

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-242702	Date Filed June 5, 2019

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
Dupree Logistics

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2637 Clements Ferry Road
SC Charleston 29492-

3a. Employer Representative - Name and Title
Robert Wentzell

3b. Address (If same as 2b - state same)
2637 Clements Ferry Road
SC Charleston 29492-

3c. Tel. No.
(337) 314-2343

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
rjwentzell@duprelogistics.com

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

4b. Principal product or service
Transporting goods

5a. City and State where unit is located:
Charleston, SC

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
12

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) _____ 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).

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? _____ 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)

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):
June 24, 2019

11c. Election Time(s):
6:00am - 10:00am

11d. Election Location(s):
Employer Office 2637 Clements Ferry Road Charleston, SC 29492

12a. Full Name of Petitioner (including local name and number)
Sebrina Isom
General Teamsters Local Union 509

12b. Address (street and number, city, state, and ZIP code)
2604 Fish Hatchery Rd
SC West Columbia 29172-

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

12d. Tel No.
(803) 796-6172

12e. Cell No.
(803) 862-2552

12f. Fax No.
(803) 796-7890

12g. E-Mail Address
sisomteamsterlocal509@gmail.com

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

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. 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)
Sebrina Isom

Signature
Sebrina Isom

Title
Business Agent/Organizer

Date
06/3/2019 16:03:34

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.

Attachment

Employees Included
All Full-time drivers

Employees Excluded
N/A

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included
Chemical Techs I, II, III and Senior (Armour-Globe)

Employees Excluded
All Clerical, office employees, security guards, janitoria, grounds keeping and supervisory personnel as defined by the NLRA.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-242992	Date Filed June 10, 2019

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
Georgia Power Forest Park Plant

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
62 Lake Mirror Road
GA Forest Park 30297-

3a. Employer Representative - Name and Title
Glen Grizzle

3b. Address (If same as 2b - state same)
62 Lake Mirror Road
GA Forest Park 30297-

3c. Tel. No. **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**
ggrizzl@southernco.com

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

4b. Principal product or service

5a. City and State where unit is located:
Forest Park, GA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
5

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) 06/06/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). No reply received

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).
International Brotherhood of Electrical Workers Local Union 84 James Flynn

8b. Address
502 Taylor Trl.
MS Waveland 39576-

8c. Tel No. (601) 590-0698 **8d. Cell No.** (601) 590-0698 **8e. Fax No.** **8f. E-Mail Address** james_flynn@ibew.org

8g. Affiliation, if any
International Brotherhood of Electrical Workers AFL-CIO

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
06/30/2021

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)

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): June 20, 2019 **11c. Election Time(s):** 7am **11d. Election Location(s):** Forest Park Plant, 62 Lake Mirror Road, Forest Park, GA 30297

12a. Full Name of Petitioner (including local name and number)
James Flynn
James Flynn

12b. Address (street and number, city, state, and ZIP code)
502 Taylor Trl.
MS Waveland 39576-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers Local Union 84

12d. Tel No. (601) 590-0698 **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address** james_flynn@ibew.org

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

13a. Name and Title **13b. Address (street and number, city, state, and ZIP code)**

13c. Tel No. **13d. Cell No.** **13e. Fax No.** **13f. 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) James Flynn **Signature** James Flynn **Title** International Lead Organizer **Date** 06/6/2019 09:47:39

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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included
Tool Repair Specialists (Armour-Globe)

Employees Excluded
All Clerical, office employees, security guards, janitoria, grounds keeping and supervisory personnel as defined by the NLRA.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-242993	Date Filed June 7, 2019

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
Smithfield Foods

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
P.O. Box 99 15855 NC-87
NC Tar Heel 28392-

3a. Employer Representative - Name and Title
Jessica Wilson

3b. Address (If same as 2b - state same)
P.O. Box 99 15855 NC-87
NC Tar Heel 28392-

3c. Tel. No. (910) 862-5257

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
jwilson@smithfield.com

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

4b. Principal product or service
Distribution Center - Pork Products

5a. City and State where unit is located:
Tar Heel, NC

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
250

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) _____ 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).

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? _____
(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.

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

11b. Election Date(s):
June 27 and 28, 2019

11c. Election Time(s):
1:30pm - 7:30pm each day

11d. Election Location(s):
Employee Breakroom or other suitable area.

12a. Full Name of Petitioner (including local name and number)
Rick Taylor
United Steel, Paper and Forestry, Rubber Manufacturing, Energy, Allied-Industrial & Service Workers International

12b. Address (street and number, city, state, and ZIP code)
60 Blvd. of the Allies
PA Pittsburgh 15222-

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. (270) 316-4924

12e. Cell No. (270) 316-4924

12f. Fax No. (412) 562-2555

12g. E-Mail Address
rtaylor@usw.org

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

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. 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)
Rick Taylor

Signature
Rick Taylor

Title
Project Field Organizer

Date
06/7/2019 16:01:38

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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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All distribution center employees, including material handlers, QFR material handlers, sanitation, maintenance and cycle counters.

Employees Excluded

Non- distribution center employees, temporary workers, employee office clerical, professional employees, guards, and supervisors as described by The Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-242995	Date Filed June 10, 2019

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
Strategic Resources, Inc. (SRI)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Bldg 232, MCAS Cherry Point, NC 28533

3a. Employer Representative - Name and Title
Kirby Collins Senior Human Resources Manager

3b. Address (If same as 2b - state same)
7927 Jones Branch Drive, Suite 600W McLean, VA 22102-3329

3c. Tel. No.
(703) 749-3040

3d. Cell No.

3e. Fax No.
(703) 749-3046

3f. E-Mail Address
kcollins@sri-hq.com

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

4b. Principal product or service
Military Support

5a. City and State where unit is located:
MCAS Cherry Point, NC 28533

5b. Description of Unit Involved
Included: All full-time and regular part-time Military Family Life Counselors (MFLC) working for the MFLC Program, which is based at Marine Corps Air Station Cherry Point, North Carolina.
Excluded: All other employees, managers, office clericals, guards, and supervisors as defined by the Act.

6a. No. of Employees in Unit:
4

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) **By Petition** 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).
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? _____ (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
none

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):
Wednesday 6/19/2019

11c. Election Time(s):
12:30 pm - 1:30 pm

11d. Election Location(s):
Cherry Point Inn, Cherry Point, 487 Madison Dr, Havelock, NC 28532

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, Local Lodge 47

12b. Address (street and number, city, state, and ZIP code)
5621 Bowen Ct., Commerce City, CO 80022

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No.
(916) 985-8101

12e. Cell No.
(916) 597-6100

12f. Fax No.
(916) 985-8121

12g. E-Mail Address
mward@iamaw.org

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

13a. Name and Title **David W. M. Fujimoto, Attorney**

13b. Address (street and number, city, state, and ZIP code)
Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No.
510-337-1001


13d. Cell No.

13e. Fax No.
510-337-1023

13f. E-Mail Address **nrbnotices@unioncounsel.net**
dfujimoto@unioncounsel.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)
Caren P. Sencer

Signature


Title
Attorney

Date
June 10, 2019

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-243111	Date Filed June 11, 2019

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 Smithfield Foods Distribution Center	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 16261 NC-87 W, Tar Heel, NC 28392
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3a. Employer Representative - Name and Title Fran Williams - Manager - Human Resources	3b. Address (If same as 2b - state same) Same
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3c. Tel. No. 910-241-2011	3d. Cell No.	3e. Fax No.	3f. E-Mail Address fwilliams@smithfield.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution Center	4b. Principal product or service Distribution Center for pork products	5a. City and State where unit is located: Tar Heel, NC 28392
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5b. Description of Unit Involved Included: All Distribution Center employees, to include all material handlers, QFR workers, cycle counters and maintenance workers. Excluded: Non-distribution center employees, temporary employees, office clericals, professional employees, guards and supervisors as defined by the Act.	6a. No. of Employees in Unit: App. 250 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 _____ (Date) (If no reply received, so state). **No Reply****
 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)
--------------------------------	---	--

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)

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): June 27-28, 2019	11c. Election Time(s): 3:00pm-6:00pm each day	11d. Election Location(s): Employee 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 Blvd. of the Allies, Pittsburgh, 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. 270-316-4924	12f. Fax No. 412-562-2555	12g. E-Mail Address rtaylor@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 Rick Taylor - Organizing Representative	13b. Address (street and number, city, state, and ZIP code) 60 Blvd of the Allies room 913 Pittsburgh, PA 15222
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13c. Tel No.	13d. Cell No. 270-316-4924	13e. Fax No. 412-562-2555	13f. E-Mail Address rtaylor@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) Rick Taylor	Signature 	Title Organizing Representative	Date 06-10-2019
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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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-243600	Date Filed June 19, 2019

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 Magellen Healthcare, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Community Counseling Center, Bldg. 799B, Brewster Blvd., Camp Lejeune, NC 28547	
3a. Employer Representative - Name and Title Michael Francisco, HR Business Consultant		3b. Address (If same as 2b - state same) 14100 Magellan Plaza, Maryland Heights, MO 63043-4644	
3c. Tel. No. (571) 403-3760	3d. Cell No.	3e. Fax No.	3f. E-Mail Address francisco@magellenhealth.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military contractor		4b. Principal product or service Military support	
5a. City and State where unit is located: Jacksonville, NC 28547			5b. Description of Unit Involved
Included: All regular full time and part-time MFLC counselors working for the MFLC Program, which is based at Camp Lejeune, NC 28547 Excluded: All supervisors, guards, office clerical, and all other employees			6a. No. of Employees in Unit: 47 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"/>
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>06/19/2019</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). by this Petition			
<input type="checkbox"/> 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? <u>No</u> 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	
11b. Election Date(s): July 1, 2019	11c. Election Time(s): 11:00 a.m.-1:00 p.m. and 4:30 p.m.-5:30 p.m.	11d. Election Location(s): Paradise Point Officers Club, 2615 Seth Williams Blvd., Camp Lejeune, NC	
12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge 47		12b. Address (street and number, city, state, and ZIP code) 5621 Bowen Court, Commerce City, CO 80022	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel No. (916) 985-8101	12e. Cell No. (916) 597-6100	12f. Fax No. (916) 985-8121	12g. E-Mail Address mward@iamaw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title David W. M. Fujimoto, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address dfujimoto@unioncounsel.net, nlrnotices@unioncounsel.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) David W. M. Fujimoto	Signature	Title Attorney	Date June 19, 2019
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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.

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
10-RC-243740	June 21, 2019

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
Strategic Resources, Inc. (SRI)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Community Counseling Center, Bldg. 799B, Brewster Blvd., Camp Lejeune, NC 28547

3a. Employer Representative - Name and Title
Kirby Collins, Senior HR Manager

3b. Address (If same as 2b - state same)
7927 Jones Branch Drive, Suite 600W, McLean, VA 22102-3329

3c. Tel. No. (703) 749-3040 **3d. Cell No.**

3e. Fax No. (703) 749-3046 **3f. E-Mail Address** kcollins@sri-hq.com

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

4b. Principal product or service
Military support

5a. City and State where unit is located:
Fort Bragg, North Carolina

5b. Description of Unit Involved

Included: All regular full-time and part-time MFLC counselors working for the MFLC program based out of Fort Bragg in North Carolina

Excluded: All supervisors, guards, office clerical, and all other employees

6a. No. of Employees in Unit: 2

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) 06/21/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **by this Petition**

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? _____
(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: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
July 8, 2019

11c. Election Time(s):
12 noon-1:00 p.m.

11d. Election Location(s):
Paradise Point Officers Club, 2615 Seth Williams Blvd., Camp Lejeune, NC

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, Local Lodge 47

12b. Address (street and number, city, state, and ZIP code)
5621 Bowen Court, Commerce City, CO 80022

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel. No. (916) 985-8101 **12e. Cell No.** (916) 597-6100 **12f. Fax No.** (916) 985-8121 **12g. E-Mail Address** mward@iamaw.org

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


13a. Name and Title **David W. M. Fujimoto, Attorney**

13b. Address (street and number, city, state, and ZIP code)
Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel. No. (510) 337-1001 **13d. Cell No.**

13e. Fax No. (510) 337-1023 **13f. E-Mail Address** dfujimoto@unioncounsel.net, nlrnotices@unioncounsel.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) David W. M. Fujimoto **Signature**  **Title** Attorney **Date** June 21, 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 will cause the NLRB to decline to invoke its processes.

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-243813	Date Filed June 25, 2019

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
Martin Brower

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1400 North Greenfield Parkway
NC Garner 27529

3a. Employer Representative - Name and Title
Phillip Liuzzo

3b. Address (If same as 2b - state same)
1400 North Greenfield Parkway
NC Garner 27529

3c. Tel. No. (919) 255-7000
3d. Cell No. (919) 255-7000
3e. Fax No. (877) 770-1849
3f. E-Mail Address

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

4b. Principal product or service
Deliver food to restaurants

5a. City and State where unit is located:
Garner, NC

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit: 92

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) _____ 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). _____

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? _____
(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.

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

11b. Election Date(s): July 18, 2019
11c. Election Time(s): 10pm to 3am from 1pm to 6pm
11d. Election Location(s): work site, conference or break room

12a. Full Name of Petitioner (including local name and number)
Moses D Darden
Teamsters Local 391 affiliated with International Brotherhood of Teamsters

12b. Address (street and number, city, state, and ZIP code)
P O Box 35404
NC Greensboro 27425-5405

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

12d. Tel No. (336) 908-2373
12e. Cell No. (336) 908-2373
12f. Fax No. (336) 996-4431
12g. E-Mail Address mdarden@teamsterslocal391.org

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

13a. Name and Title _____ **13b. Address (street and number, city, state, and ZIP code)** _____

13c. Tel No. _____ **13d. Cell No.** _____ **13e. Fax No.** _____ **13f. 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) Moses D Darden
Signature Moses D. Darden
Title Organizer
Date 06/24/2019 14:57:55

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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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included
all tractor trailer delivery drivers

Employees Excluded
supervisors, managers, maintenance workers, office, clerical and all other non drivers

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-243837	Date Filed 06/25/2019

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: Verizon Wireless	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 176 Terrace Lane, Morristown, TN 37813
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3a. Employer Representative - Name and Title: Travis Nicolette, District Manager	3b. Address (if same as 2b - state same): 408 North Cedar Bluff, Knoxville, TN 37923
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3c. Tel. No. 828/606-3364	3d. Cell No.	3e. Fax No.	3f. E-Mail Address travis.nicolette@verizonwireless.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail	4b. Principal Product or Service Mobile Phone Service	5a. City and State where unit is located: Morristown, TN
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5b. Description of Unit Involved: Included: Excluded: SEE ATTACHED	6a. Number of Employees in Unit: 11
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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

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) June 24, 2019 and Employer declined recognition on or about (Date) no reply (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)

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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): July 16, 2019	11c. Election Time(s): 12:00 - 2:00 pm	11d. Election Location(s): Break room in facility
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12a. Full Name of Petitioner (including local name and number): Communications Workers of America	12b. Address (street and number, city, State and ZIP code): 3516 Covington Highway, Decatur, GA 30032
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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):
Communications Workers of America

12d. Tel. No. 404/296-5553	12e. Cell No.	12f. Fax No. 404/299-6165	12g. E-Mail Address
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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: Robert M. Weaver, CWA District 3 Counsel	13b. Address (street and number, city, State and ZIP code): 3516 Covington Highway, Decatur, GA
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13c. Tel. No. 404/296-5553	13d. Cell No.	13e. Fax No. 404/299-6165	13f. E-Mail Address rweaver@cwa-union.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) Robert M. Weaver	Signature 	Title CWA District 3 Counsel	Date June 24, 2019
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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

UNIT DESCRIPTION

Employees Included

All Solutions Specialists employed at the 176 Terrace Lane, Morristown, TN facility as of the date of the filing of this petition.

Excluded

Assistant Managers, General Manager, Professional Employees, Supervisors and Guards employed at the 176 Terrace Lane, Morristown, TN facility as of the date of the filing of this petition.