

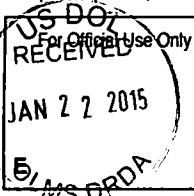
# FORM LM-21

## 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

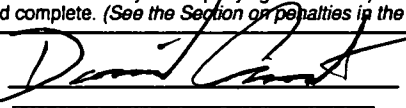
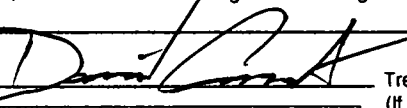
575526

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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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):  Name <b>DAVID ACOSTA</b>  Title <b>President/Treasurer</b>  Organization <b>Redstone Enterprises, Inc.</b>  P.O. Box, Building and Room Number, if any  Street <b>5415 E Willowick Circle</b>  City <b>Anaheim</b>  State <b>California</b> ZIP Code + 4 <b>92807</b>	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 <b>President</b>  On <b>1 / 15 / 2015</b> <b>714-306-2229</b> Date Telephone Number	18. Signed  Title <b>Treasurer</b>  On <b>1 / 15 / 2015</b> <b>714-306-2229</b> Date Telephone Number
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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).  
Employer CUMMINGS GROUP  
Trade Name  
Attention To KIRK CUMMINGS  
Title PRESIDENT

Mailing Address:  
P.O. Box, Building and Room Number, if any  
Street PO BOX 761  
City LAPEER  
State Michigan ZIP Code + 4 48446

5.b. Termination Date 12/31/12 5.c. Amount 41,456

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	35,428	6,028	
8. Total disbursements to officers and employees: 41,456			

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 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	