U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. 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 Month/Day/Year Month/Day/Yea 2. Period Covered 1 . File Number C- 00532 By This Report From: { mm/dd/yyyy } 12 / 31 / 2005 Through: 01 / 01 / 2005 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 De Groot De Groot John John Title Title Organization CounterPoint Organization CounterPoint P.O. Box, Building and Room Number, if any P.O. Box, Building and Room Number, if any P.O. Box 1176 2742 Rollo Road Street Street City Glen Ellen City Santa Rosa ZIP Code +4 95442-1176 California State California ZIP Code + 4 95404 - 9522 **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). President 18. Signed 17. Signed Treasurer (If other title, see (if other title, see e Proprietor Treasurer instructions) Title instructions) (707) 575-4835 30 / 2006 j03// On Date Telephone Number Telephone Number Date

10. Publicity  11. Fees for Professional Services  12. Loens Made  13. Other Disbursements	Name of Person F	iling:	John De Groot		<u>.</u>			File Number C- 0	0532		
Sa. Name and Address of Employer (Including trade rame, if any).  Employer Weatern Bridge Company, AKA  Employer Weatern Bridge Company, AKA  Trade Name   Mobile Crane Company  Attention To Naller											
Employer Western Bridge Company, AKA  Trade Name (Mobile Crane Company)  Attention To Walter  Title Manager  State Washington  ZIP Code + 4 98124-3767  State Washington  ZIP Code + 4 98124-3767  Stored Washer  Title Manager  State Washington  ZIP Code + 4 98124-3767  Stored Washington	B. Statement of			n employers ir	connection with	n labor relatio	ns advice or servi	ces regardless of the	e purposes	of the advice	
Attention To Walter   White   State   Seattle   Title   Manager   State   State   Mashington   ZIP Code + 4   98124-3767    5.b. Termination Date   March   12, 2005   5.c. Amount   250    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   5,000    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.  (a) Name   1,000	5.a. Name and Add	tress of	Employer (including trade na	me, if any).			-	Number, if any			
Attention To Kalter   White   City   Seattle   Title   Manager   Stato   Washington   ZIP Code + 4   98124-3767    5b. Termination Date   March 12, 2005   5.c. Amount   250    6. TOTAL RECEIPTS FROM ALL EMPLOYERS   5,000    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   1,000   1,000   9. Office and Administrative Expenses   John   De Groot   1,000   11, Foot for Professional Services   John   De Groot   1,000   11,000   12, Loner Made   John   De Groot   1,000   13,000   14, Total Disbursements   John   De Groot   1,000   15, Coher Disbursements (Sum of Items 8-13)   1,000   John   De Groot   1,000   15, Coher Disbursements (Sum of Items 8-13)   1,000   John   De Groot   1,000   15, Coher Disbursements made for the purposes described in Part D of the instructions.    Sunthern Ocean County Hospital   15, Drade Name   14,000	Employer [	leste:	rn Bridge Company	, AKA		_ ~					
Title Manager State Mashington 2IP Code + 4 98124 - 3767  5.b. Termination Date March 12, 2005	Trade Name	Mob:	ile Crane Company			Street	900 Second	Avenue South			
5.b. Termination Date March 12, 2005 5.c. Amount 250 6. TOTAL RECEIPTS FROM ALL EMPLOYERS 5, 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 8.  7. Disbursements to Officers and Employees: (a) Name (b) Sultary (c) Expenses (d) Totals  John [De Groot 1,000 1,000 1,000 9. Office and Administrative Expenses 1.0. Publicity 1.1. Fees for Professional Services 1.2. Learns Made 1.2. Learns Made 1.3. Other Disbursements 1.3. Other Disbursements 1.3. Other Disbursements 1.3. Other Disbursements (Sum of Items 8-13) 1,000  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.b. Trade Name, If any:  Southern Ocean County Hospital 15.d. Amount [4,000 1.3. Advise in case 4-RC-21084.  P.O. Box, Building and Room Number, if any  Street 323 Martiners May  City Copiague  State New York 22P Code + 4 11726	Attention To	Wal	ter Wh	ite		City [s	eattle				
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 5,000  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  10. Publicity 11. Fees for Professional Services 12. Loans Made 12. Loans Made 13. Other Disbursements 14. Total Disbursements 15. Total disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.  15. Trade Name, If any:  Southern Ocean County Hospital 15. Trade Name, If any:  Southern Ocea	Title	Mana	ager			State [	lashington	ZI	P Code + 4	98124-3767	
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to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  30-hn   De Groot   1,000   1,000   9. Office and Administrative Expenses	o. IOTAL RECE	IF 15 F	TOM ALL EMPLOYERS	5,000							
to the employers listed in Part B.  7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  30-hn   De Groot   1,000   1,000   9. Office and Administrative Expenses											
7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Totals  John   De Groot   1,000   1,000   9. Office and Administrative Expenses   10. Publicity   11. Fees for Professional Services   12. Loans Made   13. Other Disbursements   13. Other Disbursements   13. Other Disbursements   14. Total Disbursements   15. Disbursements	C. Statement of	Disbu		sbursements :	nade by the rep	orting organi	zation in connection	on with labor relation	s advice or	services rendered	
(a) Name (b) Salary (c) Expenses (d) Totals  John   De Groot   1,000   1,000   9. Office and Administrative Expenses    10. Publicity   11. Fees for Professional Services    11. Loans Made   12. Loans Made    12. Loans Made   13. Other Disbursements    13. Other Disbursements (Sum of Items 8-13)   1,000    14. Total Disbursements (Sum of Items 8-13)   1,000    15. Employer Name:   15. D. Trade Name, If any:    15. Tride Name, If any:   15. D. C. H.    15. D. Tride Name, If any:   15. D. Purpose    15. Purpose   Advise in case 4-RC-21084    15. Purpose   Advise in case 4-RC-21084    15. Purpose   15. D. Trade Name, If any:   15. D. Purpose    15. Purpose   15. D. Purpose    15. Purpose   15. D.				yers listed in I	Part B.						
10. Publicity   11. Fees for Professional Services   12. Loans Made   13. Other Disbursements   12. Loans Made   13. Other Disbursements   14. Total Disbursements   14. Total Disbursements   14. Total Disbursements   15. Dis		to Office	ers and Employees:	(b) Salary	(c) Expenses (d)	Totals					
11. Fees for Professional Services  12. Loans Made  13. Other Disbursements  15. Total disbursements to officers and employees:  1,000 14. Total Disbursements (Sum of Items 8-13)  1,000  15. 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:    Southern Ocean County Hospital   S.O.C.H.	John		De Groot	1,000		1,000	9. Office and A	 Administrative Expen:	ses		
12. Loans Made 13. Other Disbursements 15. Total disbursements to officers and employees: 1,000 14. Total Disbursements (Sum of Items 8-13) 1,000  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:    Southern Ocean County Hospital   15.b. Trade Name, If any:   Southern Ocean County Hospital   15.d. Amount   4,000    Name							10. Publicity				
B. Total disbursements to officers and employees:  1,000 14. Total Disbursements (Sum of Items 8-13) 1,000  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:    Southern Ocean County Hospital   15.b. Trade Name, if any:   Southern Ocean County Hospital   15.d. Amount							11. Fees for Pro	ofessional Services			
B. Total disbursements to officers and employees:  1,000 14. Total Disbursements (Sum of Items 8-13) 1,000  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:    Southern Ocean County Hospital   15.b. Trade Name, if any:   Southern Ocean County Hospital   15.d. Amount 4,000   Name							12. Loans Made	)			
D. Schedule of Disbursoments 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:  Southern Ocean County Hospital  15.b. Trade Name, If any:  S.O.C.H.  15.c. To Whom Paid  Name  15.e. Purpose  Title  Organization Axiomatix, LLC  P.O. Box, Building and Room Number, if any  Street 323 Mariners Way  City Copiague  State New York  ZIP Code +4 11726				L			13. Other Disbu	ursements		:	
instructions.  15.a. Employer Name:  Southern Ocean County Hospital  15.c. To Whom Paid  Name  Title  Organization Axiomatix, LLC  P.O. Box, Building and Room Number, if any  Street 323 Mariners Way  City Copiague  State New York  ZIP Code + 4 11726	Total disbursements to officers and employees:					1,000	14. Total Disbur	sements (Sum of Item	is 8-13)	1,000	
instructions.  15.a. Employer Name:  Southern Ocean County Hospital  15.c. To Whom Paid  Name  Title  Organization Axiomatix, LLC  P.O. Box, Building and Room Number, if any  Street 323 Mariners Way  City Copiague  State New York  ZIP Code + 4 11726			————·								
15.a. Employer Name:    Southern Ocean County Hospital   S.O.C.H.	D. Schedule of	Disbun	sements for Reportable	Activity		le to report o	only disbursements	s made for the purpo	oses describ	ed in Part D of the	
Southern Ocean County Hospital  15.c. To Whom Paid  Name  Title  Organization Axiomatix, LLC  P.O. Box, Building and Room Number, if any  Street 323 Mariners Way  City Copiague  State New York  ZIP Code + 4 11726	15 a Employer A		<u>.                                      </u>	<del></del>	msu ucuons.	15 h Trac	le Name If anv		<del></del>		
15.c. To Whom Paid  Name  15.d. Amount 4,000  15.e. Purpose  Title  Organization Axiomatix, LLC  P.O. Box, Building and Room Number, if any  Street 323 Mariners Way  City Copiague  State New York  ZIP Code + 4 11726			Pan County Hospit	a l							
Name  Title  Title  Advise in case 4-RC-21084  P.O. Box, Building and Room Number, if any  Street 323 Mariners Way  City Copiague  State New York  ZIP Code +4 11726	Souther		- Hospit		<u></u>	<del>-  </del>			·	<u>;                                    </u>	
Title						15.d. Amount 4,000					
Organization Axiomatix, LLC  P.O. Box, Building and Room Number, if any  Street 323 Mariners Way  City Copiague  State New York ZIP Code +4 11726	Name					15.e. Purpose					
P.O. Box, Building and Room Number, if any  Street 323 Mariners Way  City Copiague  State New York ZIP Code + 4 11726	Title					Advise in case 4-RC-21084					
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	State New	York		P Code + 4	1726	۱ [ ˈ					
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Form LM-21 (2003)

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Name of Person Filing: John De Groot	File Number C- 00532
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employer Matheson	P.O. Box, Bldg., Room No., if any
	Street 10519 E. Stockton Blvd.#125
Trade Name  Attention To: Michael Wilbourn	City Elk Grove
	State California ZIP Code + 4 95759
5.b. Termination Date May 2, 2005	5.c. Amount 250
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bidg., Room No., if any
Employer Southern Ocean County Hospital	
Trade Name S.O.C.H.	Street 1140 Route 72 West
Attention To: Ray Green	City Manahawkin
Title Vice President Human Resources	State New Jersey ZIP Code + 4 08050-2499
5.b. Termination Date Nov 17, 2005	5.c. Amount 4,500
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
Employee	P.O. Box, Bldg., Room,No., if any
Trade Name	Street ,
Attention To:	City
Title	State ZIP Code + 4
5.b. Termination Date	6.4
	5.c. Amount
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:
	Mailing Address: P.O. Box, Bldg., Room No., if any
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:	Mailing Address: P.O. Box, Bldq., Room No., if any  Street City
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name	Mailing Address: P.O. Box, Bldg., Room No., if any Street
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:	Mailing Address: P.O. Box, Bldq., Room No., if any  Street City
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:	Mailing Address: P.O. Box, Bldq., Room No., if any  Street City State ZIP Code + 4  5.c. Amount Mailing Address:
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title  5.b. Termination Date  5.a. Name and Address of Employer (including trade name, if any).	Mailing Address: P.O. Box, Bldq., Room No., if any  Street City State ZIP Code + 4
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