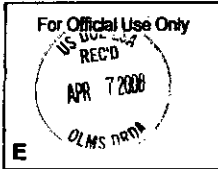


# FORM LM-21

## 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 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

360800

1. File Number C- 00532	2. Period Covered By This Report From: 01/01/2007 Through: 12/31/2007
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code): Name: John DeGroot Title: Organization: CounterPoint P.O. Box, Building and Room Number, if any: P.O. 1176 Street: City: Glen Ellen State: California ZIP Code + 4: 95442	4. Any other address where records necessary to verify this report are kept: Name: 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] Title: Sole Proprietor On: 03/29/2008 (707) 575-4835 Date Telephone Number	18. Signed: Title: Treasurer On: / / Date Telephone Number
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Name of Person Filing: John DeGroot	File Number C- 00532
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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 <u>Hanson Pipe &amp; Precast</u>	P.O. Box, Building and Room Number, if any
Trade Name	Street <u>300 East Carpenter Freeway</u>
Attention To <u>Mark</u> <u>Peabody</u>	City <u>Irving</u>
Title <u>Sr. V.P.</u>	State <u>Texas</u> ZIP Code + 4 <u>75062</u>

5.b. Termination Date Jul 1, 2007 5.c. Amount 10,000

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 16,000

**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		
<u>John</u> <u>DeGroot</u>	<u>1,000</u>	<u>0</u>	<u>1,000</u>	9. Office and Administrative Expenses	<u>600</u>
				10. Publicity	
				11. Fees for Professional Services	<u>0</u>
				12. Loans Made	
				13. Other Disbursements	<u>1,052</u>
8. Total disbursements to officers and employees:				<u>1,000</u>	14. Total Disbursements (Sum of Items 8-13) <u>2,652</u>

**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: <u>Hanson Pipe &amp; Precast</u>	15.b. Trade Name, if any: <u>Hanson</u>
15.c. To Whom Paid Name <u>Arturo</u> <u>Tovar</u> Title Organization  P.O. Box, Building and Room Number, if any Street <u>1317 Vista de Oro</u> City <u>El Paso</u> State <u>Texas</u> ZIP Code + 4 <u>79935</u>	15.d. Amount <u>8,000</u>  15.e. Purpose <u>Labor relations advise to potential bargaining unit employees.</u>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 8,000

Name of Person Filing: John DeGroot		File Number C- 00532	
<b>B. Statement of Receipts</b> 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 MarineMax Trade Name _____ Attention To: Paulee <input type="checkbox"/> Day _____ Title General Counsel		Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street 18167 US 19 North City Clearwater State Florida ZIP Code + 4 33764	
5.b. Termination Date Sep 1, 2007		5.c. Amount 6,000	
5.a. Name and Address of Employer (including trade name, if any).			
Employer _____ Trade Name _____ Attention To: _____ Title _____		Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	
5.a. Name and Address of Employer (including trade name, if any).			
Employer _____ Trade Name _____ Attention To: _____ Title _____		Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	
5.a. Name and Address of Employer (including trade name, if any).			
Employer _____ Trade Name _____ Attention To: _____ Title _____		Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	
5.a. Name and Address of Employer (including trade name, if any).			
Employer _____ Trade Name _____ Attention To: _____ Title _____		Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	
5.a. Name and Address of Employer (including trade name, if any).			
Employer _____ Trade Name _____ Attention To: _____ Title _____		Mailing Address: P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	