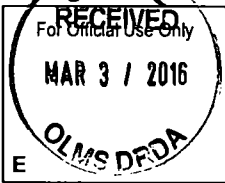


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 08-31-2016

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 by the Labor-Management Relations Act of 1947, as amended, 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

619195

1. File Number C- 00488	2. Period Covered By This Report From: 01 / 01 / 2015 Through: 12 / 31 / 2015
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<b>A. Person Filing</b>	
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 60453	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 Perovic</u> Title President On 03 / 07 / 2016 708-423-7786 Date Telephone Number	18. Signed _____ Title Treasurer On _____ Date Telephone Number
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Name of Person Filing:	File Number C- 00488
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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). Mailing Address:

Employer <u>Reliance Steel/Chatham Steel</u>	P.O. Box, Building and Room Number, if any <u></u>
Trade Name <u></u>	Street <u>501 W Boundary Street</u>
Attention To <u>Jerry</u> <input type="checkbox"/> <u>Rooney</u>	City <u>Savannah</u>
Title <u>Operations Manager</u>	State <u>Georgia</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>31401-3105</u>

5.b. Termination Date 07/10/2015 5.c. Amount 8,432

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 8,432

**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	
<u>Matthew</u> <input type="checkbox"/> <u>Perovic</u>	<u>21,450</u>	<u>1,513</u>	<u>22,963</u>	9. Office and Administrative Expenses <u></u>
<u></u> <input type="checkbox"/> <u></u>				10. Publicity <u></u>
<u></u> <input type="checkbox"/> <u></u>				11. Fees for Professional Services <u></u>
<u></u> <input type="checkbox"/> <u></u>				12. Loans Made <u></u>
<u></u> <input type="checkbox"/> <u></u>				13. Other Disbursements <u></u>
8. Total disbursements to officers and employees: <u>22,963</u>				14. Total Disbursements (Sum of Items 8-13) <u>22,963</u>

**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.

<p>15.a. Employer Name: <u></u></p> <p>15.c. To Whom Paid</p> <p>Name <u></u> <input type="checkbox"/> <u></u></p> <p>Title <u></u></p> <p>Organization <u></u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u>Washington</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u></u></p>	<p>15.b. Trade Name, If any: <u></u></p> <p>15.d. Amount <u></u></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing: Matthew Perovic		File Number C- 00488	
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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). Mailing Address:

Employer <span style="border: 1px solid black; padding: 2px;">DirectSat USA LLC Trade Name UniTec USA</span> Trade Name <span style="border: 1px solid black; padding: 2px;"></span> Attention To: <span style="border: 1px solid black; padding: 2px;">Lauren</span> <span style="border: 1px solid black; padding: 2px;">Dudley</span> Title <span style="border: 1px solid black; padding: 2px;">Director Human Resources</span>	P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;"></span> Street <span style="border: 1px solid black; padding: 2px;">1777 Sentry Parkway West</span> City <span style="border: 1px solid black; padding: 2px;">Blue Bell</span> State <span style="border: 1px solid black; padding: 2px;">Pennsylvania</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">19422</span>
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5.b. Termination Date 05/18/2015 5.c. Amount 1,740

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer <span style="border: 1px solid black; padding: 2px;">Area Disposal Companies</span> Trade Name <span style="border: 1px solid black; padding: 2px;"></span> Attention To: <span style="border: 1px solid black; padding: 2px;">Steven</span> <span style="border: 1px solid black; padding: 2px;">Peterson</span> Title <span style="border: 1px solid black; padding: 2px;">Human Resources Manager</span>	P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;"></span> Street <span style="border: 1px solid black; padding: 2px;">4700 N Sterling Avenue</span> City <span style="border: 1px solid black; padding: 2px;">Peoria</span> State <span style="border: 1px solid black; padding: 2px;">Illinois</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">60615</span>
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5.b. Termination Date 10/27/2015 5.c. Amount 12,785

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer <span style="border: 1px solid black; padding: 2px;"></span> Trade Name <span style="border: 1px solid black; padding: 2px;"></span> Attention To: <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> Title <span style="border: 1px solid black; padding: 2px;"></span>	P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;"></span> Street <span style="border: 1px solid black; padding: 2px;"></span> City <span style="border: 1px solid black; padding: 2px;"></span> State <span style="border: 1px solid black; padding: 2px;">Illinois</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;"></span>
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5.b. Termination Date  5.c. Amount 0

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer <span style="border: 1px solid black; padding: 2px;"></span> Trade Name <span style="border: 1px solid black; padding: 2px;"></span> Attention To: <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> Title <span style="border: 1px solid black; padding: 2px;"></span>	P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;"></span> Street <span style="border: 1px solid black; padding: 2px;"></span> City <span style="border: 1px solid black; padding: 2px;"></span> State <span style="border: 1px solid black; padding: 2px;"></span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;"></span>
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5.b. Termination Date  5.c. Amount 0

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer <span style="border: 1px solid black; padding: 2px;"></span> Trade Name <span style="border: 1px solid black; padding: 2px;"></span> Attention To: <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> Title <span style="border: 1px solid black; padding: 2px;"></span>	P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;"></span> Street <span style="border: 1px solid black; padding: 2px;"></span> City <span style="border: 1px solid black; padding: 2px;"></span> State <span style="border: 1px solid black; padding: 2px;"></span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;"></span>
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5.b. Termination Date  5.c. Amount 0

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:

Employer <span style="border: 1px solid black; padding: 2px;"></span> Trade Name <span style="border: 1px solid black; padding: 2px;"></span> Attention To: <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> Title <span style="border: 1px solid black; padding: 2px;"></span>	P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px;"></span> Street <span style="border: 1px solid black; padding: 2px;"></span> City <span style="border: 1px solid black; padding: 2px;"></span> State <span style="border: 1px solid black; padding: 2px;"></span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;"></span>
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5.b. Termination Date  5.c. Amount 0