

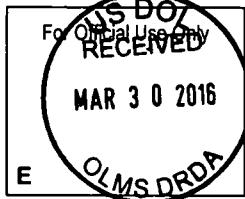
FORM LM-21

RECEIPTS AND DISBURSEMENTS 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 Relations and Disclosure Act of 1959, as amended. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

617772

1. File Number C- 00532	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2015	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2015
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A. Person Filing

3. Name and mailing address (include ZIP Code):

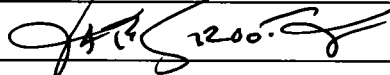
Name John De Groot
Title Owner
Organization CounterPoint
P.O. Box, Building and Room Number, if any
P.O. Box 1176
Street
City Glen Ellen
State California ZIP Code + 4 95442-1176

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  Title Sole Proprietor On 03 / 29 / 2016 (707) 575-4835 Date Telephone Number	President (if other title, see instructions)	18. Signed _____ Title _____ On / / _____ Date Telephone Number	Treasurer (If other title, see instructions)
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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 Cadence Aerospace/Giddens Operations		P.O. Box, Building and Room Number, if any	
Trade Name		Street 2600 94th Street SW, Suite 150	
Attention To Curt Schroeder		City Everett	
Title President		State Washington ZIP Code + 4 98204	

5.b. Termination Date May 15, 2016	5.c. Amount \$4,000
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	\$ 22,323.07
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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	4,500		\$4,500	9. Office and Administrative Expenses	750
				10. Publicity	110
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	658
8. Total disbursements to officers and employees:			4,500	14. Total Disbursements (Sum of Items 8-13)	\$6,018

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	ZIP Code + 4

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY

Person Filing: John De Groot

File Number: C-00532

Section B Additions to: Statement of Receipts

Millennium Tower
Attention to: Stephanie Kay, GM

301 Mission Street
San Francisco, CA 94105

Termination Date: 08/31/2016

Amount: \$750

Matheson Postal Services
Attention to: Charles Mellor, COO

9785 Goethe Road
Sacramento, CA 95827

Termination Date: 07/31/2016

Amount: \$5,000

Solutions Labor Relations
Attention to: Carlos Ortiz

5489 Stagecoach Dr.
Fontana, CA 92336

Termination Date: 09/30/2016

Amount: \$12,573.07