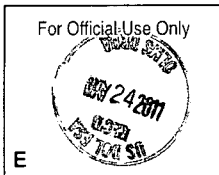


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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

459907

1. File Number C- 00488	2. Period Covered By This Report From: 01 / 01 / 2010 Through: 12 / 31 / 2010
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A. Person Filing

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

Name Matthew J Perovic
Title President
Organization Quantum Consulting
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 Matt Perovic President
Title President (if other title, see instructions)

On 01 / 06 / 2010 708-423-7786
Date Telephone Number

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

On ____ / ____ / ____
Date Telephone Number

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, Building and Room Number, if any

Employer Moring Disposal

Trade Name

Street

P.O. Box 158

Attention To

Larry

Moring

City

Forreston

Title

President

State

Illinois

ZIP Code + 4

5.b. Termination Date 02/15/2010

5.c. Amount 4,908

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 25,092

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

25,092

25,092

9. Office and Administrative Expenses

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

8. Total disbursements to officers and employees:

25,092

14. Total Disbursements (Sum of Items 8-13)

25,092

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

Washington

ZIP Code + 4

15.d. Amount

15.e. Purpose

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/> 15.e. Purpose <input type="text"/>

15.a. Employer Name: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/> 15.e. Purpose <input type="text"/>

15.a. Employer Name: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/> 15.e. Purpose <input type="text"/>

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 Mel-O-Cream Donuts Int., Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 5456 International Parkway	
Attention To: Dave L Ryan		City Springfield	
Title HR		State Illinois ZIP Code + 4 62711	
5.b. Termination Date 02-12-10		5.c. Amount 3,203	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Roland Machinery Company		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 816 N Dirksen Parkway	
Attention To: Matthew L Roland		City Springfield	
Title President		State Illinois ZIP Code + 4 62702	
5.b. Termination Date 6/22/2010		5.c. Amount 5,181	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer The Wit Hotel		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 201 N State Street	
Attention To: Mark Shouger		City Chicago	
Title HR		State Illinois ZIP Code + 4 60606	
5.b. Termination Date 07/15/2010		5.c. Amount 1,500	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Cellofoam		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 1917 Rockdale Industrial Drive	
Attention To: Michael Grunnet		City Conyers	
Title President		State Georgia ZIP Code + 4 33012	
5.b. Termination Date 09-02-10		5.c. Amount 3,194	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Ferrell Gas, Inc		P.O. Box, Bldg., Room No., if any	
Trade Name Blue Rhino		Street One Liberty Plaza	
Attention To: Rick Frawlwy		City Liberty	
Title General Counsel		State Missouri ZIP Code + 4 64068	
5.b. Termination Date 09-14-10		5.c. Amount 1,577	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer RCS Management Corp		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 16535 Southpark Drive	
Attention To: Jim Smith		City Westfield	
Title CEO		State Indiana ZIP Code + 4 46074	
5.b. Termination Date 10-08-10		5.c. Amount 4,029	

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 Jays Medicar Transportation

Trade Name

Street 4939 W Lake Street

Attention To: Betsy

Crenshaw

City Chicago

Title Comptroller

State Illinois

ZIP Code + 4 60644

5.b. Termination Date 12-11-10

5.c. Amount 1,500

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:

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:

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:

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:

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

Quantum Consulting

Specialists in Labor Relations



May 17, 2011

Mr. Larry King
Chief of Division Reports, Disclosure & Audits
U.S. Department Of Labor
Office Of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, D.C., 20210

Re: LM-20 – Jay's Medicar
LM- 21 – 2010 Report

Dear Mr. King:

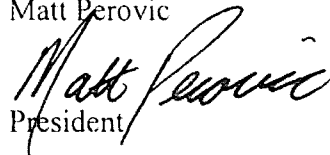
Per your letter dated May 13, 2011 (copy of enclosed) I am submitting copies of both the LM-20 Agreement & Activities Report pertaining to Jay's Medicar Transportation (a copy of receipt is included) and a copy of the LM-21 Receipts & Disbursement Report filed by Quantum Consulting for fiscal year 2010.

Both of these reports were submitted to the Department Of Labor, Office Of Management Standards.

There were typographical errors on the LM-20 Form. Line Item #7 (Date entered into) should have read November 15, 2011 and Line Item #11b (Period during which performed) should have read November – December, 2010. I have corrected the LM-20 Form and re-entered the correct information.

If you have any questions and/or requests please contact me at your convenience.

Matt Perovic


President