

FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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

453212

1. File Number C- 731	2. Period Covered By This Report From: 1/1/2008 Through: 12/31/2008
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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 Egler Road**
Street **Jefferson**
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 **Joseph T. Pilonero, Jr.** President
Title **President** (if other title, see instructions)

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

On **3/24/2011** **(845) 482-3264**
Date Telephone Number

On
Date Telephone Number

Name of Person Filing: <u>Joseph T. Pilonero, Jr.</u>	File Number C-
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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 <u>Employee Solutions Inc (for St. Lukes)</u>	P.O. Box, Building and Room Number, if any <u>P.O. Box 67166</u>		
Trade Name <u></u>	Street <u>5108 Cumberland Place NW</u>		
Attention To <u></u>	City <u>Albuquerque</u>		
Title <u></u>	State <u>NM</u> ZIP Code + 4 <u>87120</u>		

5.b. Termination Date <u>12/2008</u>	5.c. Amount <u>\$5,500</u>
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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.

7. Disbursements to Officers and Employees: <u>NA</u>			
(a) Name	(b) Salary	(c) Expenses	(d) Totals
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
8. Total disbursements to officers and employees:			14. Total Disbursements (Sum of Items 8-13)

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: <u>NA</u>		15.b. Trade Name, If any: <u></u>	
15.c. To Whom Paid		15.d. Amount <u></u>	
Name <u></u>		15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
Title <u></u>			
Organization <u></u>			
P.O. Box, Building and Room Number, if any <u></u>			
Street <u></u>			
City <u></u>			
State <u>Washington</u> ZIP Code + 4 <u></u>			

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	<u>\$ 5,500</u>
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