Office of Labor-Management Standards Washington, DC 20210

AGREEMENT AND ACTIVITIES REPORT

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

For Official SOLO This repending and Or and

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)

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number: C- 00532		<u> </u>		
Person Filing				
Name and mailing address (include ZIP Code):		3. Any other address where records necessary to verify this report are kept:		
Name John De Groot		Name		
Title Owner		Title		:
Organization CounterPoint		Organization		
P.O. Box, Bldg., Room No., if any P.O. Box 1176		P.O. Box, Bldg., Room No., if any		
Street		Street		
City Glen Ellen		City		
State California	ZIP Code + 4 95442-1176	State	ZIP Code + 4	· · · · · · · · · · · · · · · · · · ·
4. Date fiscal year ends: 5.	. Type of person:			
Dec / 31 a.	Individual b. Partnership	c. Corporation d.	Other (Specify):	
L		· ·- · · · · · · · · · · · · · · · · ·		
Nature of Agreement or Arrangement				
6. Full name and address of employer with v	whom made (include ZIP Code):	7. Date entered into:	11 / 24 / 201	14
Name Matt McElr	ath		11 / 24 / 201	
Organization USC-Verdugo Hills I	Hospital	8. Name of person(s) thro	ugh whom made:	
Trade Name, if any		Name		
P.O. Box, Bldg., Room No., if any		Name		
Street 1510 San Pablo Street,	#600	Name		•
City Los Angeles		Name		
State California	ZIP Code + 4 90033-9204	Name		*
	Clam			
Each of the undersigned declared under a		atures	the information cultmitted in this s	roport (including
Each of the undersigned declares, under p the information contained in any accompan true, correct, and complete. (See Section V	nying documents) has been examined			
13. Signed	President	14. Signed		Treasurer
	(If other title, see instructions)	· · · · · · · · · · · · · · · · · · ·	;	(If other title, see instructions)
Title Sole Proprietor	<u> </u>	Title d	<u> </u>	
On Dec 15, 2014 707-5	575-4835	On		
Date Te	elephone Number	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-for-service basis over a period of 3-4 weeks. Upon conclusion, a portion of the retainer would be donated to a non-profit organization engaged in protection of employee rights. Retainer agreement attached.

Specific Activities to be Performed

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

Through a series of presentations, advise employees of their Section 7 rights under the NLRA, to answer their questions, and discuss the meaning and potential outcomes of collective bargaining.

11.b. Period during which performed: November 19 - December 9, 2014	11.c. Extent performed: Completed		
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:		
Name John De Groot	Name Johan Pena		
Organization CounterPoint	Organization		
P.O. Box, Bldg., Room No., if any P.O.Box 1176	P.O. Box, Bldg., Room No., if any		
Street	Street 261 NW 57th Ave		
City Glen Ellen	City Miami		
State California ZIP Code + 4 95442-1176	State Florida ZIP Code + 4 33126		
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:		
Employees eligible to vote in 31-RC-140136	United Healthcare Workers		
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