INTERNET FORM NLRB-501	UNITED STATES OF AMERI	CA	1 00.00	FORM EXEMPT UNDER 44 U.S.C 3517
(2-08)	NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER			T WRITE IN THIS SPACE
Marallaria	STATION ADAINST LINE	TEK	Case	Date Filed
INSTRUCTIONS: File an original with NLRE	Regional Director for the region in which	the aligned autolates and		
	1. EMPLOYER	AGAINST WHOM CHA	RGE IS BROUGHT	ering.
a. Name of Employer See attachment		The second secon	::13 = 13. <i>-0:1</i> 0 4 0 0 1	b. Tel. No. See attachment
				c. Cell No.
				f. Fax No.
d. Address (Street, city, state, and ZIP code) See attachment		e. Employer Representative See Attachment		
				g. e-Mail
				See attachment
				h. Number of workers employed 110
i. Type of Establishment (factory, mine, wholesaler, etc.) J. Identify principal product or service See attachment See Attachment			•	
 k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of set subsections; (a)(5) 				
of the National Labor Relations Act, and these unfair la practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.				
employment in violess than 110 emp	lation of the collective bargaining	ne above-named em g agreement by redu	ployers unilaterally cing the size of the	
	ing charge (if labor organization, give fu	d name, including local na	me and number)	
Northeast Ohio Ne	wspaper Guild, Local 1			
1400 East Schaaf F	number, city, state, and ZIP code)			4b. Tel. No. (216) 661-6144
Brooklyn Heights, (4c. Cell No.
				^{4d. Fax No.} (216) 661-6145
,				4e. e-Mail
5. Full name of national organization) The New	or international labor organization of w wspaper Guild, AFL-CIO	hich it is an affiliate or con	stituent unit (to be filled	in when charge is filed by a labor
I declare that I have read the above tharge and that the state		are true to the best of my kr	owledge and belief.	Tel. No. 216-566-1600 (ext. 138)
By hen). 11 an 78 Eber	O. McNair, IV, Attor		Office, If any, Cell No.
(signature of representa		Printitype name and title or of		Fax No. 216-566-1814

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

616 Penton Media Bldg., 1300 E.9th Str. Cleveland, OH 44114

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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 voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.