

FORM NLRB-602 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
03-RC-245899Date Filed
8/2/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Rite Aid of NY, Inc.		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 30 Hunter Lane, Camp Hill, PA 17011	
3a. Employer Representative - Name and Title: Andrew Baskin, Esq.		3b. Address (if same as 2b - state same): Jackson Lewis, P.C., 2800 Quarry Lake Drive, Su 200, Baltimore MD 21209	
3c. Tel. No. 410-415-2009	3d. Cell No.	3e. Fax No. 410-415-2001	3f. E-Mail Address andrew.baskin@jacksonlewis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Service		4b. Principal Product or Service Retail Trade	5a. City and State where unit is located: Six (6) stores in Rochester NY area
5b. Description of Unit Involved: Included: (See attached) Excluded: (See attached)		5a. Number of Employees in Unit: 84 5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) UFCW District Union Local One		8b. Address: 5911 Airport, Road, Oriskany NY 13424	
8c. Tel. No. 315-797-9600	8d. Cell No. 518-618-7233	8e. Fax No. 315-793-1182	8f. E-Mail Address robert.smith@ufcwny.com
8g. Affiliation, if any: AFL-CIO		8h. Date of Recognition or Certification Unknown	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 6/29/19
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) None			
10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Election to be conducted in accordance with NLRB rules and procedures.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): TBD	11c. Election Time(s): TBD	11d. Election Location(s): TBD	
12a. Full Name of Petitioner (including local name and number): UFCW District Union Local One		12b. Address (street and number, city, State and ZIP code): 5911 Airport Road, Oriskany NY 13424	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers International Union, AFL-CIO, CLC			
12d. Tel. No. 202-466-1520	12e. Cell No.	12f. Fax No. 202-728-1803	12g. E-Mail Address (b) (6), (b) (7)(C) @ufcwf.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Robert E. Smith, Esq., General Counsel		13b. Address (street and number, city, State and ZIP code): 5911 Airport Road, Oriskany NY 13424	
13c. Tel. No. 315-797-9600	13d. Cell No. 518-618-7233	13e. Fax No. 315-793-1182	13f. E-Mail Address robert.smith@ufcwny.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Robert E. Smith	Signature	Title General Counsel	Date 8/1/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Included:

All regular full and part time clerks, shift supervisors, vitamin specialists, beauty advisors, wellness ambassadors, delivery drivers employed by Rite Aid and pharmacy technicians.

Excluded:

Store managers, assistant store managers, prescription department managers, pharmacists, (on-call) associates, intern and extern pharmacists, care coaches, in-store-clinic personal, delivery drivers employed by an outside vendor, management trainees, guards and supervisors as defined in the National Labor Relations Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

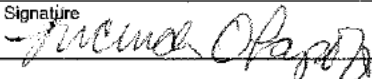
3-RC-246116

Date Filed

8/6/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Spot Coffee Hertel, Williamsville, Delaware, Elmwood		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1406 Hertel Ave., Buffalo NY 14216; 5330 Main St.#4Williamsville NY 14221;225 Delaware Ave Buffalo NY 14202; 765 Elmwood Buffalo 14222	
3a. Employer Representative - Name and Title: Anton Ayoub, CEO, Spot Coffee		3b. Address (if same as 2b - state same): 225 Delaware Ave Ste 2 Buffalo NY 14202	
3c. Tel. No. 716-332-2299	3d. Cell No.	3e. Fax No.	3f. E-Mail Address aayoub@spotcoffee.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) food service and coffee shop		4b. Principal Product or Service food and beverages	
5b. Description of Unit Involved: Included: see attached Excluded: See attached		5a. City and State where unit is located: Buffalo NY 6a. Number of Employees in Unit: 72 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state): none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes _____ If so, approximately how many employees are participating? 20 (Name of Labor Organization) Workers United, has picketed the Employer since (Month, Day, Year) 07/01/19			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): August 19, 2019		11c. Election Time(s): 9 am-1 pm and 3 pm - 7 pm 11d. Election Location(s): 765 Elmwood Buffalo NY 14222	
12a. Full Name of Petitioner (including local name and number): Workers United		12b. Address (street and number, city, State and ZIP code): 750 East Avenue, Rochester NY 14607	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Workers United			
12d. Tel. No. 585-473-3280	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)@rrjb.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Lucinda Lapoff, Esq. Attorney for Petitioner		13b. Address (street and number, city, State and ZIP code): Two State Stree, Suite 1000 Rochester NY 14614	
13c. Tel. No. 585-340-1767	13d. Cell No. 585-749-5206	13e. Fax No. 585-454-4026	13f. E-Mail Address clapoff@trevettcristo.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Lucinda Lapoff		Signature 	Title Attorney Date 08/06/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Spot Coffee RC Petition

Item 5(b) - Description of Unit Involved

Included: all full-time and part-time employees, including all shift managers, kitchen managers and assistant managers

Excluded: All Store Managers, guards, supervisors, and confidential employees as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

03-RC-246300

Date Filed

8/9/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: The New York State Correctional Officers and Police Benevolent Association		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 102 Hackett Blvd., Albany NY 12209	
3a. Employer Representative - Name and Title: Tammy Sawchuk, Executive Vice-President		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 518-427-1551 ext 304	3d. Cell No.	3e. Fax No. 518-426-1635	3f. E-Mail Address tsawchuk@nyscopba.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Labor Union		4b. Principal Product or Service Union Representative	5a. City and State where unit is located: Albany, NY
5b. Description of Unit Involved: Included: Business Agents, Grievance-Staffing Specialist, Grievance Director, Retirement Specialist Excluded: Special Assistant to The President, Support Staff			6a. Number of Employees in Unit: 11 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input checked="" type="checkbox"/> N/A <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <u>None</u>			
10a. Name N/A	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Professional Association of NYSCOPBA Employees		12b. Address (street and number, city, State and ZIP code): 408 Brunswick Drive, Apt 8, Troy NY 12208	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): None			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: (b) (6), (b) (7)(C)		13b. Address (street and number, city, State and ZIP code): (b) (6), (b) (7)(C)	
13c. Tel. No. 518-326-0180	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No. None	13f. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Title (b) (6), (b) (7)(C)	Date 8/8/19

WILLFUL FALSE STATEMENTS ON T

PRIVACY ACT STATEMENT

PRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

03-RC-246516

Date Filed

8/14/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Coca-Cola		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 733 Hercules Dr. VT Colchester 05446	
3a. Employer Representative - Name and Title Mike Odell		3b. Address (if same as 2b - state same) 733 Hercules Dr. VT Colchester 05446	
3c. Tel. No. (802) 655-9680	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beverages (Nonalcoholic)		4b. Principal product or service Delivery of Beverages	
		5a. City and State where unit is located: Colchester, VT	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 22
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). NONE	8b. Address
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 9/8/19, 9/8/19, 9/9/19	11c. Election Time(s): 04:00-21:00	11d. Election Location(s): Coca-Cola 733 Hercules Dr, Colchester, VT 05446
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12a. Full Name of Petitioner (including local name and number) Curtis Bradford Clough Chauffeurs, Teamsters, Warehousemen and Helpers Union Local Number 597	12b. Address (street and number, city, state, and ZIP code) PO Box 277 VT South Barre 05870
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers Union

12d. Tel. No. (603) 522-4080	12e. Cell No. (603) 288-0061	12f. Fax No. (802) 476-4150	12g. E-Mail Address Curtis@teamsterslocal597.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Curtis Clough	13b. Address (street and number, city, state, and ZIP code) PO Box 277 So Barre, VT 05670
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13c. Tel. No. 802-476-4159	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Curtis Bradford Clough	Signature Curtis Clough	Title Business Agent	Date 08/12/2019 20:25:06
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included
Delivery Drivers

Employees Excluded
Warehouse Workers, Account Managers, Mechanics, Office Clerks, Managers,
Supervisors, Guards, Professionals, Confidential Employees as defined in the act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

03-RC-246581

Date Filed

08/15/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Midwest Air Traffic Control Services, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

7285 W. 132nd., Suite 340
KS Overland Park 66213-

3a. Employer Representative - Name and Title

Shane Cordes

3b. Address (If same as 2b - state same)

7300 West 129th St.
KS Overland Park 66213-

3c. Tel. No.

(913) 782-7082

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

shanelc@att.net

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Aerospace & Defense

4b. Principal product or service

Air Traffic Control Services

5a. City and State where unit is located:

Niagara Falls, NY

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

4

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
First available Tuesday

11c. Election Time(s):
12 noon - 1:00 pm

11d. Election Location(s):
Employee break room at the facility (Address: 9900 Porter Ave., Niagara

12a. Full Name of Petitioner (including local name and number)

Nicole Vitale
National Air Traffic Controllers Association, AFL-CIO (NATCA)

12b. Address (street and number, city, state, and ZIP code)

1325 Massachusetts Ave., NW
DC Washington 20005-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

None

12d. Tel No.

(202) 220-9805

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

nvitale@natcac.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Nicole Vitale Acting Director of Labor Relations
National Air Traffic Controllers Association, AFL-CIO (NATCA)

13b. Address (street and number, city, state, and ZIP code)

1325 Massachusetts Ave., NW
DC Washington 20005-

13c. Tel No.

(202) 220-9805

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

nvitale@natcac.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Nicole Vitale

Signature

Nicole Vitale

Title

Acting Director of Labor Relations

Date

08/14/2019 13:55:35

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time air traffic control specialists at the Niagara Falls Air Traffic Control Tower (IAG)

Employees Excluded

All other employees, managers, guards, and supervisors, as defined by the Act

FORM NLRB-502 (RC)
(4-19)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

3-RC-247088

Date Filed

August 23, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Communication Workers of America Local 1168		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 1900 Sweethome Rd. Amherst, NY 14228	
3a. Employer Representative - Name and Title Cori Gambini President		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 716-639-1168	3d. Cell No.	3e. Fax No. 716-636-9100	3f. E-Mail Address cgambini@cwa1168.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Labor Union		4b. Principal product or service Representation	5a. City and State where unit is located: Amherst, NY
5b. Description of Unit Involved Included: Health and Safety Director, Legislative/Political Director, Education/Communication Director, Organizing/Mobilizing Director, Full-time Organizers and Part-time Organizers Excluded: Local Union President, Local Union Executive Vice-President, Local Union Vice-Presidents, Local Union Area Vice-Presidents, Local Union Secretary-Treasurer, Full-time and Part-time Receptionists			6a. No. of Employees in Unit: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): September 16, 2019	11c. Election Time(s): 11:00am - 1:00pm	11d. Election Location(s): 1900 Sweethome Rd. Amherst, NY 14228	
12a. Full Name of Petitioner (Including local name and number) International Brotherhood of Teamsters Local 264		12b. Address (street and number, city, state, and ZIP code) 35 Tyrol Dr. Cheektowaga, NY. 14227	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters			
12d. Tel No. 716-668-8007 ext. 118	12e. Cell No. 716-238-5952	12f. Fax No. 716-668-8122	12g. E-Mail Address tvaccaro264@yahoo.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Tony Vaccaro Business Agent		13b. Address (street and number, city, state, and ZIP code) 35 Tyrol Rd. Cheektowaga, NY 14227	
13c. Tel No. 716-668-8007 ext. 118	13d. Cell No. 716-238-5952	13e. Fax No. 716-668-8122	13f. E-Mail Address tvaccaro264@yahoo.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Tony Vaccaro		Title Business Agent	Date 8/23/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

3-RC-247195

Date Filed

August 27, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Sexing Technologies, Inguran LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 521 Sheffield Rd NY Ithaca 14850-	
3a. Employer Representative - Name and Title Clayton Robinson		3b. Address (If same as 2b - state same) 22575 State Highway 6 South TX Navasota 77868-	
3c. Tel. No. (936) 870-3960	3d. Cell No.	3e. Fax No.	3f. E-Mail Address clayton.robinson@stgen.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Scientific & Technical Instr.		4b. Principal product or service Sorting bull semen for artificial insemination	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Ithaca, NY	
		6a. No. of Employees in Unit: 15	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): September 11, 12	11c. Election Time(s): September 11 (6am) September 12 (2pm)	11d. Election Location(s): 521 Sheffield Rd. Ithaca, NY 14850
12a. Full Name of Petitioner (including local name and number) Travis H Nevins District Council 4 Painters & Allied Trades Local #23		12b. Address (street and number, city, state, and ZIP code) PO Box 617 NY Bible School Park 13737-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Painters & Allied Trades

12d. Tel No. (607) 654-9554	12e. Cell No.	12f. Fax No.	12g. E-Mail Address tnevins@dc4.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Travis H Nevins	Signature Travis Nevins	Title Director of Business Development	Date 08/27/2019 08:36:32
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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Attachment

Employees Included
Lab Techs

Employees Excluded
Mgmt.

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
3-RC-247195	August 27, 2019