

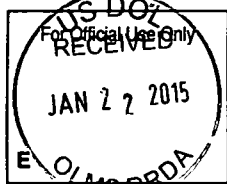
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

1m-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


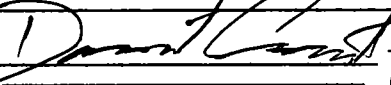
575529

1. File Number C-701	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 1 / 2014	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2014
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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  Title President President (if other title, see instructions)	18. Signed  Title Treasurer Treasurer (if other title, see instructions)
On 1 / 15 / 2015 Date 714-306-2229 Telephone Number	On 1 / 15 / 2015 Date 714-306-2229 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:
 Employer CONFIDENT CARE CORP. P.O. Box, Building and Room Number, if any
 Trade Name Street 3 UNIVERSITY PLAZA DR. STE 340
 Attention To ELENA ORLUKOVA City HACKENSACK
 Title PRESIDENT State New Jersey ZIP Code + 4 07601

5.b. Termination Date 12/31/14 5.c. Amount 54,271

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
DAVID ACOSTA	46,125	8,146	
8. Total disbursements to officers and employees: 54,271			

9. Office and Administrative Expenses	0
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
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	