U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## 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)



A. Person Filing

Name

Title:

3. Name and mailing address (include ZIP Code):

Organization MARCUS & SHAPIRA LLP

LEGAL ADMINISTRATOR

KAREN T LITTMANN

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

Title

Organization

2. Period Covered By This Report From: | Month/Day/Year (mm/dd/yyy) | Mont

4. Any other address where records necessary to verify this report are kept:

P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any	
Street 301 GRANT STREET, ONE OXFORD CENTRE	Street	
City PITTSBURGH	City	
State Pennsylvania ZIP Code + 4 15219-6401	State ZIP Code + 4	
Signa	itures	
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. Signer Device Device President (if other title, see instructions)	18. Signed Kulled State Title Other (Specify) (If other title, see instructions)  Legal Administrator.	
On 01 / 29 / 2013 412-338-5200 Telephone Number	On 01 / 29 / 2013 412-338-5235 Telephone Number	

Name of Person Filing: KAREN LITTMANN	File Number C-		
· · · · · · · · · · · · · · · · · · ·		<del></del>	
B. Statement of Receipts Report all receipts from employers in connection with or services.	labor relations advice or services regardless of the purpose	es of the advice	
5.a. Name and Address of Employer (including trade name, if any).  Employer GTANT EAGLE TNC  Trade Name  Attention To LORA  DIKUN	Mailing Address: P.O. Box, Building and Room Number, if any  Street 101 KAPPA DRIVE, RIDC PARK  City PITTSBURGH  State Pennsylvania ZIP Code		
5.b. Termination Date 12/31/2012	5.c. Amount 29,7267	<u></u>	
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 29,726	Consider adding adding and adding a		
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			
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Office and Administrative Expenses	多名語的情報	
	10. Publicity	性 转建度 黃海	
	11. Fees for Professional Services	29,726	
	12. Loans Made	:	
	13. Other Disbursements	The said	
Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13)	29,726	
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:	15.b. Trade Name, If any:		
GIANT EAGLE LINC TO THE STATE OF THE STATE O	GETGO	5	
15.c. To Whom Paid	15.d. Amount 29,726		
Name GLENN OLCERST	15.e. Purpose	<del></del>	
Title COUNSEL TITLE	Educate employees about their rights	under the	
Organization MARCUS & SHAPIRA LLP	NLRB, including their rights to orga bargain collectively.	nize and	
P.O. Box, Building and Room Number, if any  Street 301 GRANT STREET 35TH FLOOR			

State Pennsylvania ZIP Code + 4 15219-64017

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 29, 726

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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)

For Official Use Only		
READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT	
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E		
Fred 9	2 Period Covered Month/Day/Year Month/Day/Year	
1 . File Number C-	By This Report (mm/dd/yyyy) (mm/dd/yyyy)	
·	From: 01 / 01 / 2012 Through: 12 / 31 / 2012	
A. Person Filing		
Name and mailing address (include ZIP Code):	4. Any other address where records necessary to verify this report are kept:	
Name KAREN T. LITTMANN	Name	
Title LEGAL ADMINISTRATOR	Title	
Organization MARCUS & SHAPIRA LLP	Organization	
[25] [25] [25] [25] [25] [25] [25] [25]		
P.O. Box, Building and Room Number, if any	P.O. Box, Building and Room Number, if any	
Street 301 GRANT STREET, ONE OXFORD CENTRE	Street	
City PITITSBURGH	City City	
State Pennsylvania ZIP Code + 4 15219 6401	State ZIP Code + 4	
Signa	atures	
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 Mulli Sesident (if other title, see	18. Signed Kurn Statement (If other title, see	
Managing Partner instructions)	Title Other (Specify) instructions  Legal Administrator	
On 01/29/2013 412-338-5200.	On 01/29/2013 412-33855235	
Date Telephone Number	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.	The second of the second of the purposes of the second of		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Address:		
Employer GIANT EAGLE INC	P.O. Box, Building and Room Number, if any		
Trade Name	Street 101 KAPPA DRIVE, RIDC PARK		
Attention To LORA DIKUN	City PITTSBURGH		
Box ( ) Design of the later of			
Title	State Pennsylvania ZIP Code + 4 15238		
5.b. Termination Date 12/31/2012	5.c. Amount 307,057		
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 307,057			
<del></del>			
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		
	Action 1.2 to 30 persons		
	11. Fees for Professional Services 307, 05		
8. Total disbursements to officers and employees:	14. Total Disbursements (Sum of Items 8-13) 307, 05		
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: 15.b. Trade Name, If any:			
GIANT EAGLE INC	GIANT EAGLE		
15.c. To Whom Paid	Free the contribution of t		
	15.d. Amount 307, 057		
Name GLENN M OLCERST 15.e. Purpose			
Title COUNSEL Educate temployees about their rights under tr			
Organization MARCUS & SHAPTRA LLP	NLRB, including their rights to organize and bargain collectively.		
D.O. Pour Building and December 1			
P.O. Box, Building and Room Number, if any			
Street 301 GRANT STREET 35TH FLOOR			
City Pittsburgh			
State Pennsylvania ZIP Code + 4 15219 640			
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY 307,	057		