UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

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Case No. 06-RC-24929	1			

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9291	Date Filed 1-19	

and the statement of

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 b	e served on the	emplover or an	v other party.	,	g		
 PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitione 	CERTIFICATION OF r desires to be certifi	REPRESENTATI ed as representati	VE - A substantial number ve of the employees. The I	Petitioner alleges tha	t the following	circumstances exis	
requests that the National Labor Ro 2a. Name of Employer	elations Board proc		dress(es) of Establishment				
Historical Society of Western Pennsylvan	ia		212 Smallman Street A Pittsburgh 15222-	,,		. ,	
3a. Employer Representative - Name		1P/	3b. Address (If same as	2b - state same)			
Andrew Masich			1212 Smallman St PA Pittsburgh 152	reet			13
3c, Tel, No.	3e. Fax No.	3f. E-Mail Addre	E-Mail Address				
(412) 454-6371					aemasich@heinz	historycenter.org	
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal pro	duct or service	L	5a. City a	nd State where unit is	located:
Others	i		historical production	ıs	- 1	Pittsburgh, P	
5b. Description of Unit Involved	/	· · · · · · · · · · · · · · · · · · ·			<u>'</u>	6a. No. of Employees	s in Unitaria.
Included: See Attached Page 2 for add	titional details				L	12	stite of a
2						6b. Do a substantial r	
Excluded: See Attached Page 2 for add	litional dataile					or more) of the emplo unit wish to be repres	
Excluded: See Attached Page 2 for add	ilitoriai detaiis					Petitioner? Yes	استسي
Check One: 7a. Request for	r recognition as Baro	aining Representa	itive was made on (Date) _	and	Emolover decli	ned recognition on or	
Jan 74. Noquestie	•	(If no reply receive			Linployer doon	nea recognition on or	
7b. Petitioner			epresentative and desires of	certification under the	Act.		
8a. Name of Recognized or Certified I			8b. Address	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
8c. Tel No.	8d Cell No.		8e. Fax No.	Ţ	8f. E-Mail Addr	ess	, mp
8g. Affiliation, if any			8h. Date of Recognition or Certification		8i. Expiration Date of Current or Most Recent		
og. Atmation, if any			on. Date of Neoognition of	Contract, if any (Month, Day, Year)			
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9. Is there now a strike or picketing at th	e Employer's establis	shment(s) involved	? If so, approx	imately how many em	ployees are par	ticipating?	
(Name of labor organization)	, r	has nick	keted the Employer since (A	Aonth Day Year)			Allegan and signal
10. Organizations or individuals other th		····			econtativos and	other organizations a	nd individuals
known to have a representative interest					saemauves and	other organizations a	10.10.00
10a Nama	10b. Ad	J		10c. Tel. No.		10d. Cell No.	·é -
10a. Name	10b. Ad	uiess		TUC. Tel. NO.		Tod. Cell No.	
•				10e, Fax No.		10f. E-Mail Address	
	,			, con an mor			
11. Election Details: If the NLRB cond any such election.	ucts an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed N	lanual/Mail
11b. Election Date(s):	11c. E	ection Time(s):	11d. Election Location(s):				
as soon as possible ´	1 to 3 p	om		Mezzanine events office			
12a. Full Name of Petitioner (Including Robert J. Brown International Alliance of Theatrical Stage Emplo	g local name and n	umber)		12b. Address (street and number, city, state, and ZIP code) 809 Penn Avenue PA Pittsburph 15222-			
12c. Full name of national or internation	yees Local Union No. 3	of which Petitioner	is an affiliate or constituen	L PA Pittsburgh 15222- t (if none so state)			
International Alliance of Theatrical Stage	Employees, Moving	Picture Technician	s, Artists and Allied Crafts	of the United States, it	s territories and	Canada,	-
12d. Tel No.	12e, Cell No.		12f. Fax No.	Т	12g. E-Mail Add	dress	10 10 10 10 10 10 10 10 10 10 10 10 10 1
(412) 281-4568	(412) 475-2473		(412) 281-4571		iatse3@gmail.c		
*13. Representative of the Petitioner w	ho will accept serv	ice of all papers f	or purposes of the repres	entation proceeding			100/1219
13a. Name and Title	ē;		13b. Address (street and		nd ZIP code)		146-14915
Emest B. Orsatti Esq. Attorney Rothman Gordon, P.C.			310 Grant Street Grant I PA Pittsburgh 15222-	Building 3rd Floor			104 104
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-N				13f. E-Mail Add			
(412) 338-1145 (412) 523-9893 (412) 246-1745 eborsatti@rothmangordon.com						e:	
-I declare that I have read the above p	etition and that the	statements are tr	ue to the best of my know	ledge and belief.			**
Name (Print)	Signature		Title	Date		Date	
Ernest B. Orsatti Esq.	Ernest B. Orsatti		Attorney		10/1/2019 1	4:39:54	
WILLFUL FALSE STATE	MENTS ON THIS PE	TITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U.S	S. CODE, TITLE	18, SECTION 1001)	
	,	PRI	VACY ACT STATEMENT	454 akana Tha adan's			

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.

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Attachment

Employees Included

All regular full time and regular part time stagehand employees employed at the Heinz History Center?

Employees Excluded

1

All clerical employees, managerial employees, supervisory employees and guards as defined in the act.

UNITED STATÉS GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE Date Filed October 15, 2019 06-RC-249880

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. 31 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 13 Fleming Streer PA Williamsport 17702 45.5 ACV Enviro 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 6268 Jericho Tpke, Suite 12A NY Commack 11725-Richard Ziskin Esq. 3f. E-Mail Address 3d. Cell No. 3c. Tel. No. 3e. Fax No. richard@ziskinlawfirm.com (631) 462-1417 (516) 965-3183 5a. City and State where unit is located: Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Remediation Williamsport, PA Construction Services 6a. No. of Employees in Unit: (UI) 55. Description of Unit Involved u.Cate included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [V] No [C] and Employer declined recognition on of about Check One: Request for fecognition as Bargaining Representative was made on (Date) (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 3. 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent -Contract, if any (Month, Day, Year) his there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? C_{ij} (Name of labor organization) has picketed the Employer since (Month, Day, Year) 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 of the control of the cont 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. ŧν 10f. E-Mail Address ತಾನ 10e. Fax No. 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 15. Election Date(s): October 23, 2019 11c. Election Time(s): 11d. Election Location(s): 7-9 am, 8-9 pm Conference room in Employers facility 2a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Louis Agre Esq. international Union of Operating Engineers, Local 542 112c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 2d: Tel No. 12e Cell No. 12f Fax No 12g. E-Mail Address Lou.Agre@IUOE542.com 777 (215) 542-7500 (215) 852-6548 (215) 542-7557 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. Will vides 33a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Louis Agre Esq. Counsel 1375 Virginia Dr PA Fort Washington 19034 18c. Tel No. (245) 542-7500 13d. Cell No. 13f. E-Mail Address Agrelou@gmail.com 13e. Fax No. (215) 852-6548 'Édeclare 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 Louis Agre Counsel างเฮอโฟฟิลฟ์ Logis Agre Esq 10/10/2019 11:41:43 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 Estations 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 (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 TAURB to decline to invoke its processes.

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ALT CAREAL

Employees Included Mechanics, Lead Mechanics, Drivers, Field Techs, Field Tech Supervisor, Foremen, Driver Trainer, Welder

Employees Excluded All other employees

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD PC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
06-RC-249961	10-15-19				

RC PETITION 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 16 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: 1. 43 Century Drive Ambridge, Pa15003 Ryerson 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same) Mathew Knight Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 724-251-4350 724-302-6607 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Ambridge, Pa Manufacturing/Warehouse Steel Coils 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 66 Full and regular part time hourly production, shipping and maintenance employees. 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? 🗵 Yes Office and clerical employees, guards, professionals and supervisors. Check One: 7a, Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition N/A (If no reply received, so state). on or about (Date) ☐ 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: None Bc. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 757 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 and 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): 11c, Election Time(s): 11d. Election Location(s): To be decided To be decided To be decided 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local 261 351 Northgate Circle Suite A New Castle, Pa 16105 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d, Tel. No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 202-624-6800 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): Dave Alters Business Agent LU 261 351 Northgate Circle Suite A New Castle, Pa 16105 13c Tel No. 13d, Cell No. 13e, Fax No. 13f, E-Mail Address 724-658-5554 724-462-9570 724658-9925 dalters@teamsters261.com I declare that I have road the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Signature Title Dave Alters Business Agent 10/15/2019

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

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RD PETITION

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

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Case No. 06-RD-249709	Date Filed 0-19	aln:

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located. The petition must be accompanied in the petition of: (1) the petition; (2) Staten interest should only be filed with the NLRB	nent of Position fo	orm (Form NLRB-50	05); and (3	B) Description of I	Representation Case			
PURPOSE OF THIS PETITION: RD- DI recognized bargaining representative is it	ECERTIFICATION	N (REMOVAL OF I	REPRESE	ENTATIVE) - A se	ubstantial number of	employees asser	t that the certified or c	urrently
Labor Relations Board proceed under	its proper author	presentative. The Pority pursuant to S	Section 9	of the National I	Labor Relations Act	ances exist and	requests that the Na	MUDIE
2a. Name of Employer CenturyLink		2b. Ad	ldress(es) I. Thomas edford 155	of Establishment	t(s) involved (Street a	and number, city,	State, ZIP code)	
3a. Employer Representative – Name and	Title		3b. Ad	dress (If same as	2b – state same)			
Robert W Hopkins Supervisor				Market St.				
3c. Tel. No.	3d. Cell No.			A Martinsburg 16662- Fax No. 3f. E-Mail Address				
(814) 623-3668	(814) 494-4599	9				robert.w.hopkins	s@centurylink.com	
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)	4b. Principal pro	duct or se	rvice		5a. City a	nd State where unit is	located.
Communications Services			Te	lecommunication	s		Bedford,	PA
5b. Description of Unit Involved - Included: See Attached Page 2 for a	idditional details	S					6a. No. of Employees 18	s in Unit:
Microded.							6b. Do a substantial r or more) of the emplo	yees in the
Excluded: See Attached Page 2 for a	idditional detail	•					unit no longer wish to represented by the ce	rbe
EACIDGED. OCC / Machica / ago 2 long	aditional details	3					currently recognized I	
*							representative? Yes	No No
Check One: 7a. Request for re	cognition as Bar	gaining Representa	itive was r	made on (Date) _	anan	d Employer decli	ned recognition on or	about
Sa.	(Date)	(If no reply received	d, so state	e).				**
		ed as Bargaining Re	epresenta		certification under the	Act.		
8a. Name of Recognized or Certified Bar		atta a Basadala at		8b. Address	2124 Race St. 3rd FI			
Communication Workers of America - Local 8c. Tel No.	8d Cell No.	raier President	PA Philadelphia 19103 8e. Fax No. 8f. E-Mail Address					
(215) 564-6169	od Cell No.				8f. E-Mail Address igardler@cwa13000local.org			
				8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most R Contract, if any (Month, Day, Year)			Recent	
Communication Workers of America							09/30/2019	
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? <u>No</u>	If so, approx	imately how many en	nployees are par	ticipating?	\$78,000
(Name of labor organization)	_	, has pick	eted the E	Employer since (I	Month, Day, Year)			secon perio
10. Organizations or individuals other than						nd other organiza	itions and individuals k	(nown to
have a representative interest in any emplo	- -		above. (i	If none, so state)	·			<u> </u>
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.	<u> </u>
		· · · · · · · · · · · · · · · · · · ·			10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	s an election in th	is matter, state you	r position	with respect to	11a. Election Type:	: 🔼 Manual 🔼	MailMixed M	lanual/Mail
्रातृ b. Election Date(s):	11c. E	lection Time(s):			11d. Election Local	tion(s):		
December 3, 2019	9:00an	n `´			317 S. Richard St.	Bedford PA 155	522	
12a. Full Name of Petitioner (b) (6), (b) (7)(C)						et and number, co b) (6), (b) (7)(0	ity, state, and ZIP code	e) :
12c. Full name of national or international la Communication Workers of America - Local		of which Petitioner	is an affili	ate or constituen	t (if none, so state)			
2d. Tel No.	12e Cell No (b) (6), (b) (7)(C	7	12f. Fa:	x No.		120 E Mail Add	(7)(C)	M. S. M. S.
(b) (6), (b) (7)(C) 3. Representative of the Petitioner who			or purpos	es of the repres	entation proceeding	(b) (6), (b)	(7)(C)	
120 Name and Title	t.	, - -			d number, city, state,			क्षेत्रक राज
iga. Name and Title								to the state of
13c. Tel No.	13d. Cell No.		13e. Fax No. 13f. E-Mail Address			ress	र र प्राप्त स्थान	
			<u></u>					".w
Ideclare that I have read the above petition	ion and that the	statements are tru	e to the	best of my know	ledge and belief.			
Name (<i>Print</i>) (b) (6), (b) (7)(C)	nature (b) (6), (b) (7)(C)		Title (b) (6), (b) (i	· · · · · · ·	· · 	Date	7:04:50	- A-

ILLFUL 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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Case

Date Filed

06-RD-249709

10-10-19

Pires 74842 Militar

Jako Alexandro

Employees Included
CUSTOMER SERVICE TECT II, NETWORK COMMUNICATION TECH, CABLE
SPLICER, BUSINESS SERVICE TECH II

Employees Excluded office clerical employees, engineer, building operations mechanic, professional employees, and supervisors