U.S. Department of Labor Office of Labor-Management Standards

FORM LM-20 **AGREEMENT AND ACTIVITIES REPORT**

Form approved Office of Management and Budget No: 1245-0003 Expires 10-31-2013



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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number: C- 00575					
Person Filing	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:				
Name Steven E Jones, Jr.	Name NA				
Title President/Owner	Title				
Organization Labor Managment Solutions	Organization				
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any				
Street 167 Willow Oak Avenue	Street				
City Ocean View	City				
State Delaware ZIP Code + 4 19970	State				
4. Date fiscal year ends: 5. Type of person:					
Dec / 31 a Individual b Partnership	c. Corporation d. Other (Specify):				
	The transfer of the second of				
Nature of Agreement or Arrangement					
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 4 / 9 / 2012				
Name Susan E Collins					
Organization Constellation Energy Nuclear Group	8. Name of person(s) through whom made:				
Trade Name, if any	Name Susan E Collins				
P.O. Box, Bldg., Room No., if any 2nd Floor	Name Marc K Sloane				
Street 100 Market Street	Name George Gellrich				
City Baltimore	Name				
State Maryland ZIP Code + 4 21202	Name				
Signa	tures				
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examined true, correct, and complete. (See Section VII on penalties in the instructions.)	penalties of law, that all of the information submitted in this report (including by the signatory and is, to the best of the undersigned's knowledge and belief,				
13. Signed President (If other title, see	14. Signed Treasurer (If other title, see				
Title President instructions)	Title Treasurer instructions)				
On 4/8/2012 302-541-4845	On				
Date Telephone Number	Date Telephone Number				
Form LM-20 (2003)	Page 1 of 2				

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Filer:	Steven Jones,	$\mathtt{Jr}.\mathcal{O}^{+}$	Labor, Managment	Solutions	2711	ĩ	File Number C3 11 0 0 5 7 5 1 1 1 1 1	

9. Check the appropriate box to indicate whether an object of the activities undertaken, is	directly or indirectly: ssatinfoweuoin rassx	eribul, or e in the codine
a. To persuade employees to exercise or not to exercise, or persuade employees collectively through representatives of their own choosing.	as to the manner of exercising	ng, the right to organize and bargain
b. To supply an employer with information concerning the activities of employees such employer, except information for use solely in conjunction with an administration	or a labor organization in con strative or arbitral proceeding	nection with a labor dispute involving or a criminal or civil judicial proceeding.
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10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):	an death in a co
verbal agreement & authorization provided on April 9, 2012 at \$250/hr	1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900
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Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
 - a. Nature of activity:

Answer employee questions regarding collective bargaining and related topics in small group meetings and individual discussions. Conduct informational sessions regarding the NLRA & collective bargaining with employees in the voting unit

11.b. Period during which performed:		11.c. Extent performed:			
4/16/12 to	present	In progress			
11.d. Name and address through whom performed:		Additional Name and address through whom performed, if any:	Additional Name and address through whom performed, if any:		
Name	See attached	Name			
Organization		Organization			
P.O. Box, Bldg., Room	n No., if any	P.O. Box, Bldg., Room No., if any			
Street		Street			
City		City			
State	ZIP Code + 4	State ZIP Code + 4			
12.a. Identify subject g	roups of employees:	12.b. Identify subject labor organizations:			
CENG employees Nuclear Power	working at the Calvert Cliffs Plant.	IBEW			

Filer: Labor Management Solutions File number: C-00575 11.d. Names and addresses through whom performed: gradial lundro sensione distrata su considir Cale ebasacidad munera de la considerada e considerada Axiomatix, LLC The state of the s **6 Riverside Street** n in transportation in the second of the activities of employees and the contract the second of the contract o Amityville, NY 11701 G∐ Consulting, LLC 1700 Friedensburg Rd. Reading, PA 19606 Diane Franzese 16414 E Duane Lane Scottsdale, AZ 85262 which because the properties of the set of