

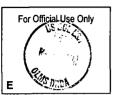
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## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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)



A. Person Filing

Name

Title

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

Matthew

President

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT** 

427346

J Perovic

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

Name

Title

4. Any other address where records necessary to verify this report are kept:

Organization Quantum Consulting	Organization			
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any			
Street 10917 Kilpatrick	Street			
City Oak Lawn	City			
State Illinois ZIP Code + 4 60453	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 / President / President (if other title, see instructions)	18. Signed 3-10-2010 Treasurer (If other title, see instructions)			
On 01 / 01 / 2010 708-423-7786  Date Telephone Number	On/			

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

5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	P.O. Box, Building and Room Number, if any
Employer Columbia Pipe & Supply	
Trade Name	Street 5730 Columbia Parkway
Attention To Michael Moore	City Rockford
Title Human Resource Manager	State Illinois ZIP Code + 4 55102
5.b. Termination Date 11/25/2009	5.c. Amount 3,625

C. Statement of Disbursements Report all disburs to the employers		Report all disbursements to the employers listed in	bursements made by the reporting organization in connection with labor relations advice or services rendered ers listed in Part B.			
7. Disbursemer (a) Name	nts to Officers and Empl	oyees: (b) Salary	(с) Ехре	nses (d) Totals		
Matthew	J Perovic	3,625		3,625	9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	
					12. Loans Made	
					13. Other Disbursements	
Total disbursements to officers and employees:		3,625	14. Total Disbursements (Sum of Items 8-13)	3,625		

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 AC	TIVITY	

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