Maria L. Vooris

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
03-RC-251416	11/8/2019					

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 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 47 Main Street Warwick NY 10990 Momentum 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 400 Market St Suite 1100 Philadelphia PA 19106 Heather Dromgoole 3d. Cell No. 3f. E-Mail Address 215-253-5121 877-251-5554 215-600-2853 hdromgoole@momentumtelecom.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Warwick NY telephone 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and part time Intermittent flaggers, and flagger utility position. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Supervisors, managers, and security guards as defined in the act. Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 10-25-19 and Employer declined recognition on or about Check One: (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 International Brotherhood of Electrical Workers Local 503 2657 Route 17M Goshen NY 10924 8c. Tel No. 8d Cell No. 8e. Fax No 8f. E-Mail Address 845-783-5007 maria_vooris@ibew.org 8h. Date of Recognition or Certification 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) International Brotherhood of Electrical Workers 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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 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) 10c Tel No 10d Cell No. 10b Address 10a. Name 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. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s) November 25, 2019 8:00am-8:30am 47 Main Street Warwick NY 10990 Conference Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Brotherhood of Electrical Workers Local 503 2657 Route 17M Goshen NY 10924 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 518-703-2365 maria vooris@ibew.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Maria L. Vooris International Lead Organizer 13b. Address (street and number, city, state, and ZIP code) 1218 Spring Ave Wynantskill NY 12198 13d. Cell No 13f. E-Mail Address maria_vooris@ibew.org 518-703-2365 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print)

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

11-4-2019

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.

International Lead Organizer

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
03-RC-251490	11/12/2019						

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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 2384 W. River Rd. Tioga Downs Gaming and Race Track, LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2384 W. River Rd. NY Nichols 13812 Charles Otto 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address cotto@tiogadowns.com (607) 699-7578 (607) 972-6760 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Casinos & Gamino Entertainment Nichols, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 15 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: 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 750 EAST AVE WORKERS UNITED, Rochester Regional Joint Board Erin C. Young NY ROCHESTER 14607-2100 8c Tel No 8d Cell No 8e Fax No 8f. E-Mail Address (585) 242-7665 (585) 752-3303 (585) 473-2109 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 05/14/2022 12/01/2017 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): December 1, 2019 Tioga Downs Gaming and Racing, LLC. 5:00 p.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Erin C. Yo Erin Young 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Workers United, Rochester Regional Joint Board 12g. E-Mail Address eyoung@rrjb.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (585) 752-3303 (585) 473-2109 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 Union Business Representative Erin C. Young 11/8/2019 14:34:53 Erin C. Young

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 Add additional titles of Table Games and Poker Room Pit Bosses and Floor Supervisors

Employees Excluded
Shift Supervisors, Department Managers, clerical and guards as defined in the act.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
93-RC-251516	Date Filed 2/2019						

INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 40	ine petition is named in 812). The sh	the petition	accompanie on of: (1) the interest sho	d by be petition	oth a s n; (2) y be fi	howing of Interest (s Statement of Positio led with the NLRB ar	see 6L n fori nd sh	b below) and m (Form NL: ould not be	d a certifica RB-505); ar served on	te of service sh nd (3) Description the employer o	owing on of Re rany of	service on epresentation ther party.
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desire	es to be ce	rtified as repr roceed unde	esenta rits pr	tive of oper a	the employees. The P outhority pursuant to	etitlo Secti	ner alleges ion 9 of the	that the fol National La	lowing circums ibor Relations A	tances Act.	collective exist and
2a. Name of Employer:			2b. A	Address	(es) of	f Establishment(s) invo	olved	(Street and r	number, Cit	, State, ZIP code	e):	
American Bridge	e Bri	dge I	Plaza, Suite340	, Fo	ort Lee, N	lew Jers	еу					
3a. Employer Representative - Na	me and Title	: :	3b. A	Address	(if sar	ne as 2b - state same):					
Kwando Osei-Akoto			Sar	ne								
3c. Tel. No. 201-592-1212	3d. Celi No.				Fax N 0-59	o. 2-1212		3f. E-Mail A	ddress			
4a. Type of Establishment (Factory,					Princi	pal Product or Service	;		5a. City a	nd State where u	nit is lo	cated:
Heavy Highway, Bridge	Utility ar	nd Tunr	nel Const.						Buffal	o, NY		
5b. Description of Unit Involved:										er of Employees	in Unit:	
Included: All Laborers'										One (31)		
Excluded:									6b. Do a s	ubstantial numbe	er (30%	or more)
All Other Trades										employees in the ented by the Peti		
Check One: 7a. Request for re-		Bargaining						and		declined recogni		
on or about (Date)		enizad as E	(If no reply									
7b. Petitioner is cu 8a. Name of Recognized or Certifi	ed Bargaini	ing Agent	(If none so s	tatel		and desires certification	on unc	der the Act.				
-	-		•	lalej						1 14005		
Laborers International Ur					25 1	Γyrol Drive , Ch	ieek	towaga,	New Yo	rk ,14227		
Upstate New York Labor			ncil,Loca									
8c. Tel. No.	8d. Cell No				Fax N		- 1	8f. E-Mail A				
716-668-9081	716-90	8-1002			716-668-9082 jfuzak@nyslof.org h. Date of Recognition or Certification 8i. Expiration Date of Current of							
8g. Affiliation, if any:				10/2	0/16		ation	Recent Con	tract, if any	(Month, Day, Ye	ar) 2(017(evergree
Is there now a strike or picketing a	t the Employ	yer's estab	olishment(s) ir	ivolved	? <u>No</u>	If so, approx	ximate	ely how man	y employee	s are participatin	g?	
(Name of Labor Organization)							, r	nas picketed	the Employ	er since (Month,	Day, Ye	ear)
 Organizations or individuals othe individuals known to have a representation 										es and other orga	anizatio	ns and
10a, Name		10b. Addr	ress				—т	10c. Tel. No		10d, Cell No.		
Jonathan Fuzak				, Cheektowaga NY , 14227			27 [716-908-1062		10f. E-Mail Address		
								Tue. Pax No		jfuzak@nyslof.org		org
11. Election Details: If the NLRB co	nducts and	election in	this matter, s	tate yo	ur posi	tion with respect to an	y suc	h election:	11a. Election		7 Miyor	Manual/Mail
11b. Election Date(s):		11c. Elect	tion Time(s):					11d. Election	Manual Mail Mixed Manual/Mail ion Location(s):			
						Last and						
12a. Full Name of Petitioner (includ	ing local nai	me and nu	mber):			12b. Address (street						
Jonathan Albert Fuzak						25 Tyrol , Che				7		
12c. Full name of national or internat												
New York State Laborers			id, Labor									
12d. Tel. No. 12e. Cell No.				Fax N			12g. E-Mail					
716 -908-1062 13. Representative of the Petitione			dan -7 -0			89082		jfuzak@:		rg		
13. Representative of the Petitione 13a. Name and Title:	r wno will a	ccept ser	vice of all pa			ooses of the represeings cases (street and numbe						
Jonathan Fuzak Regional Or	ganizer			- 1		l Drive, Cheekto			ur codej.			
13c. Tel. No.	13d. Cell N	0.		13e	Fax N	lo.		13f. E-Mail A	ddress			
716-908-1062	716-908						- 1	jfuzak@		rg		
declare that I have read the above			statements	are tru	e to th	ne best of my knowle			- , 5.01.0.			
Name (Print)			nature				Title					Date
Jonathan Fuzak							Re	gional Oi	rganizer			11/8/19

PRIVACY ACT STATEMENT

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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					
03-RC-251799	11/15/2019					

		_				_							
INSTRUCTIONS: Unless e-Filed us employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 481	ne petition named in t	must be	e accompani tion of: (1) th	ed by b e petiti	oth a si on; (2)	hov Sta	ving of interest (see tement of Position	e 6b form	below) and n (Form NL)	l a certificate RB-505); and	e of service showing d (3) Description of R	service d epresent	on ation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire	s to be o	ertified as rep	presenta	ative of t	the	employees. The Pet	tition	ner alleges	that the follo	owing circumstances		d
2a, Name of Employer:			2b.	. Addres	s(es) of	f Es	tablishment(s) involv	ved (Street and r	number, City,	State, ZIP code):		ì
Spot Coffee Transit Road			52	5205 Transit Road, Clarence, NY 14221									
3a. Employer Representative - Nan	ne and Title:		3b.	. Addres	s (if sar	me	as 2b - state same):						
Anton Ayoub, CEO, Spot	Coffee		22	25 De	lawar	re A	Ave, Suite 2, I	Buf	falo, NY	14202			
3c. Tel. No. 716-332-2299	3d. Cell No).		36	e. Fax N	No.			3f. E-Mail A aayoub(address a)spotcof	fee.com		
4a. Type of Establishment (Factory, r	nine, whole	saler, et	c.)	41	. Princi	ipal	Product or Service			5a. City an	d State where unit is lo	cated:	
Food service and coffee si	hop			F	ood a	anc	d beverages			Clarence	NY		
5b. Description of Unit Involved: Included:										6a. Numbe	r of Employees in Unit		
See attachment													
Excluded:											ubstantial number (30% mployees in the unit w)
See attachment								/ .		represe	nted by the Petitioner		☐ No
Check One: X 7a. Request for reconn or about (Date)		Bargain 4/19	ing Represen If no re)				, , , , , , , , , , , , , , , , , , , ,	14/1	9 an	d Employer o	leclined recognition		
7b. Petitioner is cui							•	n und	der the Act.				
8a. Name of Recognized or Certific					8b. A								
None													
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,									
9. Is there now a strike or picketing a	t the Emplo	yer's est	tablishment(s) involve	ed? No	o	■ If so, approx	imate	ely how mar	ny employee:	s are participating?		
(Name of Labor Organization)					_			, h	nas picketed	the Employe	er since (Month, Day, '	(ear)	
10. Organizations or individuals other individuals known to have a representation											es and other organizati	ons and	
None													
10a. Name		10b. A	ddress						10c. Tel. No.		10d. Cell No.		
				18	19			-	10e. Fax No.		10f. E-Mail Address		
										•			
11. Election Details: If the NLRB co	nducts and	election	in this matter	r, state y	our pos	sitio	n with respect to any	y suc	h election:	11a. Election	n Type:		
										X Manual			
11b. Election Date(s):			ection Time(s							on Location(s):			
12/6/19	1			00 am	3:00		m - 6:00 pm				ad, Clarence, N'	Y 1422	.1
12a. Full Name of Petitioner (include	ling local na	me and	number):				2b. Address (street			-	,		
Workers United							750 East Aven	ue,	Rochest	ter NY 14	1607		
12c. Full name of national or internat Workers United	ional labor o	organiza	tion of which	Petition	er is an	affi	liate or constituent (if nor	ne, so state)	:			
12d. Tel. No. 12e. Cell No.					2f. Fax I	No.			12g. E-Mail	Address			
585-473-3280									gbonade	onnajr@ı	rjb.org		
13. Representative of the Petitione	r who will a	accepts	service of all		•	•	•		•	•			
13a. Name and Title: Ian Hayes, Esq., Creighton,	Johnsen (& Giro	oux				s (street and number aware Ave., But			,			
13c Tel No	13d. Cell N	lo		- 1	20 F	NI-			426 - 14 "	A al al c = - :			
13c. Tel. No. 716-854-0007	716-60		7		3e. Fax 116-84		-0004		13f. E-Mail		arlaw oom		
I declare that I have read the above										gchläta00	orlaw.com		
Name (Print)	- potition a	that	Signature	/	/			Title				Date	
Ian Hayes			/an	M	m,	1		At	torney			11/1	5/19

PRIVACY ACT STATEMENT

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Spot Coffee Transit Rd - RC Petition

Question 5b. Description of Unit Involved:

Included: All full-time and part-time employees employed by the Employer, including all

shift managers, kitchen managers and assistant managers.

Excluded: All Store Managers, guards, supervisors, and confidential employees as defined by

the Act.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Casa NRC-252171 T1721/2019

INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties	he petition must be accom	panied by both	a showing of interest (see 6b below) and	a certificat					
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit	12). The showing of Interest RC-CERTIFICATION OF RE tioner desires to be certified a	PRESENTATIV as representative	be filed with the NLRB at E - A substantial number to of the employees. The	of employees wish Petitioner alleges	served on the to be represented that the following the following the following the following that the following	he employer or any other party. ented for purposes of collective owing circumstances exist and				
2a. Name of Employer: Health Alliance Hospital	The state of the s	2b. Address(e	conder its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See attached rider.							
3a. Employer Representative - Nai Heidi Rosborough, Huma Manager		3b. Address (i same	Address (if same as 2b - state same):							
3c. Tel. No. 845-802-7422	3d. Celi No.		ax No. -802-7412	3f. E-Mail A Heidi.R		ch@hahv.org				
4a. Type of Establishment (Factory, Hospital	mine, wholesaler, etc.)		rincipal Product or Service	e l		d State where unit is located; on, NY				
5b. Description of Unit Involved: Included: All full time and regular part time, including per diem, service employees employed by Health Alliance Hospital at its Broadway campus, Mary's Avenue campus, and Albany Avenue Dialysis Center. 6a. Number of Employees in Unit: 250										
Excluded: All skilled maintenance, business office clerical, professional employees, security guards and supervisors defined by the Act 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes										
	(If rently recognized as Bargain	no reply received ning Representa	d, so state). tive and desires certifical	x 2004 F000	d Employer	declined recognition				
8a. Name of Recognized or Certific	ed Bargaining Agent (if non	le, so state)	b. Address;							
8c, Tel. No.	8d, Celi No.	8e. F	ax No.	8f. E-Mail A	8f. E-Mail Address					
8g. Affiliation, if any:		8h. Date	8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yoar)							
Is there now a strike or picketing a (Name of Labor Organization) Organizations or individuals other individuals known to have a representations.	r than Petitioner and those n	amed in items 8	and 9, which have claim	, has picketed	the Employ	s are participating? er since (Month, Day, Year) es and other organizations and				
10a. Name	10b. Address			10c. Tel. N	0.	10d. Cell No.				
			10e, Fax			10f. E-Mail Address				
11. Election Details: If the NLRB co			position with respect to a	(5%)	Manua Manua	I Mail Mixed Manual/Mail				
11b. Election Date(s): 12/18/19	11c. Election Ti 6:30-9:30a	^{me(s)։} m, 12-3:30լ	-3:30pm, 5-8pm 11d. Election See			on Location(s): attached rider.				
12a. Full Name of Petitioner (included 1199 SEIU United Health		:		et end number, city ton Avenue,						
12c. Full name of national or internat Service Employees Intern		hich Petitioner is	s an affiliate or constituen	t (if none, so state)	:					
12d. Tel. No. 518-396-2300	12e. Cell No. 914-774-5756		ax No.		p@1199	.org				
13. Representative of the Petitione 13e. Name and Tille: Amclia K. Tuminaro, Attorn		Glad	purposes of the represendant of the represendant of the Reif & Meginstein, Reif & Megins of the Florida of the Reif & Megins of the Florida of the Reif & Re	ber, city, State and inniss, LLP	ZIP code):	3				
13c. Tel. No. 212-228-7727	13d. Cell No.	13e.	Fax No. -228-7654	13f. E-Mail		And the state of t				
I declare that I have read the above Name (Print) Amelia K. Tuminaro	petition and that the state Signatur		Transition of the best of my know	Title Attorney		Date 11/21/19				

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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RIDER

2b. Addresses of the Establishments Involved (3)

396 Broadway, Kingston, NY 12401

105 Mary's Ave, Kingston, NY 12401

37 Albany Avenue, Kingston, NY 12401

11d. Election Locations (2)

1. 396 Broadway, Kingston, NY 12401 - Conference Room A, Main Level

Employees at the below location should vote at 707 E. Main street:

- 37 Albany Avenue, Kingston, NY 12401
- 2. 105 Mary's Ave, Kingston, NY 12401 Conference Room

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
03-RD-251091	11/4/2019					

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

the employer concerned is located. The petition must be the employer and all other parties named in the petitic Case Procedures (Form NLRB 4812). The showing of	n of:(1) the petition; (2) Statemen	nt of Position form	(Form NLRB-505); and	(3) Description of Representation
PURPOSE OF THIS PETITION: RD- DECERTIFICATIO recognized bargaining representative is no longer their re Labor Relations Board proceed under its proper auth	presentative. The Petitioner alleg	es that the following	ng circumstances exist	
2a. Name of Employer	2b. Address(es) of Estab	lishment(s) involved	(Street and number, city,	state, ZIP code)
Buckeye Partners	LP. 367 Am	erican Oil	Rd. Rensse	lact NY. 12144
3a. Employer Representative - Name and Title	3b. Address (If same as 2		11 -	D // DA
Rita Schantz HR Manag	er Five lek Par	3f. E-Mail	milton Blud.	Breinigsville PA
610 904-4408	484 226-85		antz@buc	18031
4a. Type of Establishment (Factory, mine, wholesaler, etc.)	101 220 0.		pal product or service	Keye.com
Marine Fuels Termin	al		·	
5a. Description of Unit Involved Included:				5b. City and State where unit
Terminal Operator	rs			is located:
•	. •			
Excluded:				1
0 N (5 - - - - - -	1			
	I number (30% or more) of the emp gaining representative? 💢 Yes	loyees in the unit no	longer wish to be repres	ented by the certified or currently
8a. Name of Recognized or Certified Bargaining Agent			8b. Affiliation, if any	
Teamsters Local 294				
80. Address 890 Third St.	1	el. No.	8e. Cell No.	
		489·5436		
Albany, NY 1220	8f. Fa	× №. 453-9251	8g. E-Mail Address	1
9. Date of Recognition or Certification	10. Expiration Date of Cur	rent or Most Recent	Contract, if any (Month.	Day, Yearl
• • • • • • • • • • • • • • • • • • • •	Janua		020	, ,
11a. Is there now a strike or picketing at the Employer's estat		7.7		employees are participating?
Inc. The Employer has been picketed by or on behalf of (Inc.				a labor organization, of
(Insert Address)			since (M	onth, Day, Year)
2. Organizations or individuals other those named in items 6				ations
and individuals known to have a representative interest in 2a. Name 12b. Address	any employees in the unit describe	ed in item 5 above. I 12c. Tel. N		Fax No.
		1		
		12e. Cell N	0. 12f.	E-Mail Address
3. Election Details: If the NLRB conducts an election in thi		13a. Election	on Type: Manual	Mail Mixed Manual/Mail
matter, state your position with respect to any such election 13b. Election Date(s) 13c. Election	n. tion Time(s)	13d. Election	on Location(s)	
4. Full Name of Petitioner (b) (6), (b) (7)(C)				
4a_Address (Street and pumber, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. N	°. (a)	(6), (b) (7)(C)
(b) (b), (b) (1)(c)		444.0=11.11		
		144 COLN	$(1 \times (7) \times (0))$	\
		(b) (6), (b) (7)(C) (h	1 (6) (6) (7)(
4f Affiliation if any		(b) (6), ((b) (7)(C)) (6), (b) (7)(C
	e of all papers for purposes of the		\) (6), (b) (7)(C
4f. Affiliation, if any 6. Representative of the Petitioner who will accept service 5a. Name	e of all papers for purposes of the		proceeding.	
5. Representative of the Petitioner who will accept service	e of all papers for purposes of the	ne representation	\	
5a. Name (b) (6), (b) (7)(C)	e of all papers for purposes of the	ne representation	b) (6), (b	
5a. Name (b) (6), (b) (7)(C)	e of all papers for purposes of the	15b.Title	b) (6), (b)) (7)(C) Fax No.
5a. Name (b) (6), (b) (7)(C)	e of all papers for purposes of t	ne representation	b) (6), (b)) (7)(C)
5a. Name (b) (6), (b) (7)(C) 5c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15b.Title 15d. Tel. No.	b) (6), (b).) (7)(C) Fax No.
5a. Name (b) (6), (b) (7)(C) 5c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) declare that I have read the above petition and that the s	tatements are true to the best of	15b.Title 15d. Tel. No.	b) (6), (b).) (7)(C) Fax No.
5a. Name (b) (6), (b) (7)(C) 5c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	tatements are true to the best of	15b.Title 15d. Tel. No.	b) (6), (b).) (7)(C) Fax No. E-Mail Address

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE									
Case No.	Date Filed								
03-RD-252151	11/21/2019								

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 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-801). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

						and (3) Description of Representation on the employer or any other party.			
PURPOSE OF THIS PETITION: RI recognized bargaining representative Labor Relations Board proceed up	e is no longer their representa	ative. The Petitioner	alleges that t	he followin	ng circumstances ex	es assert that the certified or currently xist and requests that the National			
2a. Name of Employer		, , , .	,	nt(s) involved (Street and number, city, state, ZIP code)					
Swan Trucking West, Inc. d/b		77 West Drulla	and Ave., L	ancaster,	NY 14086				
3a. Employer Representative - Name		3b. Address (If sam	ne as 2b - state	same)					
Anthony Alu, Vice President									
	Fax No.	3e. Cell No.		3f. E-Mail Address					
	6) 681-7642		tonyalu@tripitransportation.com						
4a. Type of Establishment (Factory, min	ne, wholesaler, etc.)		4b. Principal product or service						
service				hauling		15. 6			
5a. Description of Unit Involved Included:				5b. City and State where unit is located:					
All full-time and regular part-	time dump truck, tande	drivers			Lancaster, NY				
Excluded:	and damp track, tand	an, and the anon	a.,,,,,,						
office clerical employees, gua	rds, and professional e	mployees and su	pervisors a	s defined	in the Act				
6. No. of Employees in Unit 19	recognized bargaining r	r (30% or more) of the epresentative? X	e employees in es No	n the unit no	longer wish to be re	epresented by the certified or currently			
8a. Name of Recognized or Certified Ba	argaining Agent				8b. Affiliation, if any				
Truck Drivers Local Union N	o. 449				International B	Brotherhood of Teamsters			
8c. Address			8d. Tel. No.		8e. Cell No.				
2175 William Street			(716) 874	-2200					
Buffalo, NY 14206			8f. Fax No.		8g. E-Mail Address				
				teamsters449@roadrunner.com					
Date of Recognition or Certification unknown		10. Expiration Date unknown	of Current or I	Most Recent Contract, if any (Month, Day, Year)					
11a. Is there now a strike or picketing a	t the Employer's establishmen	nt(s) involved?	res No	11b. If so.	approximately how r	nany employees are participating?			
11c. The Employer has been picketed to				110.1130,	approximately 110%	a labor organization, of			
	by or on behalf or (mach wan	ne)			aine	ce (Month, Day, Year)			
(Insert Address) 12. Organizations or individuals other the		a ushish hava alalas	-diti						
and individuals known to have a re						ganizations			
12a. Name	12b. Address			12c. Tel. N		12d. Fax No.			
				1					
}	1			12e. Cell 1	No.	12f. E-Mail Address			
13. Election Details: If the NLRB cond				13a. Elect	ion Type: 📈 Manua	Mail M(b) (6), (b) (7)(C)			
matter, state your position with resp 13b. Election Date(s)	13c. Election Tin	ne(s)		13d. Election Location(s)					
December 13, 2019	morning			Breakroom at the Employer's facility					
14. Full Name of Petitioner (b) (6), (b) (7)(C)									
	-t-t- 7/0d-)			14h Tol N	lle.	14c. Fax No.			
(b) (6), (b) (7)(C)	state, ZIP code)			(b) (6), (b) (7)(C)		14C. Fax No.			
				(b) (6), (b) (7)(C) (2) (4e, E-Mail Address (b) (6), (b) (7)(C)					
14f. Affiliation, if any									
15. Representative of the Petitioner	who will accept service of al	I papers for purpos	ses of the repr	resentation	proceeding.				
15a. Name				15b.Title					
			<u> </u>						
15c. Address (Street and number, city,	state, ZIP code)			15d. Tel. f	No.	15e. Fax No.			
				15f. Cell N	lo.	15g. E-Mail Address			
I declare that I have read the above of	petition and that the stateme	ents are true to the	best of my kn	owledge ar	nd belief.				
Name (Print) (b) (6), (b) (7)(C)	(b) (6), (b) (7)	(C)		Title		Date Filed			
WILLFUL FALSE STATE	MENTS		FAN	I ID IMPRISO	NMENT (U.S. CODE	E. TITLE 18. SECTION 1001)			