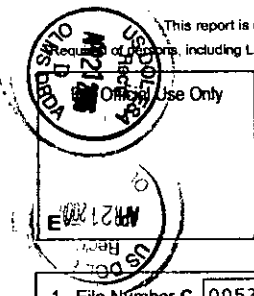


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.
Receipts 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

1. File Number C- 00532	2. Period Covered By This Report From: 01/01/2005 Through: 12/31/2005
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name John De Groot	Name John De Groot
Title	Title
Organization CounterPoint	Organization CounterPoint
P.O. Box, Building and Room Number, if any P.O. Box 1176	P.O. Box, Building and Room Number, 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 95404-9522

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] Title Sole Proprietor On 03/30/2006 (707) 575-4835 Date Telephone Number	18. Signed _____ Title Treasurer On ____/____/____ Date Telephone Number
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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:

Employer Western Bridge Company, AKA

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

P.O. 3767

Trade Name Mobile Crane Company

Street 5900 Second Avenue South

Attention To Walter White

City Seattle

Title Manager

State Washington ZIP Code + 4 98124-3767

5.b. Termination Date March 12, 2005

5.c. Amount 250

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 5,000

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	1,000		1,000	9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:		1,000		14. Total Disbursements (Sum of Items 8-13)	1,000

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:

Southern Ocean County Hospital

15.b. Trade Name, if any:

S.O.C.H.

15.c. To Whom Paid

Name

Title

Organization Axiomatix, LLC

15.d. Amount 4,000

15.e. Purpose

Advise in case 4-RC-21084

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

Street 323 Mariners Way

City Copiague

State New York

ZIP Code + 4 11726

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 4,000

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:	
Employer <u>Matheson</u>		P.O. Box, Bldg., Room No., if any <u>P.O. 970</u>	
Trade Name <u></u>		Street <u>10519 E. Stockton Blvd.#125</u>	
Attention To: <u>Michael</u> <input type="checkbox"/> <u>Wilbourn</u>		City <u>Elk Grove</u>	
Title <u>Director Human Resources</u>		State <u>California</u> ZIP Code + 4 <u>95759</u>	
5.b. Termination Date <u>May 2, 2005</u>		5.c. Amount <u>250</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u>Southern Ocean County Hospital</u>		P.O. Box, Bldg., Room No., if any <u></u>	
Trade Name <u>S.O.C.H.</u>		Street <u>1140 Route 72 West</u>	
Attention To: <u>Ray</u> <input type="checkbox"/> <u>Green</u>		City <u>Manahawkin</u>	
Title <u>Vice President Human Resources</u>		State <u>New Jersey</u> ZIP Code + 4 <u>08050-2499</u>	
5.b. Termination Date <u>Nov 17, 2005</u>		5.c. Amount <u>4,500</u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>		P.O. Box, Bldg., Room No., if any <u></u>	
Trade Name <u></u>		Street <u></u>	
Attention To: <u></u> <input type="checkbox"/> <u></u>		City <u></u>	
Title <u></u>		State <u></u> ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>		P.O. Box, Bldg., Room No., if any <u></u>	
Trade Name <u></u>		Street <u></u>	
Attention To: <u></u> <input type="checkbox"/> <u></u>		City <u></u>	
Title <u></u>		State <u></u> ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>		P.O. Box, Bldg., Room No., if any <u></u>	
Trade Name <u></u>		Street <u></u>	
Attention To: <u></u> <input type="checkbox"/> <u></u>		City <u></u>	
Title <u></u>		State <u></u> ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	
5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer <u></u>		P.O. Box, Bldg., Room No., if any <u></u>	
Trade Name <u></u>		Street <u></u>	
Attention To: <u></u> <input type="checkbox"/> <u></u>		City <u></u>	
Title <u></u>		State <u></u> ZIP Code + 4 <u></u>	
5.b. Termination Date <u></u>		5.c. Amount <u></u>	