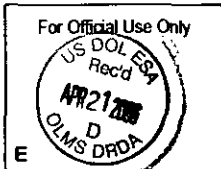


FORM LM-21

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

1. File Number C- 00532	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)
	From:	01 / 01 / 2005	Through: 12 / 31 / 2005

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
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, Building and Room Number, if any
P.O. Box 1176	
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	President (if other title, see instructions)	18. Signed	Treasurer (If other title, see instructions)
Title Sole Proprietor		Title Treasurer	
On 03 / 30 / 2006	(707) 575-4835	On	
Date	Telephone Number	Date	Telephone Number

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).

Employer Mailing Address: P.O. Box, Building and Room Number, if any

Trade Name Street

Attention To ☐ City

Title State ZIP Code + 4

5.b. Termination Date 5.c. Amount

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 <input type="checkbox"/> De Groot <input type="checkbox"/>	1,000		1,000	9. Office and Administrative Expenses <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>				10. Publicity <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>				11. Fees for Professional Services <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>				12. Loans Made <input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>				13. Other Disbursements <input type="text"/>
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:

15.b. Trade Name, If any:

15.c. To Whom Paid

Name ☐

Title

Organization

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

Street

City

State ZIP Code + 4

15.d. Amount

15.e. Purpose

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 4,000

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:	
P.O. Box, Bldg., Room No., if any		P.O. 970	
Employer	Matheson	Street	10519 E. Stockton Blvd. #125
Trade Name		City	Elk Grove
Attention To:	Michael Wilbourn	State	California
Title	Director Human Resources	ZIP Code + 4	95759
5.b. Termination Date	May 2, 2005	5.c. Amount	250

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Employer	Southern Ocean County Hospital	Street	1140 Route 72 West
Trade Name	S.O.C.H.	City	Manahawkin
Attention To:	Ray Green	State	New Jersey
Title	Vice President Human Resources	ZIP Code + 4	08050-2499
5.b. Termination Date	Nov 17, 2005	5.c. Amount	4,500

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	
Title		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	
Title		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	
Title		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
P.O. Box, Bldg., Room No., if any		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	
Title		ZIP Code + 4	
5.b. Termination Date		5.c. Amount	

