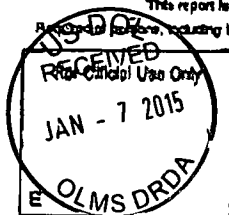


FORM LM-21  
RECEIPTS AND DISBURSEMENTS REPORT

This report is mandatory under P.L. 89-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 430 or 440.

Receivable persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(c) of the Labor-Management Relations and Disputes Act of 1959, as amended (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

574825

1. File Number C- <u>377 421</u>	2. Period Covered By This Report From: <u>1/1/13</u> Through: <u>12/31/13</u>
----------------------------------	---

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <b>SANFORD H. 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 93496</b> State <b>CA</b> ZIP Code + 4 <b>94596</b>	4. Any other address where records necessary to verify this report are kept: Name <b>NO</b> 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 <u><i>Sanford H. Rudnick</i></u> Title <b>President</b> On <u>3/13/14</u> Date <u>925-256-0660</u> Telephone Number	18. Signed <u><i>Sanford H. Rudnick</i></u> Title <b>Treasurer</b> On <u>3/13/14</u> Date <u>925-256-0660</u> Telephone Number
--	--

Name of Person Filing: <b>SANFORD RUDNICK</b>		File Number C- <b>971</b>
<b>B. Statement of Receipts</b> 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 <b>RESTPADD INC</b> Trade Name Attention To <b>CALL WOMACK CPA</b> Title <b>PRESIDENT</b>		Mailing Address: P.O. Box, Building and Room Number, if any Street <b>2750 EUREKA WAY</b> City <b>REDDING</b> State <b>CA</b> ZIP Code + 4 <b>96001</b>
5.b. Termination Date <b>2-1-14</b>		5.c. Amount <b>\$20,000</b>
<b>6. TOTAL RECEIPTS FROM ALL EMPLOYERS</b>		

<b>C. Statement of Disbursements</b> 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	
<b>SANFORD RUDNICK</b>				9. Office and Administrative Expenses
				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>20,000</b>

<b>D. Schedule of Disbursements for Reportable Activity</b>		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>Washington CA</b> ZIP Code + 4 <b>94596</b>		15.d. Amount <b>\$20,000</b> 15.e. Purpose <b>ELECTION AND NATIONAL RELATIONS BOARD</b>	
<b>16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY</b>			