

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

432423					
1 . File Number C- 00488	2. Period Covered By This Report Month/Day/Year (mm/ddyyyy) Month/Day/Year (mm/ddyyyy) Month/Day/Year (mm/ddyyyy)				
	From: 01 / 01 / 2006 Through: 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					
	the state of the s				
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)				
On 06 / 29 / 2010 708-423-7786 Telephone Number	On Date Telephone Number				

Name of Person Filing: Matthew Perovic	File Number C- 00488				
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purposes of the advice				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Building and Room Number, if any				
Employer Star Iron Works					
Trade Name	Street R.D. 3 Box 155				
Attention To Frank Stockdale	City Punksutawny				
Title President	State Pennsylvania ZIP Code + 4 15767				
5.b. Termination Date 08/17/2006	5.c. Amount 4,780				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 69,762					
C Chalamant of Bishuran monte.	ting experienting in connection with labor relations advise or convices randored				
C. Statement of Disbursements Report all disbursements made by the report to the employers listed in Part B.	rting organization in connection with labor relations advice or services rendered				
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) T	intals				
(a) Name (b) Salary (c) Expenses (d) I Matthew Perovic 69,762	69,762 9. Office and Administrative Expenses				
Target and the second s	10. Publicity				
	11. Fees for Professional Services				
	12. Loans Made				
	13. Other Disbursements				
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 Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the				
15.a. Employer Name:	15.b. Trade Name, If any:				
The second secon	and the state of t				
45 - To Miles on David	15.d. Amount				
15.c. To Whom Paid	IS.U. AIROUIT				
Name	15.e. Purpose				
Title					
Organization					
P.O. Box, Building and Room Number, if any					
	distribution of the state of th				
Street					
City					
State Washington 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 instruction	Schedule to report only disbursements made for the purposes described in Part D of the ons.
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 ZIP Code + 4	
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 ZIP Code + 4	
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	
1 .o. box, building and Hoonr (Adhibet, II dily	
Street	
City	
State ZIP Code + 4	

me 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:				
P.O. Box, Bldg., Room No., if any Employer Mid-Continent Concrete Company				
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 Addres	0.		
3.a. Name and Address of Employer (including flade flame, if any).	P.O. Box, Bldg., Room N			
Employer IESI				
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 Addres			
Employer L-3 Communications	P.O. Box. Blda Room N	oif_anv		
	Street 8001 Mid Am	erica Rlyd		
Trade Name				
Attention To: TJ Louderback		ZIP Code + 4 73135		
Title	State Oklahoma	211 Gode (4 [/3135]		
5.b. Termination Date 1/15/2008	5.c. Amount 5, 671			
5.b. Termination Date 1/15/2008 5.a. Name and Address of Employer (including trade name, if any).	5.c. Amount 5, 671 Mailing Addres P.O. Box, Bldg., Room N			
North and the state of the stat	Mailing Addres			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres	o if anv		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc.	Mailing Addres	o. if anv Street		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name	Mailing Addres P.O. Box, Blda., Room N Street 450 Osborn	o. if anv		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Obryan	Mailing Addres P.O. Box, Blda., Room N Street 450 Osborn City DuBois	o. if anv		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Obryan Title CFO	Mailing Addres P.O. Box, Blda., Room N Street 450 Osborn City DuBois State Pennsylvani	2IP Code + 4 15801		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Obryan Title CFO 5.b. Termination Date 3/27/2008 5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres P.O. Box, Blda., Room N Street 450 Osborn City DuBois State Pennsylvani 5.c. Amount 12,781	zip Code + 4 15801		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Title CFO 5.b. Termination Date 3/27/2008 5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health Care System	Mailing Addres P.O. Box. Blda Room N Street 450 Osborn City DuBois State Pennsylvani 5.c. Amount 12,781 Mailing Addres P.O. Box. Blda Room N	oif any Street a ZIP Code + 4 15801 s: oif_any		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Obryan Title CFO 5.b. Termination Date 3/27/2008 5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health Care System Trade Name	Mailing Addres P.O. Box, Blda., Room N Street 450 Osborn City DuBois State Pennsylvani 5.c. Amount 12,781 Mailing Addres P.O. Box, Blda., Room N Street 620 Howard	oif any Street a ZIP Code + 4 15801 s: oif_any		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Obryan Title CFO 5.b. Termination Date 3/27/2008 5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health Care System Trade Name Attention To: Ron McConnel	Mailing Addres P.O. Box, Blda., Room N Street 450 Osborn City DuBois State Pennsylvani 5.c. Amount 12,781 Mailing Addres P.O. Box, Blda., Room N Street 620 Howard A City Altoona	Street ZIP Code + 4 15801 s: oif_any Avenue		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Obryan Title CFO 5.b. Termination Date 3/27/2008 5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health Care System Trade Name	Mailing Addres P.O. Box, Blda., Room N Street 450 Osborn City DuBois State Pennsylvani 5.c. Amount 12,781 Mailing Addres P.O. Box, Blda., Room N Street 620 Howard	Street ZIP Code + 4 15801 s: oif_any Avenue		
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5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Obryan Title CFO 5.b. Termination Date 3/27/2008 5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health Care System Trade Name Attention To: Ron McConnel Title CEO 5.b. Termination Date 5/24/2007 5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres P.O. Box, Blda., Room N Street 450 Osborn City DuBois State Pennsylvani 5.c. Amount 12,781 Mailing Addres P.O. Box, Blda., Room N Street 620 Howard City Altoona State Pennsylvani	Street ZIP Code + 4 15801 S: oif_anv Avenue ZIP Code + 4		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Obryan Title CFO 5.b. Termination Date 3/27/2008 5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health Care System Trade Name Attention To: Ron McConnel Title CEO 5.b. Termination Date 5/24/2007	Mailing Addres P.O. Box, Blda., Room N Street 450 Osborn City DuBois State Pennsylvani 5.c. Amount 12,781 Mailing Addres P.O. Box, Blda., Room N Street 620 Howard City Altoona State Pennsylvani 5.c. Amount 32,800 Mailing Addres	Street ZIP Code + 4 15801 S: oif_anv Avenue ZIP Code + 4		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Obryan Title CFO 5.b. Termination Date 3/27/2008 5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health Care System Trade Name Attention To: Ron McConnel Title CEO 5.b. Termination Date 5/24/2007 5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres P.O. Box, Blda., Room N Street 450 Osborn City DuBois State Pennsylvani 5.c. Amount 12,781 Mailing Addres P.O. Box, Blda., Room N Street 620 Howard City Altoona State Pennsylvani 5.c. Amount 32,800 Mailing Addres	Street ZIP Code + 4 15801 s: oif_anv Avenue ZIP Code + 4 S: oif_anv		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Obryan Title CFO 5.b. Termination Date 3/27/2008 5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health Care System Trade Name Attention To: Ron McConnel Title CEO 5.b. Termination Date 5/24/2007 5.a. Name and Address of Employer (including trade name, if any). Employer G&G Painting	Mailing Addres P.O. Box. Blda Room N Street 450 Osborn City DuBois State Pennsylvani 5.c. Amount 12,781 Mailing Addres P.O. Box. Blda Room N Street 620 Howard City Altoona State Pennsylvani 5.c. Amount 32,800 Mailing Addres P.O. Box. Blda Room N Mailing Addres	Street ZIP Code + 4 15801 S: oif_anv Avenue ZIP Code + 4 S: oif_anv Drive		
5.a. Name and Address of Employer (including trade name, if any). Employer Rescar, Inc. Trade Name Attention To: John Obryan Title CFO 5.b. Termination Date 3/27/2008 5.a. Name and Address of Employer (including trade name, if any). Employer Altoona Regional Health Care System Trade Name Attention To: Ron McConnel Title CEO 5.b. Termination Date 5/24/2007 5.a. Name and Address of Employer (including trade name, if any). Employer G&G Painting Trade Name	Mailing Addres P.O. Box. Bldg Room N Street 450 Osborn City DuBois State Pennsylvani 5.c. Amount 12,781 Mailing Addres P.O. Box. Bldg Room N Street 620 Howard City Altcona State Pennsylvani 5.c. Amount 32,800 Mailing Addres P.O. Box. Bldg Room N Street 253 Western	Street ZIP Code + 4 15801 s: oif_anv Avenue ZIP Code + 4 S: oif_anv		

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 Fresenius Health Care North America	P.O. Box, Bldg., Room No., if any			
Trade Name	Street 2601 Coolidge			
Attention To: Tracy Crandall	City East Lansing			
Title Regional Director	State Michigan ZIP Code + 4 48823			
	The second secon			
5.b. Termination Date 7/24/2008	5.c. Amount 2,901			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldg., Room No., if any			
Employer				
Trade Name	Street			
Attention To:	City			
Title	State ZIP Code + 4			
5.b. Termination Date	5.c. Amount			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
THE RESIDENCE OF THE RESIDENCE AND ADMINISTRATION OF THE RESIDENCE	P.O. Box. Blda Room No if any			
Employer	Street			
Trade Name	City			
Attention To:	State ZIP Code + 4			
Company of the Compan	5.c. Amount			
5.b. Termination Date	S.C. AITOURI			
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			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Conlover	P.O. Box. Blda Room No if anv			
Employer	Street			
Attention To:	City			
Title	State ZIP Code + 4			
provide the form of the state o	PRODUCTION AND ADMINISTRATION OF THE PROPERTY			
5.b. Termination Date	5.c. Amount			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:			
Employer	P.O. Box. Blda Room No if anv			
Employer Trade Name	Street			
Attention To:	City			
Title	State ZIP Code + 4			
5.b. Termination Date	5.c. Amount			
	L D.C. AMOUDI!			