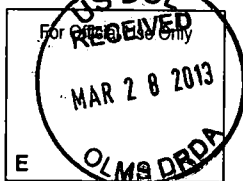


FORM LM-21

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 providing 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

522400

1. File Number C- <u>758</u>	2. Period Covered By This Report From: <u>01/01/2012</u> Through: <u>12/31/2012</u>
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A. Person Filing	
3. Name and mailing address (include ZIP Code): Name <u>KAREN T LITTMANN</u> Title <u>LEGAL ADMINISTRATOR</u> Organization <u>MARCUS & SHAPIRA LLP</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>301 GRANT STREET ONE OXFORD CENTRE</u> City <u>PITTSBURGH</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>15219-6401</u>	4. Any other address where records necessary to verify this report are kept: Name <u></u> Title <u></u> Organization <u></u> P.O. Box, Building and Room Number, if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>

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>Bernard D. Marcus</u> President Title <u>Managing Partner</u> (if other title, see instructions) On <u>01/29/2013</u> <u>412-338-5200</u> Date Telephone Number	18. Signed <u>Karen Littmann</u> Treasurer Title <u>Other (Specify)</u> (If other title, see instructions) <u>Legal Administrator</u> On <u>01/29/2013</u> <u>412-338-5235</u> Date Telephone Number
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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:

P.O. Box, Building and Room Number, if any

Employer BILL BRICKER

Trade Name CEDAR AVENUE GIANT EAGLE

Street 318-320 CEDAR AVENUE

Attention To BILL

BRICKER

City PITTSBURGH

Title

State Pennsylvania

ZIP Code + 4 15212

5.b. Termination Date 12/31/2012

5.c. Amount 16,855

6. TOTAL RECEIPTS FROM ALL EMPLOYERS 16,855

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	
					10. Publicity	
					11. Fees for Professional Services	16,855
					12. Loans Made	0
					13. Other Disbursements	
8. Total disbursements to officers and employees:				0	14. Total Disbursements (Sum of Items 8-13)	16,855

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:

BILL BRICKER

15.b. Trade Name, if any:

CEDAR AVENUE GIANT EAGLE

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

15219-9640

15.d. Amount

16,855

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 16,855