

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)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

410206

1. File Number C- 363	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01/01/09		12/31/09

A. Person Filing

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 [Signature] President
(if other title, see instructions)
Title President

18. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 12/30/09 Date
614-252-2524 Telephone Number

On / / Date

Telephone Number

Name of Person Filing: William P. Wheeler	File Number C- 363
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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).		Mailing Address:	
Employer	Palmer Donavin Mfg. Corp.	P.O. Box, Building and Room Number, if any	
Trade Name		Street	1200 Steelwood Road
Attention To	Ronald Calhoun	City	Columbus
Title	President	State	OH ZIP Code + 4 43212
5.b. Termination Date Continuing		5.c. Amount 4502.65	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 51,569.07			

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	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	15.e. Purpose
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
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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).		Mailing Address:	
Employer	Advanced Services Heating & Cooling, Inc.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	912 E. Main Street
Attention To:	Dave Pinkerton	City	Chillicothe
Title		State	OH
		ZIP Code + 4	45601

5.b. Termination Date	Continuing	5.c. Amount	588.77
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Mansfield Assemblies Co.	P.O. Box, Bldg., Room No., if any	Box 999
Trade Name		Street	1176 Harrington Memorial Rd.
Attention To:	Bruce Cummins	City	Mansfield
Title	President	State	OH
		ZIP Code + 4	44901

5.b. Termination Date	Continuing	5.c. Amount	3794.80
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Petermann, Ltd.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	8041 Hosbrook Rd., Suite 330
Attention To:	Keith W. Harms	City	Cincinnati
Title	Safety Director	State	OH
		ZIP Code + 4	45236

5.b. Termination Date	Continuing	5.c. Amount	1041.36
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Culpepper & Associates	P.O. Box, Bldg., Room No., if any	
Trade Name	Security Services	Street	1810 Water Place, Suite 180
Attention To:	Louis Culpepper	City	Atlanta
Title	President	State	GA
		ZIP Code + 4	30339

5.b. Termination Date	Continuing	5.c. Amount	175.00
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Germain Body Shop	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	354 W. Olentangy Street
Attention To:	Beth Anne Hardy	City	Powell
Title	HR	State	OH
		ZIP Code + 4	43065

5.b. Termination Date	Continuing	5.c. Amount	224.25
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Lexis of Easton	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	4130 Morse Crossing
Attention To:	Beth Anne Hardy	City	Columbus
Title	HR	State	OH
		ZIP Code + 4	43219

5.b. Termination Date	Continuing	5.c. Amount	224.25
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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 **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 **180.50**

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 **180.50**

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

Mailing Address:

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

Employer **Germain Nissan**

Trade Name

Attention To: **Beth Anne Hardy**Title **HR**Street **4500 Morse Road**City **Columbus**State **OH**ZIP Code + 4 **43230**5.b. Termination Date **Continuing**5.c. Amount **224.25**

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

Mailing Address:

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

Employer **Germain Cadillac of Dublin**Trade Name **Beth Anne Hardy**Attention To: **HR**

Title

Street **6755 Sawmill Road**City **Columbus**State **OH**ZIP Code + 4 **43017**5.b. Termination Date **Continuing**5.c. Amount **180.50**

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

Mailing Address:

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

Employer **Germain Lexus of Dublin**

Trade Name

Attention To: **Beth Anne Hardy**Title **HR**Street **3885 W. Dublin-Granville Rd.**City **Columbus**State **OH**ZIP Code + 4 **43017**5.b. Termination Date **Continuing**5.c. Amount **224.25**

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

Mailing Address:

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

Employer **Germain Toyota**

Trade Name

Attention To: **Beth Anne Hardy**Title **HR**Street **5777 Scarborough Blvd.**City **Columbus**State **OH**ZIP Code + 4 **43232**5.b. Termination Date **Continuing**5.c. Amount **373.65**

Name of Person Filing: William P. Wheeler	File Number C- 363
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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).		Mailing Address:	
Employer	The Gerken Companies	P.O. Box, Bldg., Room No., if any	P. O. Box 607
Trade Name		Street	
Attention To:	Kim Edwards	City	Napoleon
Title	HR	State	OH
		ZIP Code + 4	43545

5.b. Termination Date	Continuing	5.c. Amount	2267.31
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	MT Business Technologies, Inc.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1150 National Parkway
Attention To:	Dave Smith	City	Mansfield
Title	HR	State	OH
		ZIP Code + 4	44901

5.b. Termination Date	Continuing	5.c. Amount	6372.97
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Lang Masonry Contractors, Inc.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	405 Watertown Road
Attention To:	Misty McConnell	City	Waterford
Title		State	OH
		ZIP Code + 4	45786

5.b. Termination Date	Continuing	5.c. Amount	278.25
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	NFI Industries	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	1515 Burnt Mill Road
Attention To:	Karol Kempke	City	Cherry Hill
Title	HR	State	NJ
		ZIP Code + 4	08003

5.b. Termination Date	Continuing	5.c. Amount	8342.91
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Park Enterprise Construction Co., Inc.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	560 Banks Road West
Attention To:	Eric Park	City	Marion
Title	President	State	OH
		ZIP Code + 4	43302

5.b. Termination Date	Continuing	5.c. Amount	1254.70
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	RPI Graphic Data Solutions	P.O. Box, Bldg., Room No., if any	
Trade Name	RPI	Street	1950 Radcliff Drive
Attention To:	Gary Rellar	City	Cincinnati
Title	President	State	OH
		ZIP Code + 4	45204

5.b. Termination Date	Continuing	5.c. Amount	1981.36
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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).		
Employer SureTight Insulated Panel Corp. Trade Name Attention To: Neal R. Shipley Title President	Mailing Address: P.O. Box, Bldg., Room No., if any Street 12300 Perry Hwy., Suite 211 City Wexford State PA ZIP Code + 4 15090	
5.b. Termination Date Continued	5.c. Amount 1991.45	
5.a. Name and Address of Employer (including trade name, if any).		
Employer Hospitality Restaurants Trade Name Attention To: Kareem G. Ameen Title CEO	Mailing Address: P.O. Box, Bldg., Room No., if any Street 19111 Detroit Rd., Suite 304 City Rocky River State OH ZIP Code + 4 44116	
5.b. Termination Date Continuing	5.c. Amount 3398.10	
5.a. Name and Address of Employer (including trade name, if any).		
Employer Sika Corporation Trade Name Attention To: Doug White Title Executive Vice Pres.	Mailing Address: P.O. Box, Bldg., Room No., if any Street 1682 Marion Williamsport Rd. City Marion State OH ZIP Code + 4 43302	
5.b. Termination Date Continuing	5.c. Amount 1487.15	
5.a. Name and Address of Employer (including trade name, if any).		
Employer Schwebel Baking Company Trade Name Attention To: Joseph M. Schwebel Title President	Mailing Address: P.O. Box, Bldg., Room No., if any P. O. Box 6018 Street 965 E. Midlothian Blvd. City Youngstown State OH ZIP Code + 4 44501	
5.b. Termination Date Continuing	5.c. Amount 4710.80	
5.a. Name and Address of Employer (including trade name, if any).		
Employer The Voto Manufacturing Sales Company Trade Name Attention To: Janie Mayle Title President	Mailing Address: P.O. Box, Bldg., Room No., if any P. O. Box 1299 Street 500 North Third Street City Steubenville State OH ZIP Code + 4 43952	
5.b. Termination Date Continuing	5.c. Amount 4277.10	
5.a. Name and Address of Employer (including trade name, if any).		
Employer Verland Foundation Trade Name Attention To: Carol B. Mitchell Title President & CEO	Mailing Address: P.O. Box, Bldg., Room No., if any Street 212 Iris Road City Sewickley State PA ZIP Code 15145	
5.b. Termination Date Continuing	5.c. Amount 2604.78	

Name of Person Filing: William P. Wheeler

File Number C- 363

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

Mailing Address:

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

Employer Adena Corporation

Trade Name

Street 1310 W. Fourth Street

Attention To: Randy Payne

City Mansfield

Title President

State

OH

ZIP Code + 4 44906

5.b. Termination Date Continuing

5.c. Amount 687.38

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

Mailing Address:

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

Employer

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:

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

Employer

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:

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

Employer

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:

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

Employer

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:

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

Employer

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount