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. 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

4 50 H 4 6 60522	2. Period Covered Month/Day/Year Month/Day/Year
1 . File Number C- 00532	By This Report
	From: [[01]/[01]/[2003] Innough. [12]/[31]/[2003]
A. Person Filing	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name John De Groot	Name John De Groot
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	
Street	Street 2742 Rollo Road
City Glen Ellen	City Santa Rosa
State California ZIP Code + 4 95442~1176	State California ZIP Code + 4 95404-9522
Sign	atures
Each of the undersigned declares, under penalty of perjury and other applicable penal information contained in any accompanying documents) has been examined by the correct, and complete. (See this Section on penalties in the instructions).	ties of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,
17. Signed President (if other title, see	18. Signed Treasurer (If other title, see
Title Sole Proprietor instructions)	Title Treasurer instructions)
On Date Telephone Number	On Date Telephone Number
	Late (Sophone Rumbo)

Name of Person f	iling: John De Gro	oct					File Number C-	00532			
					-24- 1-4	4		f the surpose	_	f the advise	
B. Statement of	Receipts Report all rec or services.	eipts from emplo	yers in i	connection v	with labor res	itions advice or se	rvices regardiess o	Tine purpose	S 0	i ine advice	
5.a. Name and Add	dress of Employer (including	ng trade name, if a	пу).			Mailing Address					
Employer Western Bridge Company, AKA						x, Building and Ro	om Number, if any				
Trade Name					Street						
Attention To					City	3300 Become Avenue Botter					
Auemaon		White				Seattle		J ¬	,		
Title	Manager				State	Washington		JZIP Code +	4	98124-3767	
5.b. Termination	Date March 12,	2005		<u> </u>	5 c Am	ount 250			_		
					J.C. Am	Juli 230			_	N	
6. TOTAL RECE	IPTS FROM ALL EMPL	OYERS 5,00	00								
C. Statement of					eporting orga	mization in connec	tion with labor rela	tions advice o	or s	ervices rendered	
		the employers lis	ted in Pa	art B.							
7. Disbursements (a) Name	to Officers and Employee	s: (b) Sal	ary (c) Expenses	(d) Totals						
John	De Groot		, 000 [1,0	00 9. Office and	d Administrative Exp	enses			
						10. Publicity			[
]			11. Fees for	Professional Service	es	[
			[]	12. Loans Ma	ade		Ī		
						13. Other Dis	sbursements				
8. Total disburse	ments to officers and er	nployees:			1,0	00 14. Total Dist	ursements (Sum of I	tems 8-13)		1,000	
D. Schedule of	Disbursements for Re	portable Activit	y U	lse this Sche	edule to repo	t only disburseme	nts made for the pu	imoses descr	ribe	ed in Part D of the	
hine .			-	nstructions.			The find of the pe				
15.a. Employer f	Name:				15.b. ⊤	rade Name, If any	:				
Souther	n Ocean County	Hospital				S.O.C.H.		·	<u></u>	<u>-</u> -	
15.c. To Whom F	Paid				15.d. A	mount 4,000					
Name [15.e. P	JIDOSE					
Title						ise in case	4-RC-21084				
Organization (Axiomatix, LLC				- 11						
					-						
P.O. Box, Bui	Iding and Room Numbe	er, if any			-					1	
					İ						
Street 323	Mariners Way										
City Copi	ague										
State New	York	ZIP Code	+4 11	1726	$\neg \parallel$						
16. TOTAL DISE	BURSEMENTS FOR AL))	***			=		
				2,000	•						

Form LM-21 (2003)

Name of Person F	iling: John De Groot	t		F	File Number C- 00532	
B. Statement of	Receipts Report all rece		tion with labor i	relations advice or ser	vices regardless of the purposes of t	ne
5.a. Name and Ad	dress of Employer (include			Mailing Address:	<u> </u>	
·		· · · · · · · · · · · · · · · · · · ·	P.O. B	ox, Bldg., Room No., i	f any	
Employer Ma	atheson			P.O. 970		
Trade Name			Street	10519 E. Stoc	kton Blvd.#125	
Attention To:	Michael	Wilbourn	City	Elk Grove		
Title	Director Human	Resources	State	California	ZIP Code + 4 9575	9
5.b. Termination D	Date May 2, 2005		5.c. Amo	ount 250		
5.a. Name and Ad	ldress of Employer (includ	ling trade name, if any).	P.O.B	Mailing Address: ox, Bldg., Room No., i	fany	
Employer So	outhern Ocean Cou	inty Hospital	.0.2			
Trade Name	S.O.C.H.		Street	1140 Route 72	West	
Attention To:	Ray	Green	City	Manahawkin		
Title	Vice President	<u> </u>	State	New Jersey	ZIP Code + 4 08050	0-2499
		Tanada Resources				
5.b. Termination (Date Nov 17, 2005		5.c. Am	ount 4,500		
5.a. Name and Ad	Idress of Employer (included	ding trade name, if any).		Mailing Address:		
Employee			Р.О. В	ox, Bldg., Room,No.,	if,anv	
Employer		=	Street	·		
Trade Name			i	<u> </u>		
Attention To:	<u> </u>	<u>-11</u> ·	City	ļ <u></u> -	1310 Code : 4	1
Title			State		ZIP Code + 4	
5.b. Termination D	Date		5.c. Am	ount [
5.a. Name and Ad	Idress of Employer (includ	ling trade name, if any).		Mailing Address:		
Employer			Р.О. В	ox, Bldg., <u>Room No., i</u> 	<u> anv</u>	
Trade Name			Street			
				<u> </u>		
Attention To:	<u></u>		City	<u> </u>	710 0-4- 4	1
Title			State		ZIP Code + 4	
5.b. Termination [Date		5.с. Алы	ount		
5.a. Name and Ad	dress of Employer (included	ling trade name, if any).		Mailing Address:		
F1			P.O. B	ox, Blda., Room No., i 	f.anv	
Employer Trade Name			Street	<u></u>		
	t	-	1	<u> </u>		
Attention To:	<u></u>	<u> </u>	City		710.0 4 4 4	
Title			State		ZIP Code + 4	
5.b. Termination (Date		5.c. Ame	ount		
5.a. Name and Ad	dress of Employer (includ	ling trade name, if any).		Mailing Address:		
·			P.O. B	ox. Bldg., Room No., i	f anv	
Employer				ļ	:- <u></u> -: =	
Trade Name			Street	<u></u>		
Attention To:			City			
Title						
			State		ZIP Code + 4	

Receipts and Disbursements Report

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



Office of Labor-Management Standards Washington, D.C. 20210

ards & Requirement of the Reputation of the Repu

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

Form approved - OMB No. 1215-0188 Expires 11-30-2002

Feb. 1990)			ion 203(b) of the Labo and Disclosure.Act of			•	111-01	-2002
		A PERS	ON FILING					
B.H. Trotel	ŕ		0		ORT ARE KE		CESSAI	RΥ
Nestern Employers Consul- P.O. Bux 2055	lauts		3. FILE NO.		RIOD	Month	Day	Year
P.O. 100x 2005			°-558	C	OVERED	10	2	05
bakusfield, CA 93303			33 0	į	THIS From:		1 X	05
3 STATEMENT OF RECEIPTS.	. .		ers in connection with			1 1	regardle	
	•	ne advice or servi	C0 \$.			. .		
S. NAME AND ADDRESS OF EM	PLOYER (IRICIU	de ZIP code)		- 6,	11/3/05	ON DATE		60.33
AR Kendymix - CEMEX	<u> </u>							
1280 Souta Arita Ct.,	Sn: t= 190							
Woodland CA 95776-	6100	,	, , , , , ,					
		1 1 1 1 1 1 1			۱ <i>و</i>		·	
							<u> </u>	
		···			 			
		-	SUVALINGE YOU	ing Para di	•			
_				1	TOTAL		\$ 25	360.37
(a) Name B.H.Tuxel	(b) Salary \$22,050.00	(c) Expenses \$3,310.33	<u>\$ ५५,५६०.५५ </u>	Expenses Publicity	ofessional S	andras		
	1			Loans Mad		PAICAR	-	
				Other Disb				
7-4-1 D1-1				Total Disbu	irsements (Sum of Iter	ns 8-13)	\$ 25	360.33
Total Disbusements to offi- D.—SCHEDULE FOR STATEMEN			sis Schedule to report					
		in Par	t D of the instructions	i	-			
15. EMPLOYER	18. 10 \	WHOM PAID	17. AMOUNT	18. PU	RPUSE			
			\$					
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				-		· · · · · · · · · · · · · · · · · · ·		
		TOTAL	\$		δ		·	
- VERIFICATION AND SIGNA			ED ATTACH ADDIT			officers do	claras II	nder nen
of law, that all information in this r	eport, including	all attachments in	corporated therein or	referred to	in this report,	has been	examinė	d by him
s; to the best of big knowledge an	a belief, true, co	orrect, and comple PRESIDENT	SIGNED:				, TR	EASURE
at: Jaken Field, CA on: /		r title, cross out	at:		on:	_(If other ti	•	
City State Daté	and wri	te in correct title at	ove.) City Sta	ite	Date	and white	in correct	title above

Receipts and Disbursements Report

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards



Office of Labor-Management S Washington, D.C. 20210 (Feb. 1990)								
		A PER	SON FILING					
1. HAME AND ADDRESS (in B.H. Trotel				IFY THIS	PRESS WHERE RE		CESSAR	Υ
Western Employers Con P.O. Bux 2055 Bakersfield, CA 93303	1m[1 dM[1		3. FILE NO		4. PERIOD COVERED BY THIS From REPORT To:		Day	Year 05
BSTATEMENT OF RECEIP				with labo	r relations advice o		regardles	
5. NAME AND ADDRESS OF		ne advice or serv de ZIP code)	ices.		6. TERMINATI			
AR Rendymix - CEM	(EX				11/3/05		3 25 3	40.55
1280 Souta Anta C	t., Shit- 170							
Woodland CA 9577	6-6100							
								
			· · · · · · · · · · · · · · · · · · ·					
					TOTAL		\$ 25,	
C STATEMENT OF DISBU			ts made by the rep the employers list			ction with i	apor rela	nons advic
8. DISBURSEMENTS TO OF). Office	and Administrat	ive		
(a) Name	(გ) Salary \$.23,05დ.კე	(c) Expenses	• 15.2(a) 23	Exper	303		\$	
		7	11		or Professional S	iervices		
				l. Loans 3. Other	Made Disbursements			······································
					Disbursements		• 11: 7	1. 22
Total Disbusements to			\$		(Sum of ite			
D.— SCHEDULE FOR STATE 15. EMPLOYER	- •		nts Schedule to reprint D of the instruction 17. AMOUNT	ons.	. PURPOSE	e for the p	urposes o	escribed
			<u> </u>					
					,			
								
	IF MORE	TOTA SPACE IS NEED	L \$ DED ATTACH ADI	LIONA	L SHEETS		 -	
E- VERIFICATION AND SIG	SNATURE. The per-	son in item 1 ab	ove and each of h	is unders	igned authorized o			
is, to the best of bir knowledge SIGNED:			ete. SIGNED: _		••••			ASURER
		title, cross out a in correct title at	at: bove.) City	State	on:	(If other tile and write i		ut itle above.)