

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	10-RC-257531	Date Filed	03/06/2020
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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 Appalachian Power Company	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4600 Newbern Rd VA Pulaski 24301-
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3a. Employer Representative - Name and Title Jaime Beckelhimer	3b. Address (If same as 2b - state same) 500 Lee St East WV Charleston 25301-
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3c. Tel. No. (304) 348-4163	3d. Cell No. (304) 552-7517	3e. Fax No. (304) 348-4159	3f. E-Mail Address jbeckelhimer@aep.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utilities	4b. Principal product or service Electricity distribution and service.	5a. City and State where unit is located: Pulaski, VA
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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: 7	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) _____ 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
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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.	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): 03/26/2020	11c. Election Time(s): 7:00 AM to 7:30 AM	11d. Election Location(s): Appalachian Power 4600 Newbern Rd, Pulaski, VA 24301 at an appropriate location
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12a. Full Name of Petitioner (including local name and number) DALE MCCRAY LOCAL UNION 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 25049 VETERANS MEM HWY WV TERRA ALTA 26764-
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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) INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO	12d. Tel. No. (304) 841-2140	12e. Cell No. (304) 841-2140	12f. Fax No.	12g. E-Mail Address dale_mccray@ibew.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		13b. Address (street and number, city, state, and ZIP code)		

13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) DALE MCCRAY	Signature Dale McCray	Title LEAD ORGANIZER	Date 03/6/2020 08:46:06
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
10-RC-257531	03/06/2020

Employees Included

All full-time and part-time Line Mechanics and Line Servicer employees employed by the Employer at its Pulaski, VA facility.

Employees Excluded

All other employees, office clerical employees, confidential employees, managers, and all professional employees, guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-257615	Date Filed 03-06-2020

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 Mission Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 509 Biltmore Ave, Asheville, NC 28801; 428 Biltmore Ave., Asheville, NC 28801
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3a. Employer Representative - Name and Title Chad Patrick, CEO	3b. Address (If same as 2b - state same) 509 Biltmore Ave, Asheville, NC 28801
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3c. Tel. No. (828) 213-1111	3d. Cell No.	3e. Fax No. (828)213-1151	3f. E-Mail Address chad.patrick@hcahealthcare.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital	4b. Principal product or service Healthcare	5a. City and State where unit is located: Asheville, North Carolina
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5b. Description of Unit Involved Included: See Attachment A Excluded: See Attachment A	6a. No. of Employees in Unit: 1600	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) _____ 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
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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? _____ 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): March 16, 2020	11c. Election Time(s): 6am-9am; 12pm-2pm; 6pm-9pm	11d. Election Location(s): Old Cafeteria - 509 Biltmore Ave.
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12a. Full Name of Petitioner (including local name and number) National Nurses Organizing Committee-North Carolina/National Nurses United	12b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612
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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)
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)


12d. Tel No. 510-273-2200	12e. Cell No.	12f. Fax No. 510-663-4822	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 Anthony J. Tucci, Legal Counsel	13b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612
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13c. Tel No.	13d. Cell No.	13e. Fax No. 510-663-4822	13f. E-Mail Address atucci@nationalnursesunited.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) Anthony J. Tucci	Signature 	Title Legal Counsel	Date March 6, 2020
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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.

Attachment A

**RC Petition
Mission Hospital**

**by National Nurses Organizing Committee-North Carolina/National Nurses United
(NNOC-North Carolina/NNU)**

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses, employed by the Employer at its facility located at 509 Biltmore Ave., Asheville, NC 28801 and 428 Biltmore Ave., Asheville, NC 28801.

Excluded:

All other employees, guards, supervisors and other professional employees as defined in the Act.

Eligibility date is pay period ending Saturday, February 29, 2020.

Per diem nurses are eligible to vote if they have regularly averaged four hours or more per week in the 13 weeks before February 29, 2020, eligibility date. *Davison-Paxon Co.*, 185 N.L.R.B. 21 (1970).

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-257846	Date Filed March 11, 2020

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 Allied Universal	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 86 South Cobb Dr., Marietta, GA 30060
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3a. Employer Representative - Name and Title David Chapla, VP labor Relations	3b. Address (If same as 2b - state same) 161 Washington St., Suite 600, Conshohocken, PA 19428
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3c. Tel. No. 484-351-1418	3d. Cell No.	3e. Fax No. 484-351-1419	3f. E-Mail Address david.chapla@aus.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Production Facility	4b. Principal product or service Aircraft Production	5a. City and State where unit is located: Marietta, GA
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5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, LEAD OFFICERS AND CAPTAINS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ALLIED UNIVERSAL @ 86 SOUTH COBB DR., MARIETTA, GA Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.	6a. No. of Employees in Unit: 70 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) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **NO**
 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

11b. Election Date(s): 4/3/2020	11c. Election Time(s): 5:00-7:00 AM & 1:00-3:00 PM	11d. Election Location(s): VISITORS LOBBY
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12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA)	12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066
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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)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.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 Gordon Gregory, General Counsel	13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226
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13c. Tel No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net
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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) Dwayne Phillips	Signature 	Title Organizing Director	Date 3/10/2020
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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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FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Corrected RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 10-RC-258012 Date Filed March 13, 2020

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.

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.

2a. Name of Employer: Walden Security, Inc. 2b. Address(es) of Establishment(s) involved: 100 East Tenth St. Suite 400 Chattanooga, TN. 37402

3a. Employer Representative - Name and Title: Mr. Dick Wong Executive V.P., Federal Business Developem 3b. Address (if same as 2b - state same): Same as above

3c. Tel. No. (404) 304-3006 3d. Cell No. 3e. Fax No. (423) 702-8204 3f. E-Mail Address dick.wong@waldensecurity.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Security Service Contractor (USMS) 4b. Principal Product or Service Federal Court Security 5a. City and State where unit is located: Anniston, Huntsville, Decatur, AL.

5b. Description of Unit Involved: Included: All Full-time and Share-time CSO and LCSO working in the locations listed in 5a. Excluded: All other Walden Security employees who are or would work at the locations in 5a. 6a. Number of Employees in Unit: 21 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? [X] Yes [] No

Check One: [X] 7a. Request for recognition as Bargaining Representative was made on (Date) 02/14/20 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: N/A

8c. Tel. No. N/A 8d. Cell No. N/A 8e. Fax No. N/A 8f. E-Mail Address N/A

8g. Affiliation, if any: N/A 8h. Date of Recognition or Certification N/A 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A

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 N/A 10b. Address N/A 10c. Tel. No. N/A 10d. Cell No. N/A 10e. Fax No. N/A 10f. E-Mail Address N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Association Representative 11a. Election Type: [] Manual [X] Mail [] Mixed Manual/Mail

11b. Election Date(s): 04/01/2020 11c. Election Time(s): N/A 11d. Election Location(s): Mail Ballots to Employees

12a. Full Name of Petitioner (including local name and number): Northeast Alabama Court Security Officers Benevolent Association 12b. Address (street and number, city, State and ZIP code): 2106 Lancelot Dr. S.W. Decatur, AL. 35603-1125

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. N/A 12e. Cell No. (256) 566-0942 12f. Fax No. N/A 12g. E-Mail Address rogerholt@charter.net

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Roger W. Holt 13b. Address (street and number, city, State and ZIP code): 2106 Lancelot Dr. S.W. Decatur, AL. 35603-1125

13c. Tel. No. N/A 13d. Cell No. (256) 566-0942 13e. Fax No. N/A 13f. E-Mail Address rogerholt@charter.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) Roger W. Holt Signature Roger W. Holt Title Association Representative Date 03/13/20

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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No 10-RC-258073	Date Filed March 16, 2020

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 - 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 WORKFORCE RESOURCES, INC.		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 200 S. POINDEXTER STREET, ELIZABETH, NC 27909	
3a. Employer Representative - Name and Title CHARLENE T. WADE - HUMAN RESOURCES		3b. Parent Company Address (If same as 2b - state same) 8181 PROFESSIONAL PLACE, SUITE 260, HYATTSVILLE, MD 20785	
3c. Tel. No. 252-331-1874	3d. Cell No. 301-459-9675	3e. Fax No. 301-459-9677	3d. E-Mail Address CTWADE@WKFORCERESOURCES.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SERVICE CONTRACT		4b. Principal product or service AIRCRAFT REPAIR/OVERHAUL	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SERVICE CONTRACT			5a. City and State where unit is located: ELIZABETH CITY, NC

5b. Description of Unit Involved Included: ALL FULL AND REGULAR PART TIME PRODUCTION CONTROLLERS, AIRCRAFT ELECTRICIANS, ELECTRICIAN HELPERS, AIRCRAFT MECHANICS I, II, AND III, AIRCRAFT WORKERS, AIRCRAFT HELPERS, AIRCRAFT PAINTERS, AND SUPPLY TECHNICIANS WORKING AT WORKFORCE RESOURCES INC. IN ELIZABETH CITY, NC.		6a. No. of Employees in Unit: 20
Excluded: OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, SUPERVISORS, AS DEFINED IN THE ACT.		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:

7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition 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 N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A 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 N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

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): APRIL 7, 2020	11c. Election Time(s): 12:00 PM - 1:00 PM & 3:00 PM - 3:30 PM		11d. Election Location(s): BREAK ROOM

12a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011
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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)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

12d. Tel. No. 817-505-0100	12e. Cell No.	12f. Fax No. 817-459-0107	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 JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE		13b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011	
13c. Tel. No. 817-505-0100	13d. Cell No. 682-401-7835	13e. Fax No. 817-459-0107	13d. E-Mail Address JLITTLE@IAMAW.ORG

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 R. LITTLE	Signature 	Title GRAND LODGE REPRESENTATIVE	DATE 03/16/2020
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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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

10-RC-258074

Date Filed

March 17, 2020

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: The Roanoke Times	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 201 Campbell Avenue SW, Roanoke, VA 24011
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3a. Employer Representative - Name and Title: John Jordan, Interim Publisher	3b. Address (if same as 2b - state same): [same]
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3c. Tel. No. 540-981-3326	3d. Cell No.	3e. Fax No.	3f. E-Mail Address john.jordan@bhmginc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) newspaper	4b. Principal Product or Service news	5a. City and State where unit is located: Roanoke, Virginia
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5b. Description of Unit Involved: Included: All full- and regular part-time newsroom employees Excluded: supervisors, managerial employees, confidential employees and guards defined in Act	6a. Number of Employees in Unit: 53	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) 3/17/20 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:
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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 and election in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): March 30, 2020	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Washington-Baltimore News Guild, Local 32035	12b. Address (street and number, city, State and ZIP code): 1225 Eye Street NW, Washington, DC 20005
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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):
The News Guild - Communications Workers of America, AFL-CIO, CLC

12d. Tel. No. 202-785-3650 x13	12e. Cell No.	12f. Fax No.	12g. E-Mail Address preilly@wbng.org
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13a. Name and Title: Robert E. Paul, Attorney	13b. Address (street and number, city, State and ZIP code): 1025 Connecticut Avenue NW, Suite 1000, Washington, DC 20036
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13c. Tel. No. 202-857-5000	13d. Cell No.	13e. Fax No. 202-327-5499	13f. E-Mail Address rpaul@robertepaul.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) Robert E. Paul	Signature 	Title Attorney	Date 3/17/20
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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 may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RD)
(2-18)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE
Case No. 10-RD-257331
Date Filed March 3, 2020

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 Rainelle Center LLC / Meadow Garden
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 276 Pennsylvania Ave Rainelle WV 25962

3a. Employer Representative - Name and Title Stacy Cooper
3b. Address (if same as 2b - state same) 276 Pennsylvania Ave Rainelle WV 25962

3c. Tel. No. 304-438-6127 3d. Fax No. 304-438-7665
3e. Cell No. 304-890 3748 3f. E-Mail Address Scooper@MeadowGardenWV.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home
4b. Principal product or service Health Care

5a. Description of Unit Involved
Included: CNA, Restorative CNA, Dietary Aide, Cook, word clerk, house keeping, maintenance, Laundry
Excluded: RN, LPN, social worker, Activity Aide, office clerk, med records, Prof grade Supervisors
5b. City and State where unit is located: Rainelle WV

6. No. of Employees in Unit 54
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 SEIU Dis-1199
8b. Affiliation, if any

8c. Address 1395 dublin Columbus OH 43215
8d. Tel. No. 614-461-1199
8e. Fax No. (b) (6), (b) (7)(C)
8f. E-Mail Address 614-461-1199

9. Date of Recognition or Certification 6-2-18
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 6-1-20

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 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
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: Manual Mail Mixed Manual/Mail

13b. Election Date(s)
13c. Election Time(s)
13d. Election Location(s)

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.

14d. Cell No. (b) (6), (b) (7)(C)
14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
15a. Name Self
15b. Title

15c. Address (Street and number, city, state, ZIP code) AS in Number 14
15d. Tel. No.
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)
Signature (b) (6), (b) (7)(C)
Date Filed 3-2-20

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 involve its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No. 10-RD-257514
Date Filed 03-06-2020

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 Peeps: Beverages Company		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 4541 Houston Ave Macon, GA 31206	
3a. Employer Representative - Name and Title Elizabeth Zavala		3b. Address (if same as 2b - state name) 4541 Houston Ave Macon, GA 31206	
3c. Tel. No. 470-232-8331	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Wholesaler		4b. Principal product or service Beverage Distribution	

5a. Description of Unit Involved Included: Drivers, Merchandising team, Warehouse team, Relief sales Reset team, Fleet mechanics Excluded: Acqm pre sell, BCR Sales team		5b. City and State where unit is located: Macon, GA
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6. No. of Employees in Unit **47** 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 Teamsters Local 528		8b. Affiliation, if any	
8c. Address 407 Arrowhead Blvd, Jonesboro, GA 30236		8d. Tel. No. 678-961-7826	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address

9. Date of Recognition or Certification **Dec 4 2015** 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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 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	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	13b. Election Date(s) AS soon as possible	13c. Election Time(s) 6:00 AM	13d. Election Location(s) Peeps Facility
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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.
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14d. Cell No.	14e. E-Mail Address

14f. Affiliation, if any

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)		15d. Tel. No.	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)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 3/5/2020
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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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