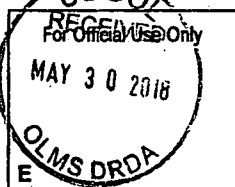


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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

637734

1. File Number C- <input type="text" value="66167"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2017"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
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A. Person Filing

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

Name
Title
Organization
P.O. Box, Building and Room Number, if any

Street
City
State ZIP Code + 4

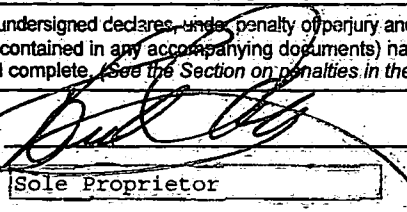
4. Any other address where records necessary to verify this report are kept:

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  President
(If other title, see instructions)
Title
On //
Date Telephone Number

18. Signed _____ Treasurer
(If other title, see instructions)
Title
On //
Date Telephone Number

Name of Person Filing: Raul Calvo	File Number C- 66167
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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 Apio, Inc., & Pacific Harvest, Inc.

Trade Name

Attention To Ron Midyett

Title CEO

Mailing Address:

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

Street 4575 W Main St

City Guadalupe

State California ZIP Code + 4 93434

5.b. Termination Date N/A

5.c. Amount 172,020

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 172,020

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
Raul Calvo	37,800	6,641	44,441
		0	0

8. Total disbursements to officers and employees: 44,441

9. Office and Administrative Expenses	
10. Publicity	
11. Fees for Professional Services	154,200
12. Loans Made	
13. Other Disbursements	17,820
14. Total Disbursements (Sum of Items 8-13)	216,461

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: Apio, Inc.

15.b. Trade Name, If any: N/A

15.c. To Whom Paid

Name Mario Vargas

Title Independent Labor Consultant

Organization Employer Services

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

Street 53900 Bradley-Lockwood Rd.

City Bradley

State California ZIP Code + 4 93426

15.d. Amount 48,339

15.e. Purpose

\$43,200 for professional services of independent consultant and \$5,138.87 in reimbursed expenses, for services rendered for supervisor training and employee education concerning representation elections during union campaign leading to no petition filed.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 127,578

Name of Person Filing: Raul Calvo	File Number C- 66167
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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: Apio, Inc.	15.b. Trade Name, If any: N/A
15.c. To Whom Paid Name Elizabeth <input type="checkbox"/> Hernandez <input type="checkbox"/> Title Independent Labor Consultant Organization Employer Services P.O. Box, Building and Room Number, if any Street 53900 Bradley-Lockwood Rd. City Bradley State California ZIP Code + 4 93426	15.d. Amount 12,122 15.e. Purpose \$10,800 for professional services of independent consultant and \$1,322.48 in reimbursed expenses, for services rendered for supervisor training and employee education concerning representation elections during union campaign leading to no petition filed.

15.a. Employer Name: Apelo, Inc.	15.b. Trade Name, If any: N/A
15.c. To Whom Paid Name Jesse <input type="checkbox"/> Rojas <input type="checkbox"/> Title Independent Labor Consultant Organization Employer Services P.O. Box, Building and Room Number, if any Street 53900 Bradley-Lockwood Rd. City Bradley State California ZIP Code + 4 93426	15.d. Amount 67,117 15.e. Purpose \$62,400 for professional services of independent consultant and \$4,717.42 in reimbursed expenses, for services rendered for supervisor training and employee education concerning representation elections during union campaign leading to no petition filed.

15.a. Employer Name: <input type="text"/>	15.b. Trade Name, If any: <input type="text"/>
15.c. To Whom Paid Name <input type="text"/> <input type="checkbox"/> <input type="text"/> Title <input type="text"/> Organization <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	15.d. Amount <input type="text"/> 15.e. Purpose <input type="text"/>