

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 08-RC-251533	Date Filed 11/12/19

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: 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:
PPG Industries, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
3800 W. 143rd St. Cleveland, OH 44111

3a. Employer Representative - Name and Title:
Greg Kerr, Plant Manager

3b. Address (if same as 2b - state same):
same

3c. Tel. No.
216-671-0050

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
Gkerr@ppg.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Factory

4b. Principal Product or Service
Paint

5a. City and State where unit is located:
Cleveland, OH

5b. Description of Unit Involved:
Included:
All hourly production, maintenance and PPG warehouse workers employed by PPG.
Excluded:
Temporary workers in warehouse, all salaried employees and engineers.

6a. Number of Employees in Unit:
200

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 10/30/2019 and Employer declined recognition on or about (Date) 10/30/2019 (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:

8c. Tel. No.

8d. Cell No.

8e. Fax 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)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? 0
(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)

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:
Election held on Company premises on dates listed below

11a. Election Type:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s):
12/02/2019 & 12/03/2019

11c. Election Time(s):
10pm-12am, 8am-11am, 2pm-6pm

11d. Election Location(s):
Building CC, Conference Center

12a. Full Name of Petitioner (including local name and number):
Patrick M. Spayde, UAW

12b. Address (street and number, city, State and ZIP code):
1691 Woodlands Dr. Maumee, OH 43537

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union, United Autoworkers, Aerospace and Agricultural Implement Workers of America, UAW.

12d. Tel. No.
419-893-4677

12e. Cell No.
567-224-0929

12f. Fax No.

12g. E-Mail Address
pspayde@uaw.net

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

13a. Name and Title:
Patrick M. Spayde, International Representative, UAW

13b. Address (street and number, city, State and ZIP code):
1691 Woodlands Dr. Maumee, OH 43537

13c. Tel. No.
419-893-4677

13d. Cell No.
567-224-0929

13e. Fax No.

13f. E-Mail Address
pspayde@uaw.net

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) **PATRICK M. SPAYDE** Signature **Patrick M. Spayde** Title **INTERNATIONAL REPRESENTATIVE** Date **11/08/2019**

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

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

Case No. 08-RC-252382	Date Filed 11/25/19
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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: 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: WestRock Company	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 16645 Granite Rd., Maple Heights, Ohio 44137
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3a. Employer Representative - Name and Title: Donny Mills, Production Manager	3b. Address (if same as 2b - state same): Same as 2b
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3c. Tel. No. (216) 663-3344	3d. Cell No.	3e. Fax No.	3f. E-Mail Address donny.mills@westrock.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc) Factory	4b. Principal Product or Service Corrugated Containers	5a. City and State where unit is located: Maple Heights, Ohio
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5b. Description of Unit Involved: Included: All regular, full-time employees employed at the Employer's premises located at 16645 Granite Rd., Maple Heights, Ohio 44137 as production, maintenance, warehouse, shipping and receiving employees. Excluded: Sales, lab workers, sample makers, statistical control technicians, office, clerical, security, trucking, and supervisory employees, or those engaged in confidential capacities as defined in the National Labor Relations Act of 1947, as amended.	6a. Number of Employees in Unit: 43	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) United Food and Commercial Workers Union, Local No. 880	8b. Address: 9199 Market Place, Suite 2 Broadview Heights, Ohio 44147
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8c. Tel. No. (216) 241-5930	8d. Cell No.	8e. Fax No.	8f. E-Mail Address UFCW@ufcwlocal880.com
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8g. Affiliation, if any: United Food and Commercial Workers International Union	8h. Date of Recognition or Certification March 16 2017	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) December 21 2019
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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 and election in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): December 4, 2019	11c. Election Time(s): 10:00 a.m. to 1:00 p.m. and 2:30 p.m. to 4:30 p.m.	11d. Election Location(s): Upstairs meeting area (storage room)
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12a. Full Name of Petitioner (including local name and number): United Food and Commercial Workers Union, Local No. 880	12b. Address (street and number, city, State and ZIP code): 9199 Market Place, Suite 2 Broadview Heights, Ohio 44147
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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 Food and Commercial Workers International Union

12d. Tel. No. (216) 241-5930	12e. Cell No.	12f. Fax No.	12g. E-Mail Address UFCW@ufcwlocal880.com
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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: Barbara J. Caruso, Secretary-Treasurer	13b. Address (street and number, city, State and ZIP code): 9199 Market Place, Suite 2 Broadview Heights, Ohio 44147
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13c. Tel. No. (216) 241-5930	13d. Cell No.	13e. Fax No.	13f. E-Mail Address BCaruso@ufcwlocal880.com
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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) Barbara J. Caruso	Signature <i>Barb Caruso</i>	Title Secretary-Treasurer	Date 11/20/19
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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**

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RECEIVED
MID REGION 8

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE
Case No. 08-RD-251100 Date Filed 11/4/19

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: Tunnel Hill Partners, LP
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): 12500 West County Road 18, Fostoria, OH 44830

3a. Employer Representative - Name and Title: Dave Seegert, Plant Manager
3b. Address (If same as 2b - state same): SAME AS ABOVE

3c. Tel. No.: (419) 436-0505
3d. Cell No.: (419) 377-4919
3e. Fax No.:
3f. E-Mail Address: dseegert@thplp.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Solid Waste Service
4b. Principal product or service: Garbage Landfill
5a. City and State where unit is located: Fostoria, OH

5b. Description of Unit Involved
Included: All full-time and regular part-time employees working at the Employer's facility located at Sunny Farms Landfill, 12500 West County Road 18, Fostoria, Ohio.
Excluded: All scale house workers, (i.e., Rail Scale Operator and Scale Attendant), secretaries, guards and supervisors as defined in the Act.
6a. No. of Employees in Unit: 60
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 [] 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: International Union of Operating Engineers Local 18
8b. Address: 2412 South Reynolds Road, Toledo, OH 43614-1411

8c. Tel No.: (419) 865-0221
8d. Cell No.: (419) 270-1984
8e. Fax No.: (419) 865-0601
8f. E-Mail Address: igutierrezjr@iuoelocal18.org

8g. Affiliation, if any:
8h. Date of Recognition or Certification: October 31, 2018
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): None

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: Manual Mail Mixed Manual/Mail
11b. Election Date(s): November 22, 2019
11c. Election Time(s): 4:30 a.m. to 8:30 a.m.
11d. Election Location(s): Maintenance Breakroom at Sunny Farm Landfill

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

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel No.: 12e. Cell No.: (b) (6), (b) (7)(C)
12f. Fax No.: 12g. E-Mail Address: (b) (6), (b) (7)(C)

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

13a. Name and Title: (b) (6), (b) (7)(C)
13b. Address (street and number, city, state, and ZIP code): (b) (6), (b) (7)(C)

13c. Tel No.: 13d. Cell No.: (b) (6), (b) (7)(C)
13e. Fax No.: 13f. E-Mail Address: (b) (6), (b) (7)(C)

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

Name (Print): (b) (6), (b) (7)(C) Title: An Individual Date: 11-1-19

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE
Case No. **08-RD-251243** Date Filed **11/5/19**

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 Alro Steel Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code). 3003 Airport Highway, Toledo, OH 43447-	
3a. Employer Representative - Name and Title Keith Daly		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (419)720-5318	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kdaly@alro.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Iron and steel		4b. Principal product or service Cutting steel	
5b. Description of Unit Involved Included: All full-time truck drivers, production and maintenance employees.		5a. City and State where unit is located: Toledo, OH	
6a. No. of Employees in Unit: 47		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
6c. Excluded: All office clerical employees, managers, supervisors and guards as defined by the National Labor Relations Act and all other employees.			

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 Ironworkers Local 55		8b. Address 1080 Atlantic Ave. Toledo, OH 43609-	
8c. Tel No. 419-385-6613	8d. Cell No.	8e. Fax No.	8f. E-Mail Address office@IW55.org
8g. Affiliation, if any International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers		8h. Date of Recognition or Certification 11/15/20 (5 year contract)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s): 11/18/19		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s): Room in Out Building	
11c. Election Time(s): 6:30 am to 8:00 am 2:30 pm to 4:00 pm			

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. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. (b) (6), (b) (7)(C)			
13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE			
13c. Tel No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE
I declare that I have read the above (b) (6), (b) (7)(C) true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Date 11/1/19	

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

PRIVACY ACT STATEMENT

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