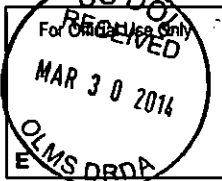


FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

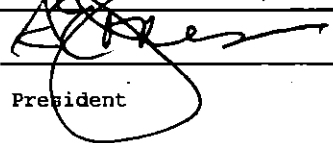
551585

1. File Number C- 00575	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2013		12 / 31 / 2013

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Steven E Jones Title President Organization Labor Management Solutions, LLC 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 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 / 25 / 2014 Date 302-541-4845 Telephone Number	18. Signed _____ Title Treasurer On / / Date _____ 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). Employer PPL Susquehanna, LLC Trade Name Attention To Gary L Young Title Manager - Human Resources	Mailing Address: P.O. Box, Building and Room Number, if any Street 769 Salem Blvd City Berwick State Pennsylvania ZIP Code + 4 18603-6828
5.b. Termination Date 06/28/2013	5.c. Amount 192,212
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,186,483	

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	265,132	28,584	293,716	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:			293,716	14. Total Disbursements (Sum of Items 8-13)	293,716

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: gljConsulting, LLC	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount 10,000	
Name Title Organization P.O. Box, Building and Room Number, if any Street 1700 Friedensburg Road City Reading State Pennsylvania ZIP Code + 4 19606	15.e. Purpose Answer employee questions concerning collective bargaining	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 25,504		

Name of Person Filing: Steven Jones		File Number C- 00575	
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:	
P.O. Box, Bldg., Room No., if any			
Employer: General Sheet Metal & Mechanical, LLC		Street: 8100 Cryden Way	
Trade Name:		City: Forestville	
Attention To: Sean Keehn		State: Maryland	
Title: President		ZIP Code + 4: 20747	
5.b. Termination Date: 03/08/2013		5.c. Amount: 21,212	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
P.O. Box, Bldg., Room No., if any			
Employer: Baltimore Gas and Electric Company		Street: 2 Charles Center, Ste 1500	
Trade Name:		City: Baltimore	
Attention To: David L Vosvick		State: Maryland	
Title: Vice President - Human Resources		ZIP Code + 4: 21203	
5.b. Termination Date: 12/31/2013		5.c. Amount: 973,059	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
P.O. Box, Bldg., Room No., if any			
Employer:		Street:	
Trade Name:		City:	
Attention To:		State:	
Title:		ZIP Code + 4:	
5.b. Termination Date:		5.c. Amount:	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
P.O. Box, Bldg., Room No., if any			
Employer:		Street:	
Trade Name:		City:	
Attention To:		State:	
Title:		ZIP Code + 4:	
5.b. Termination Date:		5.c. Amount:	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
P.O. Box, Bldg., Room No., if any			
Employer:		Street:	
Trade Name:		City:	
Attention To:		State:	
Title:		ZIP Code + 4:	
5.b. Termination Date:		5.c. Amount:	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
P.O. Box, Bldg., Room No., if any			
Employer:		Street:	
Trade Name:		City:	
Attention To:		State:	
Title:		ZIP Code + 4:	
5.b. Termination Date:		5.c. Amount:	

Name of Person Filing: Steven Jones	File Number C- 00575
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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 Name Title 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	15.d. Amount 15,504 15.e. Purpose For GSM&M and BGE, provide NLRA instructional session. For all clients, answer employee questions concerning collective bargaining

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose