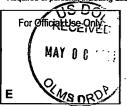
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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E WanROP					
1 . File Number C- (72.90)	2. Period Covered By This Report Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy)				
6///	From: 01 / 01 / 2016 Through: 12 / 31 / 2016				
~					
A. Person Filing					
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:				
Name Gary L Palma	Name				
Title Owner,	Title				
Organization Winning Workplace Solutions Inc.	Organization				
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any				
Street 2650 Lake Shore Drive	Street				
City Riviera®Beach	City				
State Florida ZIP Code + 4 33404	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 President (if other title, see instructions)	Treasurer (if other title, see instructions)				
On Date Telephone Number	On 51/17/2018 56/-383-0970 Date Telephone Number				

me of Person Filing: Gary Palma	File Number C-/27290

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 na	me, if any).			Mailing Address: Building and Room Number, if any		
Employer Plimoth Plantation				Dallang and recommender, in any		
Trade Name			Street 1	34 Warren Avenue		
	novan		-	Lymouth ,		
Title			State [lassachusetts 💹 🔀 ZIP Code	+4 02360-3	
5.b. Termination Date 10/19/2016 5.c. Amount 1,495						
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 1,495						
			oorting organi	zation in connection with labor relations advic	e 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, 1 Li Palma	. 0	1,495	1,49	9. Office and Administrative Expenses		
				10. Publicity		
		2010		11. Fees for Professional Services		
				12. Loans Made	1 10 1	
				13. Other Disbursements		
8. Total disbursements to officers and employees:			1,49	14. Total Disbursements (Sum of Items 8-13)	1,495	
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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:			
Plimoth Plantation				
15.c. To Whom Paid	15.d. Amount 1, 495			
Name Gary î. Palma	15.e. Purpose			
Title Owner	Engaged to communicate to employees regarding			
Organization Winning Workplace Solutions Inc.	their rights to organize and bargain collectively.			
P.O. Box, Building and Room Number, if any Surice 706				
Street 2650 Lake Shore Drive				
City Riviera Beach				
State Florida ZIP Code + 4 33404				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 1, 495				