

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)

RECEIVED
For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 00606	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2011	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2011
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A. Person Filing

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

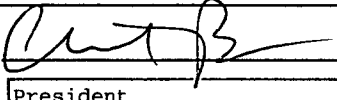
Name Christopher T Borruso
Title President
Organization Axiomatix, LLC
P.O. Box, Building and Room Number, if any
Street 6 Riverside Street
City Amityville
State New York ZIP Code + 4 11701

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 
Title President
President
(if other title, see instructions)

18. Signed _____
Title Treasurer
Treasurer
(If other title, see instructions)

On 6 / 11 / 2012
Date Telephone Number

On _____
Date Telephone Number

Name of Person Filing: Christopher Borruso

File Number C- 00606

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 See Attached

Trade Name

Street

Attention To

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

\$ 27,713.83

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

Christopher	T	Borruso	23,902	98	24,000	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:					24,000	14. Total Disbursements (Sum of Items 8-13)	24,000

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:

15.b. Trade Name, If any:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

15.e. Purpose

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

Street

City

State

ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0

5.a	5.b	5.c
Constellation Energy Corporation 100 Constellation Way Baltimore, MD 21202	12/17/10	\$19,116.00
Front-Line Security Agency, Inc. 28-14 41 st Street Long Island City, NY 11101	10/09/10	\$2,138.68
Affordable Senior Care Incorporated 1650 Eastern Parkway Brooklyn, NY 11230	03/11/11	\$646.65
Community Medical Center 99 Highway 37 West Toms River, NJ 08755	10/12/11	\$5,812.50