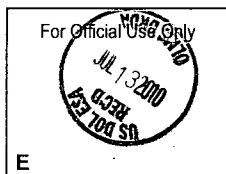


FORM LM-21

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

432432

1. File Number C- 00606	2. Period Covered By This Report From: 01/01/2007 Through: 12/31/2007
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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	Copliague
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	President (if other title, see instructions)	18. Signed _____	Treasurer (If other title, see instructions)
Title	President	Title	Treasurer
On 7/6/10	Telephone Number _____	On _____	Telephone Number _____
Date		Date	

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 \$ 5,800

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	5,500		5,500	9. Office and Administrative Expenses <input type="text"/>
<input type="text"/>				10. Publicity <input type="text"/>
<input type="text"/>				11. Fees for Professional Services <input type="text"/>
<input type="text"/>				12. Loans Made <input type="text"/>
<input type="text"/>				13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13) 5,500

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

5.a

5.b

5.c

Barnes Distribution
1301 East 9th Street
Cleveland, OH 44114

N/A

\$300

Railcrew Xpress
5775 Yonge Street, Suite 1010
Toronto, Ontario, M2M4J1

6/1/07

\$5,500