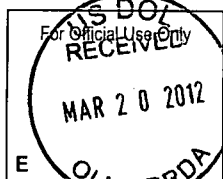


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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

478128

1. File Number C- 00488	2. Period Covered By This Report From: 01 / 01 / 2011 Through: 12 / 31 / 2011
-------------------------	---

<b>A. Person Filing</b>	
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 <u>Matthew J Perovic</u> Title President On 01 / 10 / 2012 Date 708-423-7786 Telephone Number	18. Signed _____ Title Treasurer On / / Date _____ Telephone Number
---	--

Name of Person Filing: Matthew Perovic	File Number C- 00488
--	----------------------

<b>B. Statement of Receipts</b> 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 Multiband, Inc	P.O. Box, Building and Room Number, if any
Trade Name	Street 9449 Science Center Drive
Attention To Kent Whitney	City New Hope
Title COO	State Minnesota ZIP Code + 4 55428
5.b. Termination Date 06/24/2011	5.c. Amount 16,556
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 58,944	

<b>C. Statement of Disbursements</b> 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	55,869		55,869	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:			55,869	14. Total Disbursements (Sum of Items 8-13)	55,869

<b>D. Schedule of Disbursements for Reportable Activity</b>		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	15.e. Purpose	
Title		
Organization		
P.O. Box, Building and Room Number, if any		
Street		
City		
State Washington ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		



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.

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Moring Disposal Trade Name Attention To: Larry Moring Title President	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street P.O. Box 158 City Forreston State Illinois ZIP Code + 4 61030
5.b. Termination Date 06-13-2011	5.c. Amount 6,099

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Fresenius Medical Services Trade Name Attention To: Tracey Crandall Title VP-HR	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 1 Westbrook Corporate City Westchester State Illinois ZIP Code + 4 60154
5.b. Termination Date 06-06-2011	5.c. Amount 3,236

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Area Disposal Companies/Grimm Trucking Trade Name Attention To: Steve Peterson Title HR Manager	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street P.O. Box 9071 City Peoria State Illinois ZIP Code + 4 61612-9071
5.b. Termination Date 08-17-2011	5.c. Amount 14,536

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer North Central Power Trade Name Attention To: Dave Dahlberg Title President	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 104 S Pine Street City Grantsburg State Wisconsin ZIP Code + 4 54840
5.b. Termination Date 01-19-2011	5.c. Amount 3,020

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer MAC Property Management Trade Name Attention To: Garth Doering Title Manager	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 1364 E 53rd Street City Chicago State Illinois ZIP Code + 4 60615
5.b. Termination Date 03-23-11	5.c. Amount 7,922

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Micron Metal Finishing Trade Name Attention To: Scott Rauter Title President	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 8585 S 77th Avenue City Bridgeview State Illinois ZIP Code + 4 60455
5.b. Termination Date 09-14-2011	5.c. Amount 3,075

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.

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Marengo Disposal Trade Name Attention To: Peter Lyons Title President	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street 5450 Wansford Way City Rockford State Illinois ZIP Code + 4 61109
5.b. Termination Date 11-02-2011	5.c. Amount 4,500

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Trade Name Attention To: Title	<b>Mailing Address:</b> P.O. Box, Bldg., Room No., if any  Street City State ZIP Code + 4
5.b. Termination Date	5.c. Amount