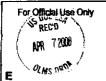
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2009

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 Individuels 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

E OLA	es name	360800				
1 . File No	umber C -00532		2. Period Covered By This Report From	Month/Day/Year (mmkldfyyyy) [1] / [01] / [2007]	Through:	Month/Day/Year (mm/dd/yyyy) 12/31/(2007
A. Perso	en Filing					
	and mailing address (Include ZIP	Code):	1111	- Con Con Con management		y m m ay 22 1
Name	John	DeGroot	Name	ss where records necessar	iry to verily ti	nis report are kept:
Title		randon de la companya	Title			
Organi	zation CounterPoint		Organization			
P.O. B	ox, Building and Room Number, P.O. 1176	If any	P.O. Box, Buildi	ng and Room Number, if a	any	
Street			Street			To contract the state of the st
City	Glen Ellen		City			
State	California	ZIP Code +4 95442	State		ZIP Code	1+4
		Sigr	atures			
informatio	ne undersigned declares, under pen on contained in any accompanying and complete (See the Section of	alty of perjury and other applicable pens g documents) has been examined by t n penalties in the instructions).	ities of law, that all of the he signatory and is, to	e information submitted in the loest of the undersigned	nis report (incl d's knowledg	uding the e and belief, true,
17. Sigme	[-/	President (if other title, see Instructions)	18. Signed	asirer		Treasurer (If other title, see instructions)
On [0]	3 / 29 / 2008 (707)	575-4835	On /	<u>/ i</u>	· ·	

Date

Telephone Number

Telephone Number

Name of Person Filing: John DeGroot					File Number C- 00532		
Name of Falson Filling. DOM: DeGFOOL							
B. Statement of	f Receipts Report all rece or services.	elpts from employers in	connection with	n labor relation	ns advice o	services regardless of the purpos	ses of the advice
_	ddress of Employer (including	j trade name, if any).			Mailing Addi Building and	⊫ss: Room Number, if any	
Employer	Hanson Pipe & Pre	cast		_		175 The same of th	(makeletting) (1886 - 164 ft) - 174 ft)
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Title	Sr. V.P.			State Te	exas	ZIP Code	+4 75062
5.b. Termination	n Date Մա1 1, 200)7		5.c. Amoun	10,000		
6 TOTAL RECE	EIPTS FROM ALL EMPLO	YERS 16 000		·			
		10,000					
C Statement of	f Nichumamante - Pon					Processor with Inhon relations actions	or panings moderne
C. Statement o	f Disbursements Rep		made by the rep			nection with labor relations advice	or services rendered
7. Disbursements	f Disbursements Rep	ort all disbursements r e employers listed in F	made by the rep Part B.	orting organiza		· 	or services rendered
7. Disbursements (a) Name	f Disbursements Rep to th	ort all disbursements r le employers listed in F	made by the rep	orting organiza	ation in con	· 	
7. Disbursements (a) Name	of Disbursements Rep to the s to Officers and Employees:	ort all disbursements r ee employers listed in F (b) Salary	made by the rep Part B. (c) Expenses (d)	orting organiza	ation in con	nection with labor relations advice and Administrative Expenses	
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Form LM-21 (2003)

Name of Person Filing: John DeGroot						File Numb	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 Add	5.a. Name and Address of Employer (including trade name, if any). Mailing Address:								
	ni notice		and a service of the second of	P.O. Box, Bldg., Room No., if any					
Employer Ma	LIREMAX			<u>.</u>	7.01.50 70	20.31			
Trade Name	1				18167 US		1		
Attention To:	Paulee	Day		City	Clearwat	r			
Title	General Counse			State	Florida		ZIP Code + 4 33764		
5.b. Termination Date Sep 1, 2007					unt 6,000				
5.a. Name and Add	lress of Employer (inclu	ding trade name, if an	y).	Mailing Ad:iress: P.O. Box, Bidg., Rooin No., if any					
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5.b. Termination D	ate i			5.c. Amo	ount	j			
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r	and the second of the second s			,P.O. B	ox, Bilda., Roo	m No., if anv_			
Employer						100000000000000000000000000000000000000			
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5.b. Termination Da	ate [5.c. Arno	unt				
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5.b. Termination D		<u> </u>		5.c. Amo		:			
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5.b. Termination Date 5.c. Amount									
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box. Bido Room No if any									
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