#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. Date Filed					
3-RC-241031	May 8, 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 representa ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 200 East Avenue NY Rochester 14604-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 225 Delaware Ave Ste. 2 NY Buffalo 14202-Anton Ayoub 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (716) 332-1104 (716) 332-2229 aayoub@spotcoffee.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Beverages (Nonalcoholic) Coffee Rochester, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 13 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Loca ion(s): 11b. Election Date(s): May 28, 2019 Spot Coffee, 200 East Ave., Rochester, New York 14604 10 am - 7 pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Workers United 12g. E-Mail Address gbonadonnajr@rrjb.org 12d. Tel No. 12e. Cell No. 12f. Fax No. 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) Lucinda Lapoff Esq. Attorney Trevett Cristo P.C. 2 State Street Ste. 1000 NY Rochester 14614-NY Rochester 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address clapoff@trevettcristo.com (585) 454-4026 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) Signature Title Date Lucinda Lapoff Attorney 05/7/2019 14:45:07 Lucinda Lapoff Esq

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				
3-RC-241031	May 8, 2019			

Employees Included
All full and part-time employees

Employees Excluded
Managers, Supervisors and Guards as defined by the Act

FORM HLR8-602 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS S	PACE
	Case No.	Date Filed
į	3-RC-241310	5/13/19

MSTRUCTIONS: Unless e-Filed using the Agency's website, werk.nirb.gow , 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 end 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 NLRS 4812). The showing of interest should only be filled with the NLRS 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 Patitioner and Patitioner 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 pursuent to Section 9 of the National Labor Relations Act. 2b, Address(ee) of Establishment(s) involved (Street and number, City, State, ZIP code): 8687 Rochester Rd, Gasport NY 14067 Student Transportation of America DBA RIDGE BOAD EXPRESS 3h. Address (if same as 2h - stale same): 1s. Employer Representative - Name and Trite: Same Sue Cheasty, Terminal Manager 31. E-Mail Address Ja Ear No. 3d, Cell No. scheasty@grsbuses.com 716-772-7019 718-772-7017 4b. Principal Product or Service 4s. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Gasport NY **Bus Transportation** Student Transportation \$b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All Full Time and Part Time Drivers and Monitors/Aides 6b Do a substantial number (30% or more) Excludéd: of the employees in the unit wish to be represented by the Petitioner? 

Yes No Office Clericals, Dispatchers, Mechanics, Guards and Supervisors as defined in Act Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) Petition date and Employer declined recognition (If no reply received, so state). on or about (Dale) 7b. Pelitioner is currently recognized as Bargeining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bergaining Agent (If none, so state) Bb. Address: None RE F-Mail Address 8c, Tel. No. Bd. Cell No. Sa. Fax No. Sh. Date of Recognition or Certification St. Expiration Date of Current or Most Sq. Affiliation, If any 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Politioner and those named in Items 6 and 9, which have claimed recognition as representatives and other organizations and inclividuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None 10b, Address 10d. Cell No. 1Da. Name 10e, Fax No. 10f, E-Mail Address 11. Election Details: If the NLRS conducts and election in this matter, state your position with respect to any such election; | 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b, Election Date(s): 11c. Election Time(s): June 3,2019 9am-11am and 12pm-1:30pm Break/Training Room Gasport Terminal 12a, Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local Union 449 2175 William St, Buffalo, NY 14206 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. 12e, Cell No. 12g. E-Mail Address 12t. Fax No. 716-874-2200 716-874-8322 teamsters449@roadrunner.com 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): 2175 William St, Buffalo NY 14206 Kevin Drysdale Vice President/Business Agent 13/. E-Mail Address 13d, Cell No. 716-874-8322 716-872-2200 dkevin17@vahoo.com I declars that I have read the above petition and that the stay bast of my knowledge and belief. Name (Print) Vice President/Business Agent 5-13-2019 Kevin Drysdale

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

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
3-RC-241953	May 22, 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 representa ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 925 Bailey Avenue NY Buffalo 14206-DV Brown Sheet Metal Inc 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 567 Vickers Street NY Tonawanda 14105-Don Brown 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (716) 695-5533 (716) 695-5538 (716) 807-6396 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Custom Made sheet metal, fabircation and instalation shop Buffalo, NY 6a. No. of Employees in Unit: 5b. Description of Unit Involved 22 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 6/3/2019 - 6/5/2019 9am to be determined 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Joseph DeCarlo Sheet Metal Air Rail Transportation Local 71 (SMART) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Sheet Metal Air Rail Transporta ion Interna ional (SMART) 12g. E-Mail Address jdecarlo@smartlocal71.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (716) 997-2393 (716) 835-8496 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. F-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) Signature Title Date Joseph DeCarlo Joseph DeCarlo Organizer 05/22/2019 10:27:07

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

Full and Part time Sheet metal fabricators, Instalers, Truckdrivers and Insulators.

Employees Excluded
Office Personell, All others coverd under the Act

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
3-RC-242464	May 31, 2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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.

the employer and all other parties Case Procedures (Form NLRB 48										
PURPOSE OF THIS PETITION: I     bargaining by Petitioner and Petit     requests that the National Labo	ioner desires	to be certified as	s repres	entative of t	he employees. <b>Th</b>	e Petitlo	ner alleges ti	hat the foll	owing circumstance	
2a. Name of Employer:			2b. Add	lress(es) of	Establishment(s)	involved (	Street and no	umber, City,	State, ZIP code):	
see addendum			40 Park Street, Norwich, NY 13815							
3a. Employer Representative - Nan	ne and Title:		3b. Add	lress (if san	ne as 2b - state sa	me):				
Robin DiGregorio, Admir	nistrator		same	;						
3c. Tel. No.	3d, Cell No.		l	3e, Fax N	0,		3f. E-Mail Ac	idress		
607-334-9931				607-33	6-4520		rdigrego	rio@val	leyviewmanor	.net
4a. Type of Establishment (Factory, In Nursing home	mine, wholesa	aler, etc.)			oal Product or Ser Litation	vice		5a. City an Norwich	d State where unit is , NY	located:
5b. Description of Unit Involved:								6a. Numbe	r of Employees in Ur	nit:
Included:								40		
see addendum										
Excluded:								6b. Do a si	ubstantial number (30 employees in the unit	0% or more) wish to be
see addendum						4/41/40		represe	ented by the Petitione	
Check One: X 7a, Request for reconnection on or about (Date)				e was made eceived, so		5/31/20	19 and	Employer	declined recognition	
7b. Petitioner is cui						cation und	der the Act.			
8a. Name of Recognized or Certific					ddress:					
None										
8c. Tel. No.	8d. Cell No.			8e, Fax N	0.		8f. E-Mail Ad	Idress		
8g. Affiliation, if any:			8	h. Date of F	Recognition or Cer	tification			ırrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing a	t the Employe	er's establishme	nt(s) inv	olved? No	if so, ag	proximat	ely how many	y employee:	s are participating?	
(Name of Labor Organization)				110	<u>' ' '</u>	•	•		er since (Month, Day	Year)
10. Organizations or individuals othe	r than Petition	er and those na	med in i	tems 8 and	9. which have cla					·
individuals known to have a repre									Mer	
10a. Name	1	10b, Address					10c. Tel. No.		10d. Cell No.	
							10e. Fax No		10f. E-Mail Address	
11. Election Details: If the NLRB co	nducte and al	ection in this ma	atter eta	to your noe	tion with respect t	O any suc	h election: I 1	11a Election	Type	
The Union desires an elec					•	-		Manua		xed Manual/Mail
11b. Election Date(s):	•	11c. Election Tin		, protore	iory on a vic	difesal	11d. Election			Aca Managiman
June 12, 2019		6:00AM-7:		I 1.30P	M-3·30PM		Breakro	•	•	
12a. Full Name of Petitioner (include				1, 11001	12b. Address (s	treet and				
Retail, Wholesale, and De	-	· · · · · · · · · · · · · · · · · · ·		CW	1				ew York, NY	10001
12c. Full name of national or internat United Food and Comme			ich Petit	ioner is an	affiliate or constitu	ent (if noi	ne, so state):			
12d. Tel. No.	12e. Cell No			12f. Fax N	lo.		12g. E-Mail	Address		
212-684-5300									hoo.com	
13. Representative of the Petitione 13a. Name and Title:	er who will ac	cept service of	all pap		poses of the repr ess (street and nu		•	_		
Christopher S. Baluzy, coun	isel			1	•			-	lew York, NY 1	0018
13c. Tel. No.	13d, Cell No	<u>.                                    </u>		13e. Fax	No.		13f, E-Mail A	Address		
212-871-0535					9-9575		cbaluzy(		ne.com	
I declare that I have read the above	e petition and	d that the state	ments a		he best of my kn	owiedgę,			·	
Name (Print)		Signature		,/		Title	9			Date
Christopher S. Baluzy			<u>[///</u>	0/		<b>X</b>   Co	ounsel			5/31/2019
		, ,-	-		,	/				

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

Sclicitation 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.

#### Addendum to RC Petition of RWDSU, UFCW

#### 2a. Name of Employer

Valley View Manor Center for Nursing and Rehabilitation

### 5b. Description of Unit Involved

#### Included:

All regular full time, regular part time, per diem, and/or on call employees in the following titles and/or departments:

LPNs

**CNAs** 

Housekeeping

Dietary

Kitchen

Reception

Recreational Therapy

Laundry

#### Excluded:

All Registered Nurses, all supervisors as defined under the NLRA, all guards as defined under the NLRA, all clerical workers (except for Reception), all billing workers

FORM NLRB-502 (RD) (2-16)

#### UNITED STATES OF AMERICA ATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
	Case No.		Date Filed		
	03-RD-241642		5/1	7/	019

(2-16) NATION	AL LABOR RELATION RD PETITION	IS BOARD		C236 (4)		D-24164	12	Dav	5/	1	2019
INSTRUCTIONS: Unless e-Filed using the		www.nito.gov/	cubult on origi	not of this i				Parries			
employer concerned is located. The potiti the employer and all other parties named Case Procedures (Form NLRB 4812). The	on must be accomps in the petition of:(1) t	inled by both a line petition; (2)	showing of inten- Statement of Pos	est (see 7 b sition form (	elow) and a ce (Form NLRB-5	ertificate of 05); and (3	serviće ) Desorit	showit Hon of	ig se. Repi	ryice reser	on tation
PURPOSE OF THIS PETITION: RD-DECE recognized bargaining representative is no I Labor Relations Board proceed under its	onger their represental	live. The Petitio	ner sileges that t	he following	g ctrcumstand	oloyees ass es exist ar	ert (nat tr nd reque:	o certii sts the	ied or	r cumo Natio	ntly nal
2a. Name of Employer			of Establishment		(Stroet and num	nber, city, s	tate, ZIP		/-	j.T	
3a. Employer Representative - Name and Title			same as 2b - state	Ave.	Roch	<u>. M.</u>	4.	19	62	3/	
Kareyn Shabiro	Ĭ	535 1	Portlar	( · \( \lambda \)	ue. Ro	och.	120	1. 1	4	6	2/
3c, Tel. No. 3d. Fax No. 7/6 - 245-1117	1	3e. Cell No.		3f, E-Mall /	Address n Shaqir	ion	Riter	lid.			
4a Type of Establishment (Frictory, mine, who)	essier, etc.) La CU				al product or se		ela	11	4	erc	har
5a. Description of Unit Involved	,	,					5b. City	and \$t	ite W	nete n	nil
included: 2 pharmacy	10Ca+	lons-	535 A	srtla	nton a nd 40t	0 · .	ROC		- 1.	4	•
	a substantial number cognized bargatning re			the unit no	longer wish to	pe represe	nted by ti	no certi	fied o	r cum	ently
8a. Name of Recognized or Certified Bargaining	Agent	1	· .		8b. Affillation,	If any Te	pres	an	Ŧ\$	5	tore
UFCW District	- Loco C	one Ur	nion_		0035	97	00	61	29		
80. Address 150 Lawrence Dive sui	Bell /	ļ.	8d. Tel. No.	2 61/00	8e. Cell No.	63)	_ k= 7	77-	,		
Drive sui	te. 104 Bi	v-Sigalo	8f. Fax No.		8g. E-Mail Add	ress	<del>-   '</del>		+	-	_
		<u>14 25 11.</u>	7/6-63	1-324	22 Bus	Salo	00	40	<u> </u>	nt	.00
9. Date of Recognition or Certification		<ol><li>Expiration D</li></ol>	ate of Current or it	Aost Recent	Contract, if an	y (Month, i.	ay, Year,	)	- 1		
							ļ		i		
11a. Is there now a strike or picketing at the Em	ployer's establishmen	(s) involved?	Yes <b>⊠</b> No	11b. If so, a	approximately t	now many e	mployed	s ara p	articip	aling	<u> </u>
			Yes 🔀 No	11b. If so, a	approximately t	now many e	mployec	<u> </u>			izatlon, of
11a. Is there now a strike or ploketing at the Em 11c. The Employer has been picketed by or on (Insert Address)	behalf of (Insert Nam	e)				since (Mo	nth, Day,	3			
The Employer has been picketed by or on (Insert Address)     Organizations or Individuals other those ner	behalf of (Insert Nam) ned in items 8 and 11c	e) c, which have cla	imed recognition :	as represent	tatives and othe	since (Mo	nth, Day,	3			
The Employer has been picketed by or on (Insert Address)      Organizations or Individuals other those ner and individuals known to have a represente	behalf of (Insert Nam) ned in items 8 and 11c	e) c, which have cla	imed recognition :	as represent	tatives and othe	since (Mo	nth, Day,	3			
The Employer has been picketed by or on (Insert Address)      Organizations or Individuals other those ner and individuals known to have a represente	behalf of (Insert Nam ned in items 8 and 11c tive Interest in any em	e) c, which have cla	imed recognition :	as represent n 5 above, 12c. Tel. N	atives and other (If none, so sta	since (Mo er organizatio)	ions Fax No.	all Year)			
The Employer has been picketed by or on (Insert Address)      Organizations or Individuals other those ner and individuals known to have a represente	behalf of (Insert Nam ned in items 8 and 11c tive Interest in any em	e) c, which have cla	imed recognition :	as represent m 5 above.	atives and other (If none, so sta	since (Mo er organizatio)	inti, Day,	all Year)			
11c. The Employer has been picketed by or on (Insert Address)  12. Organizations or Individuals other those nergend individuals known to have a represente 12a. Name  12b. A  13. Election Details: If the NLRB conducts an	behalf of (Insert Nem ned in items 8 and 11d tive Interest in any em ddress	e) c, which have cla	imed recognition :	as represent m 5 above. 12c. Tel. N 12c. Cell N	atives and other (If none, so sta	since (Mc er organization) 12d.	ions Fax No.	al Year)		organ	ization, of
11c. The Employer has been picketed by or on (Insert Address)  12. Organizations or Individuals other those nergend individuals known to have a represented 12a. Name  12b. A  13. Election Details: If the NLRB conducts an matter, state your position with respect to an	behalf of (Insert Nem ned in items 8 and 11d tive Interest in any em ddress	e) 5, which have dis ployees in the ur	imed recognition :	as represent 5 above, 12c. Tel. N 12c. Call N 13a. Electio	tatives and other (If none, so sta	since (Mc er organization) 12d.	ions Fax No.	al Year)	abor 6	organ	ization, of
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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

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 postet the National Labor Relations Board (NLRB) in processing representation and related proceedings or lifigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Oec. 13, 2008). The NLRB will turther 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.

DO NOT WRITE IN THIS SPACE UNITED STATES OF AMERICA Case No. 03-RD-241947 FORM NURB-502 (RD) NATIONAL LABOR RELATIONS BOARD (2-18)**RD PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, WWW.nirb.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 7 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 455Wheatfield, North Tonawanda, New York First Student 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) Robert Strauss Same 3c. Tel. No 3d. Fax No. 3e. Cell No. 3f. E-Mail Address (716)694-7281 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service School Bus Transportation School Bus Transportation 5a. Description of Unit Involved 5b. City and State where unit is located: North Tonawanda, NY Bus Drivers, Bus Monitors and Mechanics Excluded: 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? 

✓ Yes ☐ No 6. No. of Employees in Unit 375 8b. Affiliation, if any 8a. Name of Recognized or Certified Bargaining Agent Teamsters Local 449 Teamsters 8c. Address 2175 William 8d. Tel. No. 8e. Cell No. (716)874-2200 Buffalo NY 14206 8f. Fax No. 8g. E-Mail Address (716)874-8322 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Date of Recognition or Certification 01/01/01 - 2001 Expires August 31,2019 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No 11b. If so, approximately how many employees are participating? 11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of 12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state)

a. Name | 12b. Address | 12c. Tel. No. 12a. Name 12d. Fax No. 12e. Cell No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this 13a. Election Type: Manual Mail Mixed Manual/Mail matter, state your position with respect to any such election 13b. Election Date(s) 13c. Election Time(s) 13d. Election Location(s) All 3 Terminals Wednesday 9:30-11:30 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14b. Tel. No. 14c. Fax No.

15c. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C

(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15b.Title

15d Tel No

15e Fax No.

15f. Cell No.

15g. 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) (b) (6), (b) (7)(C)

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11.			

Date Filed 5-20-2019

WILLFUL FALSE STATEMENTS ON THIS PETITION C

AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-502 (RD) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
03-RD-242165	5/28/2019				

E, TITLE 18, SECTION 1001)

**RD PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nirb.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 7 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. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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. ¥057 3e. Cell No. 413-84 included: Technicians Helpers employees in the unit no longer wish to be represented by recognized bargaining representative? Yes ☐ No 8b. Affiliation, if any wherea 8d Tel No. -03-201 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? 11b. If so, approximately how many employees are participating? a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Day, Year) (Insert Address) 12. Organizations or Individuals other those named in items 8 and 11c, 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 5 above. (If none, so state) 12d, Fax No. 12a, Name 12b, Address 12e. Cell No. 12f. E-Mail Address Mail Mail Mixed Manual/Mail 13a. Election Type: Manual 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election 13c. Election Time(s) 13da Election Location(s) 13b. Election Date(s) <del>សម្រ</del>ា(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b.Title 15a. Name 15e. Fax No. 15d. Tel. No. 15c. Address (Street and number, city, state, ZIP code) 15g. E-Mail Address (b) (6), (b) (7)(C) declare that 1 (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C Date Filed Name (Print) b) (6), (b) (7)(C)

Solicitation of the information on this form is authorized by the National Labor Relations Board (NLRB) in processing representation and related proceedings or bigation. The rodine uses for the information may cause the NLRB in these uses upon request. Disclosure of this information to the NLRB is voluntary, however, faiture to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RD) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 03-RD-242344 Date Filed 5/30/2019

DO NOT WRITE IN THIS SPACE

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 7 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.

Case Procedures (Form NLRE	3 4812). The sho	wing of interest	should only be filed	d with the NL	RB and sho	uld <u>not</u> be served o	n the emp	ployer or any other party.							
PURPOSE OF THIS PETITION     recognized bargaining represe     Labor Relations Board proces	ntative is no longe	er their representa	ative. The Petitioner	alleges that	he followin	g circumstances ex									
2a. Name of Employer Northern Credit Union			2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 120 Factory Street, Watertown, NY, 13601												
3a. Employer Representative - Name and Title Jessica Ridsdale			3b. Address (If same as 2b - state same) same												
3c. Tel. No. (315) 771-4028 3d. Fax No. 315-779-3889			3e. Cell No. (315) 771-4028	3	3f. E-Mail Address jridsdale@mynorthern.com										
4a. Type of Establishment (Factor Credit Union	y, mine, wholesa	ler, etc.)				al product or service al Services									
5a. Description of Unit Involved							5b.	City and State where unit							
Included: All regular full-time and regular part-time employees							W	is located: atertown NY							
Excluded: Managerial employees, casual employees, guards, and supervisors as defined by the N						R Act.									
6. No. of Employees in Unit 62			r (30% or more) of the epresentative? X		n the unit no	o longer wish to be re	presented	by the certified or currently							
8a. Name of Recognized or Certif John O'Driscoll	ied Bargaining Ag	gent		8b. Affiliation, if any IBEW Local 910  8d. Tel. No. (315) 782-5630  8f. Fax No. (315) 788-5701  8g. E-Mail Address jo@ibew910.org  piration Date of Current or Most Recent Contract, if any (Month, Day, Year)  2019						IBEW Local					
8c. Address 25001 Water Street					-5630										
Watertown, NY 13601					-5701										
9. Date of Recognition or Certifica 10/17/2000	ition		10. Expiration Date 8/31/2019	of Current or	Most Recen	t Contract, if any (Mo	onth, Day,	Year)							
11a. Is there now a strike or picke	ting at the Emplo	yer's establishmer	nt(s) involved?	′es ⊠ No	11b. If so,	approximately how n	nany empl	loyees are participating?							
11c. The Employer has been pick	eted by or on beh	alf of (Insert Nan	ne)					a labor organization,							
(Insert Address)						sino	ce (Month,	Day, Year)							
12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state)															
12a. Name 12b. Address					12c. Tel. No. 12d		12d. Fax								
					12e. Cell N	No.	12f. E-Ma	ail Address							
<ol> <li>Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</li> </ol>					13a. Election Type: Manual Mail Mixed Manual/Mail										
13b. Election Date(s) 6/17/2019	with respect to any such election. We want a vote to decertify  13a. Election Type. Manual Ma					NY, 13601									
14. Full Name of Petitioner (b) (6), (b) (7)(C)															
(b) (6), (b) (7)(C)	, city, state, ZIP c	ode)			14b. Tel. N		14c. Fax (b) (6),	No. (b) (7)(C)							
					14d. Cell N			lail Address (b) (7)(C)							
14f. Affiliation, if any Employee															
15. Representative of the Petitio	oner who will ac	cept service of al	I papers for purpos	ses of the rep		proceeding.									
15a. Name (b) (6), (b) (7)(C)						(b) (7)(C)									
15c Address (Street and number) (b) (6), (b) (7)(C)			15d. Tel. N (b) (6), (b	) (7)(C)	15e. Fax (b) (6), (	b) (7)(C)									
					15f. Cell N (b) (6), (b	) (7)(C)		lail Address (b) (7)(C)							
I declare that I have read the ab	ove petition and	that the stateme	ents are true to the	best of my kr		nd belief.		D-1- F1 1							
Name (Print) (b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C <sub>.</sub> <sup>(b)</sup> (6), (b) (7)(		Title (b) (6), (	(b) (7)(C)		Date Filed 5/29/2019							