

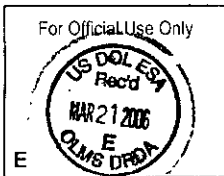
FORM LM-21

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 00488	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2005	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2005
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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> President Title President (if other title, see instructions)	18. Signed _____ Treasurer Title Treasurer (if other title, see instructions)
On <u>03 / 05 / 2006</u> <u>708-423-7786</u> Date Telephone Number	On <u>/ /</u> _____ Date Telephone Number

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.	
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Land Air	P.O. Box, Building and Room Number, if any
Trade Name	Street 12 S Main treet
Attention To Fred Grubb	City Waerbury
Title Grubb Quist & Associates	State Vermont ZIP Code + 4 05676
5.b. Termination Date 05/25/2005	5.c. Amount 3,022
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 14,541	

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	14,541		14,541	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:			14,541	14. Total Disbursements (Sum of Items 8-13)	14,541

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 [REDACTED] 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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose

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

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

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:	
Employer Joint Venture/The Ride		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 283-285 hyde Park Avenue	
Attention To: Richard Armour		City Jamaica Plain	
Title		State Massachusetts ZIP Code + 4 02130	
5.b. Termination Date 05/25/05		5.c. Amount 1,500	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sidwell Transportation		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 254 W Hardscrabble Road	
Attention To: Cameron Sidwell		City Morgan	
Title President		State Utah ZIP Code + 4 84050	
5.b. Termination Date 07/26/2005		5.c. Amount 675	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Cloumbia Pipe & Supply Company		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 5730 Columbia Parkway	
Attention To: Michael Moore		City Rockford	
Title Finance Officer		State Illinois ZIP Code + 4 61108	
5.b. Termination Date 08/31/2005		5.c. Amount 2,401	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Sprain Brook Manor		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 77 Jackson Avenue	
Attention To: Robert Klein		City Scarsdale	
Title President		State New York ZIP Code + 4 10583-3196	
5.b. Termination Date 09/20/2005		5.c. Amount 2,849	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Durrett Shepard Steel Co.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 6800 E Baltimore Street	
Attention To: James Maskeroni		City Baltimore	
Title		State Maryland ZIP Code + 4 21224	
5.b. Termination Date 08/21/05		5.c. Amount 2,242	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Z&K Transport		P.O. Box, Bldg., Room No., if any	
Trade Name		Street P.O. Box 790	
Attention To: Mark Runia		City Draper	
Title President		State Utah ZIP Code + 4 84020	
5.b. Termination Date 09/06/05		5.c. Amount 390	

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 River City Millwork</p> <p>Trade Name</p> <p>Attention To: William Sarbaugh</p> <p>Title President</p>	<p>Mailing Address:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 200 Quaker Road</p> <p>City Rockford</p> <p>State Illinois ZIP Code + 4 61104</p>
5.b. Termination Date 12/02/2005	5.c. Amount 1,462

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

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

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

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

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