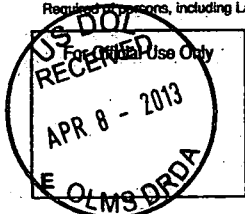


# FORM LM-21

## 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 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

525 6662

1. File Number C-00532	2. Period Covered By This Report From: 01/01/2012 Through: 12/31/2012
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<b>A. Person Filing</b>	
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 City State ZIP Code + 4

### 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 03/29/2013 Date Telephone Number (707) 585-4835	18. Signed [Signature] Title Other (Specify) On Date 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	Anaheim Healthcare Center	P.O. Box, Building and Room Number, if any.	
Trade Name		Street	501 S. Beach Blvd.
Attention To	Vincent <input type="checkbox"/> Rucireta <input type="checkbox"/>	City	Anaheim
Title	Vice President	State	California ZIP Code + 4 92804

5.b. Termination Date 3/17/2012 5.c. Amount 122,265

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 122,265

**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	0	487	487	9. Office and Administrative Expenses	
Jack	<input type="checkbox"/> Bermudez	16,567	0	16,567	10. Publicity	
Fernando	<input type="checkbox"/> Rivera	18,667	0	18,667	11. Fees for Professional Services	16,253
					12. Loans Made	0
					13. Other Disbursements	
8. Total disbursements to officers and employees:				35,721	14. Total Disbursements (Sum of Items 8-13)	51,974

**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	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	15.e. Purpose
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	