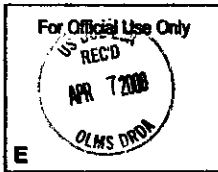


# FORM LM-21

## RECEIPTS AND DISBURSEMENT'S REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2009

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

360443

1. File Number C- <u>384</u>	2. Period Covered By This Report From: <u>01/01/2007</u> Through: <u>12/31/2007</u>
------------------------------	--

<b>A. Person Filing</b>	
<b>3. Name and mailing address (include ZIP Code):</b> Name <u>Herman</u> <u>C</u> <u>Wiggins</u> Title <u>Labor Relations consultant</u> Organization <u>Wiggins Consulting DBA</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>8017 McKee Blvd</u> City <u>Oklahoma City</u> State <u>Oklahoma</u> ZIP Code + 4 <u>73132</u>	<b>4. Any other address where records necessary to verify this report are kept:</b> Name <u></u> Title <u></u> Organization <u></u> P.O. Box, Building and Room Number, if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></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>Herman C Wiggins</u> Title <u>Sole Proprietor</u> President (if other title, see instructions) On <u>03/28/2008</u> <u>405 203-4367</u> Date Telephone Number	18. Signed <u></u> Title <u>Treasurer</u> Treasurer (if other title, see instructions) On <u></u> <u></u> Date Telephone Number
---	---

Name of Person Filing: Herman Wiggins		File Number C-	
<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 RECTICEL INTERIOR NORTH AMERICA Trade Name RECTICEL INTERIOR NORTH AMERICA Attention To: JOSEPH P DERDERIAN Title CORPORATE HUMAN RESOURCE MANAGER		P.O. Box, Bldg., Room No., if any  Street 5600 BOW POINTE DRIVE City CLARKSTON State Michigan ZIP Code + 4 48346	
5.b. Termination Date AUGUST 17, 2007		5.c. Amount 25,080	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer AVERITT EXPRESS Trade Name AVERITT EXPRESS Attention To: ELISE LEESON Title HUMAN RESOURCES		P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4	
5.b. Termination Date JANUARY 26, 2007		5.c. Amount 5,686	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer OGIHARA Trade Name Attention To: MIKE HARTMAN Title RESOURCE MANAGER		P.O. Box, Bldg., Room No., if any  Street 1595 STERILITE DR City BIRMINGHAM State Alabama ZIP Code + 4 35203	
5.b. Termination Date APRIL 3, 2007		5.c. Amount 2,988	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer I3 LOGISITICS Trade Name AI3 Attention To: Larry Bivens Title Vice President		P.O. Box, Bldg., Room No., if any Building 3, Suite 101 Street 5825 Glenridge Drive City Atlanta State Georgia ZIP Code + 4 30328	
5.b. Termination Date January 26, 2007		5.c. Amount 10,221	
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	

Name of Person Filing: Herman Wiggins	File Number C-
---------------------------------------	----------------

<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.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer <b>GESTAMP ALABAMA INC.</b> Trade Name <b>GESTAMP ALABAMA INC</b> Attention To <b>MARVA MORGAN</b> Title	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any <b>P.O. BOX 688</b> Street <b>700 Jefferson Metropolitan Parkway</b> City <b>McCalla</b> State <b>Alabama</b> ZIP Code + 4 <b>35111</b>
<b>5.b. Termination Date</b> 15 november 2007	<b>5.c. Amount</b> 14,777
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 58,752	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
<b>7. Disbursements to Officers and Employees:</b>					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
N/A				<b>9. Office and Administrative Expenses</b>	0
N/A				<b>10. Publicity</b>	
N/A				<b>11. Fees for Professional Services</b>	
N/A				<b>12. Loans Made</b>	
N/A				<b>13. Other Disbursements</b>	
<b>8. Total disbursements to officers and employees:</b>				<b>14. Total Disbursements (Sum of Items 8-13)</b>	0

<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.
<b>15.a. Employer Name:</b> N/A	<b>15.b. Trade Name, if any:</b>	
<b>15.c. To Whom Paid</b>	<b>15.d. Amount</b>	
Name	<b>15.e. Purpose</b>	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State	ZIP Code + 4	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>		