

# 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

5256661

1. File Number C- 00488	2. Period Covered By This Report From: 01/01/2012 Through: 12/31/2012	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name: Matthew J. Perovic	4. Any other address where records necessary to verify this report are kept:
Title: President	Name:
Organization: Quantum Consulting	Title:
P.O. Box, Building and Room Number, if any:	Organization:
Street: 10917 Kilpatrick	P.O. Box, Building and Room Number, if any:
City: Oak Lawn	Street:
State: Illinois ZIP Code + 4: 60453	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> Title: President On: 02/28/2013 Date: 708-423-7786 Telephone Number	18. Signed: _____ Title: Treasurer On: _____ Date: _____ Telephone Number
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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 Multiband, Inc.

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

5.b. Termination Date 05/24/2012

5.c. Amount 28,453

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 40,078

**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	40,078	0	40,078	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:	40,078			14. Total Disbursements (Sum of Items 8-13)	40,078

**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

ZIP Code + 4

## 15.d. Amount:

## 15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

**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.

<b>15.a. Employer Name:</b> [REDACTED]	<b>15.b. Trade Name, If any:</b> [REDACTED]
<b>15.c. To Whom Paid</b> Name [REDACTED] Title [REDACTED] Organization [REDACTED]  P.O. Box, Building and Room Number, if any [REDACTED] Street [REDACTED] City [REDACTED] State [REDACTED] ZIP Code + 4 [REDACTED]	<b>15.d. Amount</b> [REDACTED]  <b>15.e. Purpose</b> [REDACTED]
<b>15.a. Employer Name:</b> [REDACTED]	<b>15.b. Trade Name, If any:</b> [REDACTED]
<b>15.c. To Whom Paid</b> Name [REDACTED] Title [REDACTED] Organization [REDACTED]  P.O. Box, Building and Room Number, if any [REDACTED] Street [REDACTED] City [REDACTED] State [REDACTED] ZIP Code + 4 [REDACTED]	<b>15.d. Amount</b> [REDACTED]  <b>15.e. Purpose</b> [REDACTED]
<b>15.a. Employer Name:</b> [REDACTED]	<b>15.b. Trade Name, If any:</b> [REDACTED]
<b>15.c. To Whom Paid</b> Name [REDACTED] Title [REDACTED] Organization [REDACTED]  P.O. Box, Building and Room Number, if any [REDACTED] Street [REDACTED] City [REDACTED] State [REDACTED] ZIP Code + 4 [REDACTED]	<b>15.d. Amount</b> [REDACTED]  <b>15.e. Purpose</b> [REDACTED]

Name of Person Filing: Matthew Perovic		File Number C-00488	
<b>B. Statement of Receipts</b> 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: Terryberry, Inc.		P.O. Box, Bldg., 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		City: Chicago	
Title: General Manager		State: Illinois 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, Bldg., Room No., if any:	
Trade Name:		Street: 5500 W 73rd Street	
Attention To: Jeff Hobson		City: Chicago	
Title:		State: Illinois ZIP Code + 4: 60638	
5.b. Termination Date: 05/29/2012		5.c. Amount: 5,438	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer:		P.O. Box, Bldg., Room No., if 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:	
Employer:		P.O. Box, Bldg., Room No., if 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:	
Employer:		P.O. Box, Bldg., Room No., if any:	
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

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Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer

Trade Name

Attention To:

Title

Street

City

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

Trade Name

Attention To:

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Street

City

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