

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

667796

1. File Number C: <u>758</u>	2. Period Covered By This Report	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
	From:	<u>01</u> / <u>01</u> / <u>2017</u>		<u>12</u> / <u>31</u> / <u>2017</u>

A. Person Filing	
3. Name and mailing address (include ZIP Code):	
Name	<u>KAREN T LITTMANN</u>
Title	<u>LEGAL ADMINISTRATOR</u>
Organization	<u>MARCUS & SHAPIRA LLP</u>
P.O. Box, Building and Room Number, if any	<u>ONE OXFORD CENTRE</u>
Street	<u>301 GRANT STREET, 35TH FLOOR</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>
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>[Signature]</u>	President (if other title, see instructions)
Title <u>Managing Partner</u>	
On <u>03</u> / <u>21</u> / <u>2018</u>	Telephone Number <u>412-338-5200</u>
Date	
18. Signed <u>[Signature]</u>	Treasurer (If other title, see instructions)
Title <u>Other (Specify)</u>	<u>LEGAL ADMINISTRATOR</u>
On <u>03</u> / <u>21</u> / <u>2018</u>	Telephone Number <u>412-338-5235</u>
Date	

Name of Person Filing: KAREN LITTMANN

File Number C- 758

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 12/31/2017

5.c. Amount 13,469

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 13,469

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	13,469
				12. Loans Made	
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	13,469

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

ONE OXFORD CENTRE

Street 301 GRANT STREET, 35TH FLOOR

City PITTSBURGH

State Pennsylvania ZIP Code + 4 15219-6401

15.d. Amount 13,469

15.e. Purpose

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

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 13,469