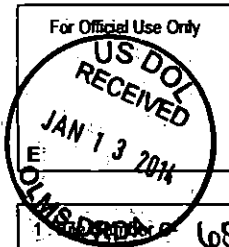


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

539189

65722

2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	05 / 30 / 2012		06 / 21 / 2012

## A. Person Filing

### 3. Name and mailing address (include ZIP Code):

Name Erasmo C Navarro

Title Labor Consultant

Organization Redstone Enterprises

P.O. Box, Building and Room Number, if any

Street 21 Cantera St.

City Santa Ana

State California

ZIP Code + 4 92703

### 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 Erasmo C Navarro President  
(if other title, see instructions)  
Title Other (Specify)  
Labor Consultant

On 01 / 02 / 2014 714-343-4715  
Date Telephone Number

18. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title Treasurer

On \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Telephone Number

Name of Person Filing: Erasmo Navarro	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.

<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer Best Loadin Svices  Trade Name  Attention To Tim McCaskill  Title Owner		<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any  Street 41600 Van Born Rd.  City Cnton  State Montana ZIP Code + 4 48188	
5.b. Termination Date 06/21/2012		5.c. Amount 16,073	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 16,073			

**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	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

**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.

<b>15.a. Employer Name:</b>	<b>15.b. Trade Name, If any:</b>
<b>15.c. To Whom Paid</b>  Name  Title  Organization   P.O. Box, Building and Room Number, if any  Street  City  State Washington ZIP Code + 4	<b>15.d. Amount</b>  <b>15.e. Purpose</b>
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>	