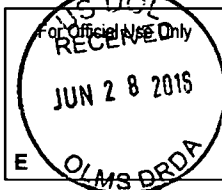


# FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

625734

1. File Number C- 66167	2. Period Covered By This Report From: 01 / 01 / 2014 Through: 12 / 31 / 2014
-------------------------	---

<b>A. Person Filing</b>	
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	N/A
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	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

30 28

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:

Employer Pacific Harvest, Inc.

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

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 listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name

(b) Salary

(c) Expenses

(d) Totals

Raul	Calvo	108,000	12,874	120,874	9. Office and Administrative Expenses	
					10. Publicity	
					11. Fees for Professional Services	162,200
					12. Loans Made	0
					13. Other Disbursements	22,817
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 the instructions.

15.a. Employer Name:

Apio, Inc., &amp; 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 66,661

15.e. Purpose

\$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.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 185,017

Name of Person Filing: Raul Calvo		File Number C- 66167	
<b>B. Statement of Receipts</b> 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). <span style="float: right;">Mailing Address:</span>			
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> <input type="checkbox"/> <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>192,323</u>	
5.a. Name and Address of Employer (including trade name, if any). <span style="float: right;">Mailing Address:</span>			
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____ <input type="checkbox"/> _____		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). <span style="float: right;">Mailing Address:</span>			
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____ <input type="checkbox"/> _____		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). <span style="float: right;">Mailing Address:</span>			
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____ <input type="checkbox"/> _____		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). <span style="float: right;">Mailing Address:</span>			
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____ <input type="checkbox"/> _____		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). <span style="float: right;">Mailing Address:</span>			
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____ <input type="checkbox"/> _____		City _____	
Title _____		State _____ ZIP Code + 4 _____	
5.b. Termination Date _____		5.c. Amount _____	

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: 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 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 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