

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20005

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

RECEIVED

SEP 07 2011

OLMS/SFDO

1. File Number C- <u>421</u> <u>371</u>	2. Period Covered By This Report From: <u>6-8-11</u> Through: <u>7-1-11</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
ELECTION TIME		# 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 [Signature] President
Title **President**
On 9, 3, 11 Date 925 256 0660 Telephone Number

18. Signed [Signature] Treasurer
Title **Treasurer**
On 9, 3, 11 Date 925 256 0660 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).		Mailing Address:	
Employer	RON WITHERSPOON INC	P.O. Box, Building and Room Number, if any	
Trade Name		Street	1551 DELL AVE
Attention To	STEVE SCHWARTZKOPH	City	CAMPBELL CA. 95008
Title	VP	State	CA ZIP Code + 4 95008
5.b. Termination Date		5.c. Amount	
7-1-11		\$65,525.40	
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:					
(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:				\$65,525.40	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 \$65,525.40	
Name SANFORD RUDNICK		15.e. Purpose	
Title LABOR CONSULTANT		ELECTION AND NATIONAL RELATIONS BOARD	
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			