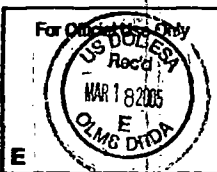


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

428134

477

1. File Number C-5306	2. Period Covered By This Report From: 12/31/04 Through: 12/31/05
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	CHARLES R. SMITH
Title	PRESIDENT
Organization	W.R.D. INC.
P.O. Box, Building and Room Number, if any	
Street	207 GAYLARD DR.
City	COLUMBUS
State	MS
ZIP Code + 4: 39702	
4. Any other address where records necessary to verify this report are kept:	
Name	NONE
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State	
ZIP Code + 4	

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 <u>Charles R. Smith</u> Title <u>President</u> (If other title, see instructions)	18. Signed <u>Carolyn S. Smith</u> Title <u>Treasurer</u> (If other title, see instructions)
On <u>02/10/05</u> Date <u>(662) 328-7380</u> Telephone Number	On <u>03/10/05</u> Date <u>(662) 328-7380</u> Telephone Number

Name of Person Filing: CHARLES K. SMITH File Number C- 5300

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, Building and Room Number, if any

Employer POLY ONE CORPORATION

Trade Name

Street

33587 WALKER RD

Attention To

DENNIS O'KEEFE

City

AVON LAKE

Title

HUMAN RESOURCES

State

OHIO

ZIP Code + 4

44012

5.b. Termination Date

02/23/05

5.c. Amount

\$12,000.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

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

	<u>0</u>	<u>0</u>	<u>0</u>	9. Office and Administrative Expenses	<u>0</u>
				10. Publicity	<u>0</u>
				11. Fees for Professional Services	<u>0</u>
				12. Loans Made	<u>0</u>
				13. Other Disbursements	<u>0</u>
8. Total disbursements to officers and employees:	<u>0</u>			14. Total Disbursements (Sum of Items 8-13)	<u>0</u>

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

15.e. Purpose

Title

Organization

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY