

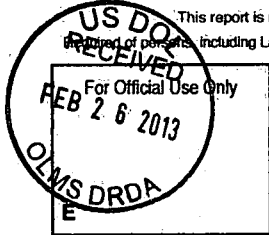
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

1m-21 W x 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

513078

1. File Number <u>C-701</u>	2. Period Covered By This Report From: <u>01 / 1 / 2012</u> Through: <u>12 / 31 / 2012</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>DAVID ACOSTA</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President/Treasurer</u>	Name
Organization <u>Redstone Enterprises, Inc.</u>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>5415 E Willowick Circle</u>	P.O. Box, Building and Room Number, if any
City <u>Anaheim</u>	Street
State <u>California</u> ZIP Code + 4 <u>92807</u>	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>2 / 20 / 2013</u> <u>714-306-2229</u> Date Telephone Number	18. Signed <u>[Signature]</u> Title <u>Treasurer</u> On <u>2 / 20 / 2013</u> <u>714-306-2229</u> Date Telephone Number
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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 <u>LRI</u> Trade Name <u>LABOR RELATIONS INSTITUTE</u> Attention To <u>PHIL WILSON</u> Title <u>PRESIDENT</u>	Mailing Address: P.O. Box, Building and Room Number, if any Street <u>7850 W. ELM PLACE, SUITE E</u> City <u>BROKEN ARROW</u> State <u>Oklahoma</u> ZIP Code + 4 <u>74011</u>
5.b. Termination Date <u>12/31/12</u>	5.c. Amount <u>65,930.00</u>
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>50931</u>	

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	52,250	13,680		9. Office and Administrative Expenses	0
				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)	
				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:	15.b. Trade Name, if any:	
15.c. To Whom Paid	15.d. Amount	
Name Title Organization P.O. Box, Building and Room Number, if any Street City State <u> </u> ZIP Code + 4 <u> </u>	15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		