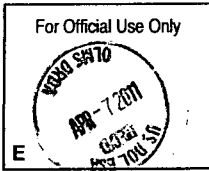


# FORM LM-21

## 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.  
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

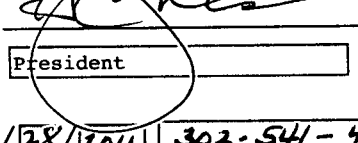
457685

1. File Number C- 00575	2. Period Covered By This Report From: 01 / 01 / 2010 Through: 12 / 31 / 2010
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name Steven E Jones Title President Organization Labor Management Solutions  P.O. Box, Building and Room Number, if any  Street 167 Willow Oak Avenue City Ocean View State Delaware ZIP Code + 4 19970-3240	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  President  
(if other title, see instructions)  
Title President  
On 3 / 28 / 2011 302-541-4845  
Date Telephone Number

18. Signed N/A Treasurer  
(If other title, see instructions)  
Title Treasurer  
On / / Telephone Number

Name of Person Filing: Steven Jones	File Number C- 00575
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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	Constellation Energy Group		P.O. Box, Building and Room Number, if any	
Trade Name		Street	100 Constellation Way	
Attention To	Marc	K	City	Baltimore
Title	Exec Dir Employee & Labor Relations		State	Maryland ZIP Code + 4 21202

5.b. Termination Date 5.c. Amount 6,250

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 6,250

**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		0	0	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)
				0

**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:</p> <p>gljConsulting, LLC</p> <p>15.c. To Whom Paid</p> <p>Name <span style="margin-left: 50px;"></span></p> <p>Title <span style="margin-left: 50px;"></span></p> <p>Organization <span style="margin-left: 50px;"></span></p> <p>P.O. Box, Building and Room Number, if any <span style="margin-left: 50px;"></span></p> <p>Street 2903F Wyoming Drive</p> <p>City Sinking Spring</p> <p>State Pennsylvania ZIP Code + 4 19608</p>	<p>15.b. Trade Name, If any:</p> <p><span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>15.d. Amount 6,250</p> <p>15.e. Purpose</p> <p>Payment for services provided at Constellation Energy Group during November 2010.</p>
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16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 6,250