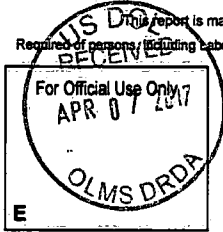


FORM LM-21

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. (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

646146

1. File Number C-00532	2. Period Covered By This Report From: 01/01/2016 Through: 12/31/2016
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name: John De Groot Title: Owner Organization: CounterPoint P.O. Box, Building and Room Number, if any: P.O. Box 1176 Street: City: Glen Ellen State: California ZIP Code + 4: 95442-1176	4. Any other address where records necessary to verify this report are kept: Name: Title: Organization: P.O. Box, Building and Room Number, if any: Street: 2742 Rollo Road City: Santa Rosa State: California ZIP Code + 4: 95404

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) Title: Sole Proprietor On: 03/29/2017 Telephone Number: (707) 575-4835	18. Signed: _____ Treasurer (if other title, see instructions) Title: _____ On: _____ Telephone Number: _____
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Name of Person Filing: JOHN DE GROOT	File Number C- 00532
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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:	
Employer Shearer Painting		P.O. Box, Building and Room Number, if any	
Trade Name		Street 2720 6th Place South	
Attention To John <input type="checkbox"/> Shearer		City Seattle	
Title President		State Washington	ZIP Code + 4 98134

5.b. Termination Date March 18, 2016	5.c. Amount \$4,850
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6. TOTAL RECEIPTS FROM ALL EMPLOYERS	\$ 4,850 (to Date)
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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	4,244	3222	7,466	9. Office and Administrative Expenses 500
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:			7,466	14. Total Disbursements (Sum of Items 8-13) 7,966

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

15.a. Employer Name: Shearer Painting	15.b. Trade Name, If any:
15.c. To Whom Paid Name Carlos <input type="checkbox"/> Ortiz Title Owner Organization Solutions Labor Relations P.O. Box, Building and Room Number, if any Street 5489 Stagecoach Dr City Fontana State California ZIP Code + 4 92336	15.d. Amount 5,325 15.e. Purpose Assisting in communication and giving advise to employees on Section 7 of the NLRA, while providing information related to union representation.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
\$ 13,291	