO	State Ohio ZIP Code + 4 44035
5.b. Termination Date Continuing service	5.c. Amount \$25,484.04
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Blda., Room No., if any P.O. Box 440
Employer Thompson Voncrete Ltd.	P.U. BOX 440
Trade Name	Street
Attention To: Scott A. Thompson	city Carroll
Title President	State Ohio ZIP Code + 4 43112
5.b. Termination Date continuing service	5.c. Amount \$1,800.19
orm LM-21 (2003)	Page 5 of 5

Name of Person Filling: William P. Wheeler		File Number C- 363
Statement of Receipts Report all receipts from employers in connection     advice or services.	ction with labor relations advice or s	ervices regardless of the purposes of the
5.s. Name and Address of Employer (including trade name, if any).	Mailing A:tdress:	
Employer Whirlaway Corporation	P.O. Box, Bldg., Room No.	, if any
Trade Name	Street 720 Shiloh	
Attention To: Thomas G. Zupan	cmy Wellington	
Title President	state Ohio	ZIP Code + 4 44090
5.b. Termination Date continuing service	5.c. Amount \$4, 747.	71
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No.	. if any
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 Ad:tress:	
	P.O. Box, Blda., Room No.	. if anv
Employer		
Trade Name	Street	•
Attention To:	City	· .
Title	State	ZIP Code + 4
5.b. Termination Date	5.c. Amount	<u></u>
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No.,	if any
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: P.O. Box, Bldg., Room No.,	if any
Employer	the second property and by 14000	
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 Addn:ss:	
· .	P.O. Box, Bida., Roam No.,	if any
Employer	Phrasi'	
Trade Name	Street	
Attention To:	City	Min Andrea A
Title	State	ZIP Code + 4
5.b. Termination Date	5.c. Amount	
orm LM-21 (2003)		Page 5 of 5