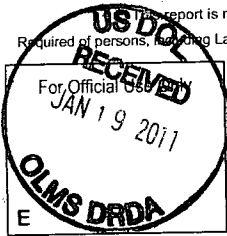


# FORM LM-21

## 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. 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

441502

1. File Number C- 701	2. Period Covered By This Report From: 01 / 01 / 2010 Through: 12 / 31 / 2010
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name David Acosta  Title President/Treasurer  Organization Redstone Enterprises  P.O. Box, Building and Room Number, if any  Street 5415 E Willowick Circle  City Anaheim  State California ZIP Code + 4 92807	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 <u>David Acosta</u> President (if other title, see instructions) Title President	18. Signed <u>David Acosta</u> Treasurer (If other title, see instructions) Title Treasurer
On 01 / 08 / 2011 714-306-2229 Date Telephone Number	On 01 / 08 / 2011 714-306-2229 Date Telephone Number

Name of Person Filing: David Acosta	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: P.O. Box, Building and Room Number, if any	
Employer	LRI	Street	7850 S. ELM PLACE, SUITE E
Trade Name	LABOR RELATIONS INSTITUTE	City	Broken Arrow
Attention To	PHIL WILSON	State	Oklahoma
Title	PRESIDENT	ZIP Code + 4	74011
5.b. Termination Date		5.c. Amount 0	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 0			

**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:		(b) Salary	(c) Expenses	(d) Totals	
(a) Name					
David	Acosta	36,233	11,217	47,450	9. Office and Administrative Expenses 0
					10. Publicity
					11. Fees for Professional Services
					12. Loans Made
					13. Other Disbursements
8. Total disbursements to officers and employees:				47,450	14. Total Disbursements (Sum of Items 8-13) 47,450

**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 Washington ZIP Code + 4	15.d. Amount
	15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	