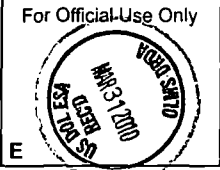


FORM LM-10 EMPLOYER REPORT

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.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT



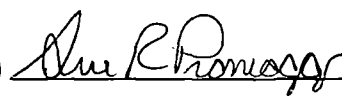
424921

Part A

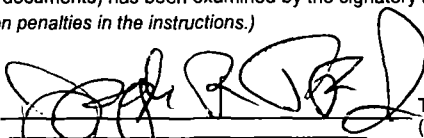
1. File Number E- <input type="text" value="42"/>	2. Fiscal Year Covered From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2009"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
3. Name and address of Reporting Employer (inc. trade name, if any). Employer <input type="text" value="Commonwealth Edison Company"/> Trade Name <input type="text" value="ComEd"/> Attention To <input type="text"/> Title <input type="text"/> Mailing Address P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="One Financial Place"/> City <input type="text" value="Chicago"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60605"/>	4. Name and address of President or corresponding principal officer, if different from address in Item 3. Name <input type="text"/> P.O. Box, Building and Room Number, If any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Any other address where records necessary to verify this report will be available for examination. Name <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, If any <input type="text" value="P.O. Box 5930"/> Street <input type="text" value="10 South Dearborn"/> City <input type="text" value="Chicago"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60680-5930"/>	6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination. <input type="checkbox"/> Address in Item 3 <input type="checkbox"/> Address in Item 4 <input checked="" type="checkbox"/> Address in Item 5
7. Type of organization. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (specify) <input type="text"/>	

Signatures

Each of the undersigned, duly authorized officers of the above employer 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 VIII on penalties in the instructions.)

13. Signed  President (if other title, see instructions)
 Title

 On
 Date Telephone Number

14. Signed  Treasurer (if other title, see instructions)
 Title

 On
 Date Telephone Number

Name of Reporting Employer: Commonwealth Edison Company

File Number E- 42

8. Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully, taking into consideration the exclusions listed in the instructions for these items, and check either "Yes" or "No" for each item. For each item that is answered "Yes", you must attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer to any of Items 8.a. through 8.f. Also, if the answer is "Yes" for more than one person or organization, complete a separate Part B for each person or organization. If you answer "Yes", enter the number of Part Bs that are submitted for that item in the line indicated.

DURING THE FISCAL YEAR COVERED BY THIS REPORT:

	YES	NO	If "Yes", number of Part Bs attached
8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5
8.b. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8.c. Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8.d. Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0

TOTAL NUMBER OF PART Bs FOR THIS REPORT IS 5

Part B

Name of Reporting Employer: Commonwealth Edison Company	File Number 42
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). <input style="width:100%" type="text"/>
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <input style="width:100%" type="text" value="See #12"/> P.O. Box, Building and Room Number, if any <input style="width:100%" type="text" value="Suite 1"/> Street <input style="width:100%" type="text" value="6330 Belmont Road"/> City <input style="width:100%" type="text" value="Downers Grove"/> State <input style="width:100%" type="text" value="Illinois"/> ZIP Code + 4 <input style="width:100%" type="text" value="60516"/>	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <input style="width:100%" type="text" value="Local 15, IBEW"/> P.O. Box, Building and Room Number, if any <input style="width:100%" type="text" value="Suite 1"/> Street <input style="width:100%" type="text" value="6330 Belmont Road"/> City <input style="width:100%" type="text" value="Downers Grove"/> State <input style="width:100%" type="text" value="Illinois"/> ZIP Code + 4 <input style="width:100%" type="text" value="60516"/>
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <input style="width:100%" type="text"/>	10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<input style="width:100%" type="text" value="10/6/2009"/>	<input style="width:100%" type="text" value="66"/>	<input style="width:100%" type="text" value="Meal"/>
<input style="width:100%" type="text"/>	<input style="width:100%" type="text" value="0"/>	<input style="width:100%" type="text"/>
<input style="width:100%" type="text"/>	<input style="width:100%" type="text" value="0"/>	<input style="width:100%" type="text"/>
<input style="width:100%" type="text"/>	<input style="width:100%" type="text" value="0"/>	<input style="width:100%" type="text"/>
<input style="width:100%" type="text"/>	<input style="width:100%" type="text" value="0"/>	<input style="width:100%" type="text"/>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

J. Daniel Lyons, Manager Performance Assessment Group, hosted a lunch meeting for the Safety Council Revitalization committee. Of the total 20 employees, 10 employees are Local 15 members.

Part B

Name of Reporting Employer: Commonwealth Edison Company	File Number 42
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <input style="width:100%;" type="text"/>
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <input style="width:100%;" type="text"/> See #12 P.O. Box, Building and Room Number, if any <input style="width:100%;" type="text"/> Suite 1 Street <input style="width:100%;" type="text"/> 6330 Belmont Road City <input style="width:100%;" type="text"/> Downers Grove State <input style="width:100%;" type="text"/> Illinois ZIP Code + 4 <input style="width:100%;" type="text"/> 60516	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <input style="width:100%;" type="text"/> Local 15, IBEW P.O. Box, Building and Room Number, if any <input style="width:100%;" type="text"/> Suite 1 Street <input style="width:100%;" type="text"/> 6330 Belmont Road City <input style="width:100%;" type="text"/> Downers Grove State <input style="width:100%;" type="text"/> Illinois ZIP Code + 4 <input style="width:100%;" type="text"/> 60516
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <input style="width:100%;" type="text"/>	10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<input style="width:100%;" type="text"/> 2/10/2009	<input style="width:100%;" type="text"/> 96	<input style="width:100%;" type="text"/> Meal
<input style="width:100%;" type="text"/> 3/5/2009	<input style="width:100%;" type="text"/> 156	<input style="width:100%;" type="text"/> Meal
<input style="width:100%;" type="text"/> 4/20/2009	<input style="width:100%;" type="text"/> 137	<input style="width:100%;" type="text"/> Meal
<input style="width:100%;" type="text"/> 4/21/2009	<input style="width:100%;" type="text"/> 8	<input style="width:100%;" type="text"/> Meal
<input style="width:100%;" type="text"/> 4/28/2009	<input style="width:100%;" type="text"/> 165	<input style="width:100%;" type="text"/> Meal

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Susie Kutansky, Manager of Employee and Labor Relations, provided lunch at several meetings regarding grievances, labor management, redeployment, TAM, staffing, SRP, SASS, LTC, CBA review, and SSG negotiations, with Union IBEW Local 15 business representatives in attendance.

Part B

Name of Reporting Employer: Commonwealth Edison Company	File Number 42
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <input style="width:100%;" type="text"/>
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <input style="width:100%;" type="text" value="See #12"/> P.O. Box, Building and Room Number, if any <input style="width:100%;" type="text" value="Suite 1"/> Street <input style="width:100%;" type="text" value="6330 Belmont Road"/> City <input style="width:100%;" type="text" value="Downers Grove"/> State <input style="width:100%;" type="text" value="Illinois"/> ZIP Code + 4 <input style="width:100%;" type="text" value="60516"/>	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <input style="width:100%;" type="text" value="Local 15, IBEW"/> P.O. Box, Building and Room Number, if any <input style="width:100%;" type="text" value="Suite 1"/> Street <input style="width:100%;" type="text" value="6330 Belmont Road"/> City <input style="width:100%;" type="text" value="Downers Grove"/> State <input style="width:100%;" type="text" value="Illinois"/> ZIP Code + 4 <input style="width:100%;" type="text" value="60516"/>
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <input style="width:100%;" type="text"/>	10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<input style="width:100%;" type="text" value="1/23/2009"/>	<input style="width:100%;" type="text" value="149"/>	<input style="width:100%;" type="text" value="Meal"/>
<input style="width:100%;" type="text" value="3/26/2009"/>	<input style="width:100%;" type="text" value="39"/>	<input style="width:100%;" type="text" value="Meal"/>
<input style="width:100%;" type="text" value="5/28/2009"/>	<input style="width:100%;" type="text" value="344"/>	<input style="width:100%;" type="text" value="Meal"/>
<input style="width:100%;" type="text" value="7/23/2009"/>	<input style="width:100%;" type="text" value="134"/>	<input style="width:100%;" type="text" value="Meal"/>
<input style="width:100%;" type="text" value="9/24/2009"/>	<input style="width:100%;" type="text" value="99"/>	<input style="width:100%;" type="text" value="Meal"/>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Susie Kutansky, Manager of Employee and Labor Relations, provided lunch at several contract review committee meetings, with Union IBEW Local 15 business representatives in attendance.

Part B

Name of Reporting Employer: Commonwealth Edison Company	File Number 42
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <input type="text" value="See #12"/> <input type="text" value=""/> P.O. Box, Building and Room Number, if any <input type="text" value="Suite 1"/> Street <input type="text" value="6330 Belmont Road"/> City <input type="text" value="Downers Grove"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60516"/>	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <input type="text" value="Local 15, IBEW"/> P.O. Box, Building and Room Number, if any <input type="text" value="Suite 1"/> Street <input type="text" value="6330 Belmont Road"/> City <input type="text" value="Downers Grove"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60516"/>
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <input type="text" value=""/>	10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<input type="text" value="1/31/2009"/>	<input type="text" value="88"/>	<input type="text" value="Meal"/>
<input type="text" value="1/31/2009"/>	<input type="text" value="113"/>	<input type="text" value="Lodging during inclement weather"/>
<input type="text" value="1/31/2009"/>	<input type="text" value="111"/>	<input type="text" value="Lodging during inclement weather"/>
<input type="text" value="1/31/2009"/>	<input type="text" value="623"/>	<input type="text" value="Lodging during inclement weather"/>
<input type="text" value="1/31/2009"/>	<input type="text" value="62"/>	<input type="text" value="Meal"/>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Several Lunch meetings and accommodations hosted by Joseph David, Manager, Health & Safety, for the Safety Rule Book Joint Review Committee. Of the total 22 employees, 10 employees are Local 15 members.

Part B

Name of Reporting Employer: Commonwealth Edison Company	File Number 42
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
--	---

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <input type="text" value="See #12"/> <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text" value="Suite 1"/> Street <input type="text" value="6330 Belmont Road"/> City <input type="text" value="Downers Grove"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60516"/>	9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <input type="text" value="Local 15, IBEW"/> P.O. Box, Building and Room Number, if any <input type="text" value="Suite 1"/> Street <input type="text" value="6330 Belmont Road"/> City <input type="text" value="Downers Grove"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60516"/>
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <input type="text"/>	10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<input type="text" value="10/6/2009"/>	<input type="text" value="66"/>	<input type="text" value="Meal"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

J. Daniel Lyons, Manager Performance Assessment Group, hosted a lunch meeting for the Safety Council Revitalization committee. Of the total 20 employees, 10 employees are Local 15 members.

