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 maintaintry under P.L. 86-257, as emended. Failure to comply may result in criminal prosecution, lines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuels and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRIDA)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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File Number C 70		2. Period Covered By This Report From:	Microty/Day/Year (math/yyyy) 01 / 1 / 2013	Through:	Morth/Day/Year (mmHdyyyy) 12 / 31 / 201
Person Filing			·		
Name and mailing address (includ	e ZIP Code):	4. Any other address	s where records necessa	ary to verify t	his report are kept:
Name DAVID ACOSTA Name		•			
Title President/Treasurer Title					
Organization Redatone Enterprises, Inc. Organization					
P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any					
Street 5415 E Willowick	Circle	Street			
City Anaheim		City			
State California	ZIP Code + 4 92807	State		ZIP Code	9+4
Signatures					
Each of the undersigned declares, under penalty of perjuny 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 knowledge and belief, true, correct, and complete. (See the Section on papalities in the instructions).					
7. Signed President	President (if other title, see instructions)	18. Signed	asurer		_ Treasurer (il other title, see instructions)
In	1-306-2229 Jephone Number	On 4 / 21		-2229 ne Number	
	Sign/Print	Submit to Ol			

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Spawn List

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.		· · · · · · · · · · · · · · · · · · ·				
Sa. Name and Address of Employer (Including trade name, If any). Employer Watstram referration Co. Trade Name Street 4020 BROADWAY BLVD., 8.E. Attention To VICTOR RUEDA Cty ALBUQUERQUE Title VP OF IRR State State Renv Mexico ZIP Code + 4 87105 St. Amount 24,000.00 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 50931 C. Statement of Disbursements To the employees issed in Part B. 7. Disbursements to Officers and Employees: (b) Salesy (c) Expenses (d) Totals 8. Total disbursements to officers and employees: 10. Receive the following the report of the purposes described in Part B. 8. Total disbursements to officers and employees: 11. Total Disbursements Sam of them 8-13) 15. Employer Name: 15. Employer Name: 15. Total disbursements made from Number, if any Street City Street 15. Purpose	Name of Person Filling:	File Number C-				
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Attention To VICTOR RUEDA City ALBUQUERQUE Title VP OF HR State New Mexico ZIP Code + 4 87105 5.b. Termination Date 12/31/13 5.c. Amount 24,000.00 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 50931 C. Statement of Disbursements Proport all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers itself in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salany (c) Expenses (d) Totals 9. Office and Administrative Expenses 0 10. Publicity 11. Fees for Protessional Services 12. Learn Made 15. Other Disbursements 15. Distributions 15. Total disbursements to officers and employees: 15. Distributions 15. Employer Name: 15. Trade Name, If any Street City						
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15.c. To Whom Paid Name 15.e. Purpose Title Organization P.O. Box, Building and Room Number, if any Street City						
Name Title Organization P.O. Box, Building and Room Number, if any Street City	15.a. Employer Name:	15.b. Trade Name, If any:				
Name Title Organization P.O. Box, Building and Room Number, if any Street City						
Title Organization P.O. Box, Building and Room Number, if any Street City	15.c. To Whom Paid	15.d. Amount				
Organization P.O. Box, Building and Room Number, if any Street City	Name	15.e. Purpose				
P.O. Box, Building and Room Number, if any Street City	Title					
Street	Organization					
Street						
City	P.O. Box, Building and Room Number, if any					
City						
	Street					
State ZIP Code + 4	City					
	State ZIP Code + 4					
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY						

\$24,000.00

Form LM-21 (2003)