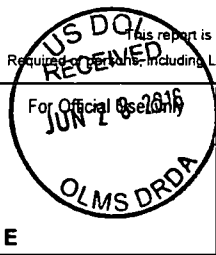


FORM LM-21

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 reports include 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

1. File Number C- 66167	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2014		12 / 31 / 2014

A. Person Filing	
3. Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:
Name <u>Raul Calvo</u>	Name <u>N/A</u>
Title <u>Sole Proprietor</u>	Title _____
Organization <u>Employer Services</u>	Organization _____
P.O. Box, Building and Room Number, if any _____	P.O. Box, Building and Room Number, if any _____
Street <u>53900 Bradley-Lockwood Rd.</u>	Street _____
City <u>Bradley</u>	City _____
State <u>California</u> ZIP Code + 4 <u>93426</u>	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 <u>[Signature]</u> President (if other title, see instructions)	18. Signed _____ Treasurer (If other title, see instructions)
Title <u>Sole Proprietor</u>	Title <u>Other (Specify)</u> <u>N/A</u>
On <u>06/06/16</u> (831) 578-6025 Date Telephone Number	On <u>/ /</u> _____ Date Telephone Number

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Name of Person Filing: Raul Calvo	File Number C- 66167
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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). Employer <u>Pacific Harvest, Inc.</u> Trade Name _____ Attention To <u>Saul Manriquez</u> Title <u>President</u>		Mailing Address: P.O. Box, Building and Room Number, if any _____ Street <u>1225 La Brea Avenue</u> City <u>Santa Maria</u> State <u>California</u> ZIP Code + 4 <u>93458</u>	
5.b. Termination Date <u>N/A</u>		5.c. Amount <u>207,450</u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS <u>399,773</u>			

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
8. Total disbursements to officers and employees:			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
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: <u>Apio, Inc., & Pacific Harvest, Inc.</u>	15.b. Trade Name, If any: <u>N/A</u>
15.c. To Whom Paid Name <u>Mario Vargas</u> Title <u>Independent Labor Consultant</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>	15.d. Amount <u>66,661</u> 15.e. Purpose <u>\$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.</u>
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY <u>185,017</u>	

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 <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 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).		Mailing Address:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
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:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
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:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
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:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
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:	
Employer _____		P.O. Box, Bldg., Room No., if any _____	
Trade Name _____		Street _____	
Attention To: _____		City _____	
Title _____		State _____ ZIP Code + 4 _____	
5.b. 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
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