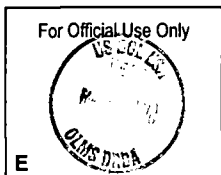


FORM LM-21

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

427340

1. File Number C- 00488	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2009		12 / 31 / 2009

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 <u>Matthew Perovic</u> President Title President (if other title, see instructions)	18. Signed <u>3-10-2010</u> Treasurer Title Treasurer (If other title, see instructions)
On <u>01 / 01 / 2010</u> Date <u>708-423-7786</u> Telephone Number	On <u>/ /</u> Date Telephone Number

