

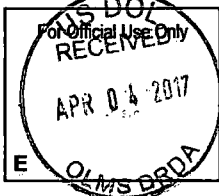
FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires: 03-31-2019

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

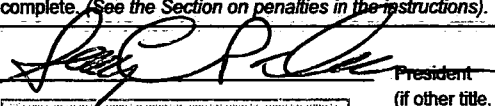
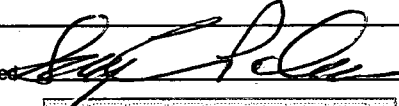
645034

1. File Number C- <input type="text" value="67290"/>	2. Period Covered By This Report From: <input type="text" value="01/01/2016"/> Through: <input type="text" value="12/31/2016"/>
------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Gary L Palma"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="Owner"/>	Name <input type="text"/>
Organization <input type="text" value="Winning Workplace Solutions, Inc."/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text" value="Suite 706"/>	P.O. Box, Building and Room Number, if any <input type="text"/>
Street <input type="text" value="2650 lake Shore Drive"/>	Street <input type="text"/>
City <input type="text" value="Riviera Beach"/>	City <input type="text"/>
State <input type="text" value="Florida"/> ZIP Code + 4 <input type="text" value="33404"/>	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="President"/> President (if other title, see instructions)	18. Signed  Title <input type="text" value="Treasurer"/> Treasurer (if other title, see instructions)
On <input type="text" value="03/27/2017"/> <input type="text" value="561-383-0970"/> Date Telephone Number	On <input type="text" value="03/27/2017"/> <input type="text" value="561-383-0970"/> Date Telephone Number

Name of Person Filing: Gary Palma	File Number C-
-----------------------------------	----------------

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>Carpenter Technology Corporation</u>	P.O. Box, Building and Room Number, if any <u></u>
Trade Name <u></u>	Street <u>1010 West Bern Street</u>
Attention To <u>John</u> <u>Rice</u>	City <u>Reading</u>
Title <u>VPHR</u>	State <u>Pennsylvania</u> <input checked="" type="checkbox"/> ZIP Code + 4 <u>19601</u>

5.b. Termination Date 10/16/2016 5.c. Amount 23,578

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 23,578

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	
Gary <input checked="" type="checkbox"/> L Palma	19,500	4,078	23,578	9. Office and Administrative Expenses <u>0</u>
<u></u>				10. Publicity <u>0</u>
<u></u>				11. Fees for Professional Services <u>0</u>
<u></u>				12. Loans Made <u>0</u>
<u></u>				13. Other Disbursements <u>0</u>
8. Total disbursements to officers and employees:			23,578	14. Total Disbursements (Sum of Items 8-13) <u>23,578</u>

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.

<p>15.a. Employer Name: <u></u></p> <p>15.c. To Whom Paid</p> <p>Name <u></u> <u></u></p> <p>Title <u></u></p> <p>Organization <u></u></p> <p>P.O. Box, Building and Room Number, if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u>Washington</u> ZIP Code + 4 <u></u></p>	<p>15.b. Trade Name, If any: <u></u></p> <p>15.d. Amount <u></u></p> <p>15.e. Purpose</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY