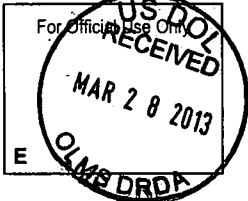


FORM LM-21

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

522598

1. File Number C- <u>758</u>	2. Period Covered By This Report From: <u>01</u> / <u>01</u> / <u>2012</u> Through: <u>12</u> / <u>31</u> / <u>2012</u>	Month/Day/Year (mm/dd/yyyy)	Month/Day/Year (mm/dd/yyyy)

A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>KAREN</u> <u>T</u> <u>LITTMANN</u> Title <u>LEGAL ADMINISTRATOR</u> Organization <u>MARCUS & SHAPIRA LLP</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>301 GRANT STREET, ONE OXFORD CENTRE</u> City <u>PITTSBURGH</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15219-6401</u>	4. Any other address where records necessary to verify this report are kept: Name <u></u> <u></u> Title <u></u> Organization <u></u> P.O. Box, Building and Room Number, if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>

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>Dennis D. Marceau</u> President Title <u>Managing Partner</u> (if other title, see instructions) On <u>01</u> / <u>29</u> / <u>2013</u> <u>412-338-5200</u> Date Telephone Number	18. Signed <u>Karen J. Littmann</u> Treasurer Title <u>Other (Specify)</u> (If other title, see instructions) <u>Legal Administrator</u> On <u>01</u> / <u>29</u> / <u>2013</u> <u>412-338-5235</u> Date Telephone Number
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Name of Person Filing: KAREN LITTMANN

File Number C-

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, Building and Room Number, if any

Employer GIANT EAGLE INC

Trade Name

Street 101 KAPPA DRIVE, RIDC PARK

Attention To LORA DIKUN

City PITTSBURGH

Title

State Pennsylvania ZIP Code + 4 15238

5.b. Termination Date 12/31/2012

5.c. Amount 29,726

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 29,726

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

				9. Office and Administrative Expenses	
				10. Publicity	
				11. Fees for Professional Services	29,726
				12. Loans Made	0
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	29,726

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:

GIANT EAGLE INC

15.b. Trade Name, If any:

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15.c. To Whom Paid

Name GLENN M OLCERST

Title COUNSEL

Organization MARCUS & SHAPIRA LLP

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

Street 301 GRANT STREET 35TH FLOOR

City PITTSBURGH

State Pennsylvania ZIP Code + 4 15219-6401

15.d. Amount 29,726

15.e. Purpose

Educate employees about their rights under the NLRB, including their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 29,726

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)

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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1. File Number C- <u>756</u>	2. Period Covered By This Report From: <u>01</u> / <u>01</u> / <u>2012</u> Through: <u>12</u> / <u>31</u> / <u>2012</u>
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A. Person Filing

3. Name and mailing address (include ZIP Code):

Name KAREN T. LITTMANN
Title LEGAL ADMINISTRATOR
Organization MARCUS & SHAPIRA LLP
P.O. Box, Building and Room Number, if any

Street 301 GRANT STREET, ONE OXFORD CENTRE
City PITTSBURGH
State Pennsylvania ZIP Code + 4 15219-6401

4. Any other address where records necessary to verify this report are kept:

Name
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
Title Managing Partner (if other title, see instructions)
On 01 / 29 / 2013 412-338-5200
Date Telephone Number

18. Signed [Signature] Treasurer
Title Other (Specify) (If other title, see instructions)
Legal Administrator
On 01 / 29 / 2013 412-338-5235
Date Telephone Number

Name of Person Filing: KAREN LITTMANN	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).

Employer: GIANT EAGLE, INC.

Trade Name:

Attention To: LORA DIKUN

Title:

Mailing Address:

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

Street: 101 KAPPA DRIVE, RIDGE PARK

City: PITTSBURGH

State: Pennsylvania ZIP Code + 4: 15238

5.b. Termination Date: 12/31/2012

5.c. Amount: 307,057

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 307,057

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	307,057
12. Loans Made	0
13. Other Disbursements	
14. Total Disbursements (Sum of Items 8-13)	307,057

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: GIANT EAGLE, INC.

15.b. Trade Name, if any: GIANT EAGLE

15.c. To Whom Paid

Name: GLENN M. OLCERST

Title: COUNSEL

Organization: MARCUS & SHAPIRA LLP

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

Street: 301 GRANT STREET, 35TH FLOOR

City: PITTSBURGH

State: Pennsylvania ZIP Code + 4: 15219-6401

15.d. Amount: 307,057

15.e. Purpose: Educate employees about their rights under the NLRB, including their rights to organize and bargain collectively.

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 307,057