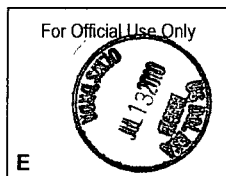


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 09-30-2011

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

432434

1. File Number C- 00606	2. Period Covered By This Report From: 01/01/2009 Through: 12/31/2009
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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 323 Mariners Way City Copiague State New York ZIP Code + 4 11726	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 On 7/6/10 Date Telephone Number	18. Signed _____ Title Treasurer On _____ Date Telephone Number
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Name of Person Filing: Christopher Borruso	File Number C- 00606
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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 P.O. Box, Building and Room Number, if any

Trade Name Street

Attention To ☐ City

Title State ZIP Code + 4

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 49,341

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	43,796	2,704	46,500	9. Office and Administrative Expenses
<input type="text"/>	<input type="text"/>	<input type="text"/>		10. Publicity
<input type="text"/>	<input type="text"/>	<input type="text"/>		11. Fees for Professional Services
<input type="text"/>	<input type="text"/>	<input type="text"/>		12. Loans Made
<input type="text"/>	<input type="text"/>	<input type="text"/>		13. Other Disbursements
8. Total disbursements to officers and employees:			46,500	14. Total Disbursements (Sum of Items 8-13)
				46,500

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

Name ☐

Title

Organization

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

Street

City

State ZIP Code + 4

15.d. Amount

15.e. Purpose

Conduct group meetings and answer questions regarding section 7 rights, collective bargaining process and voting procedures.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 1,413

5.a	5.b	5.c
Attentive Care 5 Computer Drive West Albany, NY 12205	N/A	\$2,625
Dira Realty, LLC 438 Kingston Avenue Brooklyn, NY 11225	6/16/09	\$9,672
Metro One Loss Prevention Services Group 900 South Avenue Staten Island, NY 10314	4/6/09	\$2,500
American Sweeping 30 Sagamore Hill Drive Port Washington, NY 11050	10/7/09	\$8,254
SEB Security 8 Revolutionary Road Ossining, NY 10562	10/21/09	\$26,291