	FORM EXEMPT	UNDER 44 U.S.C	3512
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UNITED STATES OF AMERICA	
NATIONAL LABOR RELATIONS BOARD	
CHARGE AGAINST LABOR ORGANIZATION	N
	•

OR ITS AGENTS

DO NOT WRITE IN THIS SPACE Date Filed

9/6/2019

INSTRUCTIONS:	File an original with NLRB Re	gional Director for the region in which the alleged	unfair labor practice occurred or is occurring.	

Case

03-CB-247770

1. LABOR ORGANIZATION OR ITS						
a. Name		b. Union Representative to contact				
ATSE Local 10		(b) (6), (b) (7)(C)				
		(b) (b),	$(\mathbf{D})(\mathbf{r})(\mathbf{C})$	2)		
c. Address (Street, city, state, and ZIP code)	·····	d. Tel. No.		e. Cell No.		
700 Main St, Ste 200, Buffalo, NY 14202		716-852	2196	(b) (6), (b) (7)(C)		
700 Main St, Ste 200, Bullaio, NT 14202		f. Fax No.		g. e-Mail		
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the A meaning of the Act and the Postal Reorganization Act.	of the Nati	onal Labor R	hA anoitele	and these unfair labor practices		
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor	practices)			
Since about September 3, 2019 and continuing thereaft	er the above-named lat	oor organiz	ation by it	s officers, agents and		
representatives has restrained and coerced employees	of in the exercise of rig	hts guaran	teed to the	em in Section 7 of the		
Act, as amended by refusing to move (b) (6), (b) (7)(C)		-				
3. Name of Employer		4a. Tel. No		b. Cell No.		
Shea's Performing Arts Center		716-847-	1410			
		c. Fax No.		d. e-Mail		
5. Location of plant involved (street, city, state and ZIP code)		· I	6. Emplo	yer representative to contact		
650 Main St., Buffalo, NY 14202			· ·			
7. Type of establishment (factory, mine; wholesaler, etc.)	8. Identify principal product	or service	9. Numb	er of workers employed		
Theater	Entertainment		~25			
10. Full name of party filing charge	•	11a. Tel. N	0.	b. Cell No. (b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)		c. Fax No.		d. e-Mail		
11. Address of party filing charge (street, city, state and ZIP code.)		L		(b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)						
12. DECLARATION		Te	. No.			
(b) (6), (b) (7)(C)	the best of my knowledge and beli					
	b) (7)(C) individual	Ce	II No.	, (b) (7)(C)		
king charge) (Print/type	name and title or office, if an			, (b) (7)(C)		
		Fa	x No.			
(b) (6), (b) (7)(C)		e	Mail (b) (6)	(h)(7)(C)		
Address	(date) 9/6/1		(D) (O)	, (b) (7)(C)		
WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUI	VISHED BY FINE AND IMPR	ISONMENT	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 unfair labor practice 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 OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

FORM EXEMPT UNDER 44 U.S.C 3512

DO NOT WRITE IN THIS SPACE

Date Filed

09/09/19

Case 03-CB-247807

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGENTS MORTING MICH CHARGE IS BROUGHT         a. Name         Graphic Communications Conference of the International Brotherhood of Teamsters, Local No.         5.03         C. Address (Street, city, state, and ZIP code)         443 North Frankin Street         WT Syncura 1204	INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.					
Carganiz Communications Conference of the International Brothethood of Teamsters, Local No.       Damiet Kornfeld         503       Tile: Attorney         c. Address (Street, city, state, and ZIP code)       If Te No.       g e Mail         443 North Franklin Street       Tile: No.       g e Mail         NY Synacuse 13204	1. LABOR ORGANIZATION OR ITS	SAGENTS AGAINST WHICH				
43 North Frankin Stroot NY Syracuse 13204	Graphic Communications Conference of the International Brotherhood of Teamsters, Local No.		Daniel Kornfeld			to contact
43 North Frankin Stroot NY Syracuse 13204	c Address (Street city state and ZIP code)		d Tel N	lo		e Cell No
NY Syracuse 13204	c. Address (Sireer, City, State, and Zir Code)				11	
(315) 4/17-223       dekonkid@kkwyms.com         h. The above-name organization(s) or its agents has (have) engaged in and is (are)engaging in unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair labor practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair labor practices.         2. Beas of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) <ul> <li>Second the charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)</li> <li>Second the charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)</li> <li>Second the charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)</li> <li>Second the charge (second and concise statement of the facts constituting the alleged unfair labor practices)</li> <li>Second the charge (second and concise statement of the facts constituting the alleged unfair labor practices)</li> <li>Second the charge (second and concise statement of the facts constituting the alleged unfair labor practices)</li> <li>Second concise statement of the facts constituting the alleged unfair labor practices (second concise statement)</li> <li>Second concise statement of the facts constituting the alleged unfair labor practices (second concise statement)</li> <li>Second concise statement)</li></ul>			f. Fax N	0.		g. e-Mail
subsection(s) (its subsections) (3)	NY Syracuse 13204			1-262	23	dekornfeld@bklawyers.com
See additional page 3. Name of Employer Cascades Containerboard Packaging - Lancaster, A Division of Cascades New York, Inc. 5. Location of plant involved (street, city, state and ZIP code) 444 Yadidan Avenue NY Lancaster 14086	h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (list subsections) (3)					
3. Name of Employer       4a. Tel. No.       b. Cell No.         Cascades Containerboard Packaging - Lancaster, A Division of Cascades New York, Inc.       c. Fax No.       d. e-Mail         5. Location of plant involved (street, city, state and ZIP code)       6. Employer representative to contact         4444 Walden Avenue       Title:       Title:         7. Type of establishment (factory, mine, wholesaler, etc.)       8. Identify principal product or service       9. Number of workers employed         7. Type of establishment (factory, mine, wholesaler, etc.)       8. Identify principal product or service       9. Number of workers employed         7. Type of establishment (factory, mine, wholesaler, etc.)       8. Identify principal product or service       9. Number of workers employed         10. Full name of party filing charge       11a. Tel. No.       b. Cell No.         Michelle Rosowicz       11a. Tel. No.       d. e-Mail         Cascades Containerboard Packaging - Lancaster, A Division of Cascades New York, Inc.       Tel. No.       d. e-Mail         11. Address of party filing charge (street, city, state and ZIP code)       444 Walden Avenue       No.       d. e-Mail         YL Lancastor 14086-       12. DECLARATION       C. Fax No.       d. e-Mail       michele_rosowicz@cascades.com         V1 Lancastor 14086-       12. DECLARATION       (Brint/type name and titile or office, if any)       Tel. No.	2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair Ial	bor p	ractices)	
Cascades Containerboard Packaging - Lancaster, A Division of Cascades New York, Inc. C. Fax No. d. e-Mail 5. Location of plant involved (street, city, state and ZIP code) 4444 Walden Avenue NY Lancaster 14086	See additional page					
c. Fax No.       d. e-Mail         5. Location of plant involved (street, city, state and ZIP code)       6. Employer representative to contact         4444 Walden Avenue NY Lancaster 14086       Title:         7. Type of establishment (factory, mine, wholesaler, etc.)       8. Identify principal product or service corrugated boxes       9. Number of workers employed         10. Full name of party filing charge       11a. Tel. No. (631) 247-0404       b. Cell No.         11. Address of party filing charge (street, city, state and ZIP code.)       4444 Walden Avenue       d. e-Mail         11. Address of party filing charge (street, city, state and ZIP code.)       4444 Walden Avenue       d. e-Mail         11. Address of party filing charge (street, city, state and ZIP code.)       11a. Tel. No. (631) 247-0404       d. e-Mail         11. Address of party filing charge (street, city, state and ZIP code.)       11a. B. Bogaty       d. e-Mail         12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and beliet.       END       6. Ell No.         By       Ian B. Bogaty       Ian B. Bogaty       Ian B. Bogaty       Ell No.         By       S8 South Service Road Suite 250       Melville NY 11747	3. Name of Employer		4a. Tel.	No.		b. Cell No.
4444 Walden Avenue NY Lancaster 14086	Cascades Containerboard Packaging - Lancaster, A Division of Casca	ades New York, Inc.	c. Fax No.			d. e-Mail
4444 Walden Avenue NY Lancaster 14086       Title:         7. Type of establishment ( <i>factory, mine, wholesaler, etc.</i> ) Paper & Paper Products       8. Identify principal product or service corrugated boxes       9. Number of workers employed         10. Full name of party filing charge Michelle Rosowicz Cascades Containerboard Packaging - Lancaster, A Division of Cascades New York, Inc.       11a. Tel. No. (631) 247-0404       b. Cell No.         11. Address of party filing charge (street, city, state and ZIP code.)       4444 Walden Avenue       d. e-Mail michelle_rosowicz@cascades.com         11. Address of party filing charge (street, city, state and ZIP code.)       Ian B. Bogaty       d. d. e.Mail         11. declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.       Tel. No. (631) 247-0404       Cell No.         By       Ian B. Bogaty (signature of representative or person making charge)       Ian B. Bogaty (Print/type name and title or office, if any) Title: Attorney       Tel. No. (631) 247-0404       Cell No.         Address       58 South Service Road Suite 250 Melville NY 11747       (date)_09/6/2019 15 37.07       e-Mail ian.bogaty@jacksonlewis.com						
NY Lancaster 14086       Title:         7. Type of establishment (factory, mine, wholesaler, etc.)       8. Identify principal product or service corrugated boxes       9. Number of workers employed         Paper & Paper Products       120         10. Full name of party filing charge       11a. Tel. No.       b. Cell No.         Michelle Rosowicz       11a. Tel. No.       d. e-Mail         Cascades Containerboard Packaging - Lancaster, A Division of Cascades New York, Inc.       c. Fax No.       d. e-Mail         11. Address of party filing charge (street, city, state and ZIP code.)       4444 Walden Avenue       d. e-Mail         NY Lancaster 14086-       Tel. No.       (631) 247-0404       Cell No.         I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.       Tel. No.       (631) 247-0404         By       Ian B. Bogaty       Ian B. Bogaty       [Print/type name and title or office, if any)       Tel. No.         By       Ian B. Bogaty       Ian B. Bogaty       [Print/type name and title or office, if any)       Fax No.         58 South Service Road Suite 250       Melville NY 11747       (date)       [OPI6/2019 15 37:07]       e-Mail				6. Employer representative		er representative to contact
Paper & Paper Products       corrugated boxes       120         10. Full name of party filing charge       11a. Tel. No. (31) 247-0404       b. Cell No. (31) 247-0404         Michelle Rosowicz Cascades Containerboard Packaging - Lancaster, A Division of Cascades New York, Inc.       c. Fax No.       d. e-Mail michelle_rosowicz@cascades.com         11. Address of party filing charge (street, city, state and ZIP code.)       v. Fax No.       d. e-Mail         4444 Walden Avenue       nichelle_rosowicz@cascades.com       michelle_rosowicz@cascades.com         NY Lancaster 14086-       120       rel. No. (631) 247-0404       d. e-Mail         I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. By			Title:		Title:	
10. Full name of party filing charge       11a. Tel. No. (631) 247-0404       b. Cell No.         11. Address of party filing charge (street, city, state and ZIP code.)       d. e-Mail michelle_rosowicz@cascades.com         11. Address of party filing charge (street, city, state and ZIP code.)       d. e-Mail         4444 Walden Avenue       nichelle_rosowicz@cascades.com         NY Lancaster 14086-       12. DECLARATION         I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.       Tel. No. (631) 247-0404         By       Ian B. Bogaty       Ian B. Bogaty         By       Ian B. Bogaty       Ian B. Bogaty         Title: Attorney       Fax No.         6. Mail       e-Mail         ian.bogaty@jacksonlewis.com       e-Mail	7. Type of establishment (factory, mine, wholesaler, etc.)	pe of establishment (factory, mine, wholesaler, etc.) 8. Identify principal produc		tor service 9. Numb		r of workers employed
Michelle Rosowicz       (631) 247-0404         Cascades Containerboard Packaging - Lancaster, A Division of Cascades New York, Inc.       C. Fax No.       d. e-Mail         11. Address of party filing charge (street, city, state and ZIP code.)       4444 Walden Avenue       michelle_rosowicz@cascades.com         NY Lancaster 14086-       12. DECLARATION       Ian B. Bogaty       Tel. No.       (631) 247-0404         I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.       Ian B. Bogaty       Cell No.       (631) 247-0404         By       Ian B. Bogaty       Ian B. Bogaty       Fax No.       Fax No.       Fax No.         631) 247-0404       Cell No.       Cell No.       (631) 247-0404       Cell No.         By       Ian B. Bogaty       Ian B. Bogaty       Fax No.       Fax No.       Fax No.         Address       58 South Service Road Suite 250       (date)       09/6/2019 15 37.07       Fax No.       E-Mail         Address       Melville NY 11747	aper & Paper Products corrugated boxes		120		120	
Michelle Rosowicz Cascades Containerboard Packaging - Lancaster, A Division of Cascades New York, Inc.       (631) 247-0404         11. Address of party filing charge (street, city, state and ZIP code.) 4444 Walden Avenue NY Lancaster 14086-       d. e-Mail michelle_rosowicz@cascades.com         11 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. By lan B. Bogaty (signature of representative or person making charge)       Ian B. Bogaty (Print/type name and title or office, if any) Title: Attorney       Tel. No. (631) 247-0404         6 - Mail michelle_rosowicz@cascades.com       6-Mail ian.bogaty@jacksonlewis.com	10. Full name of party filing charge	e of party filing charge		. No.		b. Cell No.
Cascades Containerboard Packaging - Lancaster, A Division of Cascades New York, Inc.       c. Fax No.       d. e-Mail         11. Address of party filing charge (street, city, state and ZIP code.)       4444 Walden Avenue       michelle_rosowicz@cascades.com         4444 Walden Avenue       NY Lancaster 14086-       Tel. No.       (631) 247-0404         I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.       Ian B. Bogaty       Cell No.         By       Ian B. Bogaty       Ian B. Bogaty       Cell No.       Fax No.         Title: Attorney       58 South Service Road Suite 250       e-Mail       e-Mail         Melville NY 11747       (date)       09/6/2019 15 37:07       ian.bogaty@jacksonlewis.com			(631) 24	7-040	)4	
11. Address of party filing charge (street, city, state and ZIP code.)         4444 Walden Avenue         NY Lancaster 14086-         I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.         By       Ian B. Bogaty         ignature of representative or person making charge)       Ian B. Bogaty         Cell No.         Fax No.         68 South Service Road Suite 250         Melville NY 11747         (date)         09/6/2019 15 37:07						d. e-Mail
4444 Walden Avenue         NY Lancaster 14086-         I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.         By       Ian B. Bogaty         (signature of representative or person making charge)       Ian B. Bogaty         Title: Attorney       Fax No.         58 South Service Road Suite 250       (date)         Melville NY 11747       (date)         Object/2019 15 37:07       ian.bogaty@jacksonlewis.com				michelle_rosowicz@cascades.com		
12. DECLARATION         I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.       Tel. No. (631) 247-0404         By       Ian B. Bogaty       Ian B. Bogaty       Cell No.         By       isignature of representative or person making charge)       (Print/type name and title or office, if any)       Fax No.         Title: Attorney       58 South Service Road Suite 250       e-Mail       ian.bogaty@jacksonlewis.com						
I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.       (631) 247-0404         By       Ian B. Bogaty       Ian B. Bogaty         By       (signature of representative or person making charge)       (Print/type name and title or office, if any)         Title:       Attorney       Fax No.         68       South Service Road Suite 250         Melville NY 11747       (date)         09/6/2019 15 37:07       ian.bogaty@jacksonlewis.com	NY Lancaster 14086-					
by	12. DECLARATION				7-0404	
(signature of representative or person making charge)       (Print/type name and title or office, if any)         Title: Attorney       Fax No.         58 South Service Road Suite 250       e-Mail         Melville NY 11747       (date)_09/6/2019 15 37:07	By lan B. Bogaty	lan B. Bogaty	ľ	Cell	No.	
Address <u>Melville NY 11747</u> (date) <u>09/6/2019 15 37:07</u> ian.bogaty@jacksonlewis.com	(signature of representative or person making charge) (Print/type	(Print/type name and title or office, if any)			No.	
Address <u>Melville NY 11747-</u> (date) <u>09/6/2019 15 37:07</u> ian.bogaty@jacksonlewis.com	58 South Service Road Suite 250		ŀ	e-M:	ail	
	Address Melville NY 11747		15 37:07	- 1110		aty@jacksonlewis.com

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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.

# Basis of the Charge

## 8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD	Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	03-CB-248077	09/12/2019	
INSTRUCTIONS: File an original of this charge with the NLRB Regional D occurred or is occurring.	irector of the region in whic	h the alleged unfair labor practice	
1. LABOR ORGANIZATION OR ITS AGENTS AG	AINST WHICH CHARGE IS BR	DUGHT	
a. Name International Brotherhood of Electrical Workers Local 2213	b. Union Representative to Barb Carson President/Business		
c. Address 6333 State Route 298 Suite 103, East Syracuse, NY 13057	d. Tel. No. (607)725-6336	e. e. Cell No.	
	f. Fax No.	g. e-Mail barb@ibew2213.org	
<ul> <li>h. The above-named labor organization or its agents have engaged in and are         (1)(a) of the National Labor Relations Act, and these unfair labor practices a         or are unfair practices affecting commerce within the meaning of the Act an     </li> </ul>	re unfair practices affecting co	mmerce within the meaning of the Act,	
<ol> <li>Basis of the Charge (set forth a clear and concise statement of the facts col Since about (b) (6), (b) (7)(C) 2019, the above-named labor orga exercise of rights protected by Section 7 of the Act by refusing the Employer's failure to pay (b)(0)(0)(C) compensation for arbit.</li> </ol>	nization has restrained a to arbitrate the grievan	and coerced employees in the ce of <sup>(b)</sup> (6), (b) (7)(C) regarding	
3. Name of Employer Verizon Communications	4a. Tel. No.	4b. Cell No.	

		· · ·			
		4c. Fax No.	4d. e-Mail		
5. Location of Plant involved (street, city, state, and ZIP of	xode)	6. Employer representative	to contact		
65 Franklin Street, Buffalo, NY 14202		Dawn McGahey Supervisor			
7. Type of Establishment (factory, mine, wholesaler) Call Center	8. Principal product Customer Ser		9. Number of Workers employed 300		
1(b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(C)	11b. Cell No. (b) (6), (b) (7)(C)		
		11c. Fax No.	(b) (6), (b) (7)(C)		
11. Address of party filing charge (street, city, state, and 2 $(b)$ (6), (b) (7)(C)	(IP code)	4			
	12. DECLARAT	rion			
I declare that I have read the above charge and	that the statements	therein are true to the best	t of my knowledge and belief.		
		-	Tel No.		
By:	(b) (6), (b)	(7)(C)	(b) (6), (b) (7)(C)		
( <i>si</i> (b) (6), (b) (7)(C)	(b) (6), (b) (7)	(C) <sup>arr</sup> (b) (6), (b) (7)(C) <sup>y</sup>	Celi No. (b) (6), (b) (7)(C)		
Adoress: (b) (6), (b) (7)(C)		Date: 9 9 19	Fax No.		



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WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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 (b) (6), (b) (7)(C) NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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UNITED STATES OF AMERICA		DO NOT		ONOT	WRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOARD		Case			Date filed	
FIRST AMENDED CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		03-C	B-24832	26 9	/19/2019	
INSTRUCTIONS: File an original of this charge with the NL occurred or is occurring.	RB Regional Dire	ctor of	the regio	on in whi	ich the alleged unfair labor practice	
1. LABOR ORGANIZATION OR I	TS AGENTS AGAIN	NST WH	ICH CHAR	RGÉ IS B	ROUGHT	
a. Name		b. Unic	on Repres	entative	to Contact	
Laborer's International Union of North Americ	a, Local	Pete	er Capit	tano		
Union No. 210		Bus	siness N	lanage	er	
c. Address		d. Tel.			e.e. Cell No.	
25 Tyrol Drive,			668-90 (			
Cheektowaga, NY 14227		f. Fax	No.		g. e-Mail	
<ul> <li>h. The above-named labor organization or its agents have eng 8(b), subsection(s) (1)(A) of the National Labor Relation within the meaning of the Act, or are unfair practices affectin</li> <li>2. Basis of the Charge (set forth a clear and concise statement)</li> </ul>	ns Act, and these unit of the second se	unfair la n the m	abor practi leaning of	ces are the Act a	unfair practices affecting commerce and the Postal Reorganization Act.	
The above-named labor organization, by its off continuing thereafter, has restrained and coerce Section 7 of the Act by failing and refusing to r undertaken in and around Erie County, New Yo	ed (b) (6), (b) (7)(C refer <sup>(b) (6), (b</sup> from	) in th	e exerci	se of th	ne rights guaranteed <sup>(b)(0,0)</sup> under	
3. Name of Employer		4a. Te	I. No.:		4b. Cell No.:	
Various Employers		4c. Fa	x No.:		4d. e-Mail:	
5. Location of Plant involved (street, city, state, and ZIP code)		6. Emp	loyer repr	esentativ	e to contact:	
7. Type of Establishment (factory, mine, etc.): 8. Princi	ipal product or serv	vice			9. Number of Workers employed	
10. Full name of party filing charge		11a <u>. Te</u> (b)	el. No.: (6), (b) (7	/)(C)	11b. Cell No.:	
(b) (6), (b) (7)(C) an Individual	-	11c. Fa	ax No.		11d e-Mail	
11. Address of party filing charge (street, city, state, and ZIP con (b) (6), (b) (7)(C)	/					
i declare that I have read the above charge and that	12. DECLARATIC the statements the statements the statements the statements the statements the statement s	DN herein a	are true t	o the be	st of my knowledge and belief.	
(b) (6), (b) (7)(C)(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C				Tel No. (b) (6), (b) (7)(C)	
(signalure of representative or person making charge)	Print/type name	me and title or office, if any		e, if any	Cell No.:	
Address: (b) (6), (b) (7)(C)		1	ate:		Fax No.:	
		9	18	2019	e-mail;	
	INTELLED BY FINE			MENT	(U.S. CODE, TITLE 18, SECTION 1001)	

#### WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED PRIVACY ACT STATEMENT

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NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	Case	RITE IN THIS SPACE
AGENTS		
	03-CB-248329	09/17/2019
NSTRUCTIONS: File an original of this charge with the NLRB Region occurred or is occurring.	nal Director of the region in whic	ch the alleged unfair labor practic
1. LABOR ORGANIZATION OR ITS AGENTS	S AGAINST WHICH CHARGE IS BR	ROUGHT
a. Name	b. Union Representative to	o Contact
International Brotherhood of Teamsters, Local 264	Brian Dickman President	
c. Address	d. Tel. No.	e.e. Cell No.
35 Tyrol Drive, Cheektowaga, NY 14227	(716)668-8007 f. Fax No. (716)668-8422	g. e-Mail
The above-named labor organization or its agents have engaged in an 8(b), subsection(s) (1)(A) of the National Labor Relations Act, and thes the meaning of the Act, or are unfair practices affecting commerce with	e unfair labor practices are unfair	practices affecting commerce within
2. Basis of the Charge (set forth a clear and concise statement of the fact.	•	
Since about mid-July 2019, the above-named labor organ exercise of rights protected by Section 7 of the Act by refu	ization has restrained and c	coerced employees in the (b) (6), (b) (7)(C)
exercise of rights protected by Section 7 of the Act by feit	ising to provide requested in	
SEE Attachment I would	Like to File,	E HARASSMENT
SEE Attachment I would Name of Employer Upstate Farms	4a. Tel. No.	4b. Cell No.
Name of Employer		
Name of Employer     Upstate Farms     Bisov Foods     Location of Plant involved (street, city, state, and ZIP code)	4a. Tel. No.	4b. Cell No. 4d. e-Mail
Name of Employer     Upstate Farms     Bisov Freeds     Location of Plant involved (street, city, state, and ZIP code)     3300 N. America Dr., West Seneca, NY 14224	4a. Tel. No. 4c. Fax No.	4b. Cell No. 4d. e-Mail
Name of Employer     Upstate Farms     Bisov Freeds     Location of Plant involved (street, city, state, and ZIP code)     3300 N. America Dr., West Seneca, NY 14224	4a. Tel. No. 4c. Fax No. 6. Employer representative roduct or service ducts	4b. Cell No. 4d. e-Mail to contact
Name of Employer Upstate Farms     BISON Freecs     Location of Plant involved (street, city, state, and ZIP code)     3300 N. America Dr., West Seneca, NY 14224     Type of Establishment (factory, mine, wholesaler)     8. Principal pr	4a. Tel. No. 4c. Fax No. 6. Employer representative roduct or service	4b. Cell No. 4d. e-Mail to contact 9. Number of Workers employed
Name of Employer Upstate Farms Bisov Freeds Location of Plant involved (street, city, state, and ZIP code) 3300 N. America Dr., West Seneca, NY 14224 Type of Establishment (factory, mine, wholesaler) Factory Food Provi Food Provi	4a. Tel. No. 4c. Fax No. 6. Employer representative roduct or service ducts 11a. Tel. No.	4b. Cell No. 4d. e-Mail to contact 9. Number of Workers employed 150
Name of Employer Upstate Farms Discov Feeds Location of Plant involved (street, city, state, and ZIP code) 3300 N. America Dr., West Seneca, NY 14224 Type of Establishment (factory, mine, wholesaler) Factory Factory Food Prov Food	4a. Tel. No. 4c. Fax No. 6. Employer representative roduct or service ducts 11a. Tel. No. (b) (6), (b) (7)(C)	4b. Cell No. 4d. e-Mail to contact 9. Number of Workers employed 150 11b. Cell No.
3. Name of Employer         Upstate Farms         Bisov Freeds         5. Location of Plant involved (street, city, state, and ZIP code)         3300 N. America Dr., West Seneca, NY 14224         7. Type of Establishment (factory, mine, wholesaler)         8. Principal	4a. Tel. No. 4c. Fax No. 6. Employer representative ducts 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	4b. Cell No. 4d. e-Mail to contact 9. Number of Workers employed 150 11b. Cell No.
Bisov Freeds         Bisov Freeds         5. Location of Plant involved (street, city, state, and ZIP code)         3300 N. America Dr., West Seneca, NY 14224         7. Type of Establishment (factory, mine, wholesaler)         8. Principal privation         Factory         10. Full name of party filing charge         (b) (6), (b) (7)(C)         11. Address of party filing charge (street, city, state, and ZIP code)         (b) (6), (b) (7)(C)         12. DECL	4a. Tel. No.         4c. Fax No.         6. Employer representative         roduct or service         ducts         11a. Tel. No.         (b) (6), (b) (7)(C)         11c. Fax No.	4b. Cell No. 4d. e-Mail to contact 9. Number of Workers employed 150 11b. Cell No. 11d e-Mail
3. Name of Employer         Upstate Farms         Bisov Freeds         5. Location of Plant involved (street, city, state, and ZIP code)         3300 N. America Dr., West Seneca, NY 14224         7. Type of Establishment (factory, mine, wholesaler)         8. Principal	4a. Tel. No.         4c. Fax No.         6. Employer representative         roduct or service         ducts         11a. Tel. No.         (b) (6), (b) (7)(C)         11c. Fax No.	4b. Cell No.         4d. e-Mail         to contact         9. Number of Workers employed         150         11b. Cell No.         11d e-Mail         tof my knowledge and belief.
Name of Employer         Upstate Farms         Bisov Freeds         5. Location of Plant involved (street, city, state, and ZIP code)         3300 N. America Dr., West Seneca, NY 14224         7. Type of Establishment (factory, mine, wholesaler)         8. Principal pr         Factory         8. Principal pr         Food Prov         10. Full name of party filing charge         (b) (6), (b) (7)(C)         11. Address of party filing charge (street, city, state, and ZIP code)         (b) (6), (b) (7)(C)         12. DECL         I declare that I have read the above charge and that the statem         (b) (6), (b) (7)(C)         I declare that I have read the above charge and that the statem	4a. Tel. No.         4c. Fax No.         6. Employer representative         roduct or service         ducts         11a. Tel. No.         (b) (6), (b) (7)(C)         11c. Fax No.	4b. Cell No. 4d. e-Mail to contact 9. Number of Workers employed 150 11b. Cell No. 11d e-Mail
A. Name of Employer         Upstate Farms         Bisow Freeds         5. Location of Plant involved (street, city, state, and ZIP code)         3300 N. America Dr., West Seneca, NY 14224         7. Type of Establishment (factory, mine, wholesaler)         8. Principal privation         Factory         8. Principal privation         Factory         10. Full name of party filing charge         (b) (6), (b) (7)(C)         11. Address of party filing charge (street, city, state, and ZIP code)         (b) (6), (b) (7)(C)         12. DECL         I declare that I have read the above charge and that the statem         (b) (6), (b) (7)(C)         (c) (6), (b) (7)(C)	4a. Tel. No.         4c. Fax No.         6. Employer representative         roduct or service         ducts         11a. Tel. No.         (b) (6), (b) (7)(C)         11c. Fax No.	4b. Cell No.         4d. e-Mail         to contact         9. Number of Workers employed         150         11b. Cell No.         11d e-Mail         t of my knowledge and belief.         Tel No.         (b) (6), (b) (7)(C)
A. Name of Employer         Upstate Farms         Bisow Freeds         5. Location of Plant involved (street, city, state, and ZIP code)         3300 N. America Dr., West Seneca, NY 14224         7. Type of Establishment (factory, mine, wholesaler)         8. Principal principal principal of party filing charge         (b) (6), (b) (7)(C)         11. Address of party filing charge (street, city, state, and ZIP code)         (b) (6), (b) (7)(C)         12. DECLA         I declare that I have read the above charge and that the statem         (b) (6), (b) (7)(C)         (b) (6), (b) (7)(C)	4a. Tel. No.         4c. Fax No.         6. Employer representative         roduct or service         ducts         11a. Tel. No.         (b) (6), (b) (7)(C)         11c. Fax No.	4b. Cell No.         4d. e-Mail         to contact         9. Number of Workers employed         150         11b. Cell No.         11d e-Mail         tof my knowledge and belief.         Tel No.
A. Name of Employer         Upstate Farms         Bisow Freeds         5. Location of Plant involved (street, city, state, and ZIP code)         3300 N. America Dr., West Seneca, NY 14224         7. Type of Establishment (factory, mine, wholesaler)         8. Principal privation         Factory         8. Principal privation         Factory         10. Full name of party filing charge         (b) (6), (b) (7)(C)         11. Address of party filing charge (street, city, state, and ZIP code)         (b) (6), (b) (7)(C)         12. DECL         I declare that I have read the above charge and that the statem         (b) (6), (b) (7)(C)         (c) (6), (b) (7)(C)	4a. Tel. No.         4c. Fax No.         6. Employer representative         roduct or service         ducts         11a. Tel. No.         (b) (6), (b) (7)(C)         11c. Fax No.	4b. Cell No.         4d. e-Mail         to contact         9. Number of Workers employed         150         11b. Cell No.         11d e-Mail         t of my knowledge and belief.         Tel No.         (b) (6), (b) (7)(C)

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PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION	OR ITS	02 00 040000	
AGENTS INSTRUCTIONS: File an original of this charge with the	NI DD Pagional D	03-CB-248336	9/17/2019
occurred or is occurring.			
1. LABOR ORGANIZATION C	R ITS AGENTS AG	AINST WHICH CHARGE IS BR	
		b. Union Representative to	
Operating Engineers Local 17		Bill Sekete FEKE	
		President/Business	Agent
c. Address		d. Tel. No.	e.e. Cell No.
5959 Versailles Road, Lakeview, NY 14085		(716)627-2648	
		f. Fax No.	g. e-Mail
h. The above-named labor organization or its agents have	annead in had are	(716)627-2649	(
<ol> <li>The adovernamed labor organization of its agents have 8(b), (1)(A) and (2) of the National Labor Relations Act, a meaning of the Act, or are unfair practices affecting com</li> </ol>	and these unfair lab	or practices are unfair practice	es affecting commerce within the
2. Basis of the Charge (set forth a clear and concise statem	ent of the facts con	stituting the alleged unfair lab	or practices)
Since about April 2019, the above-named labo			
of rights protected by Section 7 of the Act by o	perating a hining	hall in a manner that w	as arbitrary, discriminatory or
of rights protected by Section 7 of the Act by o in bad faith.	REFER	All	-
Since about April 2019, the above-named labo			
with Various Employers for reasons other than			
dues.		inder uniternity required	initiation lede and periodic
4663.			
2 Name of Employee		4a. Tel. No.	4b. Cell No.
3. Name of Employer Various Employers (Difiore Construction)		4a. I el. No.	4D. Cell NO.
Vandus Employers (Dinore Construction)		4c. Fax No.	4d. e-Mail
•			
5. Location of Plant involved (street, city, state; and ZIP cod	le)	6. Employer representative	to contact
unknown, Rochester, NY			
	8. Principal product	or service	9. Number of Workers employed
Construction	Buildings and	road work	50
10. Full name of party filing charge	Dunungo uno	11a. Tel, No.	11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
		11c. Fax No.	11(b) (6), (b) (7)(C)
		FIG. FOX NO.	
11. Address of party filing charge (street, city, state, and ZIP	code)	<u> </u>	·
	,		
(b) (6), (b) (7)(C)	12. DECLARAT	ION	
I declare that I have read the above charge and the			of my knowledge and helief
i declare that I have read the above charge and tr	at the statements	merein are true to the best	Tel No.
(b) (6), (b) (7)(C)			
By:	(b) (6), (b)	(7)(C)	
by.			(b) (6), (b) (7)(C)
(sig	Print/type nan	ne and title or office, if any	Cell No.
			(b) (6), (b) (7)(C)
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)		9-13-19	(b) (6) (b) (7)(c)
		77577	e-(b) (6), (b) (7)(C)
		•	

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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	NITED STATES OF AMERICA		VRITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOA	RD	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATI AGENTS		03-CB-248420	9/18/2019
INSTRUCTIONS: File an original of this charge with occurred or is occurring.			
1. LABOR ORGANIZATIO	ON OR ITS AGENTS AG	AINST WHICH CHARGE IS BR	ROUGHT
a. Name APWU Local 183		b. Union Representative ( (b) (6), (b) (7)(C)	o Contact
c. Address PO Box 386, Lancaster, NY 14086		d. Tel. No. (716)807-5633 f. Fax No.	e.e. Cell No. g. e-Mail
<ul> <li>h. The above-named labor organization or its agents ha 8(b), subsection(s) (1)(A) of the National Labor Relat the meaning of the Act, or are unfair practices affection</li> </ul>	ions Act, and these un	air labor practices are unfair	practices affecting commerce within
2. Basis of the Charge (set forth a clear and concise sta			
Since about September 4, 2019, the above	-named labor orga	nization has restrained	and coerced employees in the
exercise of rights protected by Section 7 of Postal Service and using this information to activities.	the Act by request harass <sup>(b)</sup> (6), (b	ing irrelevant information (7)(C) in retaliation for	on from the United States
3. Name of Employer United States Postal Service		4a. 'Tel. No.	4b. Cell No.
		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP	code)	6. Employer representative	to contact
279 Main Street, Bolivar, NY 14715		Mary Tarzia Human Resources Manager	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product		9. Number of Workers employed
Post office 10. Full name of party filing charge	Mail and pack	age delivery	9 11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	The Germa
		11c. Fax No.	(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and	ZIP code)		······································
(b) (6), (b) (7)(C)	12. DECLARAT	10N	
I declare that I have read the above charge and			of my knowledge and belief
(b) (6), (b) (7)(C)			Tel No.
2			3
s	(b) (6), (b) Phinutype nar	(7)(C) ne and litle or office, if any	(b) (6), (b) (7)(C) Cenno.
	(b) (6), (b) Phnutype nar	(7)(C) he and little or office, if any Date:	

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