

# FORM LM-21

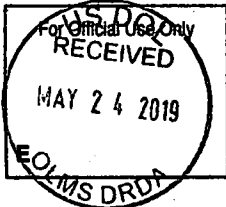
## RECEIPTS AND DISBURSEMENTS REPORT

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

lm-21 ☐ W ☒ 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

705129

1. File Number C- 701	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 1 / 2017		12 / 31 / 2017

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	DAVID ACOSTA
Title	President/Treasurer
Organization	Redstone Enterprises, Inc.
P.O. Box, Building and Room Number, if any	
Street	5415 E Willowick Circle
City	Anaheim
State	California
ZIP Code + 4	92807
4. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
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	President (If other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title	President	Title	Treasurer
On	5 / 16 / 2019	On	5 / 16 / 2019
Date	714-306-2229	Date	714-306-2229
	Telephone Number		Telephone Number

Sign/Print

Submit to OLMS

Code Tester

Reset

Spawn List

Name of Person Filing:	File Number C-
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<b>B. Statement of Receipts</b> Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.	
<b>5.a. Name and Address of Employer (including trade name, if any).</b>  Employer JOHN HERMANN  Trade Name LRS  Attention To JOHN HERMANN  Title PRESIDENT	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any  Street 2 PINNACLE POINT  City NEWPORT COAST  State California ZIP Code + 4 92657
<b>5.b. Termination Date</b> 12/31/18	<b>5.c. Amount</b> 57311.00
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b> 50931	

<b>C. Statement of Disbursements</b> Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.					
<b>7. Disbursements to Officers and Employees:</b>					
(a) Name	(b) Salary	(c) Expenses	(d) Totals		
	57,311	12,463		9. Office and Administrative Expenses	0
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
<b>8. Total disbursements to officers and employees:</b>				<b>14. Total Disbursements (Sum of Items 8-13)</b>	
				0	

<b>D. Schedule of Disbursements for Reportable Activity</b>		Use this Schedule to report only disbursements made for the purposes described in Part D of the Instructions.
<b>15.a. Employer Name:</b>	<b>15.b. Trade Name, if any:</b>	
<b>15.c. To Whom Paid</b>  Name  Title  Organization   P.O. Box, Building and Room Number, if any  Street  City  State ZIP Code + 4	<b>15.d. Amount</b>  <b>15.e. Purpose</b>	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>		