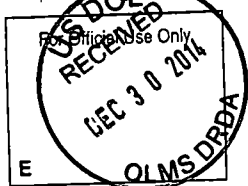


FORM LM-21

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 filers include 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

574525

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

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name SANFORD H. RUDNICK	Name NO
Title LABOR CONSULTANT	Title
Organization H. SANFORD RUDNICK & ASSOC	Organization
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any
Street 1200 MT. DIABLO BLVD S105	Street
City WALNUT CREEK CA 93496	City
State CA ZIP Code + 4 94596	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 *Sanford H. Rudnick* President
(if other title, see instructions)
Title **President**
On 9/17/13 925-256-0660
Date Telephone Number

18. Signed *Sanford H. Rudnick* Treasurer
(if other title, see instructions)
Title **Treasurer**
On 9/17/13 925-256-0660
Date Telephone Number

05

Name of Person Filing:

SANFORD RUDNICK

File Number C-

371

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

J THOMAS ELECTRIC INC

Trade Name

Street

41 WILMAR DRIVE

Attention To

JIM THOMAS SR

City

TUNKHANNOCK PA

Title

PRESIDENT

State

PA

ZIP Code + 4 18657

5.b. Termination Date

SEPTEMBER 2013

5.c. Amount

\$9800

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

(a) Name

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:

\$9800

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

\$9800

15.e. Purpose

ELECTION AND NATIONAL RELATIONS BOARD

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

④ 6