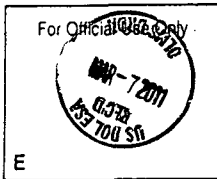


# FORM LM-21

## 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

445242  
~~445242~~

1. File Number C- 00488	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2006		12 / 31 / 2009

### 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)

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

On 06 / 29 / 2010 708-423-7786  
Date Telephone Number

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).

Employer Star Iron Works

Mailing Address:  
P.O. Box, Building and Room Number, if any

Trade Name

Street

Attention To

Frank

Stockdale

City

Punksutawny

Title

President

State

Pennsylvania

ZIP Code + 4

15767

5.b. Termination Date 08/17/2006

5.c. Amount 4,780

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 62,896

**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

Perovic

62,896

62,896

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:

62,896

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

62,896

**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

15.d. Amount

Title

15.e. Purpose

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.

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Mid-Continent Concrete Company

Trade Name

Attention To:

Title

Street 423 W 23rd St SO

City Tulsa

State Oklahoma

ZIP Code + 4 74229

5.b. Termination Date 10/19/2006

5.c. Amount 2,867

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer IESI

Trade Name

Attention To: Joyce

Title

Thummel

Regional Director

Street 2200 Eagle Parkway

City Ft. Worth

State Texas

ZIP Code + 4 76177

5.b. Termination Date 3/23/2007

5.c. Amount 3,997

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer L-3 Communications

Trade Name

Attention To: TJ

Title

Louderback

Street 8001 Mid America Blvd

City Oklahoma City

State Oklahoma

ZIP Code + 4 73135

5.b. Termination Date 1/15/2008

5.c. Amount 5,671

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Rescar, Inc.

Trade Name

Attention To: John

Title

Obryan

CFO

Street 450 Osborn Street

City DuBois

State Pennsylvania

ZIP Code + 4 15801

5.b. Termination Date 3/27/2008

5.c. Amount 12,781

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer Altoona Regional Health Care System

Trade Name

Attention To: Ron McConnel

Title

CEO

Street 620 Howard Avenue

City Altoona

State Pennsylvania

ZIP Code + 4

5.b. Termination Date 5/24/2007

5.c. Amount 32,800

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