

# 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.

1. File Number: C-~~5575~~ 744

## Person Filing

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

Name **BERNARD J. LISHINSKY**

Title **PRINCIPAL**

Organization **GLI CONSULTING, LLC**

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

Street **1700 FRIEDENSBURG ROAD**

City **READING,**

State **PENNSYLVANIA** ZIP Code + 4 **19606**

3. Any other address where records necessary to verify this report are kept:

Name **STEVEN E JONES**

Title **PRESIDENT**

Organization **LABOR MANAGEMENT SOLUTIONS**

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

Street **167 WILLOW OAK AVENUE**

City **OCEAN VIEW**

State **DELAWARE** ZIP Code + 4 **1990-340**

4. Date fiscal year ends:

**DEC / 31**

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 **MAX K. SLOANE**

Organization **CONSTELLATION ENERGY CORPORATION**

Trade Name, if any

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

Street **100 CONSTELLATION WAY**

City **BALTIMORE**

State **MARYLAND** ZIP Code + 4 **21202**

7. Date entered into:

**11/12/2010**

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

Name

Name

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

Title **President, PRINCIPAL**

President  
(If other title, see  
instructions)

14. Signed

Title **Treasurer**

Treasurer  
(If other title, see  
instructions)

On

**12/10/12**  
Date

**(480) 213-6713**  
Telephone Number

On

Date

Telephone Number

Filer: BERNARD J. LISHINSKY

File Number C- 00575

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:

- GO - CONDUCT NLRB/CB REMOTE TRAINING.
- SUPPLEMENT THE TRAINING BY DISCUSSING THE SUBJECTS RAISED IN THE TRAINING WITH EMPLOYERS AND ANSWER ANY RELATED QUESTIONS.

11.b. Period during which performed:

11.c. Extent performed:

11.d. Name and address through whom performed:

Additional Name and address through whom performed, if any:

Name

Name

Organization

Organization

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

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

Street

Street

City

City

State

ZIP Code + 4

State

ZIP Code + 4

12.a. Identify subject groups of employees:

12.b. Identify subject labor organizations: