

# 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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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453211

1. File Number C- <u>731</u>	2. Period Covered By This Report From: <u>1</u> / <u>1</u> / <u>2009</u> Through: <u>12</u> / <u>31</u> / <u>2009</u>
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### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name Joseph T Pilonero, Jr  
Title   
Organization   
P.O. Box, Building and Room Number, if any  
216 Egger Road  
Street   
City Jeffersonville  
State NY ZIP Code + 4 12748

#### 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  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>Joseph T. Pilonero, Jr</u> Title <u>President</u> On <u>3</u> / <u>24</u> / <u>2011</u> <u>(845) 482-3264</u> Date Telephone Number	18. Signed <u></u> Title <u>Treasurer</u> On <u></u> / <u></u> / <u></u> <u></u> Date Telephone Number
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Name of Person Filing: Joseph T. Pilonero, Jr.

File Number C-

**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, Building and Room Number, if any

Employer Employee Solutions Inc (for St. Lukes)

P.O. Box 67166

Trade Name

Street 5108 Cumberland Place NW

Attention To

City Albuquerque

Title

State NM ZIP Code + 4 87120

5.b. Termination Date 12/2008

5.c. Amount \$7,438

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

**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.

NA

7. Disbursements to Officers and Employees:

(a) Name (b) Salary (c) Expenses (d) Totals

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

**D. Schedule of Disbursements for Reportable Activity**

NA

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

P.O. Box, Building and Room Number, if any

Street

City

State Washington ZIP Code + 4

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

\$7,438