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

FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. C-701 1. File Number: Person Filing 3. Any other address where records necessary to verify this report are kept: 2. Name and mailing address (include ZIP Code): Name Name David C Acosta Title President/Treasurer Title Organization Organization Redstone Enterprises P.O. Box, Bldg., Room No., if any P.O. Box, Bldg., Room No., if any Street 5415 E Willowick Circle Street City City Anaheim State California ZIP Code + 4 92807 ZIP Code + 4 State 5. Type of person: 4. Date fiscal year ends: Partnership c. Corporation d. Other (Specify): Individual b. Nature of Agreement or Arrangement 6. Full name and address of employer with whom made (include ZIP Code): 7. Date entered into: 2007 19 8. Name of person(s) through whom made: Organization Russell Transport Name Rami Abdeljaber Trade Name, if any Name P.O. Box, Bldg., Room No., if any Name Street 155 N. San Marcial St. City El Paso Name ZIP Code + 4 79905 State Texas 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. (See Section VII) on penalties in the instructions.) 14. Signed 13. Signed President Treasurer (If other title, see (If other title, see instructions) instructions) President Treasurer Title

714-306-2229

Telephone Number

	File Number C-	
9. Check the appropriate box to indicate whether an object of the activities under	taken, is directly or indirectly:	
To persuade employees to exercise or not to exercise, or persuade en collectively through representatives of their own choosing.	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 V	
Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively according to the Guide to the Labor Relations Act of 1935. Terms of billing are \$187.50 per hour plus expenses.		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruct	tions):	
a. Nature of activity:		
To provide consultation and to give speeches based 1935 to employees regarding their rights to organize	on the Guide to the National Labor Relations Act of ze and bargain collectively.	
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11.b. Period during which performed:	11.c. Extent performed:	
8/23 to 9/8/2007		
	Activity was fully completed	
11.d. Name and address through whom performed:	Activity was fully completed Additional Name and address through whom performed, if any:	
11.d. Name and address through whom performed: Name		
· ·	Additional Name and address through whom performed, if any:	
Name	Additional Name and address through whom performed, if any: Name	
Name Organization LRI	Additional Name and address through whom performed, if any: Name Organization	
Name Organization LRI P.O. Box, Bldg., Room No., if any	Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any	
Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E	Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street	
Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow	Additional Name and address through whom performed, if any: Name Organization P.O. Box, Bldg., Room No., if any Street City	
Name Organization LRI P.O. Box, Bidg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011	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	
Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 12.a. Identify subject groups of employees:	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.b. Identify subject labor organizations:	
Name Organization LRI P.O. Box, Bldg., Room No., if any Street 7850 South Elm Place, Suite E City Broken Arrow State Oklahoma ZIP Code + 4 74011 12.a. Identify subject groups of employees:	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.b. Identify subject labor organizations:	
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