

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 08-RC-244515	Date Filed 7/8/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer JSW USA	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1500 Commercial Ave., Mingo Junction, OH 43938
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3a. Employer Representative - Name and Title Steve Guzy, General Manager of Operations	3b. Address (If same as 2b - state same) Same
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3c. Tel. No. (412) 212-0701	3d. Cell No. (412) 258-0110	3e. Fax No.	3f. E-Mail Address steve.guzy@acerojunction.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory	4b. Principal product or service steel production	5a. City and State where unit is located: Mingo Junction, OH
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5b. Description of Unit Involved Included: All full-time and regular part-time production and maintenance employees at the Employer's facility in Mingo, Junction, OH Excluded: All temporary employees, office clerical and professional employees, guards, and supervisors as defined in the Act	6a. No. of Employees in Unit: Approximately 230 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about no reply (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). None	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 7/26/19	11c. Election Time(s): 5 -7:30 a.m. and 2-4 p.m.	11d. Election Location(s): main break room
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12a. Full Name of Petitioner (including local name and number) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC	12b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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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)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC

12d. Tel No. (412) 562-2529	12e. Cell No. (412) 418-4333	12f. Fax No. (412) 562-2555	12g. E-Mail Address bmanzolillo@usw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Brad Manzolillo, USW Organizing Counsel	13b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222
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13c. Tel No. (412) 562-2529	13d. Cell No. (412) 418-4333	13e. Fax No. (412) 562-2555	13f. E-Mail Address bmanzolillo@usw.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.

Name (Print) Brad Manzolillo	Signature <i>Brad Manzolillo</i>	Title Organizing Counsel	Date 7/8/19
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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 will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 08-RD-244412	Date Filed 7/5/19

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Fab Steel		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 240 W. ANDRUS	
3a. Employer Representative - Name and Title JERRY		3b. Address (if same as 2b - state same) SAME	
3c. Tel. No. 419-666-5100	3d. Fax No.	3e. Cell No.	3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory (Steel)	4b. Principal product or service Steel production
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5a. Description of Unit Involved Included: All BARGAINING UNITS Employees	5b. City and State where unit is located: Northwood Ohio
Excluded: All NONE BARGAINING UNITS Employees	

6. No. of Employees in Unit **5** 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

8a. Name of Recognized or Certified Bargaining Agent Sheet Metal Local 33	8b. Affiliation, if any
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8c. Address 12515 CORPORATE DR CLEVELAND 44130	8d. Tel. No. 216-267-1645	8e. Cell No.
	8f. Fax No.	8g. E-Mail Address

9. Date of Recognition or Certification 20+ years ago	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9-1-2020
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year) _____

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name NONE	12b. Address _____	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. **ASAP** 13a. Election Type: Manual Mail Mixed Manual/Mail

13b. Election Date(s) ASAP.	13c. Election Time(s) A.M.	13d. Election Location(s) 240 W. ANDRUS Northwood Ohio 43110
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14. (b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
	14d. Cell No.	(b) (6), (b) (7)(C)

14f. Affiliation, if any **NONE**

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

15a. Name (b) (6), (b) (7)(C)	15b. Title
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No. (b) (6), (b) (7)(C)
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

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

Name (Print) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Date Filed 7-2-19
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WILLFUL FALSE STATEMENTS... PUNISHABLE 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.

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 08-RD-244812	Date Filed 7/12/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 The Merrick House	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1050 Starkweather Avenue, Cleveland, OH 44113
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3a. Employer Representative - Name and Title Michelle Carey	3b. Address (if same as 2b - state same) 1050 Starkweather Avenue, Cleveland, OH 44113
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3c. Tel. No. (216)771-5077	3d. Cell No.	3e. Fax No. (216)771-8030	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Community Center	4b. Principal product or service Child Care, GED	5a. City and State where unit is located: Cleveland, OH
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5b. Description of Unit Involved Included: All certified community health workers and daycare workers Excluded: All Office clerical employees, guards and supervisors as defined in the Act and all other employees.	6a. No. of Employees in Unit: 11 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 [X] 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.

8a. Name of Recognized or Certified Bargaining Agent Communication Workers of America, Local 4340	8b. Address 1400 E Schaaf Rd, Brooklyn Heights, OH 44131-1322
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8c. Tel No. (216)635-4340, ext. 32	8d. Cell No.	8e. Fax No.	8f. E-Mail Address roberts4340@hotmail.com
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No Yes 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 of the unit described in item 5b above. (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): July 29, 2019	11d. Election Location(s):
11c. Election Time(s): 1:00 p.m. to 2:00 p.m.	

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)
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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)
NONE

12d. Tel No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title (b) (6), (b) (7)(C)	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No.	13f. E-Mail Address (b) (6), (b) (7)(C)
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I declare that I have read the above to the best of my knowledge and belief, and that the information furnished is true and correct.

Name (Print) (b) (6), (b) (7)(C)	Date 7.12.19
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WILLFUL FALSE STATEMENTS ARE PUNISHED BY FINE

PRIVACY ACT STATEMENT

CODE, TITLE 18, SECTION 1001

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.

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 08-RD-245553	Date Filed 7/26/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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 Kerry's Trucking LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 19778 Echo Drive, Strongsville, OH 44149	
3a. Employer Representative - Name and Title Ruth Kafcsak CEO		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 440-799-5979	3d. Fax No. 440-268-6894	3e. Cell No. 440-799-5979	3f. E-Mail Address kerrystrucking@gmail.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Dump-Truck Company/Building Supply		4b. Principal product or service Hauling Loose Material	

5a. Description of Unit involved Included: CDL Drivers Excluded: N/A	5b. City and State where unit is located: Strongsville, OH
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6. No. of Employees in Unit 5	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent Fred Crow	8b. Affiliation, if any Teamsters Local Union 436
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8c. Address 6051 Carey Drive, Cleveland, OH 44125	8d. Tel. No. 216-328-1833	8e. Cell No.
	8f. Fax No. 216-328-1513	8g. E-Mail Address local@teamsters436.com

9. Date of Recognition or Certification 10/012016	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/30/2019
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name None	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) 08/05/2019	13c. Election Time(s)	13d. Election Location(s)
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14. Full Name of Petitioner (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
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14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address
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14f. Affiliation, if any Member of Teamsters Local Union 436	15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
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15a. Name Paul L. Jackson	15b. Title Attorney
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15c. Address (Street and number, city, state, ZIP code) 222 South Main Street Suite 400 Akron, OH 44308	15d. Tel. No. 330-849-6657	15e. Fax No. 330-376-4577
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	15f. Cell No.	15g. E-Mail Address pjackson@ralaw.com
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I declare that I have read the above petition and its contents with knowledge and belief.		
Name (Print) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 07/25/2019

WILLFUL FALSE STATEMENTS AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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.

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

RECEIVED
NLRB REGION 8
CLEVELAND OHIO
2019 JUL 26 AM 9:35

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. 08-RD-245592	Date Filed 7/29/19
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INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: The Suites at Continuing Healthcare of Niles
2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code): 2567 Niles Vienna Rd, Niles, OH 44446-5401

3a. Employer Representative - Name and Title: Lucy Caruso Administrator
3b. Address (if same as 2b - state same): SAME AS ABOVE

3c. Tel. No.: (330)652-6745
3d. Cell No.: (843)816-6607
3e. Fax No.: (330)652-8743
3f. E-Mail Address: lcarusokudik@continuinghc.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Assisted Living
4b. Principal product or service: Nursing & Rehab Facility
5a. City and State where unit is located: Niles, OH

5b. Description of Unit Involved:
Included: All full-time and regular part-time health care associates, dietary aides, cooks, housekeepers and activity aides, employed by the Employer at its 2567 Niles-Vienna Road, Niles, Ohio facility.
Excluded: All office clerical employees, administration assistants, receptionists, department directors, maintenance employees, RN's LPN's, professional employees, guards and supervisors as defined in the Act, and all other employees.

6a. No. of Employees in Unit: 20 Active
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 [X] No []

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

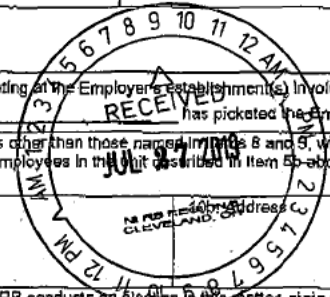
8a. Name of Recognized or Certified Bargaining Agent: SEIU District 1199 WV/KY/OH The Health Care and Social Service Union, CTW, CLC
8b. Address: 1395 Dublin Rd, Columbus, OH 43215-1086

8c. Tel. No.: 216-392-9946
8d. Cell No.: _____
8e. Fax No.: _____
8f. E-Mail Address: djohnson@seiu1199.org

8g. Affiliation, if any: _____
8h. Date of Recognition or Certification: October 28, 2016
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): October 28, 2019

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: _____
10c. Tel. No.: _____
10d. Cell No.: _____
10e. Fax No.: _____
10f. E-Mail Address: _____

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: _____ Manual _____ Mail _____ Mixed Manual/Mail
11b. Election Date(s): August 2, 2019
11c. Election Time(s): 7:00 a.m. - 9:00 a.m.; 4:00 p.m. - 6:00 p.m.
11d. Election Location(s): _____

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.: (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.: _____
13d. Cell No.: (b) (6), (b) (7)(C)
13e. Fax No.: (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: (b) (6), (b) (7)(C)
Date: 7-26-19

WILLFUL FALSE STATEMENTS ARE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. (b) (6), (b) (7)(C)

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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 Maple City Ice Co.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 371 Cleveland Rd. Norwalk, OH 44857	
3a. Employer Representative - Name and Title John Hipp, V.P.		3b. Address (if same as 2b - state name) Same as above	
3c. Tel. No. 419-668-2531	3d. Fax No. 419-668-5291	3e. Cell No. 419-366-3904	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) wholesaler		4b. Principal product or service alcoholic beverages	
5a. Description of Unit Involved Included: 8 Maple City Ice delivery drivers Excluded:			5b. City and State where unit is located: Norwalk, OH

6. No. of Employees in Unit 8	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent Mark Schmiehausen	8b. Affiliation, if any Teamsters Local 20
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8c. Address 435 S. Hawley St. Toledo, OH 43609		8d. Tel. No. 419-254-3266	8e. Cell No.
		8f. Fax No. 419-243-6270	8g. E-Mail Address

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) No Contract
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating in a labor organization, of since (Month, Day, Year)
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11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year)

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name N/A	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) week days	13c. Election Time(s) before 7a.m. or after 4p.m.	13d. Election Location(s) Maple City Ice Co.
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14. Full Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
(b) (6), (b) (7)(C)	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address

14f. Affiliation, if any (b) (6), (b) (7)(C)
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15. Representative of the employees in the unit for purposes of the representation proceeding.

15a. Name (b) (6), (b) (7)(C)	15b. Title (b) (6), (b) (7)(C)
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No. (b) (6), (b) (7)(C)
	15g. E-Mail Address

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

Name (Print) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Date Filed 7/26/19
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WILLFUL FALSE STATEMENTS OR MISREPRESENTATION AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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 Kerry's Trucking LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 19778 Echo Drive, Strongsville, OH, 44149	
3a. Employer Representative - Name and Title Ruth Kafcsak CEO		3b. Address (if same as 2b state same) same	
3c. Tel. No. 440-799-5979	3d. Fax No. 440-268-6894	3e. Cell No. 440-799-5979	3f. E-Mail Address kerrystrucking@gmail.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Dump Truck Company		4b. Principal product or service Hauling loose material	

5a. Description of Unit Involved Included: CDL Drivers Excluded: none	5b. City and State where unit is located: Strongsville, OH
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6. No. of Employees in Unit 5	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent Fred Crow	8b. Affiliation, if any Teamsters Local 436
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8c. Address 6051 Carey Drive, Valley View, OH, 44125	8d. Tel. No. 216-328-1833	8e. Cell No.
	8f. Fax No. 216-328-1513	8g. E Mail Address local@teamsters436.com

9. Date of Recognition or Certification 10/01/2016	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 09/30/2019
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name none	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)
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14. Full Name of Petitioner (b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
	14d. Cell No.	14e. E-Mail Address

14f. Affiliation, if any Teamsters Local Union 436

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

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

I declare that I have read the above petition and its contents, and I acknowledge and believe the contents are true and correct.	Title (b) (6), (b) (7)(C)	Date Filed 07/30/2019
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WILLFUL FALSE STATEMENT OR OBSTRUCTION OF JUSTICE OR CONTEMPT OF COURT IS PUNISHABLE BY FINE OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

RECEIVED
 NLRB REGION 9
 CLEVELAND, OHIO
 2019 JUL 31 AM 10:19

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