U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



C- 00488

1. File Number:

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.

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 State City Absence of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): Name Name Name Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 6. Full name and address of employer with whom made (include ZIP Code): Name Name 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 Signatures 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 tree, correct, and complete, City Box. In 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 tree, correct, and complete, City Box. In the instructions.) 13. Signed Make Make Make President 14. Signed Treasurer	Daniel Ellin				
Name Matt Perovic Title President Organization Quantum Consulting P.O. Box, Bldg, Room No., if any Street 10917 Kilpatrick City Osk Lawn State Illinois ZIP Code + 4 60453 State ZIP Code + 4 4. Date fiscal year ends: Dec / 31 a Individual b Partnership c. X 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 joki Jahona ZIP Code + 4 64013 Signatures Each of the undersigned declares, under penalty of peripry and other applicable penalties of the undersigned knowledge and beliative, correct, and compilete (See Belian Vikon penalties in the instructions.) 13. Signed Add Address of employer with whom less instructions in the instructions.) 14. Signed Title President (If other title, see instructions) Title President Title T	Person Filing 3. Any other address where records necessary to verify this report are kept:				
Title President Organization Quantum Consulting P.O. Box, Bidg., Room No., if any Street 10917 Kilpatrick City Oak Lawn State Illinois ZiP Code + 4 60453 State ZiP Code + 4 4. Date fiscal year ends: Dec			·		
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	On 05/17/201 4 70	08-423-7786	On		
		Telephone Number			

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Filer:			File Number C-	

- 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:	11.c. Extent performed:		
November - December, 2010	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:	12.b. Identify subject labor organizations:		
Drivers	Amalgamated Transit Union (ATU) Local 1028		