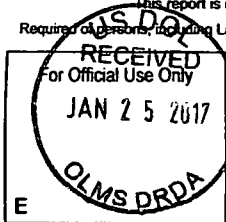


FORM LM-21
RECEIPTS AND DISBURSEMENTS REPORT

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)



631831
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- 67290	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01/01/2016		12/31/2016

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Gary L. Palma</u> Title <u>OWNER</u> Organization <u>Winning Workplace Solutions</u> P.O. Box, Building and Room Number, if any <u># 706</u> Street <u>2650 Lake Shore Drive</u> City <u>Riviera Beach</u> State <u>FL</u> ZIP Code + 4 <u>33404</u>	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 <u>Gary L. Palma</u> President Title President (if other title, see instructions)	18. Signed <u>Gary L. Palma</u> Treasurer Title Treasurer (if other title, see instructions)
On <u>1/17/17</u> <u>561-383-0970</u> Date Telephone Number	On <u>1/17/17</u> <u>561-383-0970</u> Date Telephone Number

Name of Person Filing: Gary Palma	File Number C- 67290
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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). Employer Pacific Rock Products Trade Name Attention To David Tiller Title VP HR	Mailing Address: P.O. Box, Building and Room Number, if any Street 8705 NE 117th Avenue City Vancouver State WA ZIP Code + 4 98662
5.b. Termination Date 06/30/2016	5.c. Amount
6. TOTAL RECEIPTS FROM ALL EMPLOYERS	

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 Palma	\$1755	0	\$1755	9. Office and Administrative Expenses 0
				10. Publicity 0
				11. Fees for Professional Services \$1755 0
				12. Loans Made 0
				13. Other Disbursements 0
8. Total disbursements to officers and employees: \$1,755				14. Total Disbursements (Sum of Items 8-13) \$1,755

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.c. To Whom Paid Name Title Organization P.O. Box, Building and Room Number, if any Street City State Washington ZIP Code + 4	15.b. Trade Name, If any: 15.d. Amount 15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY		