

# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires: 07-31-2019

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

676796

1. File Number C-

67290

2. Period Covered  
By This Report  
From:

Month/Day/Year  
(mm/dd/yyyy)

01 / 01 / 2016

Through:

Month/Day/Year  
(mm/dd/yyyy)

12 / 31 / 2016

### A. Person Filing

3. Name and mailing address (include ZIP Code):

Name Gary L Palma

Title Owner

Organization Winning Workplace Solutions, Inc.

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

Suite 706

Street 2650 Lake Shore Drive

City Riviera Beach

State Florida ZIP Code + 4 33404

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

Title President

President  
(if other title, see  
instructions)

18. Signed

Title Treasurer

Treasurer  
(if other title, see  
instructions)

On

5/1/2018  
Date

561-383-0970  
Telephone Number

On

5/1/2018  
Date

561-383-0970  
Telephone Number

Name of Person Filing: Gary Palma

File Number C-67290

**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 Plimoth Plantation

Trade Name

Attention To Ellie

Donovan

Title

## Mailing Address:

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

Street 134 Warren Avenue

City Plymouth

State Massachusetts

ZIP Code + 4 02360

5.b. Termination Date 10/19/2016

5.c. Amount 1,495

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,495

**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	L	Palma	0	1,495	1,495	9. Office and Administrative Expenses	
						10. Publicity	
						11. Fees for Professional Services	
						12. Loans Made	
						13. Other Disbursements	
8. Total disbursements to officers and employees:					1,495	14. Total Disbursements (Sum of Items 8-13)	1,495

**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:

Plimoth Plantation

## 15.b. Trade Name, If any:

## 15.c. To Whom Paid

Name Gary L Palma

Title Owner

Organization Winning Workplace Solutions Inc.

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

Suite 706

Street 2650 Lake Shore Drive

City Riviera Beach

State Florida ZIP Code + 4 33404

15.d. Amount 1,495

## 15.e. Purpose

Engaged to communicate to employees regarding their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 1,495