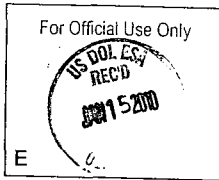


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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


410208

1. File Number C- 363	2. Period Covered By This Report From: 01/01/08 Through: 12/31/08	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name	William P. Wheeler
Title	Labor Relations Consultant
Organization	
P.O. Box, Building and Room Number, if any	Park Towers, Suite 1509
Street	1620 East Broad Street
City	Columbus
State	Ohio
ZIP Code + 4	43203
4. Any other address where records necessary to verify this report are kept:	
Name	William P. Wheeler
Title	Labor Relations Consultant
Organization	Midwest Management Consultants, Inc
P.O. Box, Building and Room Number, if any	Suite 620
Street	425 Metro Place North
City	Dublin
State	Ohio
ZIP Code + 4	43017

## 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 	18. Signed _____
Title President	Title Treasurer
On 12/30/09	On / /
Date	Date
Telephone Number 614-252-2524	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).

Mailing Address:

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

Employer American Mechanical Group, Inc.

Trade Name

Street

5729 Westbourne Avenue

Attention To Brian Yockey

City

Columbus

Title

President

State

OH

ZIP Code + 4

43213

5.b. Termination Date Continuing

5.c. Amount 350.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 60,405.82

**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: <b>William P. Wheeler</b>	File Number C- <b>363</b>
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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: P.O. Box, Bldg., Room No., if any	
Employer <b>A-1 Insulation</b>		Street <b>537 Bonham Avenue</b>	
Trade Name		City <b>Columbus</b>	
Attention To: <b>William Knox</b>		State <b>OH</b>	ZIP Code + 4 <b>43211</b>
Title <b>President</b>			

5.b. Termination Date <b>Continuing</b>	5.c. Amount <b>1750.00</b>
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer <b>Advanced Services Heating &amp; Cooling</b>		Street <b>912 E. Main Street</b>	
Trade Name		City <b>Chillicothe</b>	
Attention To: <b>Dave Pinkerton</b>		State <b>OH</b>	ZIP Code + 4 <b>45601</b>
Title			

5.b. Termination Date <b>Continuing</b>	5.c. Amount <b>668.05</b>
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer <b>The Columbus Distributing Co.</b>		Street <b>4949 Freeway Drive East</b>	
Trade Name		City <b>Columbus</b>	
Attention To: <b>Bob North</b>		State <b>OH</b>	ZIP Code + 4 <b>43229</b>
Title <b>Executive Vice President</b>			

5.b. Termination Date <b>Continuing</b>	5.c. Amount <b>1173.86</b>
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer <b>BrenMar Construction, Inc.</b>		Street <b>900 Morton Street</b>	
Trade Name		City <b>Jackson</b>	
Attention To: <b>Andy Graham</b>		State <b>OH</b>	ZIP Code + 4 <b>45640</b>
Title <b>Vice President</b>			

5.b. Termination Date <b>Continuing</b>	5.c. Amount <b>3077.71</b>
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer <b>Clarke Power Products, Inc.</b>		Street <b>28740 Glenwood Road</b>	
Trade Name		City <b>Perrysburg</b>	
Attention To: <b>James G. Mihaly</b>		State <b>OH</b>	ZIP Code + 4 <b>43551</b>
Title <b>CFO</b>			

5.b. Termination Date <b>Continuing</b>	5.c. Amount <b>1539.38</b>
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address: P.O. Box, Bldg., Room No., if any	
Employer <b>Mercedes of Easton</b>		Street <b>4200 Morse Crossing</b>	
Trade Name		City <b>Columbus</b>	
Attention To: <b>Beth Anne Hardy</b>		State <b>OH</b>	ZIP Code + 4 <b>43219</b>
Title <b>HR</b>			

5.b. Termination Date <b>Continuing</b>	5.c. Amount <b>1079.07</b>
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Name of Person Filing: <b>William P. Wheeler</b>		File Number C- <b>363</b>	
<b>B. Statement of Receipts</b> 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 <b>Corporate Security Solutions, Inc.</b>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street <b>8066 E. Fulton Street</b>		
Attention To: <b>Leigh Jennings</b>	City <b>Ada</b>		
Title <b>Corporate Counsel</b>	State <b>MI</b>	ZIP Code + 4 <b>49301</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>2034.72</b>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <b>Daido Metal</b>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street <b>1215 Greenwood Street</b>		
Attention To: <b>Lewie Ekleberry</b>	City <b>Bellefontaine</b>		
Title <b>Plant Manager</b>	State <b>OH</b>	ZIP Code + 4 <b>43311</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>2426.52</b>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <b>Falcon Transport</b>	P.O. Box, Bldg., Room No., if any		
Trade Name	P. O. Box <b>6147</b>		
Attention To: <b>Thomas J. Welsh</b>	Street <b>650 N. Meridian Road</b>		
Title <b>Vice President</b>	City <b>Youngstown</b>	State <b>OH</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>2450.74</b>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <b>Kentuckiana Trucking, Inc.</b>	P.O. Box, Bldg., Room No., if any		
Trade Name	P. O. Box <b>2544</b>		
Attention To: <b>Jerry Schneider</b>	Street		
Title <b>President</b>	City <b>Clarksville</b>	State <b>IN</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>3722.71</b>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <b>Cadallic of Easton</b>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street <b>4200 Morse Crossing</b>		
Attention To: <b>Vil Vena</b>	City <b>Columbus</b>		
Title <b>General Manager</b>	State <b>OH</b>	ZIP Code + 4 <b>43219</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>185.61</b>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <b>Germain Cadallic of Dublin</b>	P.O. Box, Bldg., Room No., if any		
Trade Name	Street <b>6755 Sawmill Road</b>		
Attention To: <b>Beth Anne Hardy</b>	City <b>Columbus</b>		
Title <b>HR</b>	State <b>OH</b>	ZIP Code + 4 <b>43017</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>181.44</b>	

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:

P.O. Box, Bldg., Room No., if any

Employer **Gutter Helmet**

Trade Name

Attention To: **Bill Padrick**Title **General Manager**Street **401 Plum Industrial Court**City **Pittsburgh**State **PA**ZIP Code + 4 **15239**

5.b. Termination Date

**Continuing**

5.c. Amount

**820.88**

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer **General Die Casters, Inc.**

Trade Name

Attention To: **James Mathias**Title **CEO**Street **2150 Highland Road**City **Twinsburg**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, Bldg., Room No., if any

Employer **Mercedes-Infiniti-Bedford**

Trade Name

Attention To: **Peter Mapp**Title **General Manager**Street **18122 Rockside Road**City **Bedford**State **OH**ZIP Code + 4 **44146**

5.b. Termination Date

**Continuing**

5.c. Amount

**1540.39**

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer **The Gerken Companies**

Trade Name

Attention To: **Kim Edwards**Title **HR**P. O. Box **607**Street **Napoleon**City **OH**

State

**45545**  
ZIP Code + 4

5.b. Termination Date

**Continuing**

5.c. Amount

**4393.67**

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer **Multi-Flow Dispensers of Ohio, Inc.**

Trade Name

Attention To: **Tim Baird**Title **CFO**Street **5213 Grant Ave.**City **Cleveland**State **OH**ZIP Code + 4 **44125**

5.b. Termination Date

**Continuing**

5.c. Amount

**3269.03**

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer **Lang Masonry Contractors, Inc.**

Trade Name

Attention To: **Misty McConnell**

Title

Street **405 Watertown Road**City **Waterford**State **OH**ZIP Code + 4 **45786**

5.b. Termination Date

**Continuing**

5.c. Amount

**365.75**

Name of Person Filing: <b>William P. Wheeler</b>		File Number C- <b>363</b>	
<b>B. Statement of Receipts</b> 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 <b>Orlando Baking Co.</b>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <b>7777 Grand Ave.</b>	
Attention To: <b>Sonny Orlando</b>		City <b>Cleveland</b>	
Title <b>President</b>		State <b>OH</b> ZIP Code + 4 <b>44104</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>5862.28</b>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <b>NFI Industries</b>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <b>1515 Burnt Mill Road</b>	
Attention To: <b>Rob Barron</b>		City <b>Cherry Hill</b>	
Title <b>Sr. Vice President/General Counsel</b>		State <b>NJ</b> ZIP Code + 4 <b>08003</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>1852.82</b>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <b>Sandel Corporation</b>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <b>152 North High St.</b>	
Attention To: <b>Kathy Sandel</b>		City <b>Gahanna</b>	
Title		State <b>OH</b> ZIP Code + 4 <b>43230</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>545.20</b>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <b>Redemtech</b>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <b>4115 Leap Road</b>	
Attention To: <b>Shelby Warner</b>		City <b>Hilliard</b>	
Title <b>PHR</b>		State <b>OH</b> ZIP Code + 4 <b>43026</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>6191.08</b>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <b>National Carton &amp; Coating Co.</b>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <b>1439 Lavelle Drive</b>	
Attention To: <b>James T. Yost</b>		City <b>Xenia</b>	
Title <b>President</b>		State <b>OH</b> ZIP Code + 4 <b>45385</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>3749.21</b>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <b>TMT Logistics</b>		P.O. Box, Bldg., Room No., if any	
Trade Name		Street <b>P-314 County Road 12</b>	
Attention To: <b>Carrie A. Sprenger</b>		City <b>Napoleon</b>	
Title <b>PHR</b>		State <b>OH</b> ZIP Code + 4 <b>43545</b>	
5.b. Termination Date <b>Continuing</b>		5.c. Amount <b>1928.77</b>	

Name of Person Filing: <b>William P. Wheeler</b>		File Number C- <b>363</b>	
<b>B. Statement of Receipts</b> 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	<b>Shamy Heating &amp; Air Conditioning</b>		
Trade Name			
Attention To:	<b>Mark Shamy</b>		
Title	<b>President</b>		
		P.O. Box, Bldg., Room No., if any	
		Street	<b>6225 American Road</b>
		City	<b>Toledo</b>
		State	<b>OH</b>
		ZIP Code + 4	<b>43612</b>
5.b. Termination Date <b>12/31/08</b>		5.c. Amount <b>934.96</b>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer			
Trade Name			
Attention To:			
Title			
		P.O. Box, Bldg., Room No., if any	
		Street	
		City	
		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			
Trade Name			
Attention To:			
Title			
		P.O. Box, Bldg., Room No., if any	
		Street	
		City	
		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			
Trade Name			
Attention To:			
Title			
		P.O. Box, Bldg., Room No., if any	
		Street	
		City	
		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			
Trade Name			
Attention To:			
Title			
		P.O. Box, Bldg., Room No., if any	
		Street	
		City	
		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			
Trade Name			
Attention To:			
Title			
		P.O. Box, Bldg., Room No., if any	
		Street	
		City	
		State	
		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	