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

This report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines, or civil penaltles as provided by 29 U.S.C. 439 or 440. abor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)

	Required a	Ö	sons, inc	uaing L	31
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RECEIPLE ON READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT									
EQUIS DROE! 472966									
1 . File Number C-	2. Period Covered By This Report From:    Month/Day/Year (mm/dd/yyyy)   Month/Day/Year (mm/dd/yy								
A. Person Filing									
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:								
Name David Acosta	Name								
Title President/Treasurer	Title								
Organization Redstone Enterprises	Organization								
P.O. Box, Building and Room Number, if any  Street 5415 E Willowick Circle  City Anaheim  State California ZIP Code + 4 92807	P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4								
Signa	tures								
Each of the undersigned declares, under penalty of perjury and other applicable penaltic information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).  17. Signed  President  (if other title, see instructions)									
On 01/31/2012 714-306-2229  Date Telephone Number	On 01/31 / 2012 714-306-2229  Date Telephone Number								

Name of Person Filing: David Acosta						File Number C-						
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice												
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 LRI												
Trade Name LABOR RELATIONS INSTITUTE						Street	et 7850 S. ELM PLACE, SUITE E					
Attention To	Attention To PHIL WILSON						Broken Arrow					
Title PRESIDENT State Oklahoma ZIP Code + 4 74011												
5.b. Termination Date 10/28/2011 5.c. Amount 93,900												
6. TOTAL RECEIF	rTS	FROM ALL EMPLOYERS	112,506								***	
L											<del></del>	
C. Statement of C	lish	ursements Report all di	shursements r	nade hv	the ren	ortino organi	zation in connection	with labor relat	tions advice		ervices rende	ered
O. Otalement of L	11013		yers listed in F		ine rep	orang organi	Zation in connection	Will labor rola	IONO GOVICE	, 0, 0	KI VICES TOTAL	3,00
7. Disbursements to (a) Name	Offi	cers and Employees:	(b) Salary	(c) Expe	nses (d) '	Totals						
David	IC	Acosta	88,748	5,	152	93,900	0 9. Office and Ad	Office and Administrative Expenses				0
							10. Publicity	10. Publicity				
							11. Fees for Professional Services					
							12. Loans Made					
					13. Other Disbursements							
8. Total disbursements to officers and employees:						93,900	14. Total Disbursements (Sum of Items 8-13) 93			,900		
D. Schedule of D	isbı	rsements for Reportable		Use this		le to report o	only disbursements	made for the pu	rposes des	cribe	ed in Part D o	f the
15.a. Employer Name:							15.b. Trade Name, If any:					
REDSTON	REDSTONE ENTERPRISES, INC											
15.c. To Whom Paid							15.d. Amount 0					
Name I								15.e: Purpose				
Title PRESIDENT							ENGAGED TO COMMUNICATE TO EMPLOYEES OF VARIOUS				$\neg$	
Organization REDSTONE ENTERPRISES						CLIENTS, AS LISTED, REGARDING EXERCISING THEIR RIGHTS TO ORGANIZE ANDE BARGAIN COLLECTIVELY,						
ACCORDING TO THE NLRA OF 1935.												
P.O. Box, Building and Room Number, if any												
Street 5415 E. WILLOWICK CIRCLE												
City ANAHEIM												
State Calif		ia ZI	P Code + 4 9	2807		1						
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0												
1												

Name of Person Fi	iling: David Acosta	i				File Number C	<del>;</del> -			
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 Add	5.a. Name and Address of Employer (including trade name, if any).  Mailing Address:									
los	TRANSPORT			P.O. Box, Bldg., Room No., if any						
	TRANSPORT			l Street	12640 SYCAM	מוזג מחס				
Trade Name										
Ì	HILDA	ANDRADE		City State	SAN MARTIN		ZIP Code + 4 95046			
Title	PRESIDENT			State	California		ZIF Code 1 4 95046			
5.b. Termination D	ate 1/27/2011		]	5.c. Amo	ount 6,656			·		
5.a. Name and Add	5.a. Name and Address of Employer (including trade name, if any).  Mailing Address: P.O. Box, Bldg., Room No., if any									
Employer										
Trade Name	<u> </u>			Street						
Attention To:				City			7			
Title				State	California		ZIP Code + 4			
5.b. Termination D	ate			5.c. Amo	ount 0					
5.a. Name and Add	dress of Employer (inclu	iding trade name, if	any).	======================================	Mailing Addres					
l <sub>-</sub> .				P.O. Bo	ox <u>, Blda., Room N</u>	o., if any				
Employer L	r i			d Stroot						
Trade Name	<u> </u>	<del></del>		Street			7			
Attention To:				City			ZIP Code + 4			
Title				State	<u> </u>		ZIP Code + 4			
5.b. Termination D	ate		]	5.c. Amo	ount					
5.a. Name and Add	dress of Employer (include	ding trade name, if	any).	D O D	Mailing Address		7117			
Employer				7.U. B	ox, Bldg., Room N	o., ir any				
Trade Name				Street						
Attention To:		71		City			7			
Title		<u> </u>		State I			ZIP Code + 4			
L				T			J-"	<u> </u>		
5.b. Termination D	ate			5.c. Amo						
5.a. Name and Add	dress of Employer (include	ding trade name, if a	any).	D O D	Mailing Address					
Employer				P.U. BG	ox. Blda., Room No	oir anv				
Trade Name				Street				1		
Attention To:		7	=	City [			1			
Title				State			ZIP Code + 4	$\neg$		
L				<u> </u>						
5.b. Termination D	ate			5.c. Amo	ount		·			
5.a. Name and Address of Employer (including trade name, if any).  Mailing Address: P.O. Box, Bldg., Room No., if any										
Employer										
Trade Name				Street						
Attention To: [				City [			1			
Title				State			ZIP Code + 4	$\neg$		
5.b. Termination D	ate		1	5.c. Amo	ount					