

FORM LM-20 AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 530 C 296999

Person Filing

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

Name CHARLES K. SMITH

Title PRESIDENT

Organization WRD, INC.

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

Street 207 GAYLOR DR

City Columbus

State MS.

ZIP Code + 4 39702

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

Name

Title

Organization N/A

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

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

12/31/06

5. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name LINDA HARVILLA, H.R.

Organization FERRO CORPORATION

Trade Name, if any

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

Street 251 WEST WYLLIE AVE.

City WASHINGTON

State PA.

ZIP Code + 4 15301

7. Date entered into:

06/13/06

8. Name of person(s) through whom made:

Name LINDA HARVILLA, H.R.

Name DAVE KLIMAS, SITE MGR.

Name

Name

Name

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 Section VII on penalties in the instructions.)

13. Signed

Charles K. Smith

President
(If other title, see
instructions)

Title President

14. Signed

Carolyn S. Smith

Treasurer
(If other title, see
instructions)

Title Treasurer

On

07/12/06 (662) 328-7380

Date

Telephone Number

On

07/12/06 (662) 328-7380

Date

Telephone Number

Filer:	CHARLES K. SMITH	File Number C-	530C
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached):

ONE (1) LABOR CONSULTANT, sent CHARLES K. SMITH
for a total of THIRTEEN (13) DAYS AT A RATE OF \$1,250.00
PER DAY, TO INCLUDE RETURN TRAVEL - DAY WEEKENDS EXCLUDED.
DAYS COVERED: 06/13 - 06/28/06
TOTAL: \$16,250.00

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

ONLY TO CIRCULATE WITH THE EMPLOYEES
FOR QUESTIONS AND ANSWERS.

11.b. Period during which performed:

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name FERRO CORPORATION
Organization
P.O. Box, Bldg., Room No., if any
Street 251 WEST WYLLIE AVE
City WASHINGTON
State PA. ZIP Code + 4 15301

Additional Name and address through whom performed, if any:

Name
Organization SAME
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

12.a. Identify subject groups of employees:

Hourly
employees
Approx. 109

12.b. Identify subject labor organizations:

STEELWORKERS