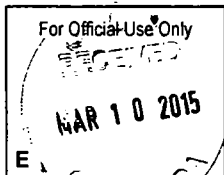


FORM LM-21

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

579574

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
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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 On 3/4/15 412-338-5200 Date Telephone Number	18. Signed Title Other (Specify) Legal Administrator On 3/4/15 412-338-5235 Date Telephone Number	Treasurer (If other title, see instructions)
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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 GIANT EAGLE, INC. Trade Name Attention To LORA DIKUN Title	Mailing Address: P.O. Box, Building and Room Number, if any Street 101 KAPPA DRIVE, RIDC PARK City PITTSBURGH State Pennsylvania ZIP Code + 4 15238
5.b. Termination Date 12/31/2014	5.c. Amount 81,375
6. TOTAL RECEIPTS FROM ALL EMPLOYERS 81,375	

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 81,375
	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) 81,375

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	15.d. Amount 81,375	
Name GLENN M OLCERST Title COUNSEL 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	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 81,375		