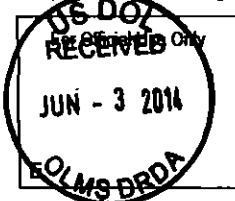


FORM LM-21

RECEIPTS AND DISBURSEMENTS 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.
Requirements for 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

557133

1. File Number C- 66053	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2011		12 / 31 / 2011

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name William D Reilly Title Individual Proprietor/Consultant Organization NA P.O. Box, Building and Room Number, if any Street 534 East 85th Street City New York State New York ZIP Code + 4 10028	4. Any other address where records necessary to verify this report are kept: Name NA 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>William D. Reilly</u>	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title Sole Proprietor		Title Treasurer	
On 05 / 25 / 2014	212-879-8579	On / /	
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: William Reilly	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 Constellation Energy Group Trade Name Attention To Marc K Sloane Title Exec Dir - Labor/Employee Relations	Mailing Address: P.O. Box, Building and Room Number, if any Street 100 Constellation Way City Baltimore State Maryland ZIP Code + 4 21202
5.b. Termination Date 12/17/10	5.c. Amount 14,472
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 17,547	

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	
None				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

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: Constellation Energy Group	15.b. Trade Name, if any:	
15.c. To Whom Paid	15.d. Amount 14,472	
Name William D Reilly Title Individual Proprietor/Consultant Organization NA P.O. Box, Building and Room Number, if any Street 534 East 85th Street City New York State New York ZIP Code + 4 10028	15.e. Purpose - To discuss the subjects covered in NLRA training provided to BGE employees and answer any related questions	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 17,547		

Name of Person Filing: William Reilly

File Number C-

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: Barnabas Health	15.b. Trade Name, If any:
15.c. To Whom Paid Name William D Reilly Title Individual Proprietor/Consultant Organization NA P.O. Box, Building and Room Number, if any Street 534 East 85th Street City New York State New York ZIP Code + 4 10028	15.d. Amount 3,075 15.e. Purpose - Conduct NLRA employee training for the nursing employees at Community Medical Center, 99 Route 37 West, Toms River NJ, and supplement the training by discussing the subjects raised in the training with employees and answer any related questions they might have

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose