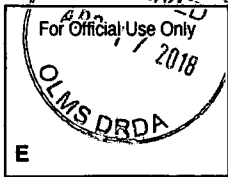


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

lm-21 [W x] 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

675379

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

<b>A. Person Filing</b>	
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 [Signature] Title President	President (if other title, see instructions)	18. Signed [Signature] Title Treasurer	Treasurer (if other title, see instructions)
On 4 / 2 / 2018 Date	714-306-2229 Telephone Number	On 4 / 2 / 2018 Date	714-306-2229 Telephone Number

Sign/Print

Submit to OLMS

Code Tester

Reset

Spawn List

Name of Person Filing:	File Number C- 251
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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 SIFCO Trade Name QUALITY ALUMINUM FORGE Attention To WEDNY WORTHINGTON Title HUMAN RESOURCE, VP	<b>Mailing Address:</b> P.O. Box, Building and Room Number, if any  Street 793 N CYPRESS City ORANGE State California ZIP Code + 4 92867
<b>5.b. Termination Date</b> 5/1/17	<b>5.c. Amount</b> 53,150
<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	
	35,900			<b>9. Office and Administrative Expenses</b> 0
				<b>10. Publicity</b>
				<b>11. Fees for Professional Services</b> 17,250
				<b>12. Loans Made</b>
				<b>13. Other Disbursements</b>
<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> REDSTONE ENTERPRISES, INC	<b>15.b. Trade Name, if any:</b>  	
<b>15.c. To Whom Paid</b>  Name CARLOS FLORES Title PRESIDENT Organization FLORES LABOR RELATIONS, INC  P.O. Box, Building and Room Number, if any  Street 30000 AVENIDA CIMA DEL SOL City TEMECULA State California ZIP Code + 4 92591	<b>15.d. Amount</b> 17,250.  <b>15.e. Purpose</b> CONSULTING SERVICES.	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b> 17,250		