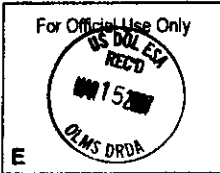


# FORM LM-21

## RECEIPTS AND DISBURSEMENT'S REPORT

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. 438 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

1. File Number C- <u>384</u> <u>325 350</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2006		12 / 31 / 2006

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name      charles                      Wiggins	Name
Title      Labor Relation Consulting	Title
Organization Wiggins Consulting	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 8017 McKee Blvd	Street
City Oklahoma City	City
State Oklahoma                      ZIP Code + 4 73132	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 <u>Charles Wiggins</u>	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title Sole Proprietor		Title Treasurer	
On <u>03 / 09 / 2007</u>	<u>405-203-4367</u>	On <u>  /  /  </u>	<u>                    </u>
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: charles Wiggins

File Number C-

**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 Avertte Express

Trade Name

Street

Attention To Elise

Leeson

City

Title Corporate Human Resources

State

ZIP Code + 4

5.b. Termination Date 12/01/2006

5.c. Amount 61,600

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 61,600

**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

N/A

9. Office and Administrative Expenses

0

N/A

10. Publicity

N/A

11. Fees for Professional Services

N/A

0

12. Loans Made

0

N/A

13. Other Disbursements

8. Total disbursements to officers and employees:

0

14. Total Disbursements (Sum of Items 8-13)

0

**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:

N/A

15.b. Trade Name, if any:

N/A

15.c. To Whom Paid

Name N/A

Title N/A

Organization N/A

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

N/A

Street N/A

City N/A

State Other

ZIP Code + 4

15.d. Amount 0

15.e. Purpose

No Disbursements made

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY ~~0~~ *no disbursements made. Sole**Proprietor Only.*

Name of Person Filing: charles Wiggins	File Number C-
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**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: 13 Logistics	15.b. Trade Name, if any:
15.c. To Whom Paid Name Charles Wiggins Title Labor Relations Consultant Organization Wiggins Consulting  P.O. Box, Building and Room Number, if any  Street 8017 McKee Blvd City Oklahoma City State Oklahoma ZIP Code + 4 73132	15.d. Amount 8,100  15.e. Purpose Provide information to hourly employees identified as a potential bargaining unit to assist them in making an informed decision to be unionized or not.

15.a. Employer Name: Rectacel	15.b. Trade Name, if any:
15.c. To Whom Paid Name Charles Wiggins Title Labor Relations Consultant Organization Wiggins Consulting  P.O. Box, Building and Room Number, if any  Street 8017 McKee Blvd City Oklahoma City State Oklahoma ZIP Code + 4 73132	15.d. Amount 18,000  15.e. Purpose Provide information to hourly employees identified as a potential bargaining unit to assist them in making an informed decision to be unionized or not.

15.a. Employer Name: SMART Automotive Supplier	15.b. Trade Name, if any:
15.c. To Whom Paid Name Charles Wiggins Title Labor Relations Consultant Organization  P.O. Box, Building and Room Number, if any  Street McKee Blvd City Oklahoma City State Oklahoma ZIP Code + 4 73132	15.d. Amount 7,500  15.e. Purpose Assist management identify areas needing improving to improve employers and employees working relationships

Name of Person Filing: charles Wiggins	File Number C-
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<b>D. Schedule of Disbursements for Reportable Activity</b> Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.
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<b>15.a. Employer Name:</b> Hwashin Automotive Supplier	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b> Name Charles Wiggins Title Labor relations Consultant Organization Wiggins Consulting  P.O. Box, Building and Room Number, if any  Street 8017 McKee Blvd City Oklahoma City State Oklahoma ZIP Code + 4 73132	<b>15.d. Amount</b> 7,500  <b>15.e. Purpose</b> Assist management identify areas needing improving to improve employers and employees working relationships

<b>15.a. Employer Name:</b>	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b> Name Title Organization  P.O. Box, Building and Room Number, if any  Street City State ZIP Code + 4	<b>15.d. Amount</b>  <b>15.e. Purpose</b>

<b>15.a. Employer Name:</b>	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b> Name Title Organization P.O. Box, Building and Room Number, if any  Street City State ZIP Code + 4	<b>15.d. Amount</b>  <b>15.e. Purpose</b>