

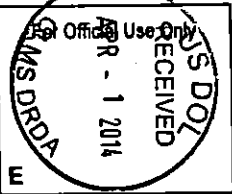
FORM LM-21

RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

552402

1. File Number C- 00488

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

01 / 01 / 2013

Through:

Month/Day/Year
(mm/dd/yyyy)

12 / 31 / 2013

A. Person Filing

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

Name Matthew J Perovic

Title President

Organization Quantum Consulting, Inc.

P.O. Box, Building and Room Number, if any

Street 10917 Kilpatrick

City Oak Lawn

State Illinois ZIP Code + 4 60453

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

Name

Title

Organization

P.O. Box, Building and Room Number, if any

Street

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 Matthew J Perovic President
(if other title, see instructions)

Title President

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

Title Treasurer

On 03 / 07 / 2014
Date Telephone Number _____

On / /
Date Telephone Number _____

Name of Person Filing: Matthew Perovic	File Number C- 00488
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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 TH Foods		Street	2134 Harlem Road
Trade Name		City	Loves Park
Attention To Rob Anderson		State	Illinois
Title Human Resource Manager		ZIP Code + 4	61111

5.b. Termination Date 09/18/2013	5.c. Amount 3,119
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 58,556	

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	58,556		58,556
8. Total disbursements to officers and employees:			58,556
			14. Total Disbursements (Sum of Items 8-13) 58,556

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	15.d. Amount
Name	
Title	
Organization	15.e. Purpose
P.O. Box, Building and Room Number, if any	
Street	
City	
State Washington ZIP Code + 4	

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.

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

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

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

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 Senior Flexonics
Trade Name
Attention To: Eddy Rojas
Title Director of Human Resources

Street 300 E Devon Avenue
City Bartlett
State Illinois ZIP Code + 4 60103-0580

5.b. Termination Date 02/13/2013

5.c. Amount 45,750

5.a. Name and Address of Employer (including trade name, if any). Mailing Address:
P.O. Box, Bldg., Room No., if any

Employer Electron Beam/International Power Conductor
Trade Name
Attention To: Bob Tokoly
Title CFO

Street 1275 Harvard Drive
City Kankakee
State Illinois ZIP Code + 4 60901

5.b. Termination Date 12/19/2013

5.c. Amount 9,687

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:
Title

Street
City
State Illinois 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
Trade Name
Attention To:
Title

Street
City
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
Trade Name
Attention To:
Title

Street
City
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
Trade Name
Attention To:
Title

Street
City
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 0

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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City

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5.b. Termination Date

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