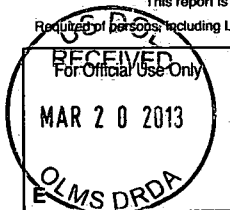


FORM LM-21

RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended: (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

516802

1. File Number C- 00575	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy) 01/01/2012 Through: Month/Day/Year (mm/dd/yyyy) 12/31/2012
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Steven E Jones Title President Organization Labor Management Solutions P.O. Box, Building and Room Number, if any Street 167 Willow Oak Avenue City Ocean View State Delaware ZIP Code + 4 19970-3240	4. Any other address where records necessary to verify this report are kept: Name NA Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4

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 the Section on penalties in the instructions).

17. Signed Title President On 03/12/2013 Telephone Number 302-541-4845	18. Signed _____ Title Treasurer On _____ Telephone Number _____
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Name of Person Filing: Steven Jones	File Number C- 00575
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B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer: Constellation Energy Nuclear Group	P.O. Box, Building and Room Number, if any:
Trade Name:	Street: 100 Market Street
Attention To: Susan E Collins	City: Baltimore
Title: Vice President Human Resources	State: Maryland ZIP Code + 4: 21202

5.b. Termination Date: 5/31/2012 5.c. Amount: 36,938

6. TOTAL RECEIPTS FROM ALL EMPLOYERS: 36,938

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
Steven E Jones	8,313	0	8,313	9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees: 8,313				14. Total Disbursements (Sum of Items 8-13): 36,938

D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount: 8,000
Name: Christopher T Borruso	15.e. Purpose Answer employee questions regarding collective bargaining and related topics in small group meetings and individual discussions.
Title: Owner	
Organization: Axiomatix, LLC	
P.O. Box, Building and Room Number, if any:	
Street: 6 Riverside Street	
City: Amityville	
State: New York ZIP Code + 4: 11701	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY: 8,000	

15c. Diane A. Franzese
16414 E. Duane Lane
Scottsdale, AZ 85262

15.d Amount \$11,500

15.e. Answer employee questions regarding collective bargaining
and related topics in small group meetings and individual
discussions.

15c. Patrick Grossi
gljConsulting, LLC
1700 Friedenburg Road
Reading, PA 19606

15.d Amount \$9,125

15.e. Answer employee questions regarding collective bargaining
and related topics in small group meetings and individual
discussions.