

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

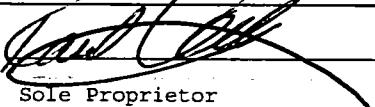
628223

1. File Number C- 66167	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2015		12 / 31 / 2015

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name Raul Calvo Title Sole Proprietor 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	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  Title Sole Proprietor On / / (831) 578-6025 Date Telephone Number	President (if other title, see instructions)	18. Signed _____ Title Other (Specify) N/A On / / _____ Date Telephone Number	Treasurer (If other title, see instructions)
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Name of Person Filing: Raul Calvo	File Number C- 66167
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3. 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 Harvest, Inc. Trade Name Attention To Saul Manriquez Title President		Mailing Address: P.O. Box, Building and Room Number, if any Street 1225 La Brea Avenue City Santa Maria State California ZIP Code + 4 93458	
5.b. Termination Date N/A		5.c. Amount 230,138	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 503,491			

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	93,200	10,961	104,161
	0	0	0
	0	0	0
	0	0	0
	0	0	0

9. Office and Administrative Expenses	0
10. Publicity	0
11. Fees for Professional Services	163,120
12. Loans Made	0
13. Other Disbursements	28,585
8. Total disbursements to officers and employees:	104,161
14. Total Disbursements (Sum of Items 8-13)	295,866

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., & Pacific Harvest, 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 35,494 15.e. Purpose In November and December 2015, \$30,420 for professional services of independent consultant and \$5,074 in reimbursed expenses, for services rendered for supervisor training and professional development for continuous improvement, and for supervisor training and employee education regarding representation elections.
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 72,843	

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:

P.O. Box, Bldg., Room No., if any

Employer Apio, Inc.

Trade Name

Street 4575 West Main Street

Attention To: Jacob

Roldan

City Guadalupe

Title Controller

State California

ZIP Code + 4 93434

5.b. Termination Date N/A

5.c. Amount 273,353

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

5.a. Name and Address of Employer (including trade name, if any).

Mailing Address:

P.O. Box, Bldg., Room No., if any

Employer

Trade Name

Street

Attention To:

City

Title

State

ZIP Code + 4

5.b. Termination Date

5.c. Amount

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., & Pacific Harvest, Inc.	15.b. Trade Name, If any:
15.c. To Whom Paid Name Cesar Lopez 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 37,349 15.e. Purpose In November and December 2015, \$31,000 for professional services of independent consultant and \$6,349 in reimbursed expenses, for services rendered for supervisor training and professional development for continuous improvement, and for supervisor training and employee education regarding representation elections.

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

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