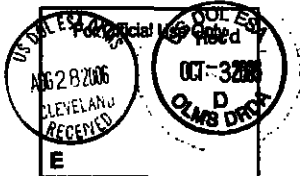


FORM LM-21

RECEIPTS AND DISBURSEMENTS 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. 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

1. File Number C- <u>363</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
	From:	<u>01/01/05</u>	Through: <u>12/31/05</u>

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 <u>William P. Wheeler</u>	Name <u>William P. Wheeler</u>
Title <u>Labor Relations Consultant</u>	Title <u>Labor Relations Consultant</u>
Organization <u></u>	Organization <u>Midwest Management Consultants, Inc</u>
P.O. Box, Building and Room Number, if any <u>Suite 1509</u>	P.O. Box, Building and Room Number, if any <u>Suite 620</u>
Street <u>1620 East Broad Street</u>	Street <u>425 Metro Place North</u>
City <u>Columbus</u>	City <u>Dublin</u>
State <u>Ohio</u> ZIP Code + 4 <u>43203</u>	State <u>Ohio</u> ZIP Code + 4 <u>43017</u>

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>[Signature]</u> President (If other title, see instructions) Title <u>President</u>	18. Signed <u></u> Treasurer (If other title, see instructions) Title <u>Treasurer</u>
On <u>08/24/06</u> <u>614-252-2524</u> Date Telephone Number	On <u>08/24/06</u> <u>614-734-9455</u> Date 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 GENCO Distribution System

Trade Name GENCO

Street 100 Papercraft Park

Attention To Mark W. Boyer

City Pittsburgh

Title Senior Vice President

State PA ZIP Code + 4 13852

5.b. Termination Date continuing service

5.c. Amount \$25,250.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$106,218.46

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

Title

Organization

15.e. Purpose

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: Rood Trucking Company, Inc.		P.O. Box, Bldg., Room No., if any:	
Trade Name: RTC		Street: 3505 Union Street, S.E.	
Attention To: George W. Rood, Sr.		City: Mineral Ridge	
Title: President		State: Ohio ZIP Code + 4: 44440	
5.b. Termination Date: continuing service		5.c. Amount: \$10,636.94	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: AIM National Lease		P.O. Box, Bldg., Room No., if any:	
Trade Name: AIM		Street: 1500 Trumbull Road	
Attention To: Thomas Fleming		City: Girard	
Title: President		State: Ohio ZIP Code + 4: 44420	
5.b. Termination Date: continuing service		5.c. Amount: \$8,000.00	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Mansfield Brick & Supply		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street: P.O. Box 1273	
Attention To: Michael K. Anderson		City: 320 N. Diamond Street	
Title: President		State: Mansfield ZIP Code + 4: 44901	
5.b. Termination Date: continuing service		5.c. Amount: \$5,000.00	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Allied Corporation		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street: 3848 Erie Avenue, S.W.	
Attention To: Jerry Mock or Tom Byrd		City: Massillon	
Title: General Manager/Manager		State: Ohio ZIP Code + 4: 49646	
5.b. Termination Date: October 19, 2005		5.c. Amount: \$3,641.23	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: B&L Freight		P.O. Box, Bldg., Room No., if any:	
Trade Name: DHL		Street: 12240 Commissioner Drive	
Attention To: Donald Lanzo		City: North Jackson	
Title: President		State: Ohio ZIP Code + 4: 44451	
5.b. Termination Date: August 9, 2005		5.c. Amount: \$3,201.00	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer: Bessemer Concrete LLC		P.O. Box, Bldg., Room No., if any:	
Trade Name:		Street: 13501 Youngstown-Pittsburgh Rd.	
Attention To: Kim Parrott		City: Petersburg	
Title: President		State: Ohio ZIP Code + 4: 44454	
5.b. Termination Date: continuing service		5.c. Amount: \$4,230.31	

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 Custom Glass Corporation	P.O. Box, Bldg., Room No., if any	P.O. Box 944	
Trade Name	Street R.D. 8, Route 85		
Attention To: John M. Rice	City 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:	
Employer Braden Sutphin Ink Co.	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 3650 East 93rd Street		
Attention To: Jim S. Leitch	City 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:	
Employer Converse Electric	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 3783 Gantz Road		
Attention To: Jerry Converse	City Grove City		
Title President	State Ohio	ZIP Code + 4 43123	
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:	
Employer LibRon, Inc.	P.O. Box, Bldg., Room No., if any		
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 \$3,200.00	
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 & 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:	
Employer Thompson Concrete Ltd.	P.O. Box, Bldg., Room No., if any	P.O. 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	

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 Whirlaway Corporation		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 720 Shiloh Avenue	
Attention To: Thomas G. Zupan		City 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:	
Employer		P.O. Box, Bldg., Room No., if any	
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:	
Employer		P.O. Box, Bldg., Room No., if any	
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:	
Employer		P.O. Box, Bldg., Room No., if any	
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:	
Employer		P.O. Box, Bldg., Room No., if any	
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:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	