U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 **RECEIPTS AND DISBURSEMENTS REPORT**

Form: approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

g Labor Rélations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Mañagement Relations and Disclosure Act of 1959, as amended. (LMRDA)

RECEIVED For Official Use Only

Eila Mumb	er C- 00488		25661	2. Period Co	overed	Month/Day/Year	1	Month/Day/Year
File Numb	er C-[UU-3-0-3]			By This F	Report From: 01	(mm/ad/yyy) 01 2012	Through:	(mm/ddyyyy) 12/31/20
Person F	iling	<u> </u>	-				<u>. </u>	·
	1-3-	include ZIP Code):		4. Any othe	r address wh	ere records neces	sary to verify t	this report are kept:
Name	Matthew's	J. Perovica	A A TOWN	Name			LITE Y	
Γitle	President			Title	7894KX			
Organizati	on Quantum Co	onsulting		Organiza	ntion 🖖 🖔		2.000	
P.O. Box,	Building and Roor	n Number, if any				d Room Number,	if any	
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City Öa	k Lawn	W. J. F. S.		City		kantin w	31.1	
State [1]	linois 🛠 💯	ZIP Code	e + 4 60453	State			ZIP Cod	e+4
			Sigr	atures			•	
rmation c	ontained in any ac	s, under penalty of perjury a companying documents) h s Section on penalties in th	as been examined by	alties of law, that he signatory an	all of the infor d is, to the be	mation submitted in est of the undersign	this report (inc ned's knowledç	luding the ge and belief, true,
Signed	Matthew	Herove	_ President	18. Signed	**************************************	· · · · · · · · · · · · · · · · · · ·		_ Treasurer
Title	President?:		(if other title, see instructions)	Title	Treasui	er#**/		(If other title, see instructions)
02/	28 / 2013	708-423-7786	KE CAN	On _]/ <u>[8]</u> /[8			THE STATE OF
	Date	Telephone Number	,	37° 7 6 85°	Date	Teleph	one Number	

Form LM-21 (2003)

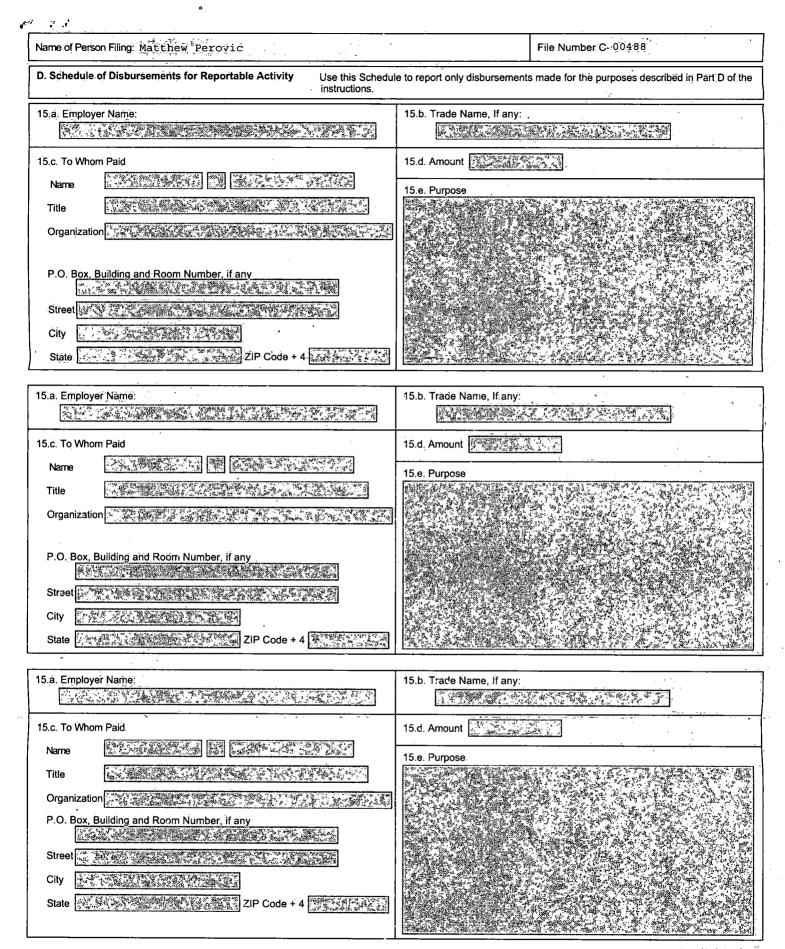
Name of Person Filing: Matthew Perovic	: e · ·	File Number C- 00488			
[<u> </u>			
B. Statement of Receipts Report all receipts from employers in connection we or services.	ith labor relations advi	ce or services regardless of the purpo	ses of the advice		
5.a. Name and Address of Employer (including trade name, if any).	Mailing	Mailing Address:			
Employer Minimum Salarata Company Comp		and Room Number, if any	and the functions of the		
indicipand, the second control of the second			5. L-8: 40 To		
Trade Name	Street 5.605%	Street 5605 Green Circle Drive			
Attention To Kent Whitney	City Minnet	onkai: : X			
Title Human Resource Manager	State Minnes	ota ZIP Code	1+4		
5.b. Termination Date 05//24//2012	5.c. Amount 28%	453			
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 40, 078	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
			4		
C. Statement of Disbursements Report all disbursements made by the re to the employers listed in Part B.	porting organization in	connection with labor relations advice	e or services rendered		
Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (c)	i) Totals				
Matthew, J. Perovic 1 240,078 50	3 mg pr ve at	ffice and Administrative Expenses	RATIONALIA		
TATE OF LEASE TAKE TO A COLUMN		ublicity			
TATEL BUTTON CONTRACTOR CONTRACTOR	and the same	ees for Professional Services			
		pans Made	WYC CAR		
A TOTAL OF MERCHANISM BOOKEN CALLED		ther Disbursements	4. C. Y. A. S. C.		
8. Total disbursements to officers and employees:		otal Disbursements (Sum of Items 8-13)	40,078		
			#.V r Q/LO		
D. Schedule of Disbursements for Reportable Activity Use this Schedinstructions.	dule to report only disb	ursements made for the purposes des	scribed in Part D of the		
15.a. Employer Name:	15.b. Trade Name	15.b. Trade Name, If any:			
EPOLOGICA SERVICIONAL SERVICIO					
15.c. To Whom Paid	15.d. Amount	15.d. Amount			
Name	15.e. Purpose	15.e. Purpose			
Title					
Organization					
P.O. Box, Building and Room Number, if any					

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City

State Washington ZIP Code + 4

:6. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY



Name of Person Filing: Matthew Perovic	File Number C- 00488
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Terryberry Inc.	P.O. Box, Bidg., Room No., if any
Trade Name	Street 2033 Oak Industrial Drive NE
Attention To: Mike Byam	City Grand Rapids
Title President	State Michigan ZIP Code + 4 49505
5.b. Termination Date 05-14-2012	5.c. Amount 2:437
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Renaissance Chicago O Hare Suites Hotel	P.O. Box, Bldg., Room No., if any
Trade Name	Street 8500 W Bryn Mahr Avenue
Attention To: Karen McGuigan McGuigan	City Chicago
Title General-Manager	State Thinois ZIP Code + 4 60631
5.b. Termination Date 05-25-2012	5.c. Amount 3,750
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Lapham=Hickey Steel Corp.	P.O. Box, Blda., Room No., if any
ELECTRICAL CONTRACTOR OF THE PROPERTY OF THE P	Street 5500 W M3rd Street
Trade Name Attention To: Jeff Hobson	City Chicago
Title	State Tilinois ZIP Code + 4 6,0638
5.b. Termination Date 057/297/2012	5.c. Amount. 5,438
	harmonia de la companio del la companio de la companio del la companio de la comp
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any
Employer	
Trade Name	Street
Attention To:	City
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount 0
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer	P.O. Box, Bldd., Room No. if any
Complete and a comple	. Street
Attention To:	City
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount 0
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if anv
Employer	
Trade Name	Street
Attention To:	. City
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount 0.

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, Bldg., Room No., if any					
Employer	P.O. Box, Blog., Room No., Ir any					
Trade Name	Street					
Attention To:	City					
Title	State ZIP Code + 4					
5.b. Termination Date	5.c. Amount 0					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any					
Employer	STATE OF THE STATE					
Trade Name	Street					
Attention To:	City					
Title	State ZIP Code + 4					
5.b. Termination Date	5.c. Amount					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:					
Employer	P.O. Box. Bldg., Room No., if anv					
Trade Name	Street					
Attention To:	City					
Title	State ZIP Code + 4					
5.b. Termination Date	5.c. Amount					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:					
	P.O. Box, Bldg., Room No., if any					
Employer	THE STREET STREET WHEN IN THE STREET WAS A SECOND STREET					
Trade Name						
Attention To:	City State ZIP Code + 4					
Title	State ZIP Code + 4					
5.b. Termination Date	5.c. Amount					
5.a. Name and Address of Employer (including trade name, if any).						
	Mailing Address:					
The second control of						
Employer	Mailing Address: P.O. Box. Blda., Room No., if any					
Employer Trade Name	Mailing Address: P.O. Box. Blda., Room No., if any Street					
Employer	Mailing Address: P.O. Box. Blda Room No if any Street					
Employer Trade Name Attention To:	Mailing Address: P.O. Box. Blda Room No if any Street City					
Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box. Blda. Room No. if any Street City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Blda. Room No. if any					
Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box. Blda. Room No. if any Street City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Blda. Room No. if any					
Employer Trade Name Attention To: Title 5.b. Termination Date	Mailing Address: P.O. Box. Blda. Room No. if any Street City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Blda. Room No. if any					
Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer	Mailing Address: P.O. Box. Blda. Room No. if any Street City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Blda. Room No. if any					
Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	Mailing Address: P.O. Box. Blda. Room No., if any Street City State ZIP Code + 4 5.c. Amount Mailing Address: P.O. Box. Blda. Room No., if any Street					