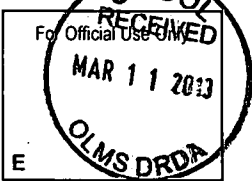


FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT

Form approved
Office of Management
and Budget
No. 1245-0003
Expires 10-31-2013

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 in 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

514495

1. File Number C- <u>65118</u>	2. Period Covered By This Report From: <u>01/01/2012</u> Through: <u>12/31/2012</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name <u>Armando Talanco</u>	4. Any other address where records necessary to verify this report are kept:
Title <u>Partner</u>	Name
Organization <u>AESZ LLC</u>	Title
P.O. Box, Building and Room Number, if any	Organization
Street <u>142 Northgate Road</u>	P.O. Box, Building and Room Number, if any
City <u>Riverside</u>	Street
State <u>IL</u> ZIP Code + 4 <u>60546</u>	City
	State

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>Marc J. Weinstein</u>	President (if other title, see instructions)
Title <u>President / Senior Partner</u>	
On <u>03/02/2013</u>	On <u>03/02/2013</u>
Date	Date
Telephone Number <u>888-737-AESZ</u>	Telephone Number <u>312-515-2631</u>

See Attachment

Name of Person Filing:	File Number C-
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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		P.O. Box, Building and Room Number, if any	
Trade Name		Street	
Attention To		City	
Title		State	ZIP Code + 4
5.b. Termination Date		5.c. Amount	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS			

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
8. Total disbursements to officers and employees:			
9. Office and Administrative Expenses			
10. Publicity			
11. Fees for Professional Services			
12. Loans Made			
13. Other Disbursements			
14. Total Disbursements (Sum of Items 8-13)			

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:	15.b. Trade Name, If any:
15.c. To Whom Paid	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, if any	15.e. Purpose
Street	
City	
State Washington ZIP Code + 4	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	

Name of Person Filing:

File Number C-

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: Ada S. McKinley Community Services Inc	15.b. Trade Name, if any:
15.c. To Whom Paid Name Armando Talancon Title Organization AES2 P.O. Box, Building and Room Number, if any Street 142 Northgate Road City Riverside State IL ZIP Code + 4 60546	15.d. Amount 5,058 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Portola Packaging	15.b. Trade Name, if any:
15.c. To Whom Paid Name Armando Talancon Title Organization AES2 P.O. Box, Building and Room Number, if any Street 142 Northgate Road City Riverside State IL ZIP Code + 4 60546	15.d. Amount 1,025 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.

15.a. Employer Name: Cargill Meat Solutions	15.b. Trade Name, if any:
15.c. To Whom Paid Name Armando Talancon Title Organization AES2 P.O. Box, Building and Room Number, if any Street 142 Northgate Road City Riverside State IL ZIP Code + 4 60546	15.d. Amount 4,012 15.e. Purpose Engaged to communicate to employees regarding exercising their rights to organize and bargain collectively.