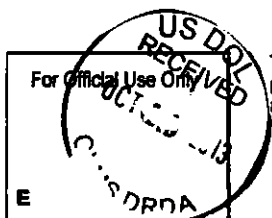


Reset

## AGREEMENT AND ACTIVITIES REPORT

Font



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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

Group

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number:

C 701

## Person Filing

2. Name and mailing address (include ZIP Code):

Name DAVID C ACOSTA

Title PRESIDENT/TREASURES

Organization RESTONE ENTERPRISES

P.O. Box, Bldg., Room No., if any

Street 5415 E. WILLOWICK CIRCLE

City ANAHEIM

State California ZIP Code + 4 92807

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. Individual b. Partnership c. ☒ Corporation d. Other (Specify):

## Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization KING AEROSPACE

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 4500 W. Grove Dr, Ste 250

City Adison

State Texas ZIP Code + 4 90670

7. Date entered into:

7 / 15 / 2013

8. Name of person(s) through whom made:

Name Jerry King

Name

Name

Name

Name

## 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 in accordance with the instructions.

13. Signed

Title President

President  
(If other title, see  
instructions)

14. Signed

Title Treasurer

Treasurer  
(If other title, see  
instructions)

On

Date

714-306-2229

Telephone Number

On

Date

714-306-2229

Telephone Number

Clear Signatures

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☒ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

To provide consultation and to give speeches based on the Guide to the National Labor Relations Act to employees regarding their rights to organize and bargain collectively. Terms of billing with LRS were \$1500/day.

#### Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

TEST PG CNT

a. Nature of activity:

This was an Election Campaign, petition submitted by the IAMAW. To provide consultation and to give speeches based on the Guide to the National Labor Relations Act to employees regarding their rights to organize and bargain collectively.

11.b. Period during which performed:  
7/15/13m to 8/9/13

11.c. Extent performed:  
Activity completed

11.d. Name and address through whom performed:

Name

Organization LRS

P.O. Box, Bldg., Room No., if any

Street 24 CORPORATE PLAZA, STE 100

City NEWPORT BEACH

State California ZIP Code + 4 92660

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

12.a. Identify subject groups of employees:

Upper Management, Mid management, supervisors, hourly and salaried employees.

12.b. Identify subject labor organizations:

IAMAW