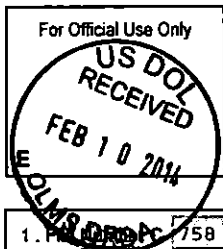


# FORM LM-21

## 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


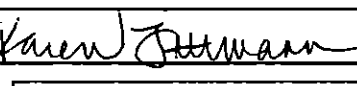
540697

1. Period Covered By This Report From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 2013 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2013	2. Period Covered By This Report From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 2013 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2013
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<b>A. Person Filing</b>	
3. Name and mailing address (include ZIP Code):	
Name <input type="text"/> KAREN <input type="text"/> T <input type="text"/> LITTMANN	4. Any other address where records necessary to verify this report are kept:
Title <input type="text"/> LEGAL ADMINISTRATOR	Name <input type="text"/>
Organization <input type="text"/> MARCUS & SHAPIRA LLP	Title <input type="text"/>
P.O. Box, Building and Room Number, if any <input type="text"/>	Organization <input type="text"/>
Street <input type="text"/> 301 GRANT STREET, ONE OXFORD CENTRE	P.O. Box, Building and Room Number, if any <input type="text"/>
City <input type="text"/> PITTSBURGH	Street <input type="text"/>
State <input type="text"/> Pennsylvania ZIP Code + 4 <input type="text"/> 15219-6401	City <input type="text"/>
	State <input type="text"/> ZIP Code + 4 <input type="text"/>

### 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  President (if other title, see instructions) Title <input type="text"/> Managing Partner	18. Signed  Treasurer (If other title, see instructions) Title <input type="text"/> Other (Specify) <input type="text"/> Legal Administrator
On <input type="text"/> 2 / <input type="text"/> 7 / <input type="text"/> 14 <input type="text"/> 412-338-5200 Date Telephone Number	On <input type="text"/> 2 / <input type="text"/> 7 / <input type="text"/> 14 <input type="text"/> 412-338-5235 Date Telephone Number

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 Clarion Bathware

Trade Name

Street

44 Amsler Avenue

Attention To

David

Groner

City

Shippensburg

Title

State

Pennsylvania

ZIP Code + 4

16254-4802

5.b. Termination Date

12/31/2013

5.c. Amount

26,051

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 26,051

**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	26,051
				12. Loans Made	0
				13. Other Disbursements	
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)	26,051

**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:

CLARION BATHWARE

15.b. Trade Name, if any:

CLARION BATHWARE

15.c. To Whom Paid

Name

GLENN

M

OLCERST

Title

COUNSEL

Organization

MARCUS &amp; 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

15.d. Amount

26,051

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 26,051