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

## FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013



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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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rations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRD

Person Filing  2. Name and mailing address (include ZIP Code):  Name John De Groot  Title Owner  Organization CounterPoint  P.O. Box, Bldg., Room No., if any p.O. Box 1176  Street  City Glen Ellen  State California  ZIP Code + 4 95442-1176	3. Any other address where records necessary to verify this report are kept:  Name  Title  Organization  P.O. Box, Bldg., Room No., if any  Street 2742 Rollo Road  City Santa Rosa  State California  ZIP Code + 4 95404
Name John De Groot  Title Owner  Organization CounterPoint  P.O. Box, Bldg., Room No., if any p.O. Box 1176  Street  City Glen Ellen	Name  Title  Organization  P.O. Box, Bldg., Room No., if any  Street 2742 Rollo Road  City Santa Rosa
Title Owner  Organization CounterPoint  P.O. Box, Bldg., Room No., if any p.O. Box 1176  Street  City Glen Ellen	Title Organization  P.O. Box, Bldg., Room No., if any Street 2742 Rollo Road City Santa Rosa
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Street City Glen Ellen	Street 2742 Rollo Road City Santa Rosa
City Glen Ellen	City Santa Rosa
State California ZIP Code + 4 95442-1176	State California ZIP Code + 4 95404
4. Date fiscal year ends: 5. Type of person:	
Dec / 13 a Individual b Partnershi	c. Corporation d Other (Specify): Sole Proprietor
Nature of Agreement or Arrangement	<u> </u>
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 3 / 13 / 2013
Name	
Organization Millennium Tower Association	Name of person(s) through whom made:
Trade Name, if any	Name Michael Helft
P.O. Box, Bldg., Room No., if any	Name
Street 301 Mission Street	Name
City San Francisco	Name
State Hawaii ZIP Code + 4 94105	Name
Signatures	
Each of the undersigned declares, under penalty of perjury and other applicabe the information contained in any accompanying documents) has been examine true, correct, and complete. (See Section VII on penalties in the instructions.)  13. Signed    President (If other title, see instructions)	le penalties of law, that all of the information submitted in this report (including ed by the signatory and is, to the best of the undersigned's knowledge and belief,  14. Signed Treasurer (If other title, see instructions)
On 4/10/2012 707-575-4835  Date Telephone Number	On Date Telephone Number

Filer John De Groot CounterPoint	File Number C- 00532	
Check the appropriate box to indicate whether an object of the activities under	taken, 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.):	
N/A		
•		
Specific Activities to be Performed		
11. For each activity, separately list in detail the information required (See instruc	ions):	
a. Nature of activity:		
	f their Section 7 rights, as well as the realities	
of third party representation.		
11.b. Period during which performed:  March 19, 2013 - April 2, 2013	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	
•		
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	
12.a. Identify subject groups of employees:	12.b. Identify subject labor organizations:	
All non-supervisory engineering department	Stationary Engineers Local #39 of the IUOE	
employees in case #20-RC-099573		
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