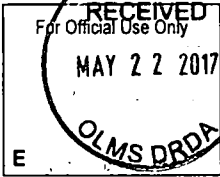


# FORM LM-21

## 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

649057

1. File Number C-00488	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2016		12 / 31 / 2016

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	Matthew J Perovic
Title	President
Organization	Quantum Consulting
P.O. Box, Building and Room Number, if any	
Street	10917 Kilpatrick
City	Oak Lawn
State	Illinois
ZIP Code + 4	
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 <u>Matthew J Perovic</u>	President	18. Signed <u>Sharon Perovic</u>	Treasurer
Title President	(if other title, see instructions)	Title Treasurer	(if other title, see instructions)
On 05 / 15 / 2017	708-423-7786	On 05 / 15 / 2017	708-423-7786
Date	Telephone Number	Date	Telephone Number

Name of Person Filing: Matthew Perovic

File Number C- 00488

**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, Building and Room Number, if any

Employer ITS Technologies &amp; Logistics

Trade Name

Street

8200 W 185th Street

Attention To

Paul

Kleppetsch

City

Tinley Park

Title

General Counsel

State

Illinois

ZIP Code + 4

60487

5.b. Termination Date 08-22-2016

5.c. Amount 22,200

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 37,802

**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

Matthew	J	Perovic	36,386	1,416	37,802	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:					37,802	14. Total Disbursements (Sum of Items 8-13)	37,802

**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

P.O. Box, Building and Room Number, if any

Street

City

State Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

