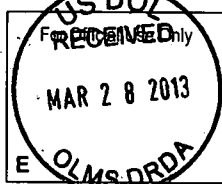


# FORM LM-21

## 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 to file: 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

522599

1. File Number C- 758	2. Period Covered By This Report From: 01 / 01 / 2012 Through: 12 / 31 / 2012
-----------------------	---

<b>A. Person Filing</b>	
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 <u>[Signature]</u> President Title Managing Partner (if other title, see instructions)	18. Signed <u>[Signature]</u> Treasurer Title Other (Specify) Legal Administrator (if other title, see instructions)
On 01 / 29 / 2013 412-338-5200 Date Telephone Number	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:	
Employer MARIO MORINI		P.O. Box, Building and Room Number, if any	
Trade Name ELLWOOD CITY GIANT EAGLE		Street 289 STATE ROUTE 288	
Attention To MARIO MORINI		City ELLWOOD CITY	
Title		State Pennsylvania ZIP Code + 4 16117	
5.b. Termination Date 12/31/2012		5.c. Amount 541	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 541			

**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
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)
				541

**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: MARIO MORINI		15.b. Trade Name, If any: ELLEWOOD CITY GIANT EAGLE	
15.c. To Whom Paid		15.d. Amount 541	
Name GLENN M OLCERST		15.e. Purpose Educate employees about their rights under the NLRA, including their rights to organize and bargain collectively.	
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			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 541			