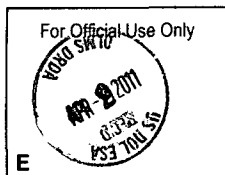


FORM LM-21

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

457686

| | |
|------------------------|---|
| 1. File Number C-00606 | 2. Period Covered By This Report From: 01/01/2010 Through: 12/31/2010 |
|------------------------|---|

| | |
|--|---|
| 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 [Signature] Title President On 3/31/11 Date Telephone Number | 18. Signed _____ Title Treasurer 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 Trade Name Street Attention To City Title State ZIP Code + 4 5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS

\$14,054

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 | 11,618 | 382 | 12,000 | 9. Office and Administrative Expenses | <input type="text"/> |
| | | | 0 | 0 | 0 | 10. Publicity | <input type="text"/> |
| | | | | | | 11. Fees for Professional Services | <input type="text"/> |
| | | | | | | 12. Loans Made | <input type="text"/> |
| | | | | | | 13. Other Disbursements | <input type="text"/> |
| 8. Total disbursements to officers and employees: | | | | | 12,000 | 14. Total Disbursements (Sum of Items 8-13) | 12,000 |

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

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 1,035

5.a

5.b

5.c

SEB Security
8 Revolutionary Road
Ossining, NY 10562

\$4,143

155 W. 21st St., LLC
45 Cuttermill Road, Suite 1
Great Neck, NY 11021

05/03/10

\$7,866

Entertainment One
22 Harbor Park Drive
Port Washington, NY 11050

10/18/10

\$2,045