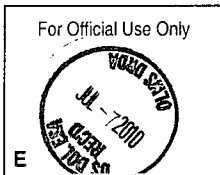


FORM LM-21

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

432428

1. File Number C-00488	2. Period Covered By This Report From: 01/01/2006 Through: 12/31/2009
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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	

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 (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title	President	Title	Treasurer
On 06/29/2010	708-423-7786	On ____/____/____	____
Date	Telephone Number	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 <input type="text" value="Star Iron Works"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text"/>	Street <input type="text" value="R.D. 3 Box 155"/>
Attention To <input type="text" value="Frank"/> <input type="text" value="Stockdale"/>	City <input type="text" value="Punkstutawny"/>
Title <input type="text" value="President"/>	State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="15767"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 69,762

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 Perovic	69,762		69,762	9. Office and Administrative Expenses <input type="text"/>
				10. Publicity <input type="text"/>
				11. Fees for Professional Services <input type="text"/>
				12. Loans Made <input type="text"/>
				13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:			69,762	14. Total Disbursements (Sum of Items 8-13) 69,762

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/> 15.e. Purpose <input type="text"/>

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

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

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	Mid-Continent Concrete Company	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	423 W 23rd St SO
Attention To:		City	Tulsa
Title		State	Oklahoma ZIP Code + 4 74229
5.b. Termination Date 10/19/2006		5.c. Amount 2,867	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	IESI	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	2301 Eagle Parkway
Attention To:	Joyce Thummel	City	Ft. Worth
Title	Regional Director	State	Texas ZIP Code + 4 76177
5.b. Termination Date 3/23/2007		5.c. Amount 3,997	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	L-3 Communications	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	8001 Mid America Blvd
Attention To:	TJ Louderback	City	Oklahoma City
Title		State	Oklahoma ZIP Code + 4 73135
5.b. Termination Date 1/15/2008		5.c. Amount 5,671	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Rescar, Inc.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	450 Osborn Street
Attention To:	John Obryan	City	DuBois
Title	CFO	State	Pennsylvania ZIP Code + 4 15801
5.b. Termination Date 3/27/2008		5.c. Amount 12,781	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	Altoona Regional Health Care System	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	620 Howard Avenue
Attention To:	Ron McConnel	City	Altoona
Title	CEO	State	Pennsylvania ZIP Code + 4
5.b. Termination Date 5/24/2007		5.c. Amount 32,800	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	G&G Painting	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	253 Western Drive
Attention To:	Mike Griffin	City	Decatur
Title	President	State	Illinois ZIP Code + 4 62521
5.b. Termination Date 10/23/2008		5.c. Amount 3,965	

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 <input type="text" value="Fresenius Health Care North America"/>		P.O. Box, Bldg., Room No., if any <input type="text"/>	
Trade Name <input type="text"/>		Street <input type="text" value="2601 Coolidge"/>	
Attention To: <input type="text" value="Tracy"/> <input type="text" value="Crandall"/>		City <input type="text" value="East Lansing"/>	
Title <input type="text" value="Regional Director"/>		State <input type="text" value="Michigan"/> ZIP Code + 4 <input type="text" value="48823"/>	
5.b. Termination Date <input type="text" value="7/24/2008"/>		5.c. Amount <input type="text" value="2,901"/>	

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

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

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

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

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