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

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)

For Official Use Only		
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

437145					
1 . File Number C- 70/	2. Period Covered By This Report From: 01 / 01 / 2008 Through: Month/Day/Year (mm/dd/yyyr) Through: Month/Day/Year (mm/dd/yyyr) Through: 12 / 31 / 2008				
A. Person Filing					
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:				
Name David Acosta	Name				
Title President/Treasurer	Title				
Organization Redstone Enterprises	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 + 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 knowledge and belief, true, correct, and complete. (See the Section op-penalties in the instructions).					
17. Signed President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)				
On 09/13/2010 714-306-2229 Date Telephone Number	On 09/13 / 2010 714-306-2229 Date Telephone Number				

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 LRI Trade Name LABOR RELATIONS INSTITUTE Street 7850 S. ELM PLACE, SUITE E Attention To PRIL WILSON City Broken Arrow Title PRESIDENT State Oklahoma 2/P Code + 4 74 0.11 5.b. Termination Date 5.c. Amount 122,620 C. Statement of Diabursements The proper state of the employers listed in Part B. 7. Diabursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals 8. Total diabursements to officers and employees: 11. Total Diabursements To Diabursements to officers and employees: 12. Loans Made 13. Other Diabursements 15.a. Employer Name: 15.b. Trade Name, If any: 15.c. To Whom Paid Name 15.c. Purpose	Name of Person Filing: David Acosta	File Number C-			
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