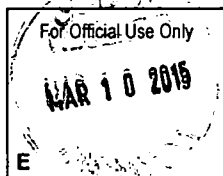


FORM LM-21

RECEIPTS AND DISBURSEMENTS REPORT

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. 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


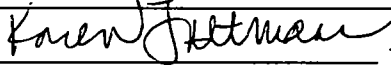
519566

1. File Number C- 758	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy) 01 / 01 / 2014	Through:	Month/Day/Year (mm/dd/yyyy) 12 / 31 / 2014
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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  Title Managing Partner President (if other title, see instructions)	18. Signed  Title Other (Specify) Legal Administrator Treasurer (If other title, see instructions)
On 3/4/15 412-338-5200 Date Telephone Number	On 3/9/15 412-338-5235 Date Telephone Number

Name of Person Filing: KAREN LITTMANN	File Number C- 758
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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 SUPERIOR BEVERAGE GROUP, LTD. Trade Name SUPERIOR BEVERAGE GROUP Attention To JOSEPH MCHENRY Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 31031 DIAMOND PARKWAY City GLENWILLOW State Ohio ZIP Code + 4 44139
5.b. Termination Date 12/31/2014	5.c. Amount 27,619
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 27,619	

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	
	0	0	0	9. Office and Administrative Expenses 0
	0	0	0	10. Publicity 0
	0	0	0	11. Fees for Professional Services 27,619
	0	0	0	12. Loans Made 0
	0	0	0	13. Other Disbursements 0
8. Total disbursements to officers and employees:			0	14. Total Disbursements (Sum of Items 8-13) 27,619

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 27,619 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 27,619		