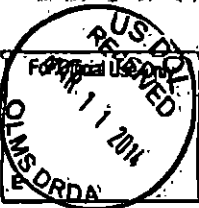


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 08-31-2016



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

549 718

1. File Number: C- 00532

Person Filing	
2. Name and mailing address (Include ZIP Code): Name <u>John De Groot</u> Title <u>Owner</u> Organization <u>CounterPoint</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 1176</u> Street _____ City <u>Glen Ellen</u> State <u>California</u> ZIP Code + 4 <u>95442-1176</u>	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 <u>2742 Rollo Road</u> City <u>Santa Rosa</u> State <u>California</u> ZIP Code + 4 <u>95404</u>
4. Date fiscal year ends: <u>Dec</u> / <u>31</u>	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): <u>Sole Proprietorship</u>

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name _____ Organization <u>The Arc Amador Calaveras</u> Trade Name, if any <u>The Arc</u> P.O. Box, Bldg., Room No., if any _____ Street <u>75 Academy Drive</u> City <u>Sutter Creek</u> State <u>California</u> ZIP Code + 4 <u>95685</u>	7. Date entered into: <u>2</u> / <u>4</u> / <u>2014</u> 8. Name of person(s) through whom made: Name <u>Shawna Molina</u> 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 [Signature] President
(If other title, see instructions)
Title Sole Proprietor

14. Signed _____ Treasurer
(If other title, see instructions)
Title Treasurer

On 3/4/2014 707-575-4835
Date 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.):

Retainer covering projected time. No written agreement.

Specific Activities to be Performed

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

a. Nature of activity:

Conducting group meetings with employees about their rights under the NLRA, and the realities of union representation.

11.b. Period during which performed:

February 4 - 19, 2014

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name John De Groot

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

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

12a. Identify subject groups of employees:

Non-Supervisory personnel

12b. Identify subject labor organizations:

SEIU