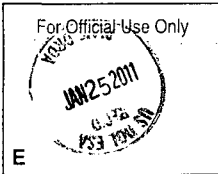


FORM LM-21

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

441 755

1. File Number C- 00488	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2010	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2010
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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 01 / 06 / 2010 Date 708-423-7786 Telephone Number	President (if other title, see instructions)	18. Signed _____ Title Treasurer On / / Date _____ Telephone Number	Treasurer (If other title, see instructions)
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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, Building and Room Number, if any

Employer Moring Disposal

Trade Name

Street P.O. Box 158

Attention To Larry Moring

City Forreston

Title President

State Illinois

ZIP Code + 4

5.b. Termination Date 02/15/2010

5.c. Amount 4,908

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 25,092

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	25,092		25,092	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:			25,092	14. Total Disbursements (Sum of Items 8-13)	25,092

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

Name of Person Filing: Matthew Perovic

File Number C- 00488

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 Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.e. Purpose

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.e. Purpose

15.a. Employer Name:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.e. Purpose

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

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Mel-O-Cream Donuts Int., Inc.</p> <p>Trade Name</p> <p>Attention To: Dave L Ryan</p> <p>Title HR</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5456 International Parkway</p> <p>City Springfield</p> <p>State Illinois ZIP Code + 4 62711</p>
5.b. Termination Date 02-12-10	5.c. Amount 3,203

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Roland Machinery Company</p> <p>Trade Name</p> <p>Attention To: Matthew L Roland</p> <p>Title President</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 816 N Dirksen Parkway</p> <p>City Springfield</p> <p>State Illinois ZIP Code + 4 62702</p>
5.b. Termination Date 6/22/2010	5.c. Amount 5,181

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer The Wit Hotel</p> <p>Trade Name</p> <p>Attention To: Mark Shouger</p> <p>Title HR</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 201 N State Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606</p>
5.b. Termination Date 07/15/2010	5.c. Amount 1,500

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Cellofoam</p> <p>Trade Name</p> <p>Attention To: Michael Grunnet</p> <p>Title President</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1917 Rockdale Industrial Drive</p> <p>City Conyers</p> <p>State Georgia ZIP Code + 4 33012</p>
5.b. Termination Date 09-02-10	5.c. Amount 3,194

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer Ferrell Gas, Inc</p> <p>Trade Name Blue Rhino</p> <p>Attention To: Rick Frawlwy</p> <p>Title General Counsel</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One Liberty Plaza</p> <p>City Liberty</p> <p>State Missouri ZIP Code + 4 64068</p>
5.b. Termination Date 09-14-10	5.c. Amount 1,577

<p>5.a. Name and Address of Employer (including trade name, if any).</p> <p>Employer RCS Management Corp</p> <p>Trade Name</p> <p>Attention To: Jim Smith</p> <p>Title CEO</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 16535 Southpark Drive</p> <p>City Westfield</p> <p>State Indiana ZIP Code + 4 46074</p>
5.b. Termination Date 10-08-10	5.c. Amount 4,029

Name of Person Filing: Matthew Perovic	File Number C- 00488
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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.	
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5.a. Name and Address of Employer (including trade name, if any). Employer Jays Medicar Transportation Trade Name Attention To: Betsy Crenshaw Title Comptroller	Mailing Address: P.O. Box, Bldg., Room No., if any Street 4939 W Lake Street City Chicago State Illinois ZIP Code + 4 60644
5.b. Termination Date 12-11-10	5.c. Amount 1,500

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

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

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

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

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