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 personer handling 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	Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)
	By This Report From:	01 / 01 / 2015	Through:	12 / 31 / 201
A. Person Filing	-		-	
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:			
Name Raul Calvo	Name			
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 Bradley	City			
State California ZIP Code + 4 93426	State ZIP Code + 4			e + 4
Signa	atures			
ach of the undersigned declares, under penalty of perjury and other applicable penalt of ormation contained in any accompanying documents) has been examined by the orrect, and complete (See the Section on penalties in the instructions).	ies of law, that all of the i e signatory and is, to the	nformation submitted in the best of the undersigned	is report (incl i's knowledg	uding the e and belief, true,
7. Signed President (if other title, see	18. Signed	r (Specify)		Treasurer (If other title, see
instructions)	Title Othe	r (abecity)		instructions)
)n / (831) 578-6025	On//	<u>, </u>		
· · · · · · · · · · · · · · · · · · ·		Telephone		

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).

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/.

5.c. Amount 230,138

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 503,491

Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered C. Statement of Disbursements to the employers listed in Part B. 7. Disbursements to Officers and Employees: (b) Salary (c) Expenses (d) Totals (a) Name 104,161 9. Office and Administrative Expenses n Calvo 93,200 10,961 Raul 10. Publicity 0 0 0 11. Fees for Professional Services 0 163,120 0 12. Loans Made 0 0 0 0 13. Other Disbursements 0 0 28,585

D. Schedule of Disbursements for Reportable Activity

8. Total disbursements to officers and employees:

Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

14. Total Disbursements (Sum of Items 8-13)

In November and December 2015, \$30,420 for

regarding representation elections.

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

15.a. Employer Name:

Apio, Inc., & Pacific Harvest, Inc.

15.b. Trade Name, If any:

15.d. Amount 35,494

N/A

15.e. Purpose

104,161

15.c. To Whom Paid

Name Mario

Vargas

name ratio

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 72,843

295,866

Name of Person Filing: Raul Calvo	Calvo File Number C- 66167	
B. Statement of Receipts Report all receipts from employers in connection advice or services.	with labor relations advice or	services regardless of the purposes of the
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addres	
Employer Apio, Inc.	r.O. Buş, giqg., Noom N	io., ii any
Trade Name	Street 4575 West M	ain Street
Attention To: Jacob Roldan	City Guadalupe	air Sciece
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	
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. Blda Room No	
Employer	<u>.</u>	
Trade Name	Street	
Attention To:	City	•
Title	State	ZIP Code + 4
5.b. Termination Date	5.c. Amount	
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	Mailing Address	
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Name of Person Filing: Raul Calvo	File Number C- 66167		
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15.a. Employer Name:	15.b. Trade Name, If any:		
Apio, Inc., & Pacific Harvest, Inc.			
.5.c. To Whom Paid	15.d. Amount 37,349		
Name Cesar Lopez	15.e. Purpose		
Title Independent Labor Consultant	In November and December 2015, \$31,000 for		
Organization Employer Services	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.		
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:		
· -			
15.c. To Whom Paid	15.d. Amount		
Name	15.e. Purpose		
Title			
Organization			
O. Box, Building and Room Number, if any			
Street			
City			
State ZIP Code + 4			
15.a. Employer Name:	15.b. Trade Name, If any:		
15.c. To Whom Paid	15.d. Amount		
Name	15.e. Purpose		
Title			
Organization			
P.O. Box, Building and Room Number, if any			
Street			
City			

State

ZIP Code + 4