⊌.S. Dipartn;e tof Labor Office of Labor-Management

Standards
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## 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

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 03-31-2019

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.

628210

1. File Number: <b>C-</b> 00488	
Person Filing  2. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Matt Perovic	Name
Title President	Title
Organization Quantum Consulting	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 10917 Kilpatrick	Street
City Oak Lawn	City
State Illinois ZIP Code + 4 60453	State ZIP Code + 4
4. Date fiscal year ends: 5. Type of person:	
Dec 31 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):	7. Date entered into: 8 / 12 / 2016
Name Scott Watkins	
Organization Nalco Crossbow Water, LLC	8. Name of person(s) through whom made:
Trade Name, if any	Name
P.O. Box, Bldg., Room No., if any	Name
Street 320 W 194th Street	Name
City Glenwood	Name
State Illinois	Name (04)
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 // all / ease President (If other title, see	14. Signed Treasurer (If other title, see
Title President instructions)	Title Treasurer instructions)
On 09/05/2016 708-423-7786	00
Date Telephone Number	On Date Telephone Number /
· · · · · · · · · · · · · · · · · · ·	1/42

Filer: Aatt Ferovic Quantum Consulting	File Number C- 00488	
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.):		
\$250.00 per/hour for all hours worked + \$125.00 per/hour for travel time		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instructi	ons):	
a. Nature of activity:		
To persuade employees to excercise or not to excercise their right to choose or not to choose representation for the purposes of collective bargaining.		
11.b. Period during which performed:	11.c. Extent performed:	
August-September, 2016	Various employee meetings	
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:	
Name See #2 above .	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:	
Press Operators, Warehouse Coordinators, Production Group Leaders, Manufacturing Reaction Associates, Facility Maintenance Employee,	IBT Local 781	