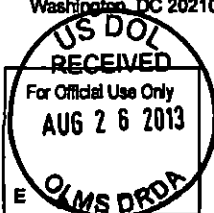


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

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



This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

533579 478734 - AMENDED

1. File Number: C- 00758

Person Filing	
2. Name and mailing address (include ZIP Code):	
Name	KAREN T LITTMANN
Title	LEGAL ADMINISTRATOR
Organization	MARCUS & SHAPIRA LLP
P.O. Box, Bldg., Room No., if any	35TH FLOOR
Street	301 GRANT STREET, ONE OXFORD CENTRE
City	PITTSBURGH
State	Pennsylvania
ZIP Code + 4	15219-6401
3. Any other address where records necessary to verify this report are kept:	
Name	
Title	
Organization	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	
ZIP Code + 4	
4. Date fiscal year ends:	5. Type of person:
Dec / 13	a. <input type="checkbox"/> Individual b. <input checked="" type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	
Name	LORA DIKUN
Organization	GIANT EAGLE, INC.
Trade Name, if any	GIANT EAGLE, GETGO, GOOD CENTS
MARKET DISTRICT, GIANT EAGLE EXPRESS, VALUKING	
P.O. Box, Bldg., Room No., if any	
Street	101 KAPPA DRIVE, RIDC PARK
City	PITTSBURGH
State	Pennsylvania
ZIP Code + 4	15238-2833
7. Date entered into: 1 / 30 / 2012	
8. Name of person(s) through whom made:	
Name	LORA DIKUN
Name	
Name	
Name	
Name	

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 Section VII on penalties in the instructions.)

13. Signed

Bernard D. Marcus
President
(If other title, see instructions)

Title Managing Partner

14. Signed

Karen J. Littmann
Treasurer
(If other title, see instructions)

Title Other (Specify)
LEGAL ADMINISTRATOR

On

Date

412-471-3490

Telephone Number

On

Date

412-471-3490

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Verbal agreement to provide services intended to educate employees about their rights under the National Labor Relations Act, as amended, including their rights to organize and bargain collectively.

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

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

11.b. Period during which performed:

01/30/2012 original; 08/20/2013 amended

11.c. Extent performed:

Ongoing

11.d. Name and address through whom performed:

Name GLENN M OLCERST
DANA L MUNHALL

Organization MARCUS & SHAPIRA LLP

P.O. Box, Bldg., Room No., if any 35TH FLOOR

Street 301 GRANT STREET, ONE OXFORD CENTRE

City PITTSBURGH

State Pennsylvania

ZIP Code + 4 15219-6401

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

Giant Eagle corporate store, non-management team members at various locations.

12.b. Identify subject labor organizations:

Not applicable.