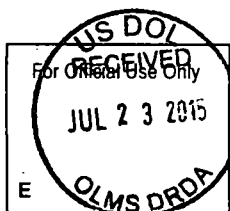


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016



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)

595723

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00488

## Person Filing

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

Name Matt Perovic  
Title Principal  
Organization Quantum Consulting  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 10917 Kilpatrick  
City Oak Lawn  
State Illinois ZIP Code + 4 \_\_\_\_\_

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 Lauren Dudley  
Organization DirectSat  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street 1777 Sentry Parkway West  
City Blue Bell  
State Pennsylvania ZIP Code + 4 19422

7. Date entered into:

5 / 15 / 2015

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 VII on penalties in the instructions.)

13. Signed

Matt Perovic

President  
(If other title, see  
instructions)

Title President

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On 06-10-2015

Date

708-423-7786

Telephone Number

On \_\_\_\_\_

Date

Telephone Number

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.):

\$1,500 per day

#### 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 their right to choose or not to choose representation for the purposes of collective bargaining.

11.b. Period during which performed:

05-18-2015

11.c. Extent performed:

Various Group Meetings

11.d. Name and address through whom performed:

Name Steve Wardrop

Organization LRI

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

Street 7850 South Elm Place

City Broken Arrow

State Oklahoma ZIP Code + 4 60413

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Satellite Technicians

12.b. Identify subject labor organizations: