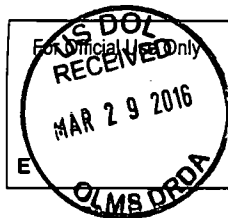


FORM LM-20
AGREEMENT AND ACTIVITIES REPORT

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 Reporting and Disclosure Act of 1959, as amended. (LMRDA)

617629

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 00532

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

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

City

State ZIP Code + 4

4. Date fiscal year ends:

Dec / 2016

5. Type of person:

a. ☐ Individual b. ☐ Partnership c. ☐ Corporation d. ☒ Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name John Shearer

Organization Shearer Painting

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 2720 6th Place South

City Seattle

State Washington ZIP Code + 4 98134

7. Date entered into: Mar / 2 / 2016

8. Name of person(s) through whom made:

Name John Shearer

Name

Name

Name

Name

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 Section VII on penalties in the instructions.)

13. Signed

Title Sole Proprietor

President
(If other title, see
instructions)

14. Signed

Title Other (Specify)

Treasurer
(If other title, see
instructions)

On March 22, 2016 707-575-4835

Date

Telephone Number

On

Date

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, 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.):

Fee for service basis, in addition to reasonable and customary expenses.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

Assisting employer in communicating and advising employees of their Section 7 rights under the NLRA, and to provide information related to union representation.

11.b. Period during which performed:

March 2 - 18, 2016

11.c. Extent performed:

Completed

11.d. Name and address through whom performed:

Name John De Groot

Organization CounterPoint

P.O. Box, Bldg., Room No., if any P.O. Box 1176

Street

City Glen Ellen

State California ZIP Code + 4 95442

Additional Name and address through whom performed, if any:

Name Carlos Ortiz

Organization Solutions Labor Relation Consultants

P.O. Box, Bldg., Room No., if any

Street 5489 Stagecoach Drive

City Fontana

State California ZIP Code + 4 92336

12.a. Identify subject groups of employees:

Employees classified as painters

12.b. Identify subject labor organizations:

Int'l union of painters and allied