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

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)

For Official User 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

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	110100				
1 . File Number C- 00488	•	2. Period Covered	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyy)
1		By This Report From:	01 / 01 / 2011	Through:	12 / 31 / 2011
			, , , , , , , , , , , , , , , , , , , ,		10 / 31 / 0011
A. Person Filing					7.011.1.
3. Name and mailing address	(include ZIP Code):				
· ·	(modde Zii Gode).	4. Any other address	s where records necessa	ry to verify	this report are kept:
Name Matthew	J Perovic	Name			
Title President		Title			
Organization Quantum C	onsulting	Organization	Organization		
P.O. Box, Building and Roo	m Number, if any	P.O. Box, Building	P.O. Box, Building and Room Number, if any		
Street 10917 Kilpatr	ick	Street			
City Oak Lawn		City			
State Illinois	ZIP Code + 4 60453	State		ZIP Cod	e + 4
	Sigi	natures			
information contained in any ac	s, under penalty of perjury and other applicable pen ecompanying documents) has been examined by a Section on penalties in the instructions).	alties of law, that all of the the signatory and is, to th	information submitted in thi e best of the undersigned 	s report (inc l's knowledg	uding the e and belief, true,
17. Signed Matthew	A Plesocie President	18 Signed			-
7	(if other title, see		<u>.</u>		(If other title, see
Title President	instructions)	Title Trea	surer		instructions)
On 01/10/2012	708-423-7786	On / /	<i>,</i>		
Date	708-423-7786 Telephone Number	Date	Telephone	Number	
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•		•			

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

Callery and Allery and	
5.a. Name and Address of Employer (including trade name, if any). Employer Multiband, Inc	Mailing Address: 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

C. Statement of Disbursements t			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. Disbursemer (a) Name	nts to Officers and Er	nployees:	(b) Salary	(c) Exper	nses (d) To	itals				
Matthew	J Perovi	3	55,869			55,869	Office and Administrative Expenses	*		
							10. Publicity			
							11. Fees for Professional Services			
							12. Loans Made	· · · · · · · · · · · · · · · · · · ·		
							13. Other Disbursements			
8. Total disbur	sements to officers	and employee	es:			55,869	14. Total Disbursements (Sum of Items 8-13)	55,869		

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	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 ACT	TIVITY			

Name of Person Filing: Matthew Perovic	File Number C- 00488
D. Schedule of Disbursements for Reportable Activity Use this instruction	Schedule to report only disbursements made for the purposes described in Part D of the ons.
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	
15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	
Title	. 15.e. Purpose
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:
15.c. To Whom Paid	15.d. Amount
Name	
Title	15.e. Purpose
Organization	

Street City State

P.O. Box, Building and Room Number, if any

ZIP Code + 4

Name of Person Filing: Matthew Perovic	File Number C- 00488	
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice o	r services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres	
Employer Moring Disposal		
Trade Name	Street P.O. Box 15	58
Attention To: Larry Moring	City Forreston	
Title President	State Illinois	ZIP Code + 4 61030
5.b. Termination Date 06-13-2011	5.c. Amount 6,099	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres	
Employer Fresenius Medical Services	P.O. Box, Bldg., Room N	io., if any
Trade Name	Street 1 Westbrook	Corporate
Attention To: Tracey Crandall	City Westchester	
Title VP-HR	State Illinois	ZIP Code + 4 60154
VETIK	TITITIOIS	2 0000 1 60154
5.b. Termination Date 06-06-2011	5.c. Amount 3,236	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres	
Employer Area Disposal Companies/Grimm Trucking	P.O. Box. Blda., Room N	lo., if anv
Trade Name	Street P.O. Box 90	71
Attention To: Steve Peterson		71
711	City Peoria State _{Illinois}	7ID Codo + 4
Ille HR Manager	Ctate IIIInois	ZIP Code + 4 61612-9071
5.b. Termination Date 08-17-2011	5.c. Amount 14,536	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres P.O. Box, Bldg., Room N	
Employer North Central Power		
Trade Name	Street 104 S Pine	Street
Attention To: Dave Dahlberg	City Grantsburg	
Title President	State Wisconsin	ZIP Code + 4 54840
5.b. Termination Date 01-19-2011	5.c. Amount 3,020	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres	
Employer MAC Property Management	P.O. Box. Blda Room N	o., if anv
• •	Street 1264 E E2md	Stroot
Trade Name Attention To: Garth Doering	Street 1364 E 53rd	SCIECC
T:0	City Chicago State Illinois	ZID Codo ± 4
litle Manager	State Illinois	ZIP Code + 4 60615
5.b. Termination Date 03-23-11	5.c. Amount 7, 922	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres P.O. Box. Blda Room N	
Employer Micron Metal Finishing		
Trade Name	Street 8585 S 77th	Avenue
Attention To: Scott Rauter	City Bridgeview	
Title President	State Illinois	ZIP Code + 4 60455
5.b. Termination Date 09-14-2011	5.c. Amount 3,075	
vml M21/2003)	<u></u>	

File Number C-00488 Name of Person Filing: Matthew Perovic 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. Mailing Address: 5.a. Name and Address of Employer (including trade name, if any). P.O. Box, Bldg., Room No., if any Employer Marengo Disposal Street 5450 Wansford Way Trade Name Rockford Lyons Attention To: Peter ZIP Code + 4 61109 State Illinois Title President 5.c. Amount 4,500 5.b. Termination Date 11-02-2011 5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Bldg., Room No., if any Employer Street Trade Name City Attention To: ZIP Code + 4 State 5.c. Amount 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box. Blda.. Room No.. if anv Employer Street Trade Name City Attention To: ZIP Code + 4 State Title 5.c. Amount 5.b. Termination Date Mailing Address: 5.a. Name and Address of Employer (including trade name, if any). P.O. Box, Bldg., Room No., if any Employer Street Trade Name City Attention To: ZIP Code + 4 State Title 5.c. Amount 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box. Blda.. Room No.. if any Employer Street Trade Name City Attention To: ZIP Code + 4 State Title 5.c. Amount 5.b. Termination Date Mailing Address: 5.a. Name and Address of Employer (including trade name, if any). P.O. Box. Blda.. Room No.. if any Employer Street Trade Name City Attention To: ZIP Code + 4 State 5.c. Amount 5.b. Termination Date