

Office of Labor-Management Standards
Washington, D.C. 20210
(Feb. 1990)

Required of Persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form approved - OMB
No. 1215-0188
Expires 11-30-99

A.— PERSON FILING

1. NAME AND ADDRESS (include ZIP code) QUANTUM CONSULTING 10917 KILPATRICK OAK LAWN, IL 60453	2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:															
3. FILE NO. C- 0488A	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">4. PERIOD COVERED BY THIS REPORT</td> <td style="width: 15%;">From:</td> <td style="width: 15%;">Month</td> <td style="width: 15%;">Day</td> <td style="width: 35%;">Year</td> </tr> <tr> <td></td> <td></td> <td>1</td> <td>1</td> <td>2001</td> </tr> <tr> <td></td> <td>To:</td> <td>12</td> <td>31</td> <td>2001</td> </tr> </table>	4. PERIOD COVERED BY THIS REPORT	From:	Month	Day	Year			1	1	2001		To:	12	31	2001
4. PERIOD COVERED BY THIS REPORT	From:	Month	Day	Year												
		1	1	2001												
	To:	12	31	2001												
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. NAME AND ADDRESS OF EMPLOYER (include ZIP code)	6. TERMINATION DATE	7. AMOUNT														
RIVER CITY MILLWORK 200 QUAKER RD ROCKFORD, IL 61104		\$ 2,193.75														
LAPHAM-MICKEY STEEL 5500 W 73RD ST CHICAGO, IL 60638		8,192.50														
SEPTAN, INC 6012 TIMBERLADE CIR, BLOOMINGTON, MN 55438		8,350.00														
XACTOOSE 722 PROGRESSIVE LN SOUTH BEND, IL 61080		4,525.00														
	TOTAL	\$ 23,261.25														

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..

8. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
MATT PERDUE	23,261.25	-	23,261.25
Total Disbursements to officers and employees:			\$

9. Office and Administrative Expenses	\$ NA
10. Publicity	NA
11. Fees for Professional Services	NA
12. Loans Made	NA
13. Other Disbursements	NA
14. Total Disbursements	NA
(Sum of Items 8-13)	\$ NA

D.— SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
		\$	
TOTAL		\$	

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

E- VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED: Matthew Powers, PRESIDENT
at: OKK Lawn on: 3/15/02 (If other title, cross out
City State Date and write in correct title above.)

SIGNED: _____, TREASURER
at: _____ on: _____ (If other title, cross out
City State Date and write in correct title above.)