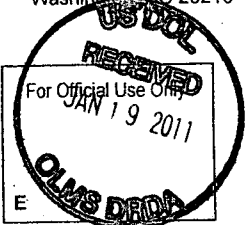


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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.

441521

1. File Number: C- 530 C

Person Filing

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

Name CHARLES K. SMITH
Title
Organization
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
Title
Organization N/A
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

4. Date fiscal year ends:

DEC. 31 / 2011

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 BRUSH WELLMAN
Organization ENGINEERED MATERIALS INC.
Trade Name, if any
P.O. Box, Bldg., Room No., if any N/A
Street 6070 PARKLAND BLVD.
City MAYFIELD HTS., OHIO
State OHIO ZIP Code + 4 44124

7. Date entered into:

11 / 28 / 2010

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

Name PEGGY CHRIST, EXEC. ASST.
Name
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
Title President SELF

President
(If other title, see
instructions)

14. Signed N/A
Title Treasurer

Treasurer
(If other title, see
instructions)

On 01/11/2011 (662) 386-2162
Date Telephone Number

On _____
Date Telephone Number

Filer: CHARLES K. SMITH	File Number C- 530 C
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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.):

ONLY 1 CONSULTANT FOR A TOTAL OF (11) ^{ELEVEN} ~~TEN~~ WORKING DAYS THIS TIME PERIOD COVERED FROM 11/28/2010-12/11/2010, WITH A CHARGED FEE OF \$1250.00 PER DAY TO INCLUDE (1) ONE TRAVEL DAY. WALKED THROUGH PLANT TO ANSWER ANY QUESTIONS EMPLOYEES MAY HAVE CONCERNING UNIONIZATION.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
WALKED THROUGH PLANT ANSWERING QUESTIONS EMPLOYEES HAD, CONCERNING JOINING A UNION.	
11.b. Period during which performed:	11.c. Extent performed:
11/28/2010 - 12/11/2010	TEAMSTERS LAST ELECTION
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name KEVIN BRENNAN	Name
Organization HUMAN RESOURCE DIRECTOR	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any N/A
Street	Street
City SHARPSVILLE	City
State PA. ZIP Code + 4 19555	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
119 EMPLOYEES	TEAMSTERS