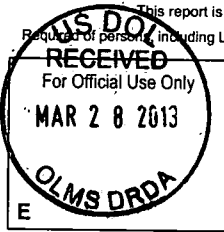


FORM LM-21

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, 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

522597

1. File Number C: <u>758</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 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) Legal Administrator (If other title, see instructions)
On 01/29/2013 412-338-5235
Date Telephone Number

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 SUPERIOR BEVERAGE GROUP, LTD.

Trade Name SUPERIOR BEVERAGE GROUP

Attention To JOSEPH MCHENRY

Title

Street 31031 DIAMOND PARKWAY

City GLENWILLOW

State Ohio

ZIP Code + 4 44139

5.b. Termination Date 12/31/2012

5.c. Amount 20,936

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 20,936

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	20,936
				12. Loans Made	0
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	20,936

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:

SUPERIOR BEVERAGE GROUP, LTD.

15.b. Trade Name, If any:

SUPERIOR BEVERAGE GROUP

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 20,936

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 20,936