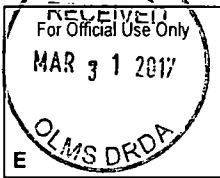


# FORM LM-21

## 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)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

644641

1. File Number C- <input type="text" value="66167"/>	2. Period Covered By This Report From: <input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2016"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <input type="text" value="Raul"/> <input type="text" value="Calvo"/>	4. Any other address where records necessary to verify this report are kept:
Title <input type="text" value="Sole Proprietor"/>	Name <input type="text"/>
Organization <input type="text" value="Employer Services"/>	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text" value="53900 Bradley-Lockwood Rd."/>	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text" value="Bradley"/>	Street <input type="text"/>
State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="93426"/>	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

### 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)	18. Signed _____	Treasurer (if other title, see instructions)
Title <input type="text" value="Sole Proprietor"/>		Title <input type="text" value="Other (Specify)"/>	
		<input type="text" value="N/A"/>	
On <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>	(831) 578-6025	On <input type="text"/>	<input type="text"/>
Date	Telephone Number	Date	Telephone Number

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 Lino

Esparza

City

Santa Maria

Title

Part Owner and Director of HR

State

California

ZIP Code + 4

93458

5.b. Termination Date

N/A

5.c. Amount

141,971

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 283,942

**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	52,800	3,359	56,159	9. Office and Administrative Expenses	0
		0	0	0	10. Publicity	0
		0	0	0	11. Fees for Professional Services	205,200
		0	0	0	12. Loans Made	0
		0	0	0	13. Other Disbursements	22,582
8. Total disbursements to officers and employees:				56,159	14. Total Disbursements (Sum of Items 8-13)	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 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

116,639

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 education concerning representation elections during union campaign leading up to union election on April 21, 2016 and immediately following the election.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 227,782

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:	
Employer	Apio, Inc.	P.O. Box, Bldg., Room No., if any	
Trade Name		Street	4575 West Main Street
Attention To:	Jacob <input type="checkbox"/> Roldan <input type="checkbox"/>	City	Guadalupe
Title	Controller	State	California ZIP Code + 4 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 Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:	<input type="checkbox"/> <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).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:	<input type="checkbox"/> <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).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:	<input type="checkbox"/> <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).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:	<input type="checkbox"/> <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).		Mailing Address:	
Employer		P.O. Box, Bldg., Room No., if any	
Trade Name		Street	
Attention To:	<input type="checkbox"/> <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.

<b>15.a. Employer Name:</b> Apio, Inc., & Pacific Harvest, Inc.	<b>15.b. Trade Name, If any:</b> N/A
<b>15.c. To Whom Paid</b> Name Jesse <input type="checkbox"/> Rojas 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	<b>15.d. Amount</b> 47,055  <b>15.e. Purpose</b> \$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 union election on April 21, 2016 and immediately following the election.

<b>15.a. Employer Name:</b> Apio, Inc., & Pacific Harvest, Inc.	<b>15.b. Trade Name, If any:</b> N/A
<b>15.c. To Whom Paid</b> Name Jack <input type="checkbox"/> Bermudes 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	<b>15.d. Amount</b> 47,977  <b>15.e. Purpose</b> \$43,200 for professional services of independent consultant and \$4,777 in reimbursed expenses, for services rendered for supervisor training and employee education concerning representation elections during union campaign leading up to union election on April 21, 2016 and immediately following the election.

<b>15.a. Employer Name:</b> Cesar Lopez	<b>15.b. Trade Name, If any:</b> N/A
<b>15.c. To Whom Paid</b> Name Cesar <input type="checkbox"/> 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	<b>15.d. Amount</b> 16,111  <b>15.e. Purpose</b> \$14,400 for professional services of independent consultant and \$1,711 in reimbursed expenses, for services rendered for supervisor training and employee education concerning representation elections during union campaign leading up to union election on April 21, 2016 and immediately following the election.