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. 1245-0003 Expires: 07-31-2019

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.

Solution and Discourse Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

MAY 2 2 2017	6430)					
E S DBY	to a first water and protection					
1 . File Number C -00488	2. Pericd Covered (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) By This Report From: 01 / 01 / 2016 Through: 12 / 31 / 2016					
State Control of the	From: 01 / 01 / 2016 Through: 12 / 31 / 2016					
A. Person Filing						
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:					
Name Matthew J Perovic	Name					
Title President	Title					
Organization Quantum Consulting	- Organization					
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any					
Street 10917 Kilpatrick	Street					
City Oak Lawn	City					
State Illinois ZIP Code + 4	State ZIP Code + 4					
Signatures						
Each of the undersigned declares, under penalty of perjury and other applicable penal information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	ties of law, that all of the information submitted in this report (including the ne signatory and is, to the best of the undersigned's knowledge and belief, true,					
17. Signed Agua f leave President (if other title, see instructions)	18. Signed Treasurer Title Treasurer (If other title, see instructions)					
On 05 / 15 / 2017 708-423-7786	On 05/15/2017 708-423-7786					
Date Telephone Number	Date Telephone Number					

Name of Person Filing: Matthew Perovic							File Number C- 00	488		
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.						of the advice				
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Building and Room Number, if any										
Employer [1]										
Trade Name					Street 8	Street 8200 W 185th Street				
Attention To	Attention To Paul Kleppetsch				City T	inley Park				
Title General Counsel State Illinois ZIP Code + 4 60487						60487				
5.b. Termination I	Date	08-22-2016			5.c. Amoun	5.c. Amount 22,200				
6. TOTAL RECEIF	TS	FROM ALL EMPLOYERS	37,802							
				•						
				•	 					
C. Statement of [)isb:		sbursements r yers listed in f		eporting organiz	ation in connecti	on with labor relations	advice or s	services rendered	
	Offi	cers and Employees:								
(a) Name	75.7	Perovic	(b) Salary	(c) Expenses (c)	1	0.05	A desirie handi F			
Macchew	160	Perovic	36,386	1,416	37,802	+	Administrative Expense	25		
][][10. Publicity			<u> </u>	
×	<u> </u>						rofessional Services			
	ـــالـ ۱۲					12. Loans Mad			<u> </u>	
B. Tatal diabura	ــالـ	1	<u> </u>	<u>L </u>	13. Other Disbursements		240			
Total disbursements to officers and employees:				37,802	7 , 8 0 2 14. Total Disbursements (Sum of Items 8-13) 37 , 8 0 2					
				•						
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:										
13.a. Employer Name.					o.s. Hade Haine, Haily.					
15.c. To Whom Paid										
Name 15.e. F					15.e. Purp	ose				
Title										
Organization										
P.O. Box, Building and Room Number, if any										
Street										
City										
State Washington ZIP Code + 4										
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY										
10. TO TAL DISDURSEMENTS FOR ALL REPORTABLE ACTIVITY										

Form LM-21 (2003)

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:					
Employer Nalco Crossbow Water	P.O. Box, Bldg., Room No., if any				
Trade Name	Street 320 W 194th Street				
Attention To: Scott Watkins	City Glenwood				
Title Plant Manager	State Illinois ZIP Code + 4 60425				
1.14.10					
5.b. Termination Date 09-09-2016	5.c. Amount 7,312				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any				
Employer Ecolab					
Trade Name	Street 261 Hoghway 155 S				
Attention To: Mike Larson	City McDonough				
Title VP-Director Of Labor Relations	State Georgia ZIP Code + 4 30253				
5.b. Termination Date 08-28-2016	5.c. Amount 5, 842				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:				
Employer Ascension dba Medxcel	P.O. Box, Bldq., Room No., if anv				
Trade Name	Street 101 S Handley Road				
Attention To: Jennifer Richter	City St Louis				
	State Missouri ZIP Code + 4 63105				
BITCOOT INMINIT REBUILDED					
5.b. Termination Date 09-08-2016	5.c. Amount 2,448				
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				
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:					
51	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					
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, BldaRoom.Noif.anv				
Employer					
Trade Name	Street				
Attention To:	City				
Title	State ZIP Code + 4				
5.b. Termination Date	5.c. Amount				