U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 **RECEIPTS AND DISBURSEMENTS REPORT**

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

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This report is mandatory under P.L.:88-257, 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 |
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1 File Number C- | 2. Period Covered | Month/Day/Year (mm/dd/yyyy) | | Month/Day/Year (mm/dd/yyyy) | |
|--|--|--|---------------------------------------|--|--|
| | By This Report From: | 01 / 1 / 2012 | Through: | 12 / 31 / 2012 | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| A. Person Filing | | | | | |
| Name and mailing address (include ZIP Code): | 4. Any other address where records necessary to verify this report are kept: | | | | |
| Name DAVID ACOSTA | Name | | | | |
| Title President/Treasurer | Title | gradient gewennen in der seine gewennen der seine gewennen der seine der seine der seine der seine der seine d | | in the control of the | |
| Organization Redstone Enterprises, Inc. | Organization | | | | |
| P.O. Box, Building and Room Number, if any | P.O. Box, Building and Room Number, if any | | | | |
| Street 5415 E Willowick Circle | Street | | | | |
| City Anaheim | City | | * * * * * * * * * * * * * * * * * * * | • | |
| State California ZIP Code + 4 92807 | State | | ZIP Code | 9+4 | |
| | | | _ ` | | |
| Signa | tures | <u> </u> | | | |
| | es of law that all of the | information submitted in th | is report (incl | uding the | |
| Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete. (See the Seftion on perjuities in the instructions). | signatory and is, to the | e best of the undersigned | a s janowiedg | e and belief, true, | |
| information contained in any accompanying documents) has been examined by the correct, and complete. (See the Seftion on perfaities in the instructions). 17. Signed President | e signatory and is; to the | e best of the undersioned | us knowledg | _ Treasurer | |
| information contained in any accompanying documents) has been examined by the correct, and complete. (See the Sefftion on perfailties in the instructions). | e signatory and is, to the | surer | d's knowledg | | |
| information contained in any accompanying documents) has been examined by the correct, and complete. (See the Seftion on pertaities in the instructions). 17. Signed President (if other title, see instructions) | e signatory and is, to the | surer | | Treasurer (If other title, see | |
| information contained in any accompanying documents) has been examined by the correct, and complete. (See the Seftion on perlatties in the instructions). 17. Signed President (if other title, see instructions) On 2 / 20 / 2013 714-306-2229 | 18. Signed Title Trea | surer / 2013 714-306- | -2229 | Treasurer (If other title, see | |
| information contained in any accompanying documents) has been examined by the correct, and complete. (See the Seftion on pertaities in the instructions). 17. Signed President (if other title, see instructions) | 18. Signed | surer / 2013 714-306- | | Treasurer (If other title, see | |
| information contained in any accompanying documents) has been examined by the correct, and complete. (See the Sefficion on perfatties in the instructions). 17. Signed President (if other title, see instructions) On 2 / 20 / 2013 714-306-2229 | 18. Signed | surer / 2013 714-306- | -2229 | Treasurer (If other title, see | |
| information contained in any accompanying ecomments) has been examined by the correct, and complete. (See the Seffior on peralties in the instructions). 17. Signed President (if other title, see instructions) On 2 / 20 / 2013 714-306-2229 | 18. Signed | surer / 2013 714-306- e Telephon | -2229 | Treasurer (If other title, see | |
| information contained in any accompanying documents) has been examined by the correct, and complete. (See the Seglion on perlatties in the instructions). 17. Signed President (if other title, see instructions) On 2 / 20 / 2013 714-306-2229 Date Telephone Number | 18. Signed Title Trea On 2 / 20 Date | surer / 2013 714-306- e Telephon | -2229 | Treasurer (If other title, see | |

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| Name of Person Filing: | | · · · · · · · · · · · · · · · · · · · | File Number C- | | | |
|---|--|---|--|---------------------------------------|--|--|
| B. Statement of Receipts Report all receipts from or services. | n employers in connection with | h labor relation | s advice or services regardless of the purpo | ses of the advice | | |
| 5.a. Name and Address of Employer (Including trade na Employer HECTOR BARCENAS Trade Name HECTOR BARCENAS Attention To HECTOR BA Title PRESIDENT 5.b. Termination Date 12/31/12 6. TOTAL RECEIPTS FROM ALL EMPLOYERS | me, if any). RCENAS 50931 | P.O. Box, B Street i62 City CC State Ca | lailing Address: uilding and Room Number, if any P17 *CROSSFIRE CT DRONA Alifornia ZIP Code | +4 92880 | | |
| C. Statement of Disbursements Report all dito the emplo 7. Disbursements to Officers and Employees (a) Name | sbursements made by the rep yers listed in Part B. (b) Salary (c) Expenses (d) | | ation in connection with labor relations advice | e or services rendered | | |
| DAVID ACOSTA | 10,500 2416 | | 9. Office and Administrative Expenses | 0 | | |
| | | · | 10. Publicity | | | |
| | 1000 | | 11. Fees for Professional Services | 1 | | |
| | | · · · · · · · · · · · · · · · · · · · | 12. Loans Made | | | |
| / منتقد من م قدا المنتقد من منتقد المنتقد ال | | <u> </u> | 13: Other Disbursements | -2 -3 | | |
| 8. Total disbursements to officers and employees | | - | 14. Total Disbursements (Sum of Items 8-13) | 0. | | |
| | | | | | | |
| D. Schedule of Disbursements for Reportable | Activity Use this Schedunstructions. | ule to report or | ly disbursements made for the purposes de | scribed in Part D of the | | |
| 15.a. Employer Name: | | 15.b. Trade | 15.b. Trade Name, If any: | | | |
| | | | | | | |
| 15.c. To Whom Paid | | | 15.d. Amount | | | |
| Name | | | ose | | | |
| Title | | | | | | |
| Organization | | | | | | |
| P.O. Box, Building and Room Number, if any | | | | | | |
| Street | | | | | | |
| City | | \$ | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| State Zi | P Code + 4 | <u></u> | e de la companya del companya de la companya del companya de la co | हरी । <u>जिल्ल</u> ा | | |
| 16. TOTAL DISBURSEMENTS FOR ALL REPOR | RTABLE ACTIVITY | | | | | |

Form LM-21 (2003)