

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. <b>03-RC-251416</b>	Date Filed <b>11/8/2019</b>
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 <b>Momentum</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>47 Main Street Warwick NY 10990</b>	
3a. Employer Representative - Name and Title <b>Heather Dromgoole</b>		3b. Address (If same as 2b - state same) <b>400 Market St Suite 1100 Philadelphia PA 19106</b>	
3c. Tel. No. <b>877-251-5554</b>	3d. Cell No. <b>215-600-2853</b>	3e. Fax No. <b>215-253-5121</b>	3f. E-Mail Address <b>hdromgoole@momentumtelecom.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>telephone</b>		4b. Principal product or service <b>Telephone</b>	5a. City and State where unit is located: <b>Warwick NY</b>
5b. Description of Unit Involved <b>Included: All full time and part time Intermittent flaggers, and flagger utility position.</b> <b>Excluded: Supervisors, managers, and security guards as defined in the act.</b>			6a. No. of Employees in Unit: <b>2</b> 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) **10-25-19** and Employer declined recognition on or about **10-29-19** (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). <b>International Brotherhood of Electrical Workers Local 503</b>		8b. Address <b>2657 Route 17M Goshen NY 10924</b>	
8c. Tel No. <b>845-783-5007</b>	8d. Cell No.	8e. Fax No.	8f. E-Mail Address <b>maria_vooris@ibew.org</b>
8g. Affiliation, if any <b>International Brotherhood of Electrical Workers</b>		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): <b>November 25, 2019</b>	11c. Election Time(s): <b>8:00am-8:30am</b>	11d. Election Location(s): <b>47 Main Street Warwick NY 10990 Conference Room</b>
12a. Full Name of Petitioner (including local name and number) <b>International Brotherhood of Electrical Workers Local 503</b>		12b. Address (street and number, city, state, and ZIP code) <b>2657 Route 17M Goshen NY 10924</b>

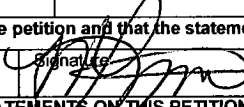
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Brotherhood of Electrical Workers**

12d. Tel No. <b>518-703-2365</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address <b>maria_vooris@ibew.org</b>
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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 <b>Maria L. Vooris International Lead Organizer</b>		13b. Address (street and number, city, state, and ZIP code) <b>1218 Spring Ave Wynantskill NY 12198</b>	
13c. Tel No. <b>518-703-2365</b>	13d. Cell No.	13e. Fax No.	13f. E-Mail Address <b>maria_vooris@ibew.org</b>

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>Maria L. Vooris</b>	Signature 	Title <b>International Lead Organizer</b>	Date <b>11-4-2019</b>
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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.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
03-RC-251490

Date Filed  
11/12/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> Tioga Downs Gaming and Race Track, LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 2384 W. River Rd. NY Nichols 13812-	
<b>3a. Employer Representative - Name and Title</b> Charles Otto		<b>3b. Address</b> (If same as 2b - state same) 2384 W. River Rd. NY Nichols 13812-	
<b>3c. Tel. No.</b> (607) 699-7578	<b>3d. Cell No.</b> (607) 972-6760	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> cotto@tiogadowns.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Casinos & Gaming		<b>4b. Principal product or service</b> Entertainment	
		<b>5a. City and State where unit is located:</b> Nichols, NY	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 15
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

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

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). WORKERS UNITED, Rochester Regional Joint Board Erin C. Young		<b>8b. Address</b> 750 EAST AVE NY ROCHESTER 14607-2100	
<b>8c. Tel No.</b> (585) 242-7665	<b>8d. Cell No.</b> (585) 752-3303	<b>8e. Fax No.</b> (585) 473-2109	<b>8f. E-Mail Address</b> eyoung@rrjb.org
<b>8g. Affiliation, if any</b> SEIU		<b>8h. Date of Recognition or Certification</b> 12/01/2017	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) 05/14/2022

**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)

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

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

<b>11b. Election Date(s):</b> December 1, 2019	<b>11c. Election Time(s):</b> 5:00 p.m.	<b>11d. Election Location(s):</b> Tioga Downs Gaming and Racing, LLC.
<b>12a. Full Name of Petitioner (including local name and number)</b> Erin C. Young Erin Young		<b>12b. Address (street and number, city, state, and ZIP code)</b> 750 East Ave. NY Rochester 14580-

**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

<b>12d. Tel No.</b> (585) 242-7665	<b>12e. Cell No.</b> (585) 752-3303	<b>12f. Fax No.</b> (585) 473-2109	<b>12g. E-Mail Address</b> eyoung@rrjb.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

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

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

<b>Name (Print)</b> Erin C. Young	<b>Signature</b> Erin C. Young	<b>Title</b> Union Business Representative	<b>Date</b> 11/8/2019 14:34:53
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

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.

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

DO NOT WRITE IN THIS SPACE

Case No.  
03-RC-251516Date Filed  
11/12/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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:**

American Bridge

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

One Bridge Plaza , Suite340, Fort Lee, New Jersey

**3a. Employer Representative - Name and Title:**

Kwando Osei-Akoto

**3b. Address (if same as 2b - state same):**

Same

**3c. Tel. No.**

201-592-1212

**3d. Cell No.****3e. Fax No.**

210-592-1212

**3f. E-Mail Address****4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Heavy Highway, Bridge Utility and Tunnel Const.

**4b. Principal Product or Service****5a. City and State where unit is located:**

Buffalo, NY

**5b. Description of Unit Involved:**

Included:

All Laborers'

Excluded:

All Other Trades

**6a. Number of Employees in Unit:**

Thirty One (31)

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

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

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

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**Laborers International Union of North America  
Upstate New York Laborers District Council, Local #**8b. Address:**

25 Tyrol Drive , Cheektowaga, New York ,14227

**8c. Tel. No.**

716-668-9081

**8d. Cell No.**

716-908-1062

**8e. Fax No.**

716-668-9082

**8f. E-Mail Address**

jfuzak@nyslof.org

**8g. Affiliation, if any:****8h. Date of Recognition or Certification**  
10/20/16**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** 2017(evergree #)

**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**

Jonathan Fuzak

**10b. Address**

25 Tyrol Drive , Cheektowaga NY , 14227

**10c. Tel. No.**

716-908-1062

**10d. Cell No.****10e. Fax No.****10f. E-Mail Address**

jfuzak@nyslof.org

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

☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):****11c. Election Time(s):****11d. Election Location(s):****12a. Full Name of Petitioner (including local name and number):**

Jonathan Albert Fuzak

**12b. Address (street and number, city, State and ZIP code):**

25 Tyrol , Cheektowaga NY, 14227

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

New York State Laborers Organizing Fund , Laborers international Union of North America

**12d. Tel. No.**

716 -908-1062

**12e. Cell No.****12f. Fax No.**

716-6689082

**12g. E-Mail Address**

jfuzak@nyslof.org

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

**13a. Name and Title:**

Jonathan Fuzak Regional Organizer

**13b. Address (street and number, city, State and ZIP code):**

25 Tyrol Drive , Cheektowaga NY

**13c. Tel. No.**

716-908-1062

**13d. Cell No.**

716-908-1062

**13e. Fax No.****13f. E-Mail Address**

jfuzak@nyslof.org

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

**Name (Print)**

Jonathan Fuzak

**Signature****Title**

Regional Organizer

**Date**

11/8/19

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

DO NOT WRITE IN THIS SPACE

Case No.  
03-RC-251799Date Filed  
11/15/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> Spot Coffee Transit Road		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 5205 Transit Road, Clarence, NY 14221	
<b>3a. Employer Representative - Name and Title:</b> Anton Ayoub, CEO, Spot Coffee		<b>3b. Address (if same as 2b - state same):</b> 225 Delaware Ave, Suite 2, Buffalo, NY 14202	
<b>3c. Tel. No.</b> 716-332-2299	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> aayoub@spotcoffee.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Food service and coffee shop		<b>4b. Principal Product or Service</b> Food and beverages	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attachment <b>Excluded:</b> See attachment		<b>5a. City and State where unit is located:</b> Clarence NY	
		<b>6a. Number of Employees in Unit:</b> 10	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 11/14/19 <b>and Employer declined recognition</b> on or about (Date) 11/14/19 (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> 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) _____			
<b>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)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
			<b>10e. Fax No.</b>
			<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 12/6/19		<b>11c. Election Time(s):</b> 7:00 am -10:00 am; 3:00 pm - 6:00 pm	
		<b>11d. Election Location(s):</b> 5205 Transit Road, Clarence, NY 14221	
<b>12a. Full Name of Petitioner (including local name and number):</b> Workers United		<b>12b. Address (street and number, city, State and ZIP code):</b> 750 East Avenue, Rochester NY 14607	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Workers United			
<b>12d. Tel. No.</b> 585-473-3280	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> gbonadonnajr@rrjb.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Ian Hayes, Esq., Creighton, Johnsen & Giroux		<b>13b. Address (street and number, city, State and ZIP code):</b> 1109 Delaware Ave., Buffalo, NY 14209	
<b>13c. Tel. No.</b> 716-854-0007	<b>13d. Cell No.</b> 716-608-3427	<b>13e. Fax No.</b> 716-854-0004	<b>13f. E-Mail Address</b> ihayes@cpjglaborlaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Ian Hayes		<b>Signature</b> 	<b>Title</b> Attorney
			<b>Date</b> 11/15/19

**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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**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.



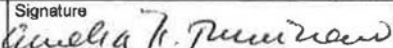
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
03-RC-252171Date filed  
11/21/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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-506); 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.

<b>2a. Name of Employer:</b> Health Alliance Hospital		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> See attached rider.	
<b>3a. Employer Representative - Name and Title:</b> Heidi Rosborough, Human Resource Manager		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 845-802-7422	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 845-802-7412	<b>3f. E-Mail Address</b> Heidi.Rosborough@hahv.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital		<b>4b. Principal Product or Service</b> Health care	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> 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. <b>Excluded:</b> All skilled maintenance, business office clerical, professional employees, security guards and supervisors defined by the Act		<b>5a. City and State where unit is located:</b> Kingston, NY <b>6a. Number of Employees in Unit:</b> 250 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____. (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>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)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 12/18/19		<b>11c. Election Time(s):</b> 6:30-9:30am, 12-3:30pm, 5-8pm	
<b>11d. Election Location(s):</b> See attached rider.			
<b>12a. Full Name of Petitioner (including local name and number):</b> 1199 SEIU United Healthcare Workers East		<b>12b. Address (street and number, city, State and ZIP code):</b> 155 Washington Avenue, Albany, NY 12210	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union			
<b>12d. Tel. No.</b> 518-396-2300	<b>12e. Cell No.</b> 914-774-5756	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> anthony@1199.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Amelia K. Tuminaro, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> Gladstein, Reif & Meginniss, LLP 817 Broadway, 6th Floor, New York, NY 10003	
<b>13c. Tel. No.</b> 212-228-7727	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 212-228-7654	<b>13f. E-Mail Address</b> atuminaro@grmny.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Amelia K. Tuminaro		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 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

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.

## **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



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
03-RD-251091Date Filed  
11/4/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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 <b>Buckeye Partners, LP.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>367 American Oil Rd. Rensselaer NY 12144</b>	
3a. Employer Representative - Name and Title <b>Rita Schantz HR Manager</b>		3b. Address (if same as 2b - state same) <b>Five Tek Park 9999 Hamilton Blvd. Breinigsville PA /</b>	
3c. Tel. No. <b>610 904-4408</b>	3d. Fax No.	3e. Cell No. <b>484 226-8573</b>	3f. E-Mail Address <b>rschantz@buckeye.com 18031</b>

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

**Marine Fuels Terminal**

4b. Principal product or service

5a. Description of Unit Involved

Included:

**Terminal Operators**

Excluded:

5b. City and State where unit is located:

6. No. of Employees in Unit

**3**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

8a. Name of Recognized or Certified Bargaining Agent

**Teamsters Local 294**

8b. Affiliation, if any

8c. Address

**890 Third St.  
Albany, NY 12206**

8d. Tel. No.

**518 489-5436**

8e. Cell No.

8f. Fax No.

**518 453-9251**

8g. E-Mail Address

9. Date of Recognition or Certification

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

**January 31, 2020**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

(Insert Address)

since (Month, Day, Year)

12. Organizations or individuals other than 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: ☐ Manual ☐ Mail ☐ 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)

14a. Address (Street and number, city, state, ZIP code)

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

14b. Tel. No.

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

14c. Cell No.

(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

(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.

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.

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

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

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

Date Filed

11/4/19

## 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-252151Date Filed  
11/21/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)</b> - 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.			
<b>2a. Name of Employer</b> Swan Trucking West, Inc. d/b/a Tripi Transportation		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 77 West Drulland Ave., Lancaster, NY 14086	
<b>3a. Employer Representative - Name and Title</b> Anthony Alu, Vice President of Operations		<b>3b. Address (If same as 2b - state same)</b>	
<b>3c. Tel. No.</b> (716) 681-3386	<b>3d. Fax No.</b> (716) 681-7642	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b> tonyalu@tripitransportation.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> service		<b>4b. Principal product or service</b> hauling	
<b>5a. Description of Unit Involved</b> Included: All full-time and regular part-time dump truck, tandem, and tri-axel drivers Excluded: office clerical employees, guards, and professional employees and supervisors as defined in the Act			<b>5b. City and State where unit is located:</b> Lancaster, NY
<b>6. No. of Employees in Unit</b> 19	<b>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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8a. Name of Recognized or Certified Bargaining Agent</b> Truck Drivers Local Union No. 449		<b>8b. Affiliation, if any</b> International Brotherhood of Teamsters	
<b>8c. Address</b> 2175 William Street Buffalo, NY 14206		<b>8d. Tel. No.</b> (716) 874-2200	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b> teamsters449@roadrunner.com
<b>9. Date of Recognition or Certification</b> unknown		<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> unknown	
<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>11b. If so, approximately how many employees are participating?</b>	
<b>11c. The Employer has been picketed by or on behalf of (Insert Name)</b> (Insert Address)		<b>11d. If so, approximately how many employees are participating?</b> a labor organization, of since (Month, Day, Year)	
<b>12. Organizations or individuals other than 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)</b>			
<b>12a. Name</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b>
<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> (b) (6), (b) (7)(C)	
<b>13b. Election Date(s)</b> December 13, 2019	<b>13c. Election Time(s)</b> morning	<b>13d. Election Location(s)</b> Breakroom at the Employer's facility	
<b>14. Full Name of Petitioner</b> (b) (6), (b) (7)(C)			
<b>14a. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)		<b>14b. Tel. No.</b> (b) (6), (b) (7)(C)	<b>14c. Fax No.</b>
		<b>14d. Cell No.</b> (b) (6), (b) (7)(C)	<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)
<b>14f. Affiliation, if any</b>			
<b>15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>15a. Name</b>		<b>15b. Title</b>	
<b>15c. Address (Street and number, city, state, ZIP code)</b>		<b>15d. Tel. No.</b>	<b>15e. Fax No.</b>
		<b>15f. Cell No.</b>	<b>15g. E-Mail Address</b>
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> (b) (6), (b) (7)(C)		<b>Title</b>	<b>Date Filed</b> 11/20/19
<b>WILLFUL FALSE STATEMENTS</b>		<b>AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)</b>	