

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

This report is mandetory 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, precess, 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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

583402 File Number C- 00488	2. Period Covered	Month/Day/Year ( mm/dd/yyyy )		Month/Day/Year (mm/dd/yyyy)
File Number C- 00100	By This Report From:	01 / 01 / 2013	Through:	12 / 31 / 201
Person Filing				
Name and mailing address (include ZIP Code):	4. Any other addres	s where records necess	ary to verify	this report are kept:
Name Matthew J Perovic	Name		•	
Title President	Title			
Organization Quantum Consulting, Inc.	Organization			
P.O. Box, Building and Room Number, if any	P.O. Box, Buildin	ng and Room Number, if	any	
Street 10917 Kilpatrick	Street	·_		
City Oak Lawn	City		•	
State Illinois ZIP Code + 4 60453	State		ZIP Co	de + 4
SI	 gnatures			
ach of the undersigned declares, under penalty of perjury and other applicable p formation contained in any accompanying documents) has been examined orrect, and complete. (See the Section on penalties in the instructions).	enalties of law, that all of th by the signatory and is, to	e information submitted in the best of the undersign	this report (in ed's knowled	icluding the dge and belief, true,
7. Signed President President (if other title, see instructions)		asurer		Treasurer (If other title, see instructions)
Title President instructions)	On/_	<u>/</u>	4.5	, 
Date Telephone Number	n	ate Telephi	one Number	

nme of Person Filing: Matthew Perovic					File Number C- 00488	
						and the address
Statement of Receipts Report all receipts from e or services.	mployers in c	onnection	n with lab	or relations e	dvice or services regardless of the purpose	
a. Name and Address of Employer (including trade name, if any).			Mailing Address: P.O. Box, Building and Room Number, if any			
and the second s				O. BOX, DUIII	ung and reconstruction, we dry	
Employer TH Foods	ro anata		۰ــــ سالت S	treet 213	4 Harlem Road	
Trade Name		<del></del> 1 	c		es Park	
Affection to Kop	erson					+4 61111
Title Human Resource Manage	r	-	S	tate III	inois ZIP Code	
.b. Termination Date 09/18/2013		_}		.c. Amount	3,119	
S. TOTAL RECEIPTS FROM ALL EMPLOYERS	58,556		-			
			h	ac organizat	ion in connection with labor relations advice	e or services rendered
C. Statement of Disbursements Report all dis to the employ	bursements n ers listed in F	nade by t Part B.	ne reporu	ng organiza	adi ii Comecacii wa naza na za na za na	
7. Distruissements to Officers and Employees:			(A T			
(a) Name	(b) Salary	(c) Expen	ses (d) To	58,556	9. Office and Administrative Expenses	T
Matthew J Perovic	58,556		<del>\</del> -	38,330	10. Publicity	
	· <u>-</u>				11. Fees for Professional Services	
	<del>,</del>		-+	<del>-</del>	12. Loans Made	<u> </u>
	1	<u> </u>			13. Other Disbursements	
8. Total disbursements to officers and employees:	<u></u>	<u></u>	1	58,556	14. Total Disbursements (Sum of Items 8-13)	58,5
			.——			<del></del> _
8. Total disbursements to emerce and any						
					de facthe summered	escribed in Part D of th
D. Schedule of Disbursements for Reportable	Activity	Use this	Schedule	to report or	nly disbursements made for the purposes de	escribed in Part D of th
D. Schedule of Disbursements for Reportable	Activity	Use this instruction	Schedule ons.		ny disbursements made for the purposes de a Name, If any:	escribed in Part D of th
	Activity	Use this instruction	Schedule ons.			escribed in Part D of th
D. Schedule of Disbursements for Reportable  15.a. Employer Name:	Activity	Use this instruction	Schedule ons.	15.b. Trade	e Name, If any:	ecribed in Part D of th
D. Schedule of Disbursements for Reportable	Activity	Use this instruction	Schedule	15.b. Trade	e Name, If any:	escribed in Part D of th
D. Schedule of Disbursements for Reportable  15.a. Employer Name:	Activity	Use this instruction	Schedule ons.	15.b. Trade	e Name, If any:	escribed in Part D of th
D. Schedule of Disbursements for Reportable  15.a. Employer Name:  15.c. To Whom Paid	Activity	Use this instruction	Schedule ons.	15.b. Trade	e Name, If any:	escribed in Part D of th
D. Schedule of Disbursements for Reportable  15.a. Employer Name:  15.c. To Whom Paid  Name	Activity	Use this instruction	Schedule ons.	15.b. Trade	e Name, If any:	ecribed in Part D of th
D. Schedule of Disbursements for Reportable  15.a. Employer Name:  15.c. To Whom Paid  Name  Title  Organization		Use this instruction	Schedule ons.	15.b. Trade	e Name, If any:	escribed in Part D of th
D. Schedule of Disbursements for Reportable  15.a. Employer Name:  15.c. To Whom Paid  Name  Title		Use this instruction	Schedule ons.	15.b. Trade	e Name, If any:	ecribed in Part D of th
D. Schedule of Disbursements for Reportable  15.a. Employer Name:  15.c. To Whom Pald  Name  Title  Organization  P.O. Box, Building and Room Number, if any		Use this instruction	Schedule ons.	15.b. Trade	e Name, If any:	escribed in Part D of th
D. Schedule of Disbursements for Reportable  15.a. Employer Name:  15.c. To Whom Paid  Name  Title  Organization		Use this instruction	Schedule ons.	15.b. Trade	e Name, If any:	escribed in Part D of th
D. Schedule of Disbursements for Reportable  15.a. Employer Name:  15.c. To Whom Paid  Name  Title  Organization  P.O. Box, Building and Room Number, if any  Street  City		Use this instruction	Schedule ons.	15.b. Trade	e Name, If any:	escribed in Part D of th

Name of Person-Filing: Matthew Perovic	File Number C- 00488	
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:	
	According to the control of the cont	
15.c. To Whom Paid	15.d. Amount	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City	·	
State ZIP Code + 4		
15.a. Employer Name:	15.b. Trade Name, If any:	
	<u></u>	
15.c. To Whom Paid	15.d. Amount	
Name	15.e. Purpose	
Title	1	
Organization <sup>1</sup>		
P.O. Box, Building and Room Number, if any		
Street		
City		
State ZIP Code + 4	the same same and the same and the same same and the same same and the same same same same same same same sam	
15.a. Employer Name:	15.b. Trade Name, If any:	
15.c. To Whom Paid	15.d. Amount	
Name	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State ZIP Code + 4		

Name of Person Filing: Matthew Perovic	File Number C- 00488
Statement of Receipts Report all receipts from employers in connection windown advice or services.	ith labor relations advice or services regardless of the purposes of the
i.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Bldg., Room No., if any
Employer Senior Flexonics	Street 300 E Devon Avenue
Trade Name	
Attention To: Eddy Rojas	City Bartlett
Title Director of Human Rsources	State Illinois ZIP Code + 4 60103-0580
5.b. Termination Date : 02/13/2013	5.c. Amount 45, 750
i.a. Name and Address of Employer (Including trade name, if any).	Mailing Address:
Employer Electron Beam/International Power Conductor	P.O. Box, Bldg., Room No., if any
Employer Electron Beam, International Fower Conductor	· -
Trade Name	Street 1275 Harvard Drive
Attention To: Bob Tokoly	City Kankakee
Title CFO	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:
J.d. Hatte and reduces of Employer (modeling hade herre, ii = 177.	P.O. Box, Bldg., Room No., if any
Employer	
Trade Name	Street
The second secon	City
Attention To:	710 Onde 14
Title	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, Bidg., Room No., if any
Employer	of the source was an above to the pro-
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:
	P.O. Box, Bldg., Room No., if any
Employer	en e
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: P.O. Box. Bldu Room No if any
Employer	,
Trade Name	Street
	City
Attention To:	
Title	State ZIP Code + 4
5.b. Termination Date	5.c. Amount . 0

A Description Matthew Perovice	File Number C- 00488
lame of Person Filing: Matthew Perovic  3. Statement of Receipts Report all receipts from employers in connection with	h labor relations advice or services regardless of the purposes of the
Advice of services.	
i.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No., if any
Employer in the second of the	Street
Trade Name	in Time and the second of the
Attention To:	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	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:
J.g. Hallo and the second of t	P.O. Box, Bida., Room No., if any
Employer	and the second of the second o
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:
Visit Charles and	P.O. Box, Bidg., Room No., if any
Employer	in the property of the state o
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. Bldg Room No if any
Employer	Secretary of the second
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. Bidg., Room No., if any
	F.O. DOM. DIGGI. TOOM TO THE STATE OF THE ST
Employer	Street
Trade Name	
Attention To:	City   ZIP Code + 4
Title	State ZIP Code + 4
5 b. Tormination Date	5.c. Amount