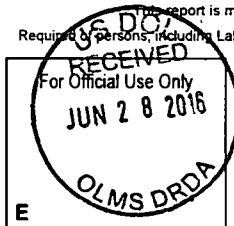


FORM LM-21

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 by 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

625733

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

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name <u>Raul</u> <u>Calvo</u>	Name _____
Title <u>Sole Proprietor</u>	Title _____
Organization <u>Employer Services</u>	Organization _____
P.O. Box, Building and Room Number, if any _____	P.O. Box, Building and Room Number, if any _____
Street <u>53900 Bradley-Lockwood Rd.</u>	Street _____
City <u>Bradley</u>	City _____
State <u>California</u> ZIP Code + 4 <u>93426</u>	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>[Signature]</u> President (if other title, see instructions)	18. Signed _____ Treasurer (If other title, see instructions)
Title <u>Sole Proprietor</u>	Title <u>Other (Specify)</u>
	<u>N/A</u>
On <u> </u> / <u> </u> / <u> </u> (831) 578-6025	On <u> </u> / <u> </u> / <u> </u> _____
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:

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

Employer Pacific Harvest, Inc.

Trade Name

Street 1225 La Brea Avenue

Attention To Saul Manriquez

City Santa Maria

Title President

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	9. Office and Administrative Expenses	0
	0	0	0	10. Publicity	0
	0	0	0	11. Fees for Professional Services	163,120
	0	0	0	12. Loans Made	0
	0	0	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	
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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).		Mailing Address:	
Employer <u>Apio, Inc.</u>		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street <u>4575 West Main Street</u>	
Attention To: <u>Jacob</u> <u>Roldan</u>		City <u>Guadalupe</u>	
Title <u>Controller</u>		State <u>California</u> ZIP Code + 4 <u>93434</u>	

5.b. Termination Date <u>N/A</u>	5.c. Amount <u>273,353</u>
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____		City _____	
Title _____		State _____ ZIP Code + 4 _____	

5.b. Termination Date _____	5.c. Amount _____
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____		City _____	
Title _____		State _____ ZIP Code + 4 _____	

5.b. Termination Date _____	5.c. Amount _____
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____		City _____	
Title _____		State _____ ZIP Code + 4 _____	

5.b. Termination Date _____	5.c. Amount _____
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____		City _____	
Title _____		State _____ ZIP Code + 4 _____	

5.b. Termination Date _____	5.c. Amount _____
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____		City _____	
Title _____		State _____ ZIP Code + 4 _____	

5.b. Termination Date _____	5.c. Amount _____
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____		City _____	
Title _____		State _____ ZIP Code + 4 _____	

5.b. Termination Date _____	5.c. Amount _____
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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.

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