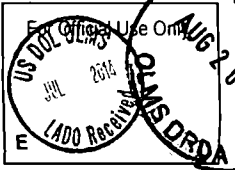


FORM LM-20

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c-66605

Person Filing

2. Name and mailing address (include ZIP Code):

Name Diane A Franzese

Title President

Organization Franzese & Assoc

P.O. Box, Bldg., Room No., if any

Street 16414 E. Duane Ln

City Scottsdale

State AZ

ZIP Code + 4 85262

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

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 Marc Sloane

Organization Constellation Energy

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 100 Constellation way

City Baltimore

State MD

ZIP Code + 4 21202

7. Date entered into:

11 / 12 / 10

8. Name of person(s) through whom made:

Name

Name

Name

Name

Name

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 Section VII on penalties in the instructions.)

13. Signed Diane A Franzese President
(If other title, see instructions)

Title President

On 7/1/14 480 276 5557
Date Telephone Number

14. Signed _____ Treasurer
(If other title, see instructions)

Title _____

On _____
Date Telephone Number

Filer: ..	File Number C-
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.

b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

See Steven Jones,
Labor Mgmt Solutions

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: See Steven Jones Labor Mgmt Solutions	
11.b. Period during which performed: 11/16/10 - 12/17/10	11.c. Extent performed:
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Diane A Franzese	Name
Organization See #2	Organization
P.O. Box, Bldg., Room 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 groups of employees: Baltimore Gas & Electric employees	12.b. Identify subject labor organizations: IBEW