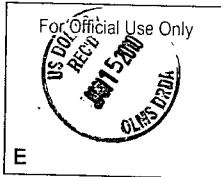


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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


410204

1. File Number C- 363	2. Period Covered By This Report From: 01/01/07 Through: 12/31/07	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 **Advanced Services Heating & Cooling, Inc.**

Trade Name

Street **912 E. Main Street**

Attention To **Dave Pinkerton**

City **Chillicothe**

Title **President**

State **OH**

ZIP Code + 4 **45601**

5.b. Termination Date

**Continuing**

5.c. Amount

**1681.70**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**110,410.83**

**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

Name

15.d. Amount

Title

15.e. Purpose

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: 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:

Employer Anderson Concrete, Inc.

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

P. O. Box 398

Trade Name

Street

Attention To: Rick Compton

City

Columbus

Title General Manager

State

OH

ZIP Code + 4 43216

5.b. Termination Date Continuing

5.c. Amount

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

Mailing Address:

Employer B & D Electrical  
Contractors, Inc.

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

P. O. Box 837

Trade Name

Street 1263 1/2 St. Rt. 598

Attention To: Brad Gibson

City

Galion

Title President

State

OH

ZIP Code + 4 44833

5.b. Termination Date 12/31/07

5.c. Amount 1075.00

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

Mailing Address:

Employer Custom Coil &amp; Transformer Co.

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

Trade Name

Street 2900 Newark Road

Attention To: Martin C. Lucas

City

Zanesville

Title President

State

OH

ZIP Code + 4 43701

5.b. Termination Date Continuing

5.c. Amount 87.50

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

Mailing Address:

Employer Hudson Street Market LLC

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

Trade Name

Street 7860 Olentangy River Road

Attention To: Mark Agner

City

Columbus

Title President

State

OH

ZIP Code + 4 43235

5.b. Termination Date Continuing

5.c. Amount 3472.67

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

Mailing Address:

Employer Fredericktown Market, LLC

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

Trade Name

Street 7860 Olentangy River Rd.

Attention To: Mark Agner

City

Columbus

Title President

State

OH

ZIP Code + 4 43235

5.b. Termination Date Continuing

5.c. Amount 469.45

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

Mailing Address:

Employer Marengo County Market, LLC

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

Trade Name

Street 7860 Olentangy River Rd.

Attention To: Mark Agner

City

Columbus

Title President

State

OH

ZIP Code + 4 43235

5.b. Termination Date Continuing

5.c. Amount 468.97

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 Food Works, Inc.  
Trade Name dba Hills Market  
Attention To: Mark Agner  
Title President

Street 7860 Olentangy River Rd.  
City Columbus  
State OH ZIP Code 43235

5.b. Termination Date Continuing

5.c. Amount 368.58

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

Mailing Address:

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

Employer Franzen Graphics Ohio, LLC  
Trade Name  
Attention To: Ed Miller  
Title VP/Controller

Street  
City Sheboygan  
State WI ZIP Code + 4 53082

5.b. Termination Date Continuing

5.c. Amount 2952.96

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

Mailing Address:

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

Employer ERMCO II, LP  
Trade Name  
Attention To: Estes Cocke  
Title Corporate Counsel

Street 6148 Lee Highway  
City Chattanooga  
State TN ZIP Code + 4 37421

5.b. Termination Date Continuing

5.c. Amount 6423.37

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

Mailing Address:

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

Employer Mercedes of Easton  
Trade Name  
Attention To: Brian Kramer  
Title General Manager

Street 4200 Morse Road  
City Columbus  
State OH ZIP Code + 4 43219

5.b. Termination Date Continuing

5.c. Amount 2252.46

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

Mailing Address:

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

Employer Germain Chevrolet  
Trade Name  
Attention To: Beth Anne Hardy  
Title HR

Street 3101 Morse Road  
City Columbus  
State OH ZIP Code + 4 43231

5.b. Termination Date Continuing

5.c. Amount 272.20

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

Mailing Address:

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

Employer Germain Ford  
Trade Name  
Attention To: Beth Anne Hardy  
Title HR

Street 7250 Sawmill Road  
City Columbus  
State OH ZIP Code + 4 43235

5.b. Termination Date Continuing

5.c. Amount 268.32

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:

Employer Germain Nissan

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

Trade Name Beth Anne Hardy

Street 4300 Morse Rd.

Attention To:

City Columbus

Title HR

State OH

ZIP Code + 4 43230

5.b. Termination Date Continuing

5.c. Amount 276.08

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

Mailing Address:

Employer Germain Cadillac of Dublin

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

Trade Name

Street 6755 Sawmill Road

Attention To: Beth Anne Hardy

City Columbus

Title HR

State OH

ZIP Code + 4 43017

5.b. Termination Date Continuing

5.c. Amount 264.93

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

Mailing Address:

Employer Germain Lexus of Dublin

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

Trade Name

Street 3885 W. Dublin Granville Rd.

Attention To: Beth Anne Hardy

City Columbus

Title HR

State O H

ZIP Code + 4 43017

5.b. Termination Date Continuing

5.c. Amount 264.93

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

Mailing Address:

Employer Germain Toyota

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

Trade Name

Street 5777 Scarborough Blvd.

Attention To: Beth Anne Hardy

City Columbus

Title HR

State OH

ZIP Code + 4 43232

5.b. Termination Date Continuing

5.c. Amount 545.37

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

Mailing Address:

Employer Gutter Helmet

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

Trade Name

Street 401 Plum Industrial Ct.

Attention To: Bill Padrick

City Pittsburgh

Title General Manager

State PA

ZIP Code + 4 15239

5.b. Termination Date Continuing

5.c. Amount 3850.00

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

Mailing Address:

Employer Murray's Glass Co.

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

Trade Name

Street 151 Front Street

Attention To: Dave Washburn

City Marietta

Title President

State OH

ZIP Code + 4 5750

5.b. Termination Date Continuing

5.c. Amount 917.30

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 Lang Masonry Contractors, Inc.

Trade Name

Street 405 Watertown Rd.

Attention To: Misty McConnell

City Waterford

Title

State OH

ZIP Code + 4 45786

5.b. Termination Date Continuing

5.c. Amount 1926.80

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

Mailing Address:

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

Employer

Orlando Baking Co.

Trade Name

Street 7777 Grand Avenue

Attention To: Sonny Orlando

City Cleveland

Title

President

State OH

ZIP Code + 4 44104

5.b. Termination Date Continuing

5.c. Amount 350.00

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

Mailing Address:

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

Employer

NFI Industries

Trade Name

Street 1515 Burnt Mill Road

Attention To: Rob Barron

City Cherry Hills

Title Sr. V.P./General Counsel

State NJ

ZIP Code + 4 08003

5.b. Termination Date Continuing

5.c. Amount 12,757.87

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

Mailing Address:

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

Employer

Eby-Brown Co., LLC

Trade Name

Street 1982 Commerce Road

Attention To: Jeffrey S. Bundy

City Springfield

Title

Vice President

State OH

ZIP Code + 4 45504

5.b. Termination Date Continuing

5.c. Amount 19,348.87

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

Mailing Address:

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

Employer

Fechko Excavating

Trade Name

Street 805 West Liberty St., Suite 120

Attention To: Kathryn M. Truman

City Medina

Title

Attorney

State OH

ZIP Code + 4 44256

5.b. Termination Date Continuing

5.c. Amount 1167.37

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

Mailing Address:

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

Employer

Lind Media Co.

Trade Name

Street One Billboard Center

Attention To: Mora Siegenthaler

City 409-411 N. Main Street

Title

Vice President

State Mansfield

OH

ZIP Code + 4 44902

5.b. Termination Date Continuing

5.c. Amount 2877.83

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:

Employer MedCorp, LLC

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

Trade Name

Street

745 MedCorp Dr.

Attention To: Elizabeth A. Bergman

City

Toledo

Title HR

State

OH

ZIP Code + 4 43608

5.b. Termination Date Continuing

5.c. Amount 9499.85

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

Mailing Address:

Employer Nordic Air Incorporated

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

Trade Name

Street

5455 Rt. 350 W.

Attention To: Ron Clutter

City

Geneva

Title President

State

OH

ZIP Code + 4 44041

5.b. Termination Date Continuing

5.c. Amount 20,225.68

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

Mailing Address:

Employer Ross Environmental Services, Inc.

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

Trade Name

Street

150 Innovation Drive

Attention To: Gregg A. Searle

City

Elyria

Title President &amp; CEO

State

OH

ZIP Code + 4 44035

5.b. Termination Date Continuing

5.c. Amount 4865.44

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

Mailing Address:

Employer Two Harbors Ford

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

Trade Name

Street

1100 7th Ave.

Attention To: Keith McKinzie

City

Two Harbors

Title President

State

MN

ZIP Code + 4 55616

5.b. Termination Date Continuing

5.c. Amount 7911.43

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

Mailing Address:

Employer Sheedy Paving, Inc.

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

Trade Name

Street

730 Rose Ave.

Attention To: Rick Reed

City

Columbus'

Title

State

OH

ZIP Code + 4 43219

5.b. Termination Date Continuing

5.c. Amount 359.70

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

Mailing Address:

Employer VIP Plumbing, Inc.

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

Trade Name

Street

14600 S. Industrial Ave.

Attention To: Paul J. Episcopo

City

Maple Heights

Title President

State OH

ZIP Code + 4 44137

5.b. Termination Date Continuing

5.c. Amount 2755.90