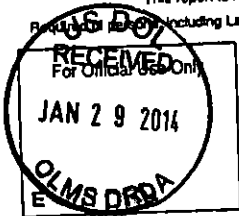


FORM LM-21

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 filers include 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

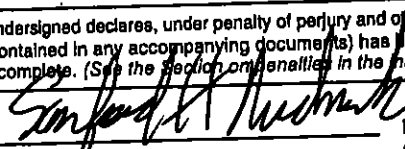
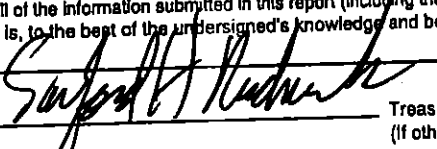
540109

1. File Number C- 421	2. Period Covered By This Report From: 1/1/13 Through: 12/31/13
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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 9/17/2013 925-256-0660 Date Telephone Number	18. Signed  Title Treasurer On 9/17/2013 925-256-0660 Date Telephone Number
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Name of Person Filing: SANFORD RUDNICK	File Number C- 421
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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: P.O. Box, Building and Room Number, if any	
Employer	HOWELL ELECTRIC INC	Street	519 ALDO AVE
Trade Name		City	SANTA CLARA
Attention To	KEN HOWELL	State	CA
Title	PRESIDENT	ZIP Code + 4	95054
5.b. Termination Date AUGUST 2013		5.c. Amount \$35,850	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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:				9. Office and Administrative Expenses
(a) Name	(b) Salary	(c) Expenses	(d) Totals	
SANFORD RUDNICK				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees: \$35,850				14. Total Disbursements (Sum of Items 8-13)

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 SANFORD RUDNICK		15.d. Amount \$35,850	
Name	SANFORD RUDNICK	15.e. Purpose ELECTION AND NATIONAL RELATIONS BOARD	
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 94596		
State	Washington CA	ZIP Code + 4 94596	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY			