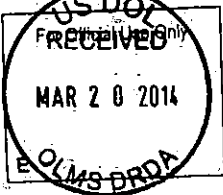


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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. 438 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

1. File Number C- <u>421</u>	2. Period Covered By This Report From: <u>1/1/13</u> Through: <u>12/31/13</u>
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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 <u><i>Sanford H. Rudnick</i></u> Title President On <u>3/13/14</u> Date <u>925-256-0660</u> Telephone Number	18. Signed <u><i>Sanford H. Rudnick</i></u> Title Treasurer On <u>3/13/14</u> Date <u>925-256-0660</u> Telephone Number
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Name of Person Filing: **SANFORD RUDNICK** File Number C: **971**

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: **RESTPADD INC**
 Trade Name: **CARL WOMACK CPA**
 Attention To: **PRESIDENT**
 Title: **PRESIDENT**
 Mailing Address:
 P.O. Box, Building and Room Number, if any: **2750 EUREKA WAY**
 Street: **REDDING**
 City: **CA**
 State: **CA** ZIP Code + 4: **96001**
 5.c. Amount: **\$20,000**
 5.b. Termination Date: **2-1-14**

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:	(b) Salary	(c) Expenses	(d) Totals	9. Office and Administrative Expenses
(a) Name				
SANFORD RUDNICK				
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
				14. Total Disbursements (Sum of Items 8-13)
8. Total disbursements to officers and employees:				20,000

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: **SANFORD RUDNICK**
 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: **\$20,000**
 15.e. Purpose: **ELECTION AND NATIONAL RELATIONS BOARD**
 16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY