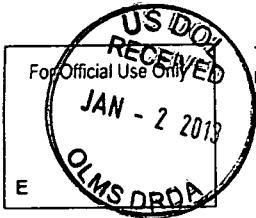


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

508453

1. File Number: C- 00488

Person Filing

2. Name and mailing address (include ZIP Code):

Name Matt Perovic

Title President

Organization Quantum Consulting

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

Street 10917 Kilpatrick

City Oak Lawn

State Illinois ZIP Code + 4 60453

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

Name

Title

Organization

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

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a Individual b Partnership c ☒ Corporation d Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name James Teague

Organization Labor Relations Institute

Trade Name, if any

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

Street 7850 South Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 64013

7. Date entered into:

11 / 15 / 2010

8. Name of person(s) through whom made:

Name

Name

Name

Name

Name

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 Section VI on penalties in the instructions.)


13. Signed Mate Perovic
Title President

President
(If other title, see
instructions)

14. Signed _____
Title _____
Treasurer
(If other title, see
instructions)

On 05/17/2011 708-423-7786
Date Telephone Number

On _____
Date Telephone Number

Filer: 	File Number C-
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9. 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.

b. ☐ 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.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Verbal agreement. 187.50 per hour for all hours worked plus incurred expenses.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity:	
To persuade employees to exercise or not to exercise their right to choose or not to choose representation for the purposes of collective bargaining.	
11.b. Period during which performed: November - December, 2010	11.c. Extent performed: Employee Group Meetings
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name Betsy Crenshaw	Name
Organization Jays Medicar Transportation	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 4939 W Lake Street	Street
City Chicago	City
State Illinois ZIP Code + 4 60644	State ZIP Code + 4
12.a. Identify subject groups of employees: Drivers	12.b. Identify subject labor organizations: Amalgamated Transit Union (ATU) Local 1028