

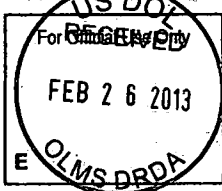
# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

lm-21 ☐ W ☒ QA

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

513074

1. File Number <b>C-701</b>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 1 / 2012		12 / 31 / 2012

<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <b>DAVID ACOSTA</b>	4. Any other address where records necessary to verify this report are kept:
Title <b>President/Treasurer</b>	Name
Organization <b>Redstone Enterprises, Inc.</b>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <b>5415 E Willowick Circle</b>	P.O. Box, Building and Room Number, if any
City <b>Anaheim</b>	Street
State <b>California</b> ZIP Code + 4 <b>92807</b>	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	President (If other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title <b>President</b>		Title <b>Treasurer</b>	
On <b>2 / 20 / 2013</b>	<b>714-306-2229</b>	On <b>2 / 20 / 2013</b>	<b>714-306-2229</b>
Date	Telephone Number	Date	Telephone Number

Sign/Print

Submit to OLMS

Code Tester

Reset

Spawn List

Name of Person Filing:	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).  
 Employer **BEST LOADING COMPANY**  
 Trade Name **BEST LOADING COMPANY**  
 Attention To **TIM McCaskill**  
 Title **PRESIDENT**

Mailing Address:  
 P.O. Box, Building and Room Number, if any  
**PO BOX 400**  
 Street  
 City **Collierville**  
 State **Tennessee** ZIP Code + 4 **38027**

5.b. Termination Date **6/22/12** 5.c. Amount **25,023**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **50931**

**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
ERASMO NAVARRO	8,950	7,123	

8. Total disbursements to officers and employees:

9. Office and Administrative Expenses	0
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of Items 8-13)	0

**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:  
**BEST LOADING COMPANY**

15.b. Trade Name, if any:

15.c. To Whom Paid  
 Name **ERASMO NAVARRO**  
 Title **CONSULTANT**  
 Organization  
 P.O. Box, Building and Room Number, if any  
 Street **21 CANTERA**  
 City **SANTA ANA**  
 State **California** ZIP Code + 4 **92703**

15.d. Amount **16,073**

15.e. Purpose  
**Engaged to communicate to employees, regarding exercising their rights, to organize and bargain collectively.**

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY  
**16,073**