

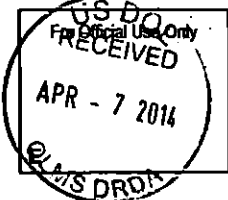
# FORM LM-21

## 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

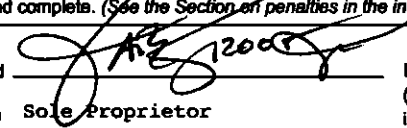
553881

1. File Number C- 00532	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2013		12 / 31 / 2013

<b>A. Person Filing</b>	
<b>3. Name and mailing address (include ZIP Code):</b>	
Name John De Groot	Name
Title Owner	Title
Organization CounterPoint	Organization
P.O. Box, Building and Room Number, if any P.O. Box 1176	P.O. Box, Building and Room Number, if any
Street	Street
City Glen Ellen	City
State California ZIP Code + 4 95442-1176	State ZIP Code + 4

### 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 	President (if other title, see instructions)	18. Signed _____	Treasurer (if other title, see instructions)
Title Sole Proprietor		Title	
On 03 / 27 / 2014	Telephone Number (707) 575-4835	On / /	Telephone Number

Name of Person Filing: John De Groot	File Number C- 00532
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<b>B. Statement of Receipts</b> 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: P.O. Box, Building and Room Number, if any
Employer See Attached	
Trade Name	Street
Attention To	City
Title	State California ZIP Code + 4
5.b. Termination Date	5.c. Amount 0
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 17,581	

<b>C. Statement of Disbursements</b> 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		
J De Groot	3,350	0	3,350	9. Office and Administrative Expenses	58
				10. Publicity	0
				11. Fees for Professional Services	400
				12. Loans Made	0
				13. Other Disbursements	1,050
8. Total disbursements to officers and employees:			3,350	14. Total Disbursements (Sum of Items 8-13)	4,858

<b>D. Schedule of Disbursements for Reportable Activity</b>		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 California ZIP Code + 4		
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		

Name of Person Filing: John De Groot		File Number C- 00532	
<b>B. Statement of Receipts</b> 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 Leopardi Labor Solutions		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 28161 Baria	
Attention To: William D Leopardi		City Mission Viejo	
Title		State California ZIP Code + 4 92692	
5.b. Termination Date 1/10/2013		5.c. Amount 7,613	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Leopardi Labor Solutions, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 2861 Baria	
Attention To: William D Leopardi		City Mission Viejo	
Title		State California ZIP Code + 4 92692	
5.b. Termination Date 1/9/13		5.c. Amount 2,268	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Millennium Tower Association		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 301 Mission Street	
Attention To: Michael Helft		City San Francisco	
Title Board President		State California ZIP Code + 4 94105	
5.b. Termination Date 4/1/2013		5.c. Amount 2,700	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer Fremont-Rideout Health Group, Inc.		P.O. Box, Bldg., Room No., if any	
Trade Name		Street 725 Fourth Street	
Attention To: Terri Hamilton		City Marysville	
Title CEO		State California ZIP Code + 4 95901	
5.b. Termination Date 10/31/2013		5.c. Amount 5,000	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:		City	
Title		State ZIP Code + 4	
5.b. Termination Date		5.c. Amount	