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)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E CAS DEOP	644641
1 . File Number C- 66167	2. Period Covered By This Report From: Month/Day/Year (mm/dd/yyyy)
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
Signa	ltures
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 on penalties in the instructions). 17. Signed President (if other title, see instructions) On 3 / 30 / 20 / (831) 578-6025 Date Telephone Number	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, 18. Signed

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.				P.O. Box, boliding and Room Number, if any						
				Street 1225 La Brea Avenue						
Attention To Lino Esparza			City S	ity Santa Maria						
Title Part Owner and Director of HR State California ZIP Code + 4 93458						93458				
5.b. Termination Da	5.b. Termination Date N/A				5.c. Amour	t 141,971				
6. TOTAL RECEIPT	S F	ROM ALL EMPLOYERS	283,942				<u> </u>			
i										
C. Statement of Dis	sbu	rsements Report all di	sbursements r	nade by the	e repo	rting organiz	ation in connection	on with labor relations ad	ice or	services rendered
7.50		·	yers listed in f	Part B.	•					
7. Disbursements to C (a) Name	лпс	ers and Employees:	(b) Salary	(c) Expense	s (d) T	otals				!
Raul		Calvo	52,800	3,35	9	56,159	9. Office and A	Administrative Expenses		0
			0		0	C	10. Publicity			0
			0		0	C	11. Fees for Pr	ofessional Services		205,200
			0		0	C	12. Loans Made	9		0
			0		0	C	13. Other Disb	ursements		22,582
8. Total disbursements to officers and employees:				56,159	14. Total Disburs	sements (Sum of Items 8-1	3)	283,941		
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 Nar	ne:				_	15.b. Trad	e Name, If any:			_
Apio, Inc	٠,	& Pacific Harves	t, Inc.			N,	'A			
15.c. To Whom Paid 15.d. Amount 116, 639										
Name Mario Vargas				15.e. Purpose						
					\$104,400 for professional services of independent					
				consultant and \$12,239 in reimbursed expenses, for services rendered for supervisor training and						
employee				ee educatio	n concerning rep	esen	tation			
P.O. Box. Building and Room Number, if any				union		union campaign le April 21, 2016 a ction.				
Street 52000 Prodlay Lockwood Pd										
Street 53900 Bradley-Lockwood Rd.										
City Bradley										
State California ZIP Code + 4 93426										
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 227, 782										

		File Number C- 6616	7		
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 Apio, Inc.	P.O. Box, Bldg., Ro	om No., if any			
	Street 4575 We:	st Main Street			
Trade Name Attention To: Jacob Roldan					
<u> </u>			ode + 4 93434		
Title Controller	State Californ		93434		
5.b. Termination Date N/A 5.c. Amount 141,971					
5.a. Name and Address of Employer (including trade name, if any).	Mailing A P.O. Box, Bldg., Ro				
Employer	.0. 502, 5109., 110	omino., ii diiy			
Trade Name	Street				
Attention To:	City				
Title	State	ZIP Co	ode + 4		
5.b. Termination Date	5.c. Amount				
5.a. Name and Address of Employer (including trade name, if any).	Mailing A				
Employee	P.O. Box. Bldg., Ro	om No if any			
Employer L	Street	''''			
Attention To:	City				
Title	State	ZIP C	ode + 4		
			· L		
5.b. Termination Date	5.c. Amount				
5.a. Name and Address of Employer (including trade name, if any).	Mailing A				
· · · · · · · · · · · · · · · · · ·	P.O. Box, Bldg., Ro	om No., if any			
Employee					
Employer	Street				
Trade Name	Street]			
Trade Name Attention To:	City	ZIP Co	ode + 4		
Trade Name	<u> </u>	ZIP Co	ode + 4		
Trade Name Attention To:	City	ZIP Co	ode + 4		
Trade Name Attention To: Title	City State 5.c. Amount Mailing A	ddress:	ode + 4		
Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any).	City State 5.c. Amount	ddress:	ode + 4		
Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer	State 5.c. Amount Mailing A	ddress:	ode + 4		
Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name	City State 5.c. Amount Mailing A P.O. Box, Bldg., Ro Street	ddress:	ode + 4		
Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To:	City State 5.c. Amount Mailing A P.O. Box, Bldg., Ro Street City	ddress: om No., if any	· .		
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Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Title 5.b. Termination Date 5.a. Name and Address of Employer (including trade name, if any). Employer Trade Name Attention To: Trade Name Attention To:	City State 5.c. Amount Mailing A P.O. Box, Bldg., Ro Street City State 5.c. Amount Mailing A P.O. Box, Bldg., Ro Street City State City State City City State City City City City City City City Cit	ddress: om No., if any ZIP Co	ode + 4		
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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:	15.b. Trade Name, If any:				
Apio, Inc., & Pacific Harvest, Inc.	N/A				
15.c. To Whom Paid	15.d. Amount 47, 055				
Name Jesse Rojas	15.e. Purpose				
Title Independent Labor Consultant	\$43,200 for professional services of independent consultant and \$3,855 in reimbursed expenses, for services rendered for supervisor training and employee education concerning representation elections during union campaign leading up to				
Organization Employer Services					
P.O. Box, Building and Room Number, if any	union election on April 21, 2016 and immediately following the election.				
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 47,977				
Name Jack Bermudes	15.e. Purpose				
Title Independent Labor Consultant	\$43,200 for professional services of independent consultant and \$4,777 in reimbursed expenses, for				
Organization Employer Services	services rendered for supervisor training and employee education concerning representation elections during union campaign leading up to				
P.O. Box, Building and Room Number, if any	union election on April 21, 2016 and immediately following the election.				
Street 53900 Bradley-Lockwood Rd.					
City Bradley					
State California ZIP Code + 4 93426					
r te	Less was the second				
15.a. Employer Name: Cesar Lopez	15.b. Trade Name, If any:				
eesar sopes					
15.c. To Whom Paid	15.d. Amount 16, 111				
Name Cesar Lopez	15.e. Purpose				
Title Independent Labor Consultant	\$14,400 for professional services of independent				
Organization Employer Services	consultant and \$1,711 in reimbursed expenses, for services rendered for supervisor training and				
P.O. Box, Building and Room Number, if any	employee education concerning representation elections during union campaign leading up to union election on April 21, 2016 and immediately				
Street 53900 Bradley-Lockwood Rd.					
City Bradley					
State California ZIP Code + 4 93426					