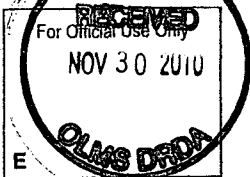


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

440968

1. File Number C- <u>530</u>	2. Period Covered By This Report From: <u>01/01/2009</u> Through: <u>12/31/2009</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>CHARLES R SMITH</u> Title <u>SOLE PROPRIETOR</u> Organization <u>NONE</u> P.O. Box, Building and Room Number, if any Street <u>207 GAYLANE AVE.</u> City <u>COLUMBUS</u> State <u>MS.</u> ZIP Code + 4 <u>39702</u>	4. Any other address where records necessary to verify this report are kept: Name 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> President (if other title, see instructions) Title <u>President SOLE PROPRIETOR</u> On <u>11/22/2010</u> <u>662-328-7380</u> Date Telephone Number	18. Signed <u>N/A</u> Treasurer (if other title, see instructions) Title <u>Treasurer</u> On <u> / / </u> <u> </u> Date Telephone Number
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Name of Person Filing: CHARLES K. SMITH	File Number C-
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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:

Employer TIMIREN COMPANY	P.O. Box, Building and Room Number, if any
Trade Name TIMIREN BUCYRUS OPERATION	Street 2325 EAST MANSFIELD ST
Attention To TOM STONE	City BUCYRUS
Title INDUSTRIAL ASSOC. RELATION	State OHIO ZIP Code + 4 44820

5.b. Termination Date **12/18/2009** 5.c. Amount **\$6,000.00**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **\$6,097.26**

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	
CHARLES K. SMITH	6,000.00	97.26	6,097.26	9. Office and Administrative Expenses 0
				10. Publicity 0
				11. Fees for Professional Services 0
				12. Loans Made 0
				13. Other Disbursements 0
8. Total disbursements to officers and employees: 6,097.26				14. Total Disbursements (Sum of Items 8-13) 6,097.26

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.

<p>15.a. Employer Name: TIMIREN COMPANY</p> <p>15.c. To Whom Paid</p> <p>Name CHARLES K. SMITH</p> <p>Title SOLE PROPRIETOR</p> <p>Organization</p> <p>P.O. Box, Building and Room Number, if any</p> <p>Street 207 GAYLANE DR.</p> <p>City COLUMBUS</p> <p>State Washington MS. ZIP Code + 4 39702</p>	<p>15.b. Trade Name, if any:</p> <p>15.d. Amount 6,097.26</p> <p>15.e. Purpose</p> <p>SELF-LABOR RELATIONS SPECIALIST TO ADVISE EMPLOYEES OF UNION REPRESENTATION.</p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY **6,097.26**

CONTACTS:

INVOICE

DEB SHIELDS

OR

JEANEEN J. Mc DANIEL 87377

SENIOR ADMIN. ASST.

MANG. - ASSOC. RELATIONS

PH. 414-563-2275

PH. 330-471-4131

SOLD TO TIMKEN-BUCYRUS OPERATIONS		SHIP TO CHARLES SMITH	
ADDRESS 2325 EAST MANFIELD ST.		ADDRESS 207 KAYLANE DR.	
CITY, STATE, ZIP BUCYRUS, OHIO 44820		CITY, STATE, ZIP COLUMBUS, MS. 39702	
CUSTOMER ORDER NO.	SOLD BY	TERMS SSN #	F.O.B. DATE 405-66-5671
ORDERED	SHIPPED	DESCRIPTION	PRICE UNIT AMOUNT
		DATES COVERED: 12/13/09 - 12/18/09	
		DATE: 12/13/2009 - TRAVEL DAY - NO CHARGE	
		DATE: 12/14 - 12/18/2009 - (5) DAYS AT RATE	
		OF \$1200.00 PER DAY TO INCLUDE 12/18/2009	
		(RETURN TRAVEL DAY) FOR LABOR CONSULTANT	
		CHARLES SMITH. THIS INCURRED DURING UNION	
		AVOIDANCE CAMPAIGN (STEEL WORKERS) AT	
		BUCYRUS, OHIO PLANT. - 5 X \$1200.00 6,000.00	
(ATT.) DELTA		AIRLINE'S LUGGAGE FEE - INITIAL & RETURN 40.00	
(ATT.) FOOD		AIRPORT PARKING RECEIPTS → 57.26	
		TOTAL 6097.26	

adams 5840

TOTAL DUE: \$6,097.26

Name of Person Filing: <u>CHARLES K. SMITH</u>	File Number C-
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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):

Employer: FERRIS CORPORATION

Trade Name: _____

Attention To: CURT TSCHANTZ

Title: CORPORATE HUMAN RESOURCES

Mailing Address:

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

Street: 7500 E. PLEASANT VALLEY RD.

City: INDEPENDENCE

State: OHIO ZIP Code + 4: 44131

5.b. Termination Date: 09/19/2009

5.c. Amount: \$8400.00

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: 9357.63 (NOTE - PLEASE NOTE NEXT PAGE)

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>CHARLES K. SMITH</u>	<u>3600</u>	<u>462.70</u>	<u>4062.70</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>
				14. Total Disbursements (Sum of Items 8-13) <u>4062.70</u>

8. Total disbursements to officers and employees: 4062.70

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: FERRIS CORPORATION

15.b. Trade Name, If any: _____

15.c. To Whom Paid:

Name: CHARLES K. SMITH

Title: SOLE PROPRIETOR

Organization: _____

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

Street: 207 GAYLANE DR.

City: COLUMBUS

State: WASHINGTON MS. ZIP Code + 4: 39702

15.d. Amount: 4062.70

15.e. Purpose: SELF - LABOR RELATIONS SPECIALIST TO ADVISE EMPLOYEES OF UNION REPRESENTATION.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: 4062.70

INVOICE

BOB - PLANT MGR.

315 (W) 227-5244
(O) 734-846-5586
PENN YAN
JAMES WARD

CONTACT #387375
M (662) 328-7388
C (662) 386-2162

1ST VISIT

SOLD TO CURT TSCHANTZ		SHIP TO CHARLES SMITH			
ADDRESS 7500 E. PLEASANT VALLEY RD.		ADDRESS 207 GAYLANE DR.			
CITY, STATE, ZIP INDEPENDENCE, OH. 44131		CITY, STATE, ZIP COLUMBUS, MS- 39702			
CUSTOMER ORDER NO.	SOLD BY	TERMS	DATE		
ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		DATES COVERED: 09/08/09 - 09/11/09			
		DATE: 09/08/09 - TRAVEL DAY - NO CHARGE			
		DATE: 09/09/09 - 09/11/09 - (3) DAYS AT RATE OF			
		\$1200.00 PER DAY TO INCLUDE 09/11/09 (RETURN			
		TRAVEL DAY) FOR LABOR CONSULTANT,			
		CHARLES SMITH. THIS INCURRED DURING UNION			
		AVOIDANCE CAMPAIGN (TEAMSTER 5) AT PENN YAN N.Y.			
		PLANT.			
		* 3600.00			
		(ATTACHED) RENTAL CAR (HERTZ) RECEIPT 353.58			
		(ATTACHED) MOTEL, BAGGAGE, FOOD, TOLLS & PARKING 109.12			
		TOTAL DUE: 4062.70			

Name of Person Filing: CHARLES R. SMITH	File Number C-
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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):

Employer: **FERRO CORPORATION**

Trade Name: _____

Attention To: **CURT TSCHANTZ**

Title: **CORPORATE HUMAN RESOURCES**

Mailing Address:

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

Street: **7500 PLEASANT VALLEY RD.**

City: **INDEPENDENCE**

State: **OHIO** ZIP Code + 4: **44121**

5.b. Termination Date: **09/19/2009**

5.c. Amount: **8400.00**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: **9357.43** (NOTE - PLEASE NOTE PREVIOUS PAGE)

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	
CHARLES R. SMITH	4800.00	494.93	5294.93	9. Office and Administrative Expenses <input checked="" type="checkbox"/>
				10. Publicity <input checked="" type="checkbox"/>
				11. Fees for Professional Services <input checked="" type="checkbox"/>
				12. Loans Made <input checked="" type="checkbox"/>
				13. Other Disbursements <input checked="" type="checkbox"/>
8. Total disbursements to officers and employees: 5294.93				14. Total Disbursements (Sum of Items 8-13) 5294.93

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: **FERRO CORPORATION**

15.b. Trade Name, If any: _____

15.c. To Whom Paid:

Name: **CHARLES R. SMITH**

Title: **SOLE PROPRIETOR**

Organization: _____

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

Street: **207 GAYLANE DR.**

City: **COLUMBUS**

State: **Washington D.C.** ZIP Code + 4: **20702**

15.d. Amount: **5294.93**

15.e. Purpose: **SELF - LABOR RELATIONS SPECIALIST TO ADVISE EMPLOYEES OF UNION REPRESENTATION.**

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: **5294.93**

INVOICE

BOB PLANT MGR.

JAMC WARD
(W) 315-227-5243
(C) 734-846-5506

FERRRO CORP.
PENN YAN, NY

CONTACT #1'S 387376
(H) 662-328-1580
(C) 662-386-2162 2ND VISIT

SOLD TO		SHIP TO			
CURT TSCHANTZ		CHARLES SMITH			
ADDRESS		ADDRESS			
7500 E. PLEASANT VALLEY RD.		207 GAYLANE DR.			
CITY, STATE, ZIP		CITY, STATE, ZIP			
INDEPENDENCE, OH. 44131		COLUMBUS, MS. 39702			
CUSTOMER ORDER NO.	SOLD BY	TERMS	DATE		
			5192		
ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		DATES COVERED: 09/15/09 - 09/28/09			
		DATE: 09/15/09 - TRAVEL DAY - NO-CHARGE			
		DATE: 09/16/09 - 09/20/09 - (4) DAYS AT RATE			
		of \$1200.00 PER DAY TO INCLUDE 09/19/09			
		(RETURN TRAVEL DAY) FOR LABOR CONSULTANT,			
		CHARLES SMITH. THIS INCURRED DURING UNION			
		AVOIDANCE CAMPAIGN (TEAMSTERS) AT PENN YAN			
		NY PLANT.			
		\$4800.00			
		(ATTACHED) RENTAL CAR (HERTZ) RECEIPT 340.00			
		(ATTACHED) MOTEL, BAGGAGE, FOOD, TOL & PARKING 104.85			
		TOTAL DUE: \$5294.93			