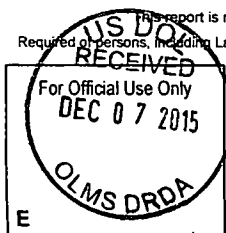


FORM LM-21

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

601530

1. File Number C- <u>601530</u>	2. Period Covered By This Report From: <u>01/01/2015</u> Through: <u>10/31/2015</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Miriam</u> <input type="checkbox"/> <u>Navarro</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>President</u>	Name <input type="checkbox"/> <input type="checkbox"/>
Organization <u>Frontline Labor Relations Inc.</u>	Title <input type="checkbox"/>
P.O. Box, Building and Room Number, if any <u>9877</u>	Organization <input type="checkbox"/>
Street <u>Chapman Ave STE. D426</u>	P.O. Box, Building and Room Number, if any <input type="checkbox"/>
City <u>Garden Grove</u>	Street <input type="checkbox"/>
State <u>California</u> ZIP Code + 4 <u>92841</u>	City <input type="checkbox"/>
	State <input type="checkbox"/> ZIP Code + 4 <input type="checkbox"/>

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 <u>[Signature]</u> Title <u>Sole Proprietor</u> On <u>11/21/2015</u> <u>714-305-3731</u> Date Telephone Number	18. Signed _____ Title _____ On _____ Date Telephone Number
President (if other title, see instructions)	Treasurer (if other title, see instructions)

Name of Person Filing: Miriam Navarro	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="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 0

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	
Miriam <input type="checkbox"/> Navarro	9,975.00	1,569.00	0	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: 0				14. Total Disbursements (Sum of Items 8-13) 0

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="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"/>	15.e. Purpose <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY