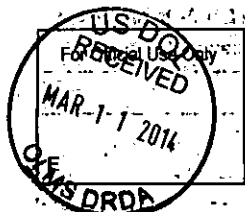


FORM LM-20

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)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

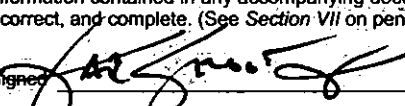
543763

1. File Number: C- 00532

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name John De Groot	Name
Title Owner	Title
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 2742 Rollo Road
City Glen Ellen	City Santa Rosa
State California ZIP Code +4 95442-1176	State California ZIP Code +4 95404
4. Date fiscal year ends: Dec / 31	5. Type of person: a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input checked="" type="checkbox"/> Other (Specify): Sole Proprietorship

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 2 / 4 / 2014
Name	8. Name of person(s) through whom made:
Organization The Arc Amador Calaveras	Name Shawonna Molina
Trade Name, if any The Arc	Name
P.O. Box, Bldg., Room No., if any	Name
Street 75 Academy Drive	Name
City Sutter Creek	Name
State California ZIP Code +4 95685	

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 	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title Sole Proprietor		Title Treasurer	
On 3/4/2014	707-575-4835	On _____	_____
Date	Telephone Number	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.):

Retainer covering projected time. No written agreement.

Specific Activities to be Performed

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

a. Nature of activity:

Conducting group meetings with employees about their rights under the NLRA, and the realities of union representation.

11.b. Period during which performed:

February 4 - 19, 2014

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 95442-1176

Additional Name and address through whom performed, if any:

Name

Organization

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

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Non-Supervisory personnel

12.b. Identify subject labor organizations:

SEIU