U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

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)

For Official Use Only
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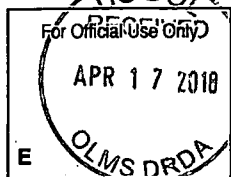
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT
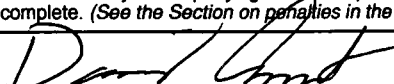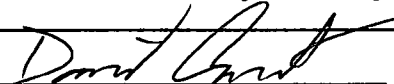
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| 1. File Number C- 701 | 2. Period Covered By This Report From: | Month/Day/Year (mm/dd/yyyy) 4 / 2 / 2018 | Through: | Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2017 |

A. Person Filing

3. 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, 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 + 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 4 / 2 / 2018 714-306-2229		On 4 / 2 / 2018 714-306-2229	
Date Telephone Number		Date Telephone Number	

Sign/Print   Submit to OLMS

Code Tester   Reset   Spawn List

Form LM-21 (2003)

Name of Person Filing:	File Number C- 701

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	Street PO BOX 372636
Attention To RUSS BROWN	City SATELLITE BEACH
Title PRESIDENT	State Florida ZIP Code + 4 32937

5.b. Termination Date 12/15/17	5.c. Amount 27,000

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		
	25,550	1450.		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:				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	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State ZIP Code + 4	

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY