

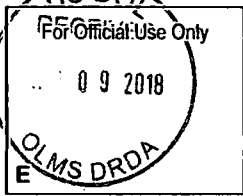
# FORM LM-21

## 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

6748U

1. File Number C- <u>00525</u> <b>67290</b>	2. Period Covered By This Report From: <u>01/01/2017</u> Through: <u>12/31/2017</u>
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### A. Person Filing

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

Name Carly L. Pelan  
Title Owner  
Organization Winning Workplace Solutions  
P.O. Box, Building and Room Number, if any  
  
Street 2650 Lake Shore Drive #106  
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 Carly L. Pelan President  
Title President (if other title, see instructions)

18. Signed Carly L. Pelan Treasurer  
Title Treasurer (If other title, see instructions)

On 03/31/2018 561-383-0970  
Date Telephone Number

On 03/31/2018 561-383-0970  
Date Telephone Number

67290

Name of Person Filing:

Gary L Palmer

File Number C-

00525

**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:

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

Employer

Euclid Manufacturing

Trade Name

L-W Engineering

Street

1757 Woodland Drive

Attention To

Scott Jones

City

New Boston

Title

CEO

State

Michigan

ZIP Code + 4

48164

5.b. Termination Date

3-10-17

5.c. Amount

9280.88

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 L Palmer	500	1780.88	

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:

14. Total Disbursements (Sum of Items 8-13)

**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:

15.c. To Whom Paid

15.d. Amount

Name

Title

Organization

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

Street

City

State Washington

ZIP Code + 4

15.e. Purpose

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY