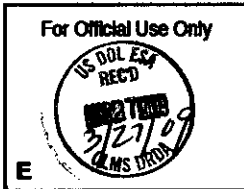


# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

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. (LMRD.)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

388424

|                         |   |
|-------------------------|---|
| 1. File Number C- 00532 | 2. Period Covered By This Report From: 01/01/2008 Through: 12/31/2008 |
|-------------------------|---|

### A. Person Filing

|   |   |
|---|---|
| 3. Name and mailing address (include ZIP Code):<br>Name John De Groot<br>Title<br>Organization CounterPoint<br>P.O. Box, Building and Room Number, if any<br>P.O. Box 1176<br>Street<br>City Glen Ellen<br>State California ZIP Code + 4 95442-1176 | 4. Any other address where records necessary to verify this report are kept:<br>Name<br>Title<br>Organization<br>P.O. Box, Building and Room Number, if any<br>Street<br>City<br>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 [Signature] President (if other title, see instructions)<br>Title Sole Proprietor<br>On 03/18/2009 (5707) 575-4835<br>Date Telephone Number | 18. Signed Treasurer (if other title, see instructions)<br>Title Treasurer<br>On / /<br>Date Telephone Number |
|--|---|

Name of Person Filing:

John De Groot

File Number C-

00532

**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:

P.O. Box, Building and Room Number, if any

Employer Winston &amp; Strawn

Trade Name

Street 101 California Street

Attention To Bob Spagat

City San Francisco

Title Attorney at Law

State California ZIP Code + 4 94111-589

**5.b. Termination Date** Nov 17, 2008**5.c. Amount** \$10,000**6. TOTAL RECEIPTS FROM ALL EMPLOYERS****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  | 3,000      |              |            | 9. Office and Administrative Expenses              |          |
|  |            |              |            | 10. Publicity                                      |          |
|  |            |              |            | 11. Fees for Professional Services                 |          |
|  |            |              |            | 12. Loans Made                                     |          |
|  |            |              |            | 13. Other Disbursements                            |          |
| <b>8. Total disbursements to officers and employees:</b> |            |              |            | <b>14. Total Disbursements (Sum of Items 8-13)</b> |          |
| \$ 3,000   |            |              |            |  | \$ 3,000 |

**D. Schedule of Disbursements for Reportable Activity**

Use this Schedule to report only disbursements made for the purposes described in Part D of instructions.

**15.a. Employer Name:**

Winston &amp; Strawn

**15.b. Trade Name, if any:****15.c. To Whom Paid**

Name David Cox

Title

Organization Directed Change

P.O. Box, Building and Room Number, if any

Street 4002 Legend Drive

City Rocklin

State California ZIP Code + 4 95765

**15.d. Amount** \$2,000**15.e. Purpose**

Answering questions and providing information to potential bargaining unit employees.

**16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY**

\$ 9,000

File Number 00532 LM 21 2009

Additional Names and Addresses

For

Item D. Schedule of Disbursements for Reportable Activity

| Name             | Title                  | Address                                       | Purpose             | Amount  |
|------------------|------------------------|---|---------------------|---------|
| Garry Gooding    | Independent Consultant | 1934 East Haven Drive<br>Santa Rosa, CA 95404 | Same as<br>item 15e | \$2,000 |
| Bernie Lishinsky | Independent Consultant | 11171 E. Beck Lane<br>Scottsdale, AZ 85255    | Same as<br>item 15e | \$2,000 |