Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD

FIRST AMENDED CHARGE AGAINST EMPLOYER

INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-CA-081417	July 20, 2012

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a Name of Employer GREENVILLE FEDERAL		b Tel No (937)548-4158 c Cell No
d. Address (street, city, state ZIP code) 690 WAGNER AVE, GREENVILLE, OH 45331-2649	e Employer Representative ROBYN STUDABAKER	f Fax No. (937)548-6981 g e-Mail robyn@greenvillefederal.com h. Dispute Location (City and State) Greenville, OH
i Type of Establishment (factory, nursing home, hotel) Financial Institution	j. Principal Product or Service Financial Services	k. Number of workers at dispute location 41

l. The above-named employer has engaged in and is engaging unfair labor practices within the meaning of section 8(a), subsections (1) of the National Labor Relations Act, and these unfair labor 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

2. Basis of the Charge (*set forth a clear and concise statement of the facts constituting the alleged unfair labor practices*)

In about May 2012, the Charging Party received an annual performance evaluation containing various negative assessments in retaliation for her protected concerted activity

3 Full name of party filing charge (*if labor organization, give full name, including local name and number*)

TAMMY SACKETT

4a Address (street and number, city, state, and ZIP code) 5165 PALESTINE UNION CITY RD, GREENVILLE, OH 45331-9524	4b. Tel. No. (937)548-3643 4c Cell No. 4d Fax No 4e e-Mail tntsackett@embarqmail com

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (*to be filled in when charge is filed by a labor organization*)

6 DECLARATION **I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.**		Tel No (937)548-3643
By Tammy Sackett (signature of representative or person making charge)	TAMMY SACKETT Print Name and Title	Office, if any, Cell No Fax No
Address. 5165 PALESTINE UNION CITY RD, GREENVILLE, OH 45331-9524	Date: 7/16/2012	e-Mail tntsackett@embarqmail.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

EXHIBIT C