### Agreement and Activities Reart

### U.S. Department of Labor

Office of Labor-Managem... Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001 12/31/86

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations,

Loder Section 203(b) of the Labor Management Reporting and Disclosure Act of 1959, as amended (LMPDA)

File No. C. 488

onder Section 200(b) of the Labor-Management Reporting and Disclosure	e Act of 1959, as amended (LMRDA).
A. Person Filing	
Name and mailing address (include ZIP code):	<ol><li>Any other address where records necessary to verify this report are kept:</li></ol>
MATT PEROUIC	
GUANTUM CONSULTING	
10917 KILPATRICK	
OAK LAWN, 12 60453 3. Date fiscal year ends: 4. Type of person:	
	_/
12/31 a.   Individual b.   F	Partnership c. (Corporation d. (Corporation):
B. Nature of Agreement or Arrangement	
5. Full name and address of employer with whom made (include ZIP co	ode): 6. Date entered into:
LAPHAM-HICKEY STEEL	2/05/01
5500 W 7380 STREET	7. Names of persons through whom made:
CHICAGO, 12 60638	JEFF HOBSON
8. Check the appropriate box to indicate whether an object of the activ	rities undertaken, is directly or indirectly:
<ol> <li>To persuade employees to exercise or not to exercise, or percollectively through representatives of their own choosing.</li> </ol>	rsuade employees as to the manner of exercising, the right to organize and bargain
b.   To supply an employer with information concerning the active	rities of employees or a labor organization in connection with a labor dispute involv-
ing such employer, except information for use solely in conju ceeding.	inction with an administrative or arbitral proceeding or a criminal or civil judicial pro-
9. Terms and conditions (Explain in detail; see Part B-9 of instructions)	Y .
\$190,00 PER HOUR FOR ALL	HOURS WARKEN
# 190,00 PEN HOUN TON	FIVANS WONNED
C. Specific Activities to be Performed	
10. For each activity, separately list in detail the information required (	See Part C-10 of instructions):
a Nature of activity: To PERSUADE EME	PLOYEES TO EXERCISE OR NOT TO CHOOSE
EXERCISE TILL PROJECT TO	CHOOSE OF NOT TO CHOOSE
CXENCISE THEIR MIGHT TO C	A LE COM
KEPRESENTATIVES FOR THE	PURPOSES OF COLLECTIVE BARGAINING
b. Period during which performed: c. Extent pe	erformed:
2/05/01 - 2/21/01 25	ETS OF EMPLOYEE MEETINGS
·	ers or Emira, er 1/2011/63
<ul> <li>d. Names and addresses of persons through whom performed:</li> </ul>	E B B D W B D
DEE IA	In E G E U V B
022	11.2
11. identify (a) Subject employees, groups of employees, and (b) labor	organizations: MAR 3 0 2001
STEEL WORKERS	to the second
31-02 000112013	USDOL/ESA USDOL/ESA
	OLMS/DOE/SRD
D. Verification and Signature. The person in item 1 above and each	of his undersigned authorized officers declares, under penalty of law, that all in-
formation in this report, including all attachments incorporated therein	or referred to in this report, has been examined by him and is, to the best of his
knowledge and belief, true, correct, and complete.	
Signed 1/	Signed:
Jabale floor Presid	
(If other title, cross out, and write in correct title above.)	(If other title, cross out and write in correct title above.)
at: OAK LAWA! // State Date	City State Date
*** / (F/4) PSF(MF M/ / MF VIII ) / / / //	# / 1901 UII

Office of Labor-Management Standards



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OMB No. 1214-0001 12/31/86

Form LM-20 (Feb. 1986)

Required of Persons,	including Labor Relations (	Consultants and (	Other Individuals	and Organizations,
Inder Section 203(b	) of the Labor-Management	Reporting and D	Disclosure Act of 1	1959, as amended (LMRDA).

File No. C. 488

A. Person Filing	. who eque of something	
Name and mailing address (include ZIP code):	2 Any other address where rec	ords necessary to verify this report are kept:
	2. Any other address where reco	ords necessary to verify this report are kept.
MATT PEROVIC		
QUANTUM CONSULTING	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
10917 KILPATAICK		
OAK LAWN, 14 60453		
Date fiscal year ends:       4. Type of person:		
a.   Individual b.   Parti	nership c. 🗹 Corporation	d.   Other (Specify):
B. Nature of Agreement or Arrangement		
5. Full name and address of employer with whom made (include ZIP code)	6. Date entered in	to:
RIVER CITY MILLWORK	1/25/	0/
Aloca city interesta	1/03/	
200 QUAKER KOAD	<ol><li>Names of perso</li></ol>	ns through whom made:
ROCKFORD, 12 61104	B166	SAPPRINGIL
Check the appropriate box to indicate whether an object of the activities	10,0	v:
a. To persuade employees to exercise or not to exercise, or persua		
collectively through representatives of their own choosing.	as surproyees as to the marrier of	oxorotonig, the right to organize and bargain
b.   To supply an employer with information concerning the activities	of employees or a labor organizat	ion in connection with a labor dispute involv-
ing such employer, except information for use solely in conjuncti		
ceeding.		
O. Torms and conditions (Fundain in datails and Part R C of instructions):		
9. Terms and conditions (Explain in detail; see Part B-9 of instructions):	,/ /.	
\$ 175.00 PER HOUR FOR AL	L StogRS 11/0	CKED
4/12	1 111	111
C. Specific Activities to be Performed		
10. For each path its apparately list in detail the information required (Con	Part C-10 of instructions):	
a. Nature of activity: To PERSUADE EMA  EXERCISE THEIR RIGHT To	DIPLIFE TO F	LEPUSE OF NOT TO
a. Nature of activity: 70 PENSANDE EMI	C/2003 10 C	CHOSE
EXERCISE THEIR RIGHT TO	CHOOSE OR NO	T TO CHOUSE
Dear Car file Conser	/	16 6 2012 2016
REDS. FOR THE PURPOSES	OF COLLECTION	2 DANGHINING
<ul> <li>b. Period during which performed:</li> <li>c. Extent performed</li> </ul>	med:	produce the same and the same a
1/05/01 - 1/10/01 2 SE	TE at End	LOYER MEETINGS
1/03/01 1/10/01	1) OF EMP.	LOYER MEETINGS
d. Names and addresses of persons through whom performed:		
0 /		E B B B W R D
LEG 1A		IN BBUNE IN
DEC 111		
11. Identify (a) Subject employees, groups of employees, and (b) labor orga	enizations:	110
	inizations:	MAR 3 D 2001
TRUCK DRIVERS		ter lod
TRACK PRIVERS		LICON / FCA
		USDOL/ESA OLMS/DOE/SRD
		UEINS/ DOC/SIND
D. Verification and Signature. The person in item 1 above and each of	his undersigned authorized officer	s declares, under penalty of law, that all in-
formation in this report, including all attachments incorporated therein or	referred to in this report, has been	n examined by him and is, to the best of his
knowledge and belief, true, correct, and complete.		
Signed: A/	Signed:	
11614.		**************************************
// other fills are so out and write in served title chairs	//f other title organization	Treasurer
(If other title, cross out and write in correct title above.)	(If other title, cross out and write	
City State Date	City	State Date
M ) / //		

# Agreement and Activities Repo

### U.S. Department of abor

Office of Labor-Management 5. ...ards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

OMB No. 1214-0001

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).			File No.	c.	488
A.	Person Filing				
1.	Name and mailing address (include ZIP code):  MATT PEROVIC QUANTUM CONSULTING JOSIA KILPATRICK OAK LAWN, IL 60453  Date fiscal year ends:  4. Type of person:	ne and mailing address (include ZIP code):  ATT PEROUIC  UANTUM CONSULTING  DOUG KILPATRICK  2. Any other address where records necessary to verify this report are kep			
-	Data finest very ander	L			
3.	a.   Individual   b.   Partr	nership c. Corporation d.	□ Other (	(Specify):	:
В.	Nature of Agreement or Arrangement				
5.	Full name and address of employer with whom made (include ZIP code): SEPTRAN, INC 6012 TIMBERGLADE CIR	6. Date entered into:  5/02/0/ 7. Names of persons thro	ough whom	made:	
	BLOOMINGTON, MN 55438	ROBER JE	NSEN		
8.	Check the appropriate box to indicate whether an object of the activities	undertaken, is directly or indirectly:			
ke c	<ul> <li>a.  To persuade employees to exercise or not to exercise, or persual collectively through representatives of their own choosing.</li> <li>b.  To supply an employer with information concerning the activities ing such employer, except information for use solely in conjunction ceeding.</li> </ul>	de employees as to the manner of exerc of employees or a labor organization in	connection	with a lab	bor dispute involv-
9.	Terms and conditions (Explain in detail; see Part B-9 of instructions):	1			
	\$ 175.00 PER HOUR FOR ALL	HOURS WORKED			
	Specific Activities to be Performed				
10.	For each activity, separately list in detail the information required (See	Part C-10 of instructions):		2	
	a. Nature of activity: To PERSUMOE EMPLOY  EXERCISE THEIR RIGHT TO CHOOL	SES TO EXERCISE OSE OR NOT TO CI	OR 1	VOT E	70
	REPS. FORTHE PURPOSES OF (	DUECTIVE BARGAI	NINE	F.	
	b. Period during which performed: c. Extent performance $3/03/01 - 5/18/01$ 3 Sec.	med: ETS OF EMProy.		Λ	11185
	d. Names and addresses of persons through whom performed:				
	SEE 1A				
11.	Identify (a) Subject employees, groups of employees, and (b) labor orga	nizations:			
	TRANSPORTATION WOI	PKERS			
kno	Verification and Signature. The person in item 1 above and each of the nation in this report, including all attachments incorporated therein or rewledge and belief, true, correct, and complete.	is undersigned authorized officers decla eferred to in this report, has been exam	ares, under lined by him	penalty on and is,	of law, that all in- to the best of his
	Matthew Pleave President	Signed:			Treasure
(If o		(If other title, cross out and write in corre	ect title abo	we.)	
at:	City State Date / OAK LAWN /L on: \$/26/01	City at:	St	ate	Date on:
	Will Will The state of the stat				

1. Name and maling address (include ZIP code):

A. Person Filing

3. Date fiscal year ends:

# U.S. Department of Labor

Employment Stano Administration Office of Labor-Management Standards



This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations,

a. 
Individual

TALING ACTIONS (INCIDUDE Z...)

THEROUIC

THER

Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

Form approved - OMB No. 1215-0188 Expires 11-30-2002

File No.

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

c. Corporation d. Cother (Specify):

B. Nature of Agreement or Arrangement 5. Full name and address of employer with whom made (include ZIP code): XACTOOSE 122 PROGRESSIVE LANE SOUTH BELDIT, IL 61080 8. 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. 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. 9. Terms and conditions (Explain in detail; see Part B-9 of instructions): \$ 175.00 PER HOUR FOR ALL HOURS WORKED C. Specific Activities to be Performed 10. For each activity, separately list in detail the information required (See Part C-10 of instructions): a. Nature of activity: TO PERSUADE EMPLOYEES TO EXERCISE OR NOT TO EXERCISE THEIR RIGHT TO CHOOSE OR NOT TO CHOOSE REPS. FOR THE PURPOSES OF COLLECTIVE BARGAINING c. Extent performed: b. Period during which performed: SETS OF EMPLOYEE MEETINGS d. Names and addresses of persons through whom performed: 11. Identify (a) Subject employees, groups of employees, and (b) labor organizations: DOLE Rec'd EMBLY WORKERS D. Verfication and Signature. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law. that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete. Signed: President Treasurer (If other title, cross out and write in correct title above.) (If other title, cross out and write in correct title above.) State Date Date City State Form LM-20 (Feb. 1990)

b. Partnership