

FORM LM-21

RECEIPTS AND DISBURSEMENTS 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. 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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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427350

1. File Number C- <u>617</u>	2. Period Covered By This Report From: <u>01/01/2008</u> Through: <u>12/30/2008</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Herman C Wiggins
Title DBA
Organization Wiggins Consulting
P.O. Box, Building and Room Number, if any
Street 8017 McKee Blvd
City Oklahoma City
State OK ZIP Code + 4 73132

4. Any other address where records necessary to verify this report are kept:

Name
Title
Organization
P.O. Box, Building and Room Number, if any
Street
City
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>H. Chad Wiggins</u> Title <u>Sole Proprietor</u>	President (if other title, see instructions)	18. Signed _____ Title <u>Treasurer</u>	Treasurer (If other title, see instructions)
On <u>04/20/2010</u> Date	<u>(405) 203-4367</u> Telephone Number	On <u>/ /</u> Date	_____ Telephone Number

Name of Person Filing:	File Number C-
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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):

Employer **I3 Logistics** Mailing Address: P.O. Box, Building and Room Number, if any **Bldg 3 Suite 101**

Trade Name **I3** Street

Attention To **LARRY BIVENS** City **Atlanta**

Title **vice President** State **GA** ZIP Code + 4 **30328**

5.b. Termination Date **October 2008** 5.c. Amount **15514.58**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

8. Total disbursements to officers and employees:

9. Office and Administrative Expenses

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

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

TO Assist The Company with its employee communications program during the UAW campaign by meeting with employees and consulting with management.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY