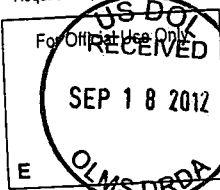


U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210  
JAN 15 2012

# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013

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

1. File Number C- 421 509856

2. Period Covered By This Report From: 1 / 1 / 12 Through: 12 / 31 / 12

## A. Person Filing

3. Name and mailing address (include ZIP Code):

Name **SANFORD H. RUDNICK**  
Title **LABOR CONSULTANT**  
Organization **H. SANFORD RUDNICK & ASSOC**  
P.O. Box, Building and Room Number, if any  
Street **1200 MT. DIABLO BLVD S105**  
City **WALNUT CREEK CA 93496**  
State **CA** ZIP Code + 4 **94596**

4. Any other address where records necessary to verify this report are kept:

Name **NO**  
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**

On

Date

Telephone Number

9 / 16 / 2012 925-256-0660

18. Signed

Title

**Treasurer**

On

Date

Telephone Number

9 / 16 / 12 925-256-0660

Treasurer  
(If other title, see  
instructions)

Name of Person Filing: <b>SANFORD RUDNICK</b>	File Number C- <b>421</b>
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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 **RENAISSANCE DOORS AND WINDOWS**  
Trade Name  
Attention To  
Title  
Mailing Address:  
P.O. Box, Building and Room Number, if any  
Street **2425 WEST COMMONWEALTH AVE.**  
City **FULLERTON CA 92833**  
State **CA** ZIP Code + 4 **92833**

5.b. Termination Date **9-3-12** 5.c. Amount **\$14,500**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **\$14,500**

**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	9. Office and Administrative Expenses	
<b>SANFORD RUDNICK</b>				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)	
				<b>\$14,500</b>	

**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 <b>SANFORD RUDNICK</b> Name <b>SANFORD RUDNICK</b> Title <b>LABOR CONSULTANT</b> Organization <b>H. SANFORD RUDNICK &amp; ASSOC</b> P.O. Box, Building and Room Number, if any Street <b>1200 MT. DIABLO BLVD. S105</b> City <b>WALNUT CREEK CA 94596</b> State <b>CA</b> ZIP Code + 4 <b>94596</b>	15.d. Amount <b>\$14,500</b> 15.e. Purpose <b>ELECTION AND NATIONAL RELATIONS BOARD</b>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	