

# 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.

508467

1. File Number:

c-785

## Person Filing

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

Name RICHARD CALO

Title CONSULTANT

Organization

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

Street 17 HUSSARS CAMP PLACE

City ROSEFIELD,

State CT

ZIP Code + 4 06877

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:

12/31/2011

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 CONSTELLATION ENERGY CORP.

Organization

Trade Name, if any

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

Street 100 CONSTELLATION WAY

City BALTIMORE, MARYLAND

State

ZIP Code + 4 21202

7. Date entered into:

10/01/2010

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

Name MARC K. SLOANE, EXEC DIR. -

LABOR & EMPLOYER RELATIONS

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

Richard A. Calo

Title President

President  
(If other title, see  
instructions)

14. Signed

NA

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

12/10/12

Date

Telephone Number 203-788-4259

On

Date

Telephone Number

Filer:

File Number C-

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.):

**Specific Activities to be Performed**

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

a. Nature of activity:

TO DISCUSS THE SUBJECTS COVERED IN THE NATIONAL LABOR RELATIONS ACT  
TRAINING PROVIDED TO BGE EMPLOYEES AND TO ANSWER ANY RELATED  
QUESTIONS ARISING FROM THE TRAINING PROGRAM

11.b. Period during which performed:

10/1/10 - 12/17/10

11.c. Extent performed:

11.d. Name and address through whom performed:

Name

Organization LABOR MANAGEMENT SOLUTIONS

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

Street WILLOW OAK AVENUE

City OCEANO VIEW

State DELAWARE ZIP Code + 4 19970

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

BALTIMORE GAS & ELECTRIC EMPLOYEES  
(BGE EMPLOYEES)

12.b. Identify subject labor organizations:

IBEW