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: 08-31-2016

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

625734

1 . File Number C- 66167	2. Period Covered Month/Day/Year Month/Day/Year (mm/dd/yyyy) (mm/dd/yyyy)				
	By This Report From: 01 / 01 / 2014 Through: 12 / 31 / 2014				
A. Person Filing					
Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:				
Name Raul Calvo	Name N/A				
Title Sole Proprietor	Title				
Organization: Employer Services	Organization				
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any				
Street 53900 Bradley-Lockwood Rd.	Street				
	City				
City Bradley					
State California ZIP Code + 4 93426	State ZIP Code + 4				
Signa	tures				
Each of the undersigned declares, under penalty of perjury and other applicable penalti information contained in any accompanying documents) has been examined by the correct, and complete (See the Section or penalties in the instructions).	es of law, that all of the information submitted in this report (including the e signatory and is, to the best of the undersigned's knowledge and belief, true,				
17. Signed Proprietor President (if other title, see instructions)	18. Signed Treasurer (If other title, see instructions)				
Ittle Sole Proprietor instructions)	Title Other (Specify) instructions)				
On 86/00/16 (831) 578-6025	On/				
Date Telephone Number	Date Telephone Number				

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Name of Person Filing: Raul Calvo					File Number C- 66167					
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:					
Employer 🖟		· · · · · · · · · · · · · · · · · · ·				P.O. Box, B	P.O. Box, Building and Room Number, if any			
Trade Name				225 La Brea	Avenue					
Attention To	Sa	ul Ma	nriquez		ل	City Sa	anta Maria			
Title	Pre	esident				State Ca	alifornia	ZIP (Code + 4 934	58
5.b. Termination Date N/A			5.c. Amoun	5.c. Amount 207, 450						
6. TOTAL RECE	PTS	FROM ALL EMPLOYERS	399,773							
			<u> </u>							
C. Statement of	Disb	ursements Report all di	sbursements	made by	the rep	orting organiza	ation in connection	on with labor relations a	advice or service	es rendered
		to the empto	yers listed in	Part B.	•	0 0		•		
	o Offi	cers and Employees:	(b) Salary	(c) Expen	see (d)	Totale				
(a) Name Raul	-11	Calvo	108,000	12,		120,874	0 Office and 6	Administrative Expenses		
\au1	_	Calvo	100,000	12,	74	120,074	10. Publicity	diministrative Expenses	•	
	<u> </u>		,		-			nfossional Candosa		162.200
	4=				=			ofessional Services		162,200
	4-			,===			12. Loans Made	•		
O. Takal diahuma		J	<u> </u>	<u> </u>		100.051	13. Other Disb		.40	22,817
8. Total disburse	ments	s to officers and employees	;			120,874	14. Total Disbur	sements (Sum of Items 8	-13)	305,891
D. Schedule of I	Disbu	rsements for Reportable	Activity	Use this		ule to report or	nly disbursement	s made for the purpose	es described in I	Part D of the
15.a. Employer N	lame	<u> </u>		motradad		15.b. Trade	Name, If any:			
		, & Pacific Harves	t, Inc.		\neg	N/				
				-						
15.c. To Whom Paid				15.d. Amou	15.d. Amount 66, 661					
Name Mario Vargas				15.e. Purpo	15.e. Purpose					
Title Independent Labor Consultant			\$58,100 for professional services of independent							
Organization Employer Services			consultant and \$8,561 in reimbursed expenses, for services rendered for supervisor training and employee education regarding representation							
			election	ons.						
P.O. Box, Building and Room Number, if any					:					
Street										
Street 53900 Bradley-Lockwood Rd.										
City Bradley										
State Cali	form	iia . Z	P Code + 4	93426		!				
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 185, 017										

orm LM-21 (2003)

Name of Person Filing:	Raul Calvo		File Number C- 66167	
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 Addre		
Employer Apio,	Inc.	P.O. Box, Blag., Room	No., if any	
Trade Name		Street 4575 West	Main Street	
Attention To: Jac	ob Roldan	City Guadalupe		
	troller	State California	ZIP Code + 4 93434	
5.b. Termination Date	N/A	5.c. Amount 192, 323		
5.a. Name and Address	of Employer (including trade name, if any).	Mailing Addre		
		P.O. Bo <u>x, Bldg., Room I</u>	No., if any	
Employer		Street		
Trade Name				
Attention To:		City State	ZIP Code + 4	
Tide		State	Zir Code 1 4	
5.b. Termination Date		5.c. Amount		
5.a. Name and Address	of Employer (including trade name, if any).	Mailing Addre	ess:	
		P.O. Box. Blda Room	No. if anv	
Employer		-		
Trade Name		Street		
Attention To:		City		
Title		State	ZIP Code + 4	
_				
5.b. Termination Date		5.c. Amount		
	of Employer (including trade name, if any).	Mailing Addre		
5.a. Name and Address	of Employer (including trade name, if any).	Mailing Addre	ss: No., if any	
5.a. Name and Address	of Employer (including trade name, if any).	Mailing Addre		
5.a. Name and Address Employer Trade Name	of Employer (including trade name, if any).	Mailing Addre		
5.a. Name and Address Employer Trade Name Attention To:	of Employer (including trade name, if any).	Mailing Addre	No., if any	
5.a. Name and Address Employer Trade Name	of Employer (including trade name, if any).	Mailing Addre		
5.a. Name and Address Employer Trade Name Attention To:	of Employer (including trade name, if any).	Mailing Addre	No., if any	
5.a. Name and Address Employer Trade Name Attention To: Title 5.b. Termination Date		Mailing Addre P.O. Box, Bldg., Room Street City State	ZIP Code + 4	
5.a. Name and Address Employer Trade Name Attention To: Title 5.b. Termination Date	of Employer (including trade name, if any).	Mailing Addre P.O. Box, Bldg., Room Street City State 5.c. Amount Mailing Addre	ZIP Code + 4	
5.a. Name and Address Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address Employer		Mailing Addre P.O. Box, Bldg., Room Street City State 5.c. Amount Mailing Addre P.O. Box. Bldg., Room	ZIP Code + 4	
5.a. Name and Address Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address Employer Trade Name		Mailing Addre P.O. Box, Bldg., Room Street City State 5.c. Amount Mailing Addre P.O. Box. Bldg Room Street	ZIP Code + 4	
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5.a. Name and Address Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address Employer Trade Name		Mailing Addre P.O. Box, Bldg., Room Street City State 5.c. Amount Mailing Addre P.O. Box. Bldg Room Street	ZIP Code + 4	
5.a. Name and Address Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address Employer Trade Name Attention To:	of Employer (including trade name, if any).	Mailing Addre P.O. Box, Bldg., Room Street City State 5.c. Amount Mailing Addre P.O. Box, Bldg., Room Street City City State	ZIP Code + 4	
5.a. Name and Address Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address Employer Trade Name Attention To: Title 5.b. Termination Date	of Employer (including trade name, if any).	Mailing Addre P.O. Box, Bldg., Room Street City State 5.c. Amount Mailing Addre P.O. Box, Bldg., Room Street City State 5.c. Amount Mailing Addre City State 5.c. Amount Mailing Addre	ZIP Code + 4 ZIP Code + 4 ZIP Code + 4	
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5.a. Name and Address Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address Employer Trade Name Attention To: Title	of Employer (including trade name, if any).	Mailing Addre P.O. Box, Bldg., Room Street City State 5.c. Amount Mailing Addre P.O. Box. Bldg Room Street City State 5.c. Amount Mailing Addre P.O. Box. Bldg Room Street City State 5.c. Amount Mailing Addre P.O. Box. Bldg Room	ZIP Code + 4 ZIP Code + 4 ZIP Code + 4	

Name of Person Filing: Raul Calvo	File Number C- 66167			
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.				
a. Employer Name:	15.b. Trade Name, If any:			
Apio, Inc., & Pacific Harvest, Inc.	N/A			
15.c. To Whom Paid	15.d. Amount 63, 035			
Name Cesar Lopez	15.e. Purpose			
Title Independent Labor Consultant	\$54,100 for professional services of independent			
Organization Employer Services	consultant and \$8,935 in reimbursed expenses, for services rendered for supervisor training and			
•	employee education regarding representation elections.			
P.O. Box, Building and Room Number, if any				
Street 53900 Bradley-Lockwood Rd.				
City Bradley				
State California ZIP Code + 4 93426				
15.a. Employer Name:	15.b. Trade Name, If any:			
Apio, Inc., & Pacific Harvest, Inc.	N/A			
15.c. To Whom Paid	15.d. Amount 55, 321			
Name Jack Bermudez	15.e. Purpose			
Title Independent Labor Consultant	\$50,000 for professional services of independent			
ganization Employer Services	consultant and \$5,321 in reimbursed expenses, for services rendered for supervisor training and			
	employee education regarding representation elections.			
P.O. Box, Building and Room Number, if any				
Character and the second secon				
Street 53900 Bradley-Lockwood Rd.				
City Bradley				
State California ZIP Code + 4 93426				
15.a. Employer Name:	15.b. Trade Name, If any:			
Tod. Employs: Name.	Total Hadis, Indiany.			
15.c. To Whom Paid	15.d. Amount			
Name				
Title	15.e. Purpose			
Organization				
P.O. Box, Building and Room Number, if any				
Street	}.			
City				
State ZIP Code + 4				
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