

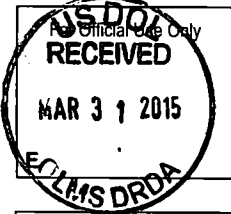
FORM LM-21

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

588100

1. File Number C-00488	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	01/01/2014		12/31/2014

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name: Matthew J Perovic	Name:
Title: President	Title:
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:	18. Signed:
Title: President	Title: Treasurer
On: 01/22/2009 708-423-7786	On: / / Telephone Number:
Date	Date
Telephone Number	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 North Jackson Specialty Steel	P.O. Box, Building and Room Number, if any
Trade Name Universal Stainless	Street 2058 S Bailey Road
Attention To Paul McGrath	City North Jackson
Title VP of Administration	State Ohio ZIP Code + 4 44451

5.b. Termination Date 06/20/2014 5.c. Amount 20,002

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 76,738

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	63,545	13,189	76,734	9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
	0		0	13. Other Disbursements
8. Total disbursements to officers and employees:			76,734	14. Total Disbursements (Sum of Items 8-13) 76,734

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	15.e. Purpose
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	
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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 DirectSat USA, LLC	P.O. Box, Bldg., Room No., if any		
Trade Name UniTec USA	Street 1777 Sentry Pkway West, Swynedd 302		
Attention To: Carole Slover	City Blue Bell		
Title SDeior VP-Human Resources	State Pennsylvania	ZIP Code + 4	19422
5.b. Termination Date 04/03/14		5.c. Amount 1,500	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer OK Industries	P.O. Box, Bldg., Room No., if any		
Trade Name OK Foods	Street 4601 N 6th Street		
Attention To: Trent Goins	City Fort Smith		
Title CEO	State Arkansas	ZIP Code + 4	72904
5.b. Termination Date 05/01/2014		5.c. Amount 32,618	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Vallourec Star, LP	P.O. Box, Bldg., Room No., if any		
Trade Name	Street 2669 MLK JR BLVD		
Attention To: Trina Cooper	City Youngstown		
Title Director-Human Resources	State Ohio	ZIP Code + 4	44510-1033
5.b. Termination Date 01/17/2014		5.c. Amount 22,618	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount 0	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount 0	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount 0	