

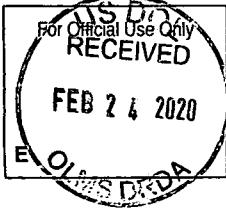
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

717065

1. File Number C- 7101	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 1 / 1 / 2019	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2019
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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	2 / 17 / 2020	714-306-2229	On	2 / 17 / 2020	714-306-2229
Date		Telephone Number	Date		Telephone Number

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). Mailing Address:
P.O. Box, Building and Room Number, if any

Employer RUSS BROWN
Trade Name ROAD WARRIOR PRO LABOR SERVICES
Attention To RUSS BROWN
Title PRESIDENT

Street PO BOX 372636
City SATELLITE BEACH
State Florida ZIP Code + 4 32937

5.b. Termination Date 10/31/2019 5.c. Amount 40,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 50931

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		
	40,000	3393	43,393	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:			43,393	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 Name Title Organization P.O. Box, Building and Room Number, if any Street City State ZIP Code + 4	15.d. Amount 15.e. Purpose
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	