

# FORM LM-21

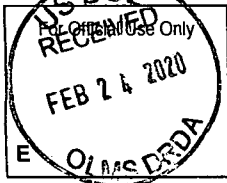
## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 09-30-2011

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

717059

1. File Number C- 701	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 1 / 2019		12 / 31 / 2019

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)  
Title President

18. Signed Treasurer  
(if other title, see instructions)  
Title Treasurer

On 2 / 17 / 2020 714-306-2229  
Date Telephone Number

On 2 / 17 / 2020 714-306-2229  
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):

Employer DAVID BURK

Trade Name LABOR INFORMATION SERVICES

Attention To DAVID BURK

Title PRESIDENT

Mailing Address:

P.O. Box, Building and Room Number, if any

Street 27407 PACIFIC COAST HIGHWAY

City MALIBU

State California ZIP Code + 4 90265

5.b. Termination Date 9/30/2019

5.c. Amount 46,256

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		
	46,256	14,288	60,544	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:			60,544	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	