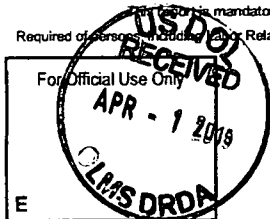


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Required of persons who are Labor-Management 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

588771

1. File Number C- 00532	2. Period Covered By This Report From: 01 / 01 / 2014 Through: 12 / 31 / 2014
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name John De Groot Title Owner Organization CounterPoint P.O. Box, Building and Room Number, if any P.O. Box 1176 Street City Glen Ellen State California ZIP Code + 4 95442-1176	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 2742 Rollo Road City Santa Rosa State California ZIP Code + 4 95404

### 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 (if other title, see instructions) Title Sole Proprietor On 03 / 26 / 2014 707-575-4835 Date Telephone Number	18. Signed _____ Treasurer (If other title, see instructions) Title Treasurer On ____ / ____ / ____ Date Telephone Number
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Name of Person Filing: John De Groot	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 The Arc of Amador & Calaveras Counties P.O. Box, Building and Room Number, if any

Trade Name The Arc Street 75 Academy Drive

Attention To Shawwna Molina City Sutter Creek

Title Executive Director State California ZIP Code + 4 95685

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5.b. Termination Date February 19, 2014 5.c. Amount 5,000

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6. TOTAL RECEIPTS FROM ALL EMPLOYERS 25,000

**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		
John De Groot	6,000	1,000	7,000	9. Office and Administrative Expenses	500
				10. Publicity	199
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	150
8. Total disbursements to officers and employees:			7,000	14. Total Disbursements (Sum of Items 8-13)	7,849

**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	15.d. Amount
Name	15.e. Purpose
Title	
Organization	
P.O. Box, Building and Room Number, if any	
Street	
City	
State <u>Washington</u> ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>15,000</u>	

Name of Person Filing: John De Groot		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).		Mailing Address:	
Employer USC-Verdugo Hills Hospital	P.O. Box, Bldg., Room No., if any		
Trade Name Verdugo Hills Hospital	Street 1510 San Pablo Street		
Attention To: Matt McElrath, Ed.D.	City Los Angeles		
Title Chief Human Resources Officer	State California	ZIP Code + 4 90033-9204	
5.b. Termination Date December 12, 2014		5.c. Amount 20,000	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer	P.O. Box, Bldg., Room No., if any		
Trade Name	Street		
Attention To:	City		
Title	State	ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

Name of Person Filing: John De Groot

File Number C- 00532

**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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> Gerri <input type="checkbox"/> Ransom <input type="checkbox"/> Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 8860 S. Hooper City <input type="text"/> Los Angeles State <input type="text"/> California ZIP Code + 4 <input type="text"/> 90002	15.d. Amount <input type="text"/> 5,000  15.e. Purpose For advising employees of their Section 7 rights under the NLRA, to answer their questions, and discussing the meaning and potential outcomes of collective bargaining.

15.a. Employer Name: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> Johan <input type="checkbox"/> Pena <input type="checkbox"/> Title <input type="text"/> Organization <input type="text"/>  P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 261 NW 57th Ave City <input type="text"/> Miami State <input type="text"/> Florida ZIP Code + 4 <input type="text"/> 33126	15.d. Amount <input type="text"/> 5,000  15.e. Purpose Also for advising employees of their Section 7 rights under the NLRA, to answer their questions, and discussing the meaning and potential outcomes of collective bargaining.

15.a. Employer Name: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> Laura <input type="checkbox"/> Garcia <input type="checkbox"/> Title <input type="text"/> Organization <input type="text"/> Clearmind, Inc. P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 2805 Meade Dr City <input type="text"/> Grand Prairie State <input type="text"/> Texas ZIP Code + 4 <input type="text"/> 75052	15.d. Amount <input type="text"/> 5,000  15.e. Purpose For advising employees of their Section 7 rights under the NLRA, to answer their questions, and discussing the meaning and potential outcomes of collective bargaining.