U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 **RECEIPTS AND DISBURSEMENTS REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 09-30-2011

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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

1'. File Number C- 7.0	Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)		<u> </u>	Month/Day/Year (mm/dd/yyyy)		
	By This Report From:	01 / 1	/ 2012	Through:	12 /	31, /	20
				•			
. Person Filing							
Name and mailing address (include ZIP Code):	4. Any other addres	s where reco	rds necessa	ry to verify t	his report	are ke	ot:
Name DAVID ACOSTA	Name	5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		**	.	٠.,	
Title President/Treasurer	Title				-, ·	· •	
Organization Redstone Enterprises, Inc.	Organization	د این پایست دائیر او احسان					
P.O. Box, Building and Room Number, if any	P.O. Box, Buildir	g and Room	Number, if a	ny	** *		
Street 5415 E Willowick Circle	Street		وأجده وسنا		والمعيني أهماني		
City Anaheim	City						
State California ZIP Code + 4 92807	State		* .	ZIP Code	8+4		-
	**	· <u> </u>			- +.	•	
	Signatures					-	_
ach of the undersigned declares, under penalty of periury and other application contained in any accompanying accuments) has been examorrect, and complete. (See the Section on penalties in the instructions,	ined by the signatory and is, to t	information su he best of the	undersigned	is report (incl d's knowledg	uding the e and beli	ef, true	
1) 1/14) /	7	1			
Signed President (if other title	18. Signed			<i>Z</i>	Treasur (If other		eı
Title President instructions	i mro	asurer			instruct		
						<u></u>	
2 / 20 / 2013 714-306-2229	On 2 / 20	/ 2013	714-306-	2229		er en er Ar grand de	
n Date Telephone Number	Da Da	te	Telephon	e Number		90	

Code Tester

Spawn List

Reset

Name of Person Filing:	File Number C-					
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 RUSS BROWN	1.0. Box, believing the vice in terms of the second					
Trade Name RUSS BROWN ASSOCIATES	Street 5,753 G SANTA ANA CANYON RD					
Attention To RUSS BROWN	City ANAHEIM HILLS					
Title PRESIDENT	State California ZIP Code + 4 92807					
Tibe Control of the C						
5.b. Termination Date 127/317/12	5.c. Amount 119, 266					
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 50931						
6. TOTAL RECEIPTS FROM ALL EMPLOTERS 50931	and the second s					
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 ACOSTA 15,600 3,666	9. Office and Administrative Expenses					
	10. Publicity.					
	1.1 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. O. S. Alla M. Blahaman and San Donas Mills Andrews	and the second s					
D. Schedule of Disbursements for Reportable Activity Use this Schedule of Disbursements for Reportable Activity Use this Schedule of Disbursements for Reportable Activity	edule to report only disbursements made for the purposes described in Part D of the					
15.a. Employer Name:	15.b. Trade Name, If any:					
	Marine the second secon					
15.c. To Whom Paid	15.d. Amount					
Name	15.e. Purpose					
Title						
Organization						
Organization						
P.O. Box, Building and Room Number, if any						
P.O. Box, building and moon realined, if any						
Street						
Street						

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY