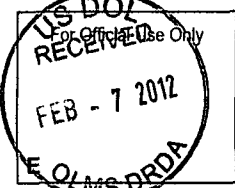


FORM LM-21

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

472966

1. File Number C- <u>79</u>	2. Period Covered By This Report From: <u>01</u> / <u>01</u> / <u>2011</u> Through: <u>12</u> / <u>31</u> / <u>2011</u>
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A. Person Filing

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>[Signature]</u> Title <u>President</u> On <u>01</u> / <u>31</u> / <u>2012</u> <u>714-306-2229</u> Date Telephone Number	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> On <u>01</u> / <u>31</u> / <u>2012</u> <u>714-306-2229</u> Date Telephone Number
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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:

Employer <input type="text" value="LRI"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text" value="LABOR RELATIONS INSTITUTE"/>	Street <input type="text" value="7850 S. ELM PLACE, SUITE E"/>
Attention To <input type="text" value="PHIL"/> <input type="text" value="WILSON"/>	City <input type="text" value="Broken Arrow"/>
Title <input type="text" value="PRESIDENT"/>	State <input type="text" value="Oklahoma"/> ZIP Code + 4 <input type="text" value="74011"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 112,506

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	
David <input type="text" value="Acosta"/>	88,748	5,152	93,900	9. Office and Administrative Expenses <input type="text" value="0"/>
<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:				93,900 14. Total Disbursements (Sum of Items 8-13) 93,900

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 <input type="text" value="DAVID"/> <input type="text" value="ACSOTA"/>	15.d. Amount <input type="text" value="0"/>
Title <input type="text" value="PRESIDENT"/>	15.e. Purpose <input style="width: 100%; height: 100%;" type="text" value="ENGAGED TO COMMUNICATE TO EMPLOYEES OF VARIOUS CLIENTS, AS LISTED, REGARDING EXERCISING THEIR RIGHTS TO ORGANIZE ANDE BARGAIN COLLECTIVELY, ACCORDING TO THE NLRA OF 1935."/>
Organization <input type="text" value="REDSTONE ENTERPRISES"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text" value="5415 E. WILLOWICK CIRCLE"/>	
City <input type="text" value="ANAHEIM"/>	
State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92807"/>	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 0

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:	
Employer OS TRANSPORT		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 12640 SYCAMORE AVE	
Attention To: HILDA ANDRADE		City SAN MARTIN	
Title PRESIDENT		State California ZIP Code + 4 95046	
5.b. Termination Date 1/27/2011		5.c. Amount 6,656	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State California ZIP Code + 4	
5.b. Termination Date		5.c. Amount 0	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	