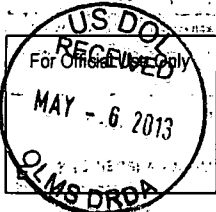


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



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)

528433  
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 744

Person Filing	
2. Name and mailing address (include ZIP Code): Name: Patrick Grossi Title: Partner Organization: GLJ Consulting, LLC P.O. Box, Bldg., Room No., if any: Street: 1700 Friedensburg Rd City: Reading State: Pennsylvania ZIP Code + 4: 19606	3. Any other address where records necessary to verify this report are kept: Name: N/A 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. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name: Steven E Jones Organization: Labor Management Solutions Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street: 167 Willow Oak Ave City: Ocen View State: Delaware ZIP Code + 4: 19970	7. Date entered into: 4 / 9 / 2012 8. Name of person(s) through whom made: Name: Steven E Jones 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	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title: Other (Specify) Partner		Title: Treasurer	
On: 4/28/2013	860-965-4335	On: _____	_____
Date	Telephone Number	Date	Telephone Number

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.):

Verbal agreement to provide answers to employees' questions.

#### Specific Activities to be Performed

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

a. Nature of activity:

Answer questions regarding collective bargaining in small groups and individual discussion.

11.b. Period during which performed:

4/16/2012 to 5/31/2012

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name Patrick Grossi

Organization GLJ Consulting, LLC

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

Street 1700 Friedensburg Rd

City Reading

State Pennsylvania

ZIP Code + 4 19606

Additional Name and address through whom performed, if any:

Name N/A

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

CENG employees of Calvert Cliffs Power Plant.

12.b. Identify subject labor organizations:

Not represented.