U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 08-31-2016

For Official Use Only

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 RECEIVED 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.

1. File Number: RECEIVED

1. File Number: RECEIVED

Person Filing				
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:			
Name William D Reilly	Name			
Title Individual Proprietor/Consultant	Title			
Organization NA	Organization			
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any			
Street 534 East 85th Street	Street			
City New York	City			
State New York ZIP Code + 4 10028	State ZIP Code + 4			
4. Date fiscal year ends: 5. Type of person:	And the second s			
Dec / 31 a. Individual b. Partnersh	nip c. Corporation d. Other (Specify):			

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):  Name Marc K Sloane	7. Date entered into: 11 / 12 / 2010
Organization Constellation Energy Corporation	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 100 Constellation Way	Name
City Baltimore	Name
State Maryland ZIP Code + 4 21202	Name

## Signatures

the informa	ation contained in an	res, under penalty of perju y accompanying documer see Section VII on penalties	its) has been examine	e penalties of la	aw, that all of the info lory and is, to the best	rmation submitted in this re t of the undersigned's know	port (including Medge and belief,
13. Signed	13/		President (If other title, see	14. Signed			Treasurer (If other title, see
Title	Sole Proprie	tor	instructions)	Title	Treasurer		instructions)
On	5/24/2014	212-879-8579		On			
	Date	Telephone Numb	er		Date	Telephone Number	

Filer William Reilly NA	File Number C-
Check the appropriate box to indicate whether an object of the activities un	dertaken is directly or indirectly
3. Greek the appropriate box to muchate whether an object of the activities this	detaken, is directly of indirectly.
To persuade employees to exercise or not to exercise, or persuade collectively through representatives of their own choosing.	employees as to the manner of exercising, the right to organize and bargain
b. To supply an employer with information concerning the activities of such employer, except information for use solely in conjunction with	employees or a labor organization in connection with a labor dispute involving h an administrative or arbitral proceeding or a criminal or civil judicial proceeding.
10. Terms and conditions (Explain in detail; see instructions. Written agreeme	nte muet he attached \:
NA	nas must be attached.).
e e Nadali Gusta Nationale de Paris, e delicació del la como de	nach a faith ann a' a geal Aithgriacht a bhliaig an bhliain
Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instr	uctions):
a. Nature of activity:	
<ul> <li>Supplement NLRA training by discussing the subjany related questions they may have</li> </ul>	jects raised in the training with employees and answer
11.b. Period during which performed:	11.c. Extent performed:
11/16/10 - 12/17/10	Completed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name William D Reilly	Name
Organization NA	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 534 East 85th Street	Street
City New York	City
State New York ZIP Code + 4 10028	State ZIP Code + 4
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Baltimore Gas and Electric Employees	IBEW
	얼룩하게 있는 내용이 얼룩하는 그 그 이 글이 전략적 경험

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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

Form approved Office of Management and Budget

No. 1245-0003 EXPUSOD 2016 RECEIVED

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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 Individues and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRPA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

JUL 0 2 2014

1. File Number: REGENER			
Person Filing			
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:		
Name William D Reilly	Name		
Title Individual Proprietor/Consultant	Title		
Organization NA	Organization		
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any		
Street 534 East 85th Street	Street		
City New York	City		
State New York ZIP Code + 4 10028	State ZIP Code + 4		
4. Date fiscal year ends:  Dec / 31  5. Type of person:  a. Individual b. Partnership	c. Corporation d. Other (Specify):		
Nature of Agreement or Arrangement			
6. Full name and address of employer with whom made (include ZIP Code):  Name Sidney Seligman	7. Date entered into: 8 / 2011		
Organization Barnabas Health	8. Name of person(s) through whom made:		
Trade Name, if any	Name Name		
P.O. Box, Bldg., Room No., if any			
Street 95 Old Short Hills Road	Name		
City West Orange	Name		
State New Jersey ZIP Code + 4 07052	Name		
Sign	atures		
Each of the undersigned declares, under penalty of perjury and other applicable the information contained in any accompanying documents) has been examine true, correct, and complete. (See Section VII on penalties in the instructions.)	e penalties of law, that all of the information submitted in this report (including ad by the signatory and is, to the best of the undersigned's knowledge and belief,		

he informa	ation contained in an	res, under penalty of perju ny accompanying documen ee Section VII on penalties	nts) has been examine	d by the signat	tory and is, to the best	t of the undersigned's know	wledge and belief,
13. Signed	15/		President	14. Signed		* · ·	Treasurer
Title	Sole Proprie	tor	(If other title, see instructions)	Title	Treasurer	-	(If other title, see instructions)
On	5/25/2014	212-879-8579		On			
	Date	Telephone Numb	er		Date	Telephone Number	_

Filer: William Reilly NA			File Number C-
3. Check the appropriate box to indicate	whether an object of the activities ur	dertaken, is directly or indirectly	y:
a. To persuade employees to execute collectively through representations.		employees as to the manner of	of exercising, the right to organize and bargain
			tion in connection with a labor dispute involving roceeding or a criminal or civil judicial proceeding.
sacr employer, except informe	nor to use solely in conjunction wi	n an administrative or around p	roceeding of a cirillian of civil judicial proceeding.
<ol> <li>Terms and conditions (Explain in deta</li> </ol>	il; see instructions. Written agreeme	ints must be attached.):	

## Specific Activities to be Performed

- 11. For each activity, separately list in detail the information required (See instructions):
  - a. Nature of activity:
- Co-conduct NLRA employee training Supplement NLRA training by discussing the subjects raised in the training with employees and answer any related questions they might have

1.b. Period during which performed: 9/29/11 - 10/20/11	11.c. Extent performed:  Completed
1.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name William D Reilly	Name
Organization NA	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 534 East 85th Street	Street
City New York	City
State New York ZIP Code + 4 10028	State ZIP Code + 4
2.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:
Nursing employees at Community Medical Center, 99 Route 37 West, Toms River NJ 08755	NYSNA

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