

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

For Official Use Only

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)

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

428170

1. File Number:

C-5300-677

## 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 GAYLANE DR.  
City COLUMBUS  
State MS. ZIP Code + 4 39702

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

Name N/A  
Title  
Organization

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

Street  
City  
State ZIP Code + 4



4. Date fiscal year ends:

12/31/2004

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 ATI METALWORKING PRODUCTS  
Organization ALLEGENT TECHNOLOGIES  
Trade Name, if any JEROME NASTERNAK  
P.O. Box, Bldg., Room No., if any  
Street #1 TELEDYNE PLACE  
City LA VERGNE  
State TN. ZIP Code + 4 37086

7. Date entered into:

10 / 07 / 04

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

Name JEROME NASTERNAK  
Name VICE PRESIDENT  
Name HUMAN RESOURCES  
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 B. Smith*

Treasurer  
(If other title, see  
instructions)

Title Treasurer

On

10/12/04 (662) 328-7380

Date

Telephone Number

On

10/12/04 (662) 328-7380

Date

Telephone Number

Filer:

CHARLES K. SMITH

File Number C- 530C

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, SELF CHARLES SMITH for  
A TOTAL OF TWO (2) DAYS, THOSE BEING, 10/07-10/08/04.  
RATE OF \$1200.00 PER DAY for A TOTAL of \$2400.00

Specific Activities to be Performed

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

a. Nature of activity: ① HOLD CAPTIVE AUDIENCE MEETINGS WITH EMPLOYEES  
② SHOW ONE(1) VIDEO WHICH WAS PROVIDED BY THE EMPLOYER  
③ CIRCULATE WITH THE EMPLOYEES FOR QUESTIONS AND ANSWERS.

11.b. Period during which performed:

10/07 - 10/08/04

11.c. Extent performed:

COMPLETED

11.d. Name and address through whom performed:

Name: ATI METALWORKING PRODUCTS  
Organization: ALLEGHENY TECHNOLOGIES  
P.O. Box, Bldg., Room No., if any: ALSO LOCATION AT GURLEY, AL.

Street: 7300 HWY. 20 WEST

City: HUNTSVILLE, AL.

State: ZIP Code + 4: 35806

Additional Name and address through whom performed, if any:

Name: SAME

Organization:

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

Street:

City: GURLEY, AL.

State: ZIP Code + 4:

12.a. Identify subject groups of employees:

HOURLY EMPLOYEES  
(APPROX. 170 EA.)

12.b. Identify subject labor organizations:

STEELWORKERS