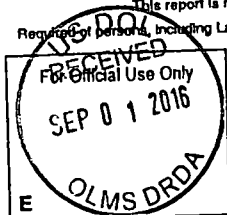


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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

625678

1. File Number C: <u>421 371</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		<u>1 / 1 / 13</u>		<u>12 / 31 / 13</u>

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 [Signature] President
(If other title, see instructions)
Title **President**
On 8/29/16 Date
925-256-0660 Telephone Number

18. Signed [Signature] Treasurer
(If other title, see instructions)
Title **Treasurer**
On 8/29/16 Date
925-256-0660 Telephone Number

0

Name of Person Filing: **SANFORD RUDNICK** File Number C- **421**

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 **BRIDGETTE POVOLOTSKY**
Trade Name **ELITE AMBULANCE INC**
Attention To **BRIDGETTE POVOLOTSKY**
Title **PRESIENT**

Street **2065 VENICE BLVD**
City **LOS ANGELES CA**
State **CA** ZIP Code + 4 **94401**

5.b. Termination Date **12-15-13** 5.c. Amount **\$8500**

6. TOTAL RECEIPTS FROM ALL EMPLOYERS **11-20-13 \$7500**
12-12-13 \$1000

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

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

14. Total Disbursements (Sum of Items 8-13)

SANFORD RUDNICK

\$8500

8. Total disbursements to officers and employees:

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**
Name **SANFORD RUDNICK**
Title **LABOR CONSULTANT**
Organization **H. SANFORD RUDNICK & ASSOC.**

15.d. Amount **\$8500**

15.e. Purpose **ELECTION AND NATIONAL RELATIONS BOARD**

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