

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 Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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|-------------------------|--|--|----------|--|
| 1. File Number C- 00488 | 2. Period Covered By This Report From: | Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2008 | Through: | Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2008 |
|-------------------------|--|--|----------|--|

| | |
|--|---|
| 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 <u>Matthew J Perovic</u> Title President On <u>04 / 12 / 2009</u> <u>708-423-7786</u> Date Telephone Number | President (if other title, see instructions) | 18. Signed _____ Title Treasurer On <u>/ /</u> _____ Date Telephone Number | Treasurer (if other title, see instructions) |
|---|--|---|--|

| | |
|--|----------------------|
| 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 Ecolab

Trade Name

Attention To Tiffany Kramlich

Title Human Resource Manager

Mailing Address:

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

Street 370 Wabasha Street North

City St. Paul

State Minnesota ZIP Code + 4 60126

5.b. Termination Date 04/01/2008 5.c. Amount 0

6. TOTAL RECEIPTS FROM ALL EMPLOYERS ~~17,036~~ 2,925

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 | 2,925 | | 2,925 |

8. Total disbursements to officers and employees: 2,925

| | |
|---|-------|
| 9. Office and Administrative Expenses | |
| 10. Publicity | |
| 11. Fees for Professional Services | |
| 12. Loans Made | |
| 13. Other Disbursements | |
| 14. Total Disbursements (Sum of Items 8-13) | 2,925 |

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 ACTIVITY | |