

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

DO NOT WRITE IN THIS SPACE

Case No. <b>08-RC-239583</b>	Date Filed <b>4/12/19</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.

<b>2a. Name of Employer:</b> A Robert and Teresa Idea (ARTi)	<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, City, State, ZIP code): 813 Irving Wick Drive West Heath, OH 43056
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<b>3a. Employer Representative - Name and Title:</b> Ronald Blackstone, Supervisor	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> (740) 788-5480	<b>3d. Cell No.</b> Unk	<b>3e. Fax No.</b> (740) 788-5414	<b>3f. E-Mail Address</b> ronald.blackstone.ctr@us.af.mil
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<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Military and Aerospace	<b>4b. Principal Product or Service</b> Logistics	<b>5a. City and State where unit is located:</b> Heath, OH
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> Warehouse Specialists, Material Coordinators, Material Expeditors, and Supply Techs <b>Excluded:</b> Office Clerical, Professional, Managerial, Guards and Supervisors as define by the Act	<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
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_. (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. *Petition Series as Demand*

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state) None	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<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</b> (Month, Day, Year)
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**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)  
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>

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

<b>11b. Election Date(s):</b> May 3, 2019	<b>11c. Election Time(s):</b> 1 PM - 2:30 PM	<b>11d. Election Location(s):</b> Conference Room
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<b>12a. Full Name of Petitioner</b> (including local name and number): International Association of Machinists and Aerospace Workers, District Lodge 54, AFL-CIO	<b>12b. Address</b> (street and number, city, State and ZIP code): 2625 Winchester Pike Columbus, OH 43232
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state):  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel. No.</b> (614) 239-0401	<b>12e. Cell No.</b> N/A	<b>12f. Fax No.</b> (614) 239-0415	<b>12g. E-Mail Address</b> jmcclelland@DL54.com
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<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> Nicholas A. Scotto, Special Representative	<b>13b. Address</b> (street and number, city, State and ZIP code): 26 Court St, Suite 1710 Brooklyn, NY 11242
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<b>13c. Tel. No.</b> (929) 226-1724	<b>13d. Cell No.</b> (631) 219-4116	<b>13e. Fax No.</b> (646) 902-5720	<b>13f. E-Mail Address</b> nscotto@iamaw.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Nicholas A. Scotto	<b>Signature</b> 	<b>Title</b> Special Representative	<b>Date</b> 04/12/19
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



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

DO NOT WRITE IN THIS SPACE	
Case No. 08-RD-239030	Date Filed 4/4/19

**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: 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>Pepsi Beverages Company, Inc.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>500 Pepsi Place, Youngstown, OH 44502</b>	
3a. Employer Representative - Name and Title <b>Brian Alge, Plant Manager</b>		3b. Address (if same as 2b - state same) <b>Same as above</b>	
3c. Tel. No. <b>(330) 746-7851</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>brianalge@pepsico.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Wholesale Distribution</b>		4b. Principal product or service <b>Carbonated Beverages</b>	
5a. Description of Unit Involved <b>Included: All full-time and regular part-time merchandisers and large format sales employees employed by the Employer at its facility located at 500 Pepsi Place, Youngstown, Ohio</b>  <b>Excluded: All small format sales employees, office clerical employees, professional employees, guards and supervisors as defined in the Act and all other employees.</b>		5b. No. of Employees in Unit <b>34</b>  6b. 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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

8a. Name of Recognized or Certified Bargaining Agent <b>Teamsters Local 377</b>		8b. Address <b>1223 TEAMSTER DRIVE, YOUNGSTOWN, OH 44502</b>	
8c. Tel. No. <b>(330) 743-3111</b>	8d. Cell No.	8e. Fax No. <b>(330) 743-1821</b>	8f. E-Mail Address
8g. Affiliation, if any <b>International Brotherhood of Teamsters</b>		8h. Date of Recognition or Certification <b>9/30/13</b>	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>12/22/18</b>

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11b. Election Date(s): **Monday or Friday ASAP** 11c. Election Time(s): **3:00 - 5:00 pm**  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail  
11d. Election Location(s): **Upstairs Conference Room**

12a. Full Name of Petitioner  
**(b) (6), (b) (7)(C)**  
12b. Address (street and number, city, state, and ZIP code)  
**(b) (6), (b) (7)(C)**

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. **(b) (6), (b) (7)(C)** 12f. Fax No. 12g. E-Mail Address **(b) (6), (b) (7)(C)**

13. Representative of the Petitioner, who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title **(b) (6), (b) (7)(C)** 13b. Address (street and number, city, state, and ZIP code) **(b) (6), (b) (7)(C)**  
13c. Tel. No. **(b) (6), (b) (7)(C)** 13d. Cell No. **(b) (6), (b) (7)(C)** 13e. Fax No. 13f. E-Mail Address **(b) (6), (b) (7)(C)**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  
Name (Print) **(b) (6), (b) (7)(C)** Title **An Individual** Date **4-2-19**

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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