

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

For Office 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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C-

530C 677

4258183

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

Title

Organization

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

Street

City

State

ZIP Code + 4

N/A

4. Date fiscal year ends:

12/31/07

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 MICHAEL HUPP Mgr.

Organization CROWN CORK & SEAL EMPLOYEE

Trade Name, if any

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

Street ONE CROWN WAY

City PHILADELPHIA

State PA.

ZIP Code + 4 19154

7. Date entered into:

07 / 25 / 07

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

Name MICHAEL HUPP

Name MANAGER, EMPLOYEE

Name RELATIONS /

Name CROWN CORK & SEAL

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

08/17/07 (662) 328-7380

Date

Telephone Number

On

08/17/07 (662) 328-7380

Date

Telephone Number

Filer: CHARLES K. SMITH	File Number C- S30C
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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, SELF CHARLES K. SMITH
 FOR A TOTAL OF FOUR (4) DAYS AT A RATE OF \$1250.00
 PER DAY TO INCLUDE ONE (1) RETURN TRAVEL DAY.
 DAYS COVERED: 07/25/07 TRAV 07/28/07 - THREE (3) DAYS
 TO INCLUDE ONE TRAVEL DAY (07/28/07).
 TOTAL: \$5,000.00

Specific Activities to be Performed

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

a. Nature of activity:

SHOW VIDEO IN MEETINGS WITH EMPLOYEES AND
 CIRCULATE WITH EMPLOYEES FOR QUESTIONS AND
 ANSWERS.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

(LOCATION)
 Name **MIKE HUPP**
 Manager Employee Relations
 Organization **CROWN CORKE & SEAL**
 P.O. Box, Bldg., Room No., if any
 Street
 City **Belcamp**
 State **MO.** ZIP Code + 4 **21017**

Additional Name and address through whom performed, if any:

(CORP.)
 Name **MIKE HUPP**
 Manager Employee Relations
 Organization **CROWN CORKE & SEAL**
 P.O. Box, Bldg., Room No., if any
 Street **ONE CROWN WAY**
 City **PHILADELPHIA**
 State **PA.** ZIP Code + 4 **19154**

12.a. Identify subject groups of employees:

Hourly
 employees
 approx. 60

12.b. Identify subject labor organizations:

STEELWORKERS