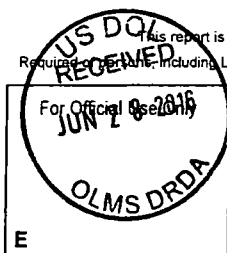


FORM LM-21

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 to be filed by 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 By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2014	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2014
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>Raul Calvo</u> Title <u>Sole Proprietor</u> Organization <u>Employer Services</u> P.O. Box, Building and Room Number, if any Street <u>53900 Bradley-Lockwood Rd.</u> City <u>Bradley</u> State <u>California</u> ZIP Code + 4 <u>93426</u>	4. Any other address where records necessary to verify this report are kept: Name <u>N/A</u> 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 [Signature] President
(if other title, see instructions)
Title Sole Proprietor
On 06/06/16 (831) 578-6025
Date Telephone Number

18. Signed _____ Treasurer
(If other title, see instructions)
Title Other (Specify)
N/A
On / / _____
Date Telephone Number

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:	
		P.O. Box, Bldg., Room No., if any	
Employer	Apio, Inc.	Street	4575 West Main Street
Trade Name		City	Guadalupe
Attention To:	Jacob Roldan	State	California
Title	Controller	ZIP Code + 4	93434

5.b. Termination Date	N/A	5.c. Amount	192,323
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5.a. Name and Address of Employer (including trade name, if any).		Mailing Address:	
		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	
Title		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:	
		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	
Title		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:	
		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	
Title		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:	
		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	
Title		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:	
		P.O. Box, Bldg., Room No., if any	
Employer		Street	
Trade Name		City	
Attention To:		State	
Title		ZIP Code + 4	

5.b. Termination Date		5.c. Amount	
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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 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 63,035 15.e. Purpose \$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.

15.a. Employer Name: Apio, Inc., & Pacific Harvest, Inc.	15.b. Trade Name, If any: N/A
15.c. To Whom Paid Name Jack Bermudez Title Independent Labor Consultant Organization Employer Services O. Box, Building and Room Number, if any Street 53900 Bradley-Lockwood Rd. City Bradley State California ZIP Code + 4 93426	15.d. Amount 55,321 15.e. Purpose \$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.

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