

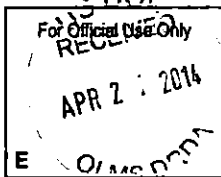
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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

554730

1. File Number C- <input type="text" value="733"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2013"/> Through: <input type="text" value="12/31/2013"/>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <input type="text" value="Ernesto"/> <input type="text" value="Zuniga"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="422 East Florence Avenue"/> City <input type="text" value="West Covina"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="91790"/>	4. Any other address where records necessary to verify this report are kept: Name <input type="text"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>

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 Title <input type="text" value="Sole Proprietor"/> On <input type="text" value="04/09/2014"/> <input type="text" value="(562) 299-3085"/> Date Telephone Number	18. Signed _____ Title <input type="text"/> On <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Telephone Number
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Name of Person Filing: Ernesto Zuniga	File Number C-
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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 <input type="text" value="TPI Iowa LLC"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Trade Name <input type="text" value="TPI Iowa LLC"/>	Street <input type="text" value="2300 N. 33rd Ave"/>
Attention To <input type="text" value="Terry"/> <input type="checkbox"/> <input type="text" value="VanHuysen"/>	City <input type="text" value="Newton"/>
Title <input type="text" value="Plant Manager"/>	State <input type="text" value="Iowa"/> ZIP Code + 4 <input type="text" value="50208"/>

5.b. Termination Date 5.c. Amount

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 24,511

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	
Ernesto <input type="checkbox"/> Zuniga	20,000	4,511	24,511	9. Office and Administrative Expenses <input type="text"/>
<input type="checkbox"/>				10. Publicity <input type="text"/>
<input type="checkbox"/>				11. Fees for Professional Services <input type="text"/>
<input type="checkbox"/>				12. Loans Made <input type="text"/>
<input type="checkbox"/>				13. Other Disbursements <input type="text"/>
8. Total disbursements to officers and employees:			24,511	14. Total Disbursements (Sum of Items 8-13) <input type="text" value="24,511"/>

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: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid	15.d. Amount <input type="text"/>
Name <input type="text"/> <input type="checkbox"/> <input type="text"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Title <input type="text"/>	
Organization <input type="text"/>	
P.O. Box, Building and Room Number, if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	