

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

3-RC-241031

Date Filed

May 8, 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 Spot Coffee		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 Anton Ayoub		3b. Address (If same as 2b - state same) 225 Delaware Ave Ste. 2 NY Buffalo 14202-	
3c. Tel. No. (716) 332-1104	3d. Cell No.	3e. Fax No. (716) 332-2229	3f. E-Mail Address aayoub@spotcoffee.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beverages (Nonalcoholic)		4b. Principal product or service Coffee	
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: Rochester, NY	
		6a. No. of Employees in Unit: 13	
		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? _____ 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): May 28, 2019		11c. Election Time(s): 10 am - 7 pm		11d. Election Location(s): Spot Coffee, 200 East Ave., Rochester, New York 14604			
12a. Full Name of Petitioner (including local name and number) Gary Bonadonna Jr. Workers United				12b. Address (street and number, city, state, and ZIP code) 750 East Ave NY Rochester 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 gbonadonnajr@mrjb.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 Trevett Cristo P.C.		13b. Address (street and number, city, state, and ZIP code) 2 State Street Ste. 1000 NY Rochester 14614-	
13c. Tel No. (585) 340-1767	13d. Cell No.	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 Esq.	Signature Lucinda Lapoff	Title Attorney	Date 05/7/2019 14:45:07
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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 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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


3-RC-241310

Date Filed

5/13/19

INSTRUCTIONS: Unless a-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: Student Transportation of America DBA RIDGE ROAD EXPRESS		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8687 Rochester Rd, Gasport NY 14067	
3a. Employer Representative - Name and Title: Sue Cheasty, Terminal Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 718-772-7017	3d. Cell No.	3e. Fax No. 716-772-7019	3f. E-Mail Address scheasty@grsbuses.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Bus Transportation		4b. Principal Product or Service Student Transportation	
5a. City and State where unit is located: Gasport NY		5b. Number of Employees in Unit: 47	
6a. Description of Unit Involved: Included: All Full Time and Part Time Drivers, and Monitors/Aides Excluded: Office Clericals, Dispatchers, Mechanics, Guards and Supervisors as defined in Act		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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ Petition 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:	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input 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		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): June 3, 2019		11c. Election Time(s): 9am-11am and 12pm-1:30pm	
11d. Election Location(s): Break/Training Room Gasport Terminal			
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union 449		12b. Address (street and number, city, State and ZIP code): 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. 716-874-2200	12e. Cell No.	12f. Fax No. 716-874-8322	12g. E-Mail Address 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: Kevin Drysdale Vice President/Business Agent		13b. Address (street and number, city, State and ZIP code): 2175 William St, Buffalo NY 14206	
13c. Tel. No. 716-872-2200	13d. Cell No.	13e. Fax No. 716-874-8322	13f. E-Mail Address dkevin17@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) Kevin Drysdale		Signature 	Title Vice President/Business Agent
		Date 5-13-2019	

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 (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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

3-RC-241953

Date Filed

May 22, 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 DV Brown Sheet Metal Inc	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 925 Bailey Avenue NY Buffalo 14206-
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3a. Employer Representative - Name and Title Don Brown	3b. Address (If same as 2b - state same) 567 Vickers Street NY Tonawanda 14105-
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3c. Tel. No. (716) 695-5533	3d. Cell No. (716) 807-6396	3e. Fax No. (716) 695-5538	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction	4b. Principal product or service Custom Made sheet metal, fabrication and installation shop	5a. City and State where unit is located: Buffalo, NY
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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: 22 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"/>
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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
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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): 6/3/2019 - 6/5/2019	11c. Election Time(s): 9am	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): to be determined
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12a. Full Name of Petitioner (including local name and number) Joseph DeCarlo Sheet Metal Air Rail Transportation Local 71 (SMART)	12b. Address (street and number, city, state, and ZIP code) 24 Liberty Avenue NY Buffalo 14215-
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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 Transportation International (SMART)

12d. Tel No. (716) 835-8836	12e. Cell No. (716) 997-2393	12f. Fax No. (716) 835-8496	12g. E-Mail Address jdecarlo@smartlocal71.com
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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)
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13c. Tel No.	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) Joseph DeCarlo	Signature Joseph DeCarlo	Title Organizer	Date 05/22/2019 10:27:07
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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 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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

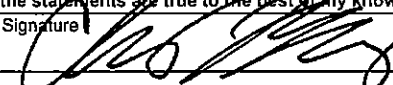
Case No.

3-RC-242464

Date Filed

May 31, 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: see addendum		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 40 Park Street, Norwich, NY 13815	
3a. Employer Representative - Name and Title: Robin DiGregorio, Administrator		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 607-334-9931	3d. Cell No.	3e. Fax No. 607-336-4520	3f. E-Mail Address rdigregorio@valleyviewmanor.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing home		4b. Principal Product or Service Rehabilitation	
5b. Description of Unit Involved: Included: see addendum Excluded: see addendum		5a. City and State where unit is located: Norwich, NY	
		6a. Number of Employees in Unit: 40	
		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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 5/31/2019 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) 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 and election in this matter, state your position with respect to any such election: The Union desires an election as quickly as possible, preferably on a Wednesday			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): June 12, 2019		11c. Election Time(s): 6:00AM-7:30AM, 1:30PM-3:30PM	
		11d. Election Location(s): Breakroom at the facility	
12a. Full Name of Petitioner (including local name and number): Retail, Wholesale, and Department Store Union, UFCW		12b. Address (street and number, city, State and ZIP code): 370 Seventh Avenue, Suite 501, New York, NY 10001	
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			
12d. Tel. No. 212-684-5300	12e. Cell No.	12f. Fax No.	12g. E-Mail Address kenlocal379@yahoo.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Christopher S. Baluzy, counsel		13b. Address (street and number, city, State and ZIP code): Cary Kane LLP, 1350 Broadway, Suite 1400, New York, NY 10018	
13c. Tel. No. 212-871-0535	13d. Cell No.	13e. Fax No. 646-599-9575	13f. E-Mail Address cbaluzy@carykane.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) Christopher S. Baluzy		Signature 	Title Counsel
			Date 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

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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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 03-RD-241642	Date Filed 5/17/2019

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 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-503); 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 Rite Aid		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 1000 N. Clinton Ave. Roch. N.Y. 14621	
3a. Employer Representative - Name and Title Kareyn Shapiro		3b. Address (if same as 2b - state same) 535 Portland Ave. Roch. NY 14621	
3c. Tel. No. 716-245-1117	3d. Fax No.	3e. Cell No.	3f. E-Mail Address KarynShapiro@RiteAid.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail Pharmacy		4b. Principal product or service Medication/Retail Merchand	
5a. Description of Unit Involved Included: 2 pharmacy locations - 1000 N. Clinton Ave. Roch. NY. 14621 Excluded:			5b. City and State where unit is located: Roch. NY. 14621

6. No. of Employees in Unit 20 EST	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent UFCW District Local One Union		8b. Affiliation, if any represents store 003597 & 00629	
8c. Address 150 Lawrence Bell Dr. Drive suite 104 Buffalo NY 14224		8d. Tel. No. 315-747-9600	8e. Cell No. 716-631-8777
		8f. Fax No. 716-631-3202	8g. E-Mail Address Buffalo@ufcwone.org
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating? a labor organization, of since (Month, Day, Year)
11c. The Employer has been picketed by or on behalf of (Insert Name) (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)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)

14. Full Name of Petitioner (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14d. Cell No.	14e. E-Mail Address (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.

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	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)	Signature	Title	Date Filed
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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 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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
03-RD-241947Date Filed
5/22/2019

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 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 First Student		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 455 Wheatfield, North Tonawanda, New York	
3a. Employer Representative - Name and Title Robert Strauss		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (716)694-7281	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Bus Transportation		4b. Principal product or service School Bus Transportation	
5a. Description of Unit Involved Included: Bus Drivers, Bus Monitors and Mechanics Excluded:			5b. City and State where unit is located: North Tonawanda, NY
6. No. of Employees in Unit 375	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Teamsters Local 449		8b. Affiliation, if any Teamsters	
8c. Address 2175 William Buffalo NY 14206		8d. Tel. No. (716)874-2200	8e. Cell No.
		8f. Fax No. (716)874-8322	8g. E-Mail Address
9. Date of Recognition or Certification 01/01/01 - 2001		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Expires August 31, 2019	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (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. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) Wednesday	13c. Election Time(s) 9:30-11:30	13d. Election Location(s) All 3 Terminals	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (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.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		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)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 5-20-2019

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 (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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

03-RD-242165

Date Filed

5/28/2019

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 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 Penske Truck Leasing		2b. Address(es) of Establishment(s) involved (street and number, city, state, ZIP code) 6015 Galster Rd East Syracuse NY 13057	
3a. Employer Representative - Name and Title Justin Howes		3b. Address (If same as 2b - state same) 11 Warehouse Row Albany NY 12205	
3c. Tel. No. 518-459-8090	3d. Fax No. 518-458-7351	3e. Cell No. 413-841-5105	3f. E-Mail Address justin.howes@Penske.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) TRUCK Rental / Repair		4b. Principal product or service TRUCK Repair Shop	
5a. Description of Unit Involved Included: All Technicians and Technicians Helpers Excluded: Parts department associates, office associates, utility associates, Porters, watchmen and Professional Supervisory Personnel			5b. City and State where unit is located: East Syracuse New York
6. No. of Employees in Unit 5		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent Teamsters Local 317		8b. Affiliation, if any International Brotherhood of Teamsters	
8c. Address 566 Spencer St Box 11037 - Franklin Square Station Syracuse New York 13218		8d. Tel. No. 315-471-4164	8e. Cell No. 315-317-3128
		8f. Fax No. 315-471-4328	8g. E-Mail Address TeamstersLocal317.org
9. Date of Recognition or Certification 21yrs		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 8-03-2019	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 (Insert Address) _____ since (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. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) July 11, 2019		13c. Election Time(s) 2:00 PM	
13d. Election Location(s) Penske Truck 6015 Galster Rd East Syracuse NY 13057			
14. Full Name of Petitioner (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)			
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)			
Name (Print) (b) (6), (b) (7)(C)		Date Filed 5-17-19	

PRIVACY ACT STATEMENT

E, TITLE 18, SECTION 1001)

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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

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

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 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 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	3f. E-Mail Address jridsdale@mynorthern.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Credit Union		4b. Principal product or service Financial Services	
5a. Description of Unit Involved Included: All regular full-time and regular part-time employees Excluded: Managerial employees, casual employees, guards, and supervisors as defined by the NLR Act.			5b. City and State where unit is located: Watertown NY
6. No. of Employees in Unit 62		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent John O'Driscoll		8b. Affiliation, if any IBEW Local 910	
8c. Address 25001 Water Street Watertown, NY 13601		8d. Tel. No. (315) 782-5630	8e. Cell No. (315) 783-3486
		8f. Fax No. (315) 788-5701	8g. E-Mail Address jo@ibew910.org
9. Date of Recognition or Certification 10/17/2000		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 8/31/2019	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (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) None			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. We want a vote to decertify		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 6/17/2019	13c. Election Time(s) 10:00 AM	13d. Election Location(s) 120 Factory Street, Watertown, NY, 13601	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. (b) (6), (b) (7)(C)
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any Employee of Northern Credit Union; Member of IBEW Local 910			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No. (b) (6), (b) (7)(C)
		15f. Cell No. (b) (6), (b) (7)(C)	15g. 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)	(b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 5/29/2019

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

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