

# AGREEMENT AND ACTIVITIES 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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

600230

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00532

## Person Filing

2. Name and mailing address (include ZIP Code):

Name John De Groot

Title Owner

Organization CounterPoint

P.O. Box, Bldg., Room No., if any P.O. Box 1176

Street

City Glen Ellen

State California ZIP Code + 4 95442-1176

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street 2742 Rollo Road

City Santa Rosa

State California ZIP Code + 4 95404

4. Date fiscal year ends:

Dec / 31

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify):

## Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name Carlos Ortiz

Organization Solutions Labor Relations Consultants

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 7426 Cherry Ave #210-106

City Fontans

State California ZIP Code + 4 92336

7. Date entered into:

09 / 14 / 15

8. Name of person(s) through whom made:

Name Carlos Ortiz

Name

Name

Name

Name

## 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 Section VII on penalties in the instructions.)

13. Signed

President  
(If other title, see  
instructions)

Title Sole Proprietor

14. Signed

Treasurer  
(If other title, see  
instructions)

Title Other (Specify)

On 10/12/15

Date

707-575-4835

Telephone Number

On

Date

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

N/A

#### Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Conduct group meetings with employees on union authorization card signing

11.b. Period during which performed:

Oct 14-18 2015

11.c. Extent performed:

concluded

11.d. Name and address through whom performed:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Employees at Tru-Blu Logistics D.C. in Coppell, TX

12.b. Identify subject labor organizations:

Unk