UNITED STAT		DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR RELATIONS BOARD			Case No.				
RC PETITION			03-RC-2	03-RC-226811 9/6/2018			
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 concerne							
of service showing service on th							
(Form NLRB-505); and (3) Descri							
with the NLRB and should not be			•	ND 4012). The Sh	owing of in	lerest should only be med	
1. PURPOSE OF THIS PETITION: RC-				of employees wish to	he renresente	d for purposes of collective	
bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.							
	2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)						
Auburn Memorial Medical Services, PC		ŃÝ	Lansing Street Auburn 13021-	01			
3a. Employer Representative – Name a	and little		3b. Address (If same as 17 Lansing Street	s 2b – state same)			
Scott Berlucchi	3d. Cell No.		17 Lansing Street NY Auburn 13021	T	Of E Mail Add	Irooo	
3c. Tel. No.	Su. Cell No.		3e. Fax No.		3f. E-Mail Add sberlucchi@auk		
(315) 255-7011 4a. Type of Establishment (Factory, mine	wholesaler etc.)	4b. Principal prod	(315) 255-7018		-	and State where unit is located:	
Healthcare Facili ies	e, wholesaler, etc.)	4b. Filicipal prou	medical services		Ja. Oily	Auburn, NY	
5b. Description of Unit Involved			medical services			6a. No. of Employees in Unit:	
	itianal dataila					98	
Included: See Attached Page 2 for add	luonal details					6b. Do a substantial number (30%	
Evaludad:						or more) of the employees in he	
Excluded: See Attached Page 2 for add	itional details					unit wish to be represented by the Petitioner? Yes [ Von [ ]	
Check One: 7a. Request for	r recognition as Barg	aining Depresentati	ive was made on (Date)	and	Employer dec	lined recognition on or about	
		(If no reply received		and	Linpioyer dec	lined recognition on or about	
<b>7</b> b. Petitioner is			presentative and desires (	certification under the	Act		
8a. Name of Recognized or Certified B			8b. Address				
8c. Tel No.	8d Cell No.	I	8e. Fax No.	T	8f. E-Mail Add	Iress	
8g. Affiliation, if any		8	8h. Date of Recognition or	Date of Recognition or Certification 8i. Expiration Date of Current or Most Recer			
				Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the	Employer's establis	hment(s) involved?		imately how many em		articipating?	
(Name of labor organization)							
<ol> <li>Organizations or individuals other that known to have a representative interest i</li> </ol>					esentatives an	d other organizations and individuals	
known to have a representative interest i	IT any employees in		Them ob above. (If none,	SU Sidiej			
10a. Name	10b. Ad	dress		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//							
any such election.	position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail			
11b. Election Date(s):		11d. Election Loca ion(s):					
September 26, 2018	m-4:00pm	37 West Garden Street Suite 202, 77 Nelson Street Suite 120, 17 E Ger					
12a. Full Name of Petitioner (including Brenda Judge 1199SEIU Healthcare Workers East		12b. Address (street and number, city, state, and ZIP code) 250 S. Climon Street NY Syracuse 1302-1866					
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees Interna ional Union							
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail A	ddress	
(315) 729-8764			(315) 479-6716		brenda.judge(	@1199.org	
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) Sarah E Ruhlen 217 S. Salina Street, 6th Floor							
Satter Law Firm, PLLC NY Syracuse 13202-							
13c. Tel No. 13d. Cell No.		13e. Fax No. 13f. E-Mail Address (315) 471-7849 sruhlen@satterlaw.com					
(315) 471-0405       (315) 471-7849       srunen@sattenaw.com         I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.       srunen@sattenaw.com							
Name (Print)     Signature     Title     Date							
Sarah E Ruhlen	Sarah E. Ruhlen, E	sq.			09/5/2018	14-48-18	
WILLFUL FALSE STATE			UNISHED BY FINE AND	IMPRISONMENT (II S			

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				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR	Case No.						
RC PETITION				3-RC-227903		9/25/2018	
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. Th	e petition must	be accompanied by l	both a showing of	<sup>r</sup> interest (se	e 6b below) and a certificate	
of service showing service on the	employer and	all other parties	anamed in the petition	on of: (1) the petit	ion: (2) State	ement of Position form	
(Form NLRB-505); and (3) Descrip							
with the NLRB and should not be				,	<b>.</b>	,	
1. PURPOSE OF THIS PETITION: RC-C				of employees wish to	be represented	for purposes of collective	
bargaining by Petitioner and Petitioner							
requests that the National Labor Rel	ations Board proc						
2a. Name of Employer			dress(es) of Establishment	t(s) involved (Street a	nd number, city	, State, ZIP code)	
Welded Tube USA		ŇÝ	37 Hamburg Tpke 7 Buffalo 14218-2557				
3a. Employer Representative – Name ar	d Title		3b. Address (If same as				
Chris Jankowski			2537 Hamburg Tp NY Buffalo 14218-	2557			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add		
(905) 669-1111					CJankowski@w		
4a. Type of Establishment (Factory, mine,	wholesaler, etc)	4b. Principal prod			5a. City	and State where unit is located:	
Basic Materials			produce welded tubi	ing		Buffalo, NY	
5b. Description of Unit Involved						6a. No. of Employees in Unit: 75	
Included: See Attached Page 2 for additi	onal details					6b. Do a substantial number (30%	
						or more) of the employees in he	
Excluded: See Attached Page 2 for additi	onal details					unit wish to be represented by the	
						Petitioner? Yes [ 🗹 No [ 🗌	
Check One: 7a. Request for	recognition as Bar	gaining Representat	ive was made on (Date)	and	Employer dec	lined recognition on or about	
		(If no reply received					
			presentative and desires (	certification under the	Act.		
8a. Name of Recognized or Certified Ba	rgaining Agent (h	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any		1	8h. Date of Recognition or	ate of Recognition or Certification 8i. Expiration Date of Current or Most Recer			
				Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the	Employor's ostabli	chmont(c) involved?		imatoly how many om		rticipating2	
					pioyees are pa		
(Name of labor organization)						·	
10. Organizations or individuals other than					esentatives and	d other organizations and individuals	
known to have a representative interest in	any employees in	the unit described in	n item 50 above. (If none,	so state)			
10a. Name	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 M					🗌 Mail 🔲 Mixed Manual/Mail		
any such election.     11b. Election Date(s):       11b. Election Date(s):     11c. Election Time(s):							
10/08/2018		the break room on premises.					
12a. Full Name of Petitioner (including		12b. Address (street and number, city, state, and ZIP code)					
Daniel Irons United Steel, Paper and Forestry, Rubber, Manufa	Workers International Union.	kers International Union, NY Buffald 1425-1947					
12c: Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)							
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	Idress topmail.com	
(716) 565-1720 (716) 572-9015 (716) 565-1727 dañ.irons@protonmail.com							
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title I 13b. Address (street and number city, state, and ZIP code)							
Brad Manzolillo Organizing Counsel 60 Blvd of the Allies FI 9							
					d		
13c. Tel No. (412) 562-2529	13d. Cell No. (412) 418-4333		13e. Fax No. (412) 562-2555		13f. E-Mail Ad bmanzolillo@u		
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							
Name (Print)SignatureNameDaniel IronsDaniel IronsCasual Organizer09/24/2018 11:40:27				11-40-27			
Dunier Irona		TITION CAN BE B	UNISHED BY FINE AND	IMPRISONMENT (II			

## 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 GOV		DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR RELA RC PETIT	Case No. 3-RO	Case No. 3-RC-228168 Date Filed September 27, 2018				
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region						
in which the employer concerned is loc	ated. The petition mus	t be accompanied by	both a showing	of interest (se	e 6b below) and a certificate	
of service showing service on the empl	oyer and all other partie	es named in the petit	ion of: (1) the pet	ition; (2) State	ment of Position form	
(Form NLRB-505); and (3) Description o	f Representation Case	Procedures (Form NI	RB 4812). The s	howing of inte	erest should only be filed	
with the NLRB and should not be serve 1. PURPOSE OF THIS PETITION: RC-CERTIFIC	d on the employer or ar	ly other party.	r of omployees wish	to be represented	for the state of t	
bargaining by Petitioner and Petitioner desires requests that the National Labor Relations I	to be certified as representat Board proceed under its pro	ve of the employees. The oper authority pursuant t	Petitioner alleges t o Section 9 of the N	hat the following ational Labor Re	circumstances exist and lations Act.	
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)         Northwestern Medical Center       133 Fairfield Street, St. Albans, VT AND Clinics						
3a. Employer Representative – Name and Title	1001	3b. Address (If same a				
Jill Berry Bowen, Chief Executive Offic		133 Fairfield Stree		05478		
3c. Tel. No. 3d. 0 802-524-1041	Cell No.	3e. Fax No.		3f. E-Mail Addr		
4a. Type of Establishment (Factory, mine, wholes	aler, etc.) 4b. Principal pro	duct or pervice		jbowen@nm	icinc.org	
Medical Center	Healthcare				TACHMENT	
5b. Description of Unit Involved					6a. No. of Employees in Unit: 180	
Included: SEE ATTACHMENT				ŀ	6b. Do a substantial number (30%	
Excluded: SEE ATTACHMENT					or more) of the employees in the unit wish to be represented by the Petitioner? Yes / No	
Check One: 7a. Request for recognit	ion as Bargaining Representa	ative was made on (Date)	a aı	nd Employer decli		
	(Date) (If no reply receive					
8a. Name of Recognized or Certified Bargainin	y recognized as Bargaining R g Agent (If none, so state).	epresentative and desires 8b. Address	certification under th	e Act.		
8c. Tel No. 8d C	ell No.	8e, Fax No,		8f. E-Mail Addr	ess	
	*. * * * ** * - * - * - * - * - * -					
8g. Affillation, if any	8h. Date of Recognition of	r Certification 8i. Expiration Date of Current or Most Re Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing at the Employe				mployees are par	ticipating?	
(Name of labor organization)					······································	
10. Organizations or individuals other than Petition known to have a representative interest in any em	er and those named in items ployees in the unit described	8 and 9, which have clain in item 5b above. <i>(If none</i>	ned recognition as rep a, so state)	presentatives and	other organizations and individuals	
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 ele any such election.	r position with respect to	11a. Election Type	e: 🗸 Manual	Mail Mixed Manual/Mail		
11b. Election Date(s): 10/15/18; 10/16/18 or 10/17/18	 PM; 5-9PM	11d. Election Location(s): Cafeteria at Hospital-133 Fairfield Street, St. Albans, VT				
12a. Full Name of Petitioner (Including local na American Federation of Teachers-Vermont, AFL		12b. Address (street and number, city, state, and ZIP code) 121 Park Avenue, # 10, Williston, VT 05495				
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent ( <i>if none, so state</i> ) American Federation of Teachers, AFL-CIO						
	Cell No.	12f. Fax No.		12g. E-Mail Add		
802-373-0133         matt.mcgrath@aftvermont.org           13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.						
13a. Name and Title David Rome, Attorney       13b. Address (street and number, city, state, and ZIP code)         Pyle Rome, 2 Liberty Square, 10th Floor, Boston, MA 02109						
13c. Tel No. 13d.	13e. Fax No.	Fax No. 13f. E-Mail Address				
617-367-7200 I declare that I have read the above petition and	I that the statements are fru	617-367-4820 le to the best of my know	vledge and belief	drome@pyleror	ne.com	
Name (Print)		Title		Date		
David Rome 09/27/2018						
WILLFUL FALSE STATEMENTS O	N THIS PETITION CAN BE F	UNISHED 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.

FORM NLRB-502 (RD) (4-15)

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UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR I ELATIONS BOARD			Cesc No. Date Filed					
RD PETITION				03-RD-226840		0/6/2018		
INSTRUCTIONS: Unless e-Filed using the Agency located. The petition must be accompanied by br in the petition of: (1) the petition; (2) Statement or interest should only be filed with the NLRB and s 1. PURPOSE OF THIS PETITION; RD-DECER recognized bargaining representative is no ion:	th a showit Position fo <u>Jould not b</u> (IFICATION	ng of interest (see irm (Form NLRB-50 e served on the en I (REMOVAL OF I	6b below) and a certific 05); and (3) Description nployer or any other pa REPRESENTATIVE)	cate of service showing of Representation Cas ny. A substantial number of	service on the e Procedures (F employees ass	employer and all other parties nemed form NLRB 4812). The showing of ent that the certified or currently		
Labor Relations Board proceed under its pr	oper autho	rity pursuant to S	lection 9 of the Nation	al Labor Relations Ac	1			
2e. Name of Employer		2b. Ad	dress(es) of Establishin	nent(s) involved (Street	and number, cit	ly, State, 2IP code)		
Bard College		IP.O.B		on Hudson, NY 1250	24			
30. Employer Representative - Name and Tile KIMBERLY ALEXANDER			SAME	e as 2b – state same)				
845-758-7248						@bard.edu		
4a. Type of Establishment (Factory, mine, wholes		4b. Principal prov	duct or service		1.	5a, City and State where unit is located:		
College		Education			Annar	idale on Hudson, NY		
Sb. Description of Unit Involved						6a. No. of Employees in Unit:		
Excluded: Professional employees and supervisors as defined in the Act and all other employees.					Cb. Do s substantial number (30%) or more) of the employees in the unit no longer wish to be represented by the certifieri or currently recognized bergaining representative? Yes X No			
Check One: 7a. Request for recogni	lon as Berg	aining Represente	tive was made on (Dat	e)a	nd Employer de	clined recognition on or about		
	-	It no reply received				-		
7b, Petilioner is currenti	y recognize	d as Bargaining Re	epresentative and desir	es contrication under th	e Act.			
8a. Name of Recognized or Certified Bargainh	g Agent		8b. Addres		0			
David Cella Bo, Tel No. 18d)	ell No.		89. Fáx Nó.	G, Tivoli, NY 1258		denen		
845-750-0104	/8ii NO.		09. Fax No.		8f. E-Mail Address installorman.123@yahoo.com			
Bg. Affiliation, If any			8h. Date of Recognition or Certification 8i. Expiration Date of Current or Mos			Date of Current or Most Recent		
SEIU Local200 united		4	4/12/2017 n/a			Contract, If any (Month, Day, Year)		
9. Is there now a strike or picketing at the Employ	er's establis	hment(s) involved	? NO If so, app	noximately how many e	mployees are p	articipating?		
(Name of labor organization)		, has pick	eted the Employer sinc	e (Month, Day, Year)				
10. Organizations or individuals other than those have a representative interest in any employees i					ind other organ	zetions and individuals known to		
10.3, Neme	10b. Add	iress		10c. Tel. No.		10d. Cell No.		
none				10e. Fex No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts an ele	ection in this	s matter, state you	r position with respect t	0 11a, Election Type	: Manual	MailMixod Manual/Mail		
1b. Élection Date(s): 11c. Election Time(a):			11d. Election Loca					
within 30 days 10am-8pm				Fishbowl, Student Center, Bard College.				
<sup>12</sup> (b) (6), (b) (7)(C)		*		(b) (6), (b) (7	)(C)			
126. Parnisme or national or international labor of	ganization o	of which Petitioner	is an affiliate or constitu	uent		1		
(b) (6), (b) (7)(C) (b) (b) (c)	6), (b) (7	7)(C)	121. Fax No.		(b) (6), (b)	) (7)(C)		
			1	resentation proceeding	<b>.</b>			
<sup>13a. Name</sup> (b) (6), (b) (7)(C)	(6) (b) (	7)(C)	(b) (6), (b) (7)	(C)				
	(6), (b) (				(b) (6), (b	) (7)(C)		
$\frac{1}{(b)} (b) (b) (b) (c) (c)$	D) (7)(C	)		owhidge and belief.		1		
(b) (6), (b) (7)(C)			Tibe		Date C	8/21/2018		
WILLFUL FALSE STA			NISHED BY FINE A	ND IMPRISONMENT (L	I.S. CODE. TIT	LE 18. SECTION 1001)		

Solicitation of the information on this form is authoriz at by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to essist the National Labor Relations Board (NLRB) in processing representatio / and rolated proceedings or illigation. The nutrine 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, feiture to supply the information will cause the NLRB to decline to invoke its processes.