

Agreement and Activities Report

U.S. Department of Labor

Office of Labor-Management Standards



This report is mandatory under P.L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 435, 440.

OMB No. 1214-0001
02/29/93

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).

File No. C. 530

A. Person Filing

1. Name and mailing address (include ZIP code):

CHARLES R. SMITH
207 GAYLANE DR.
COLUMBUS, MS. 39702

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

410193 N/A

3. Date fiscal year ends:

12/31/2010

4. Type of person:

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

B. Nature of Agreement or Arrangement

5. Full name and address of employer with whom made (include ZIP code):

TOM STONE, MANAGER - INDUSTRIAL ASSOC. RELATIONS
MAIL CODE: BDC-24 TIMKEN COMPANY
1835 DUEBER AVE. SW, CANTON, OHIO 44706

6. Date entered into:

12/14/2009

7. Names of persons through whom made:

TOM STONE

8. 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 collectively through representatives of their own choosing.
- b. ☐ To supply and 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 connection with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

9. Terms and conditions (Explain in detail; see Part B-9 of instructions):

ONE (1) LABOR CONSULTANT FOR A TOTAL OF FIVE (5) DAYS AT
RATE OF \$1200.00 PER DAY FOR A TOTAL OF \$6,000.00
DATES COVERED: 12/14 - 12/18/2009, WITH NO CHARGE FOR
ONE (1) TRAVEL DAY.

C. Specific Activities to be Performed

10. For each activity, separately list in detail the information required (See Part C-10 of instructions):

- a. Nature of activity: SHOW VIDEOS AND ANSWER QUESTIONS TO
EMPLOYEES-

b. Period during which performed:

12/14 - 12/18/2009

c. Extent performed:

COMPLETED

d. Names and addresses of persons through whom performed:

TIMKEN - BUCYRUS OPERATIONS
2325 EAST MANSPFIELD ST.
BUCYRUS OHIO 44820

11. Identify (a) subject employees, groups of employees, and (b) labor organizations:

HOURLY EMPLOYEES AT ADDRESS LISTED IN "d." TIMKEN -
BUCYRUS OPERATIONS, 520 EMPLOYEES, ESTIMATED.

D. Verification and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

Signed:

Charles R. Smith

President

Signed:

N/A

Treasurer

(If other title, cross out and write in correct title above.)

(If other title, cross out and write in correct title above.)

at 207 City GAYLANE DR. State MS. Date 12/14/2010
ZIP 39702

at City State Date
12/14/2010

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Labor Management Standards, Department of Labor, Room N5525, 200 Constitution Avenue, N.W., Wash., D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1214-0001), Wash., D.C. 20503.

Form LM-20
(Feb. 1990)