

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20216

FORM LM-21

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

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C-

2. Period Covered
By This Report
From:

Month/Day/Year
(mm/dd/yyyy)

Month/Day/Year
(mm/dd/yyyy)

ELECTION PERIOD

8-21-10

Through:

8-6-11

#2

1/1/11

12-31-11

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

President
(if other title, see
instructions)

On

Date

Telephone Number

18. Signed

Title Treasurer

Treasurer
(if other title, see
instructions)

On

Date

Telephone Number

Name of Person Filing: SANFORD RUDNICK	File Number C- 371
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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 AMERICAN COOLING INC Trade Name Attention To Title	Mailing Address: P.O. Box, Building and Room Number, if any P.O. BOX 7696 Street City SPRECKLES CA 93952 State CA ZIP Code + 4 93962
5.b. Termination Date 8-6-11	5.c. Amount \$40,050
6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$ 40,050	

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	
SANFORD RUDNICK				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:			\$40,050	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 Name SANFORD 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 94596 State Washington CA ZIP Code + 4 94596		15.d. Amount \$40,050 15.e. Purpose ELECTION AND NATIONAL RELATIONS BOARD
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		