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

FOR OFFICIAL OSCILLATION OF THE PROPERTY OF TH

t 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.

A 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

628244

1 . File Number C- 66167	2. Period Covered (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy)
	From: 01 / 01 / 2014   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 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 Bradley	City
State California ZIP Code + 4 93426	State ZIP Code + 4
Carrier Carrier Control of Carri	ZIF Code + 4
Signa	utures
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).	es of law, that all of the information submitted in this report (including the 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)  N/A
On 86 186/16 (831) 578-6025	On / · /

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 207, 450

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 399, 773

C. Statement of Disbursements Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers fisted in Part B. 7. Disbursements to Officers and Employees: (b) Salary (c) Expenses (d) Totals (a) Name 108,000 Raul 12,874 120,874 Calvo 9. Office and Administrative Expenses 10. Publicity 11. Fees for Professional Services 162,200 12. Loans Made 0 22,817 13. Other Disbursements 8. Total disbursements to officers and employees: 120,874 14. Total Disbursements (Sum of Items 8-13) 305,891

D. Schedule of Disbursements for Reportable Activity  Use this Schedule to report only disbursements made for the purposes described in Part D of instructions.		
15.a. Emplo	yer Name:	15.b. Trade Name, If any:
Apio	, Inc., & Pacific Harvest, Inc.	N/A
15.c. To Wh	om Paid	15.d. Amount 66, 661
Name	Mario Vargas	15.e. Purpose
Title Organizat	Independent Labor Consultant	\$58,100 for professional services of independent consultant and \$8,561 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 53	3900 Bradley-Lockwood Rd.	
City Br	radley	
State Ca	alifornia . ZIP Code + 4 g	3426

Name of Person Filing: Raul Calvo	File Number C- 66167	
B. Statement of Receipts Report all receipts from employers in connection advice or services.	n with labor relations advice or s	ervices regardless of the purposes of the
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 Attention To: Jacob Roldan Title Controller	Street 4575 West Ma: City Guadalupe State California	
5.b. Termination Date N/A	5.c. Amount 192, 323	
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  Attention To:  Title	Street City State	ZIP Code + 4
5.b. Termination Date	5.c. Amount	Zii Gode 14
5.a. Name and Address of Employer (including trade name, if any).  Employer  Trade Name  Attention To:  Title	Mailing Address: P.O. Box. Blda Room No Street City State	
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 Attention To: Title	Street City 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. Bidg Room No	f any
Employer Trade Name Attention To: Title	Street City State	ZIP Code + 4
5.b. Termination Date	5.c. Amount	
5.a. Name and Address of Employer (including trade name, if any).  Employer	Mailing Address: P.O. Box. Blda Room No i	f any
Trade Name	Street	
Attention To:	City	
Title	State	ZIP Code + 4
5.h. 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: N/A
.o.c. To Whom Paid	15.d. Amount 63,035
Name Cesar Lopez	15.e. Purpose
Title Independent Labor Consultant Organization Employer Services	\$54,100 for professional services of independent 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

File Number C- 66167

15.a Employer Name: Apio, Inc., & Pacific Harvest, Inc.		15.b. Trade Name, If any: N/A
15.c. To Whom Paid		15.d. Amount 55, 321
Name Jack	Bermudez	15.e. Purpose
Title Independent Labor Consultant Organization Employer Services		\$50,000 for professional services of independent consultant and \$5,321 in reimbursed expenses, for services rendered for supervisor training and employee education regarding representation elections.
O. Box, Building and I	Room Number, if any	
Street 53900 Bradle	ey-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		
P.O. Box, Building and Ro	oom Number, if any	
Street		
City	•	
State	ZIP Code + 4	

Name of Person Filing: Raul Calvo