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 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. 52661 1: File Number: C- 00575

<u></u>		
Person Filing		
Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:	
Name Steven E Jones	Name	
Title President	Title	
Organization Labor Management Solutions	Organization	
P.O. Box, Bldg., Room No., if any	P.O. Box, Bidg., Room No., if any	
Street 167 Willow Oak Avenue	Street	
City Ocean View	City	
State Delaware ZIP Code + 4 19970-3240	State ZIP Code ± 4	
4. Date fiscal year ends: 5. Type of person:	Services and the services are the services and the services and the services and the services are the services and the services and the services are the services are the services and the services are the servic	
Dec / 31 a Individual b. Partnership	c. Corporation d. Other (Specify):	
E39	100 March 100 Ma	
Nature of Agreement or Arrangement	्र क्रिक्ट सहस्र । १८३१ व्यक्त सम्बद्धाः । १८३४ व्यक्ति सहस्र । १८३४ व्यक्ति सहस्र ।	
6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into:		
	3 / 8 / 2013	
Name	Name of person(s) through whom made:	
Organization Baltimore Gas and Electric Company		
Trade Name, if any BGE	Name David L Vosvičk	
P.O. Box, Bldg., Room No., if any	Name:	
Street 2 Charles Center	Name	
City Baltimore	Name	
State Maryland ZIP Code + 4 21201	Namë	
Signatures		
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 of the later of the	14. Signed Treasurer	
(If other title; see instructions) Title	(If other title, see	
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Second Se	of the common of the authority.	
302-541-4845 ₄₄₋₆₀	On	
Date Telephone Number	Date Telephone Number	

Steven Jones Labor Management Solutions		lie Mulliper C- 003 //3	
Check the appropriate box to indicate whether an object of the activities under	rtaken, 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 emsuch employer, except information for use solely in conjunction with a	ployees or a labor organization in in administrative or arbitral procee	a connection with a labor dispute involving eding or a criminal or civil judicial proceeding.	
10. Terms and conditions (Explain in detail; see instructions: Written agreements	must be attached.):		
Oral agreement, although a purchase order is in the	process of being pre	pared	
Terms: \$250/session or \$500/day, whichever is great	ter		
	•		
Specific Activities to be Performed	 -		
11. For each activity, separately list in detail the information required (See instruc	tions):	•	
a. Nature of activity:			
Conduct employee educational sessions explaining trepresentation election and the other uses of a un	ne NLRA requirements in ion authorization card	ior a union to petition for a	
11.b. Period during which performed:	11.c. Extent performed:		
4/1/2013 - 4/30/20113	In progress		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name	Name		
Organization Axiomatix, L.L.C.	Organization		
	P.O. Box, Bldg., Room No., if any		
P.O. Box, Bidg., Room No., if any	P.O. Box, Blug., Room No., if a	iiiy	
Street 6 Riverside Street	Street		
City Amityville;	City		
State New York ZIP Code + 4 11701	State	ZIP Code + 4	
12:a Identify subject groups of employees:	12.b. Identify subject labor org		
Certain BGE employeës hired after 2010.	. IBEW.	and the state of t	
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