UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD			Case No.			
	TITION					October 9, 2019
INSTRUCTIONS: Unless e-Filed u						
in which the employer concerned						
of service showing service on th						
(Form NLRB-505); and (3) Descri				RB 4812). The sh	owing of int	erest should only be filed
with the NLRB and should <u>not</u> be						
1. PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner						
requests that the National Labor Re						
2a. Name of Employer	•	2b. Ad	dress(es) of Establishmen			
Keolis Transit America		22 NO	23 W. Meadowview Road C Greensboro 27406-			
3a. Employer Representative – Name a	nd Title		3b. Address (If same as			
Omar Oliveros			223 W. Meadowvi NC Greensboro 2			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	
(336) 373-2950		•			Omar.Oliveros@	
4a. Type of Establishment (Factory, mine	, wholesaler, etc.)	4b. Principal proc			5a. City	and State where unit is located:
Transportation			Passenger Transit Se	rvice		Greensboro, NC
5b. Description of Unit Involved						6a. No. of Employees in Unit: 13
Included: See Attached Page 2 for addit	ional details					6b. Do a substantial number (30%
						or more) of the employees in the
Excluded: See Attached Page 2 for addit	ional details					unit wish to be represented by the
						Petitioner? Yes [
Check One: 7a. Request for		aining Representa (If no reply received)		and	Employer dec	lined recognition on or about
7b Petitioner is			epresentative and desires	certification under the	Act	
8a. Name of Recognized or Certified Ba			8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	7855
00. Ter 10.	ou cen no.		0e. 1 ax 110.			1635
8g. Affiliation, if any			8h. Date of Recognition 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						
(Name of labor organization)		, has pick	eted the Employer since (	Month, Day, Year)		
10. Organizations or individuals other that	n Petitioner and tho	se named in items	8 and 9, which have claim	ed recognition as repre	esentatives and	d other organizations and individuals
known to have a representative interest in	any employees in	the unit described i	in item 5b above. (If none,	, so state)		
10a. Name	10b. Ad	dross		10c. Tel. No.		10d. Cell No.
Ida. Name	10b. Au	uless		10C. Tel. NO.		Tod. Cell No.
				10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB condu- any such election.</li> </ol>	cts an election in thi	is matter, state you	r position with respect to	11a. Election Type:	🔽 Manual	Mail Mixed Manual/Mail
11b. Election Date(s): October 21, 2019		lection Time(s): 1:30 p.m.		11d. Election Locatio	on(s):	
12a. Full Name of Petitioner (including				Training Room           12b. Address (street and number, city, state, and ZIP code)		
Percival Patterson Amalgamated Transit Union Local 1493 12c. Full name of national or international	labor organization	of which Petitioner	is an affiliate or constituen	P.O. Box 1807 NC Durham 27702-		
Amalgamated Transit Union			•	· · · · ·		
12d. Tel No. (919) 282-7425	12e. Cell No. (919) 282-7425		12f. Fax No.		12g. E-Mail Ac percival.patter	ldress son@yahoo.com
13. Representative of the Petitioner wh	( )		or nurnoses of the renres			
13a. Name and Title			13b. Address (street and			
Daniel B. Smith			10000 New Hampshire MD Silver Spring 20903			
AMALGAMATED TRANSIT UNION 13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	
(301) 431-7100	(202) 714-4219				dsmith@atu.o	
I declare that I have read the above per	ition and that the	statements are tru	ie to the best of my know	vledge and belief.		
	Signature		Title		Date	
Banici B. Oniti	Daniel B. Smith				10/9/2019	
WILLFUL FALSE STATEN		- IIIION CAN BE F	UNISHED BY FINE AND	IMPRISONMENT (U.S	s. CODE. TITL	E 18. SECTION 1001)

	DO NOT WRITE	IN THIS SPACE
Attachment	Case	Date Filed

# Employees Included

All full-time and regular part-time dispatchers and road supervisors employed by the Employer at its facility currently located at 223 W. Meadowview Road in Greensboro, North Carolina. The Petitioner seeks an Armour-Globe election.

## **Employees Excluded**

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

				DO NOT WRITE IN THIS SPACE		
RC PE			Case No. 10-2	RC-249998	Date	October 15, 2019
INSTRUCTIONS: Unless e-Filed us						
in which the employer concerned i						
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) Descript						
with the NLRB and should not be s						,
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION	FREPRESENTAT	IVE - A substantial number	of employees wish t	o be represente	d for purposes of collective
bargaining by Petitioner and Petitioner de	esires to be cert	fied as representati	ve of the employees. The	Petitioner alleges t	hat the followin	g circumstances exist and
requests that the National Labor Relat	tions Board pro					
2a. Name of Employer East Lake Arbor		20. A	ddress(es) of Establishmen oth Avenue, Decatur,	(S) Involved (Street	and number, city	, State, ZIP code)
3a. Employer Representative – Name and	Title		3b. Address (If same a			
Renatta Hamilton, Human Resour			Same	s 20 – state same)		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress
404-473-6231	,		404-373-6813			
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.)	4b. Principal pro	duct or service		5a. Citv	and State where unit is located:
Nursing Home	,					r, Georgia
5b. Description of Unit Involved		I				6a. No. of Employees in Unit:
Included: Any and all regular full-ti		e including CN	Ae I DNe Activity on	d Maintenance e	molovoos	40
included. Any and an regular fun-ti	me employed		AS, EI NS, Activity, an	u maintenance e	inployees.	6b. Do a substantial number (30%
Excluded:						or more) of the employees in the
All Contractors, Cle	erks, and 3	Supervisors	that is defined b	y the Act.		unit wish to be represented by the
				0/45/0040		Petitioner? Yes 🗸 No
Check One: 7a. Request for re	-		· · · · · · · · · · · · · · · · · · ·	10/15/2019 <sup>ar</sup>	nd Employer dec	lined recognition on or about
		(If no reply receive		and Kanting up don th	- 4-4	
Ba. Name of Recognized or Certified Bar			epresentative and desires 8b. Address	certification under th	e Act.	
None	gaming Agent (	n none, so statej.	DD. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any	·		8h. Date of Recognition o	r Certification	8i. Expiration	Date of Current or Most Recent
					Contract, if an	y (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?						<b>.</b>
9. Is there now a strike or picketing at the E     (Name of labor organization)       10. Organizations or individuals other than I		, has picl	keted the Employer since (	Month, Day, Year)		
(Name of labor organization) 10. Organizations or individuals other than I known to have a representative interest in a	Petitioner and th	, has picl	keted the Employer since (	Month, Day, Year)		
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(Name of labor organization) 10. Organizations or individuals other than I known to have a representative interest in a None 10a. Name 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): Thursday, October 24, 2019 12a. Full Name of Petitioner (including lo Retail, Wholesale & Department Store Un 12c. Full name of national or international la Retail, Wholesale & Department Store Un 12d. Tel No. 404-758-0865 13. Representative of the Petitioner who 13a. Name and Title James Shackelfe 13c. Tel No.	Petitioner and th iny employees in 10b. A 10b. A 11c. I 6 am ion, Southeast ion, Southeast ion/UFCW 12e. Cell No. 256-227-2785 will accept ser ord, Union R 13d. Cell No. 256-227-2785	, has pick ose named in items the unit described ddress his matter, state you Election Time(s): 8 am & 2 pm - 4 p number) Council nof which Petitioner vice of all papers f epresentative	keted the Employer since ( 8 and 9, which have claim in item 5b above. (If none) ar position with respect to bm r is an affiliate or constituer 12f. Fax No. 404-758-5628 or purposes of the represe 13b. Address (street an 1838 Metropolitan Pkwy, SV 13e. Fax No. 404-758-5628	Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Facility Breakroom 12b. Address (stree 1838 Metropolitan t (if none, so state) sentation proceedin d number, city, state, V Suite 204, Atlanta, GA	oresentatives an ation(s): 1 2g. E-Mail Ation rwdsusec@acion g. and ZIP code) 30315 13f. E-Mail Acion	d other organizations and individuals          10d. Cell No.         10f. E-Mail Address         Mail Mixed Manual/Mail <i>city, state, and ZIP code</i> )         te 204, Atlanta, GA 30315         Idress         I.com
(Name of labor organization) 10. Organizations or individuals other than I known to have a representative interest in a None 10a. Name 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): Thursday, October 24, 2019 12a. Full Name of Petitioner ( <i>including lo</i> Retail, Wholesale & Department Store Uni 12c. Full name of national or international la Retail, Wholesale & Department Store Uni 12d. Tel No. 404-758-0865 13. Representative of the Petitioner who 13a. Name and Title James Shackelfe 13c. Tel No. 404-758-0865 1 declare that I have read the above petitioner who	Petitioner and th ny employees in 10b. A 10b. A 10b. A 11c. I 6 am 11c. I 7 an 11c. I 6 am 11c. I 7 an 11c. I 6 am 11c. I 7 an 11c. I 7 an 11 7 an 11c. I 7 an 11c. I 11c. I 11c. I 11c. I	, has pick ose named in items the unit described ddress his matter, state you Election Time(s): 8 am & 2 pm - 4 p number) Council nof which Petitioner vice of all papers f epresentative	keted the Employer since ( 8 and 9, which have claim in item 5b above. (If none) ar position with respect to bm r is an affiliate or constituer 12f. Fax No. 404-758-5628 or purposes of the represe 13b. Address (street an 1838 Metropolitan Pkwy, SV 13e. Fax No. 404-758-5628	Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Facility Breakroom 12b. Address (stree 1838 Metropolitan t (if none, so state) sentation proceedin d number, city, state, V Suite 204, Atlanta, GA	oresentatives an ation(s): 1 2g. E-Mail Ation rwdsusec@acion g. and ZIP code) 30315 13f. E-Mail Acion	d other organizations and individuals          10d. Cell No.         10f. E-Mail Address         Mail Mixed Manual/Mail <i>city, state, and ZIP code</i> )         te 204, Atlanta, GA 30315         Idress         I.com
(Name of labor organization) 10. Organizations or individuals other than I known to have a representative interest in a None 10a. Name 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): Thursday, October 24, 2019 12a. Full name of Petitioner ( <i>including lo</i> Retail, Wholesale & Department Store Uni 12c. Full name of national or international la Retail, Wholesale & Department Store Uni 12d. Tel No. 404-758-0865 13. Representative of the Petitioner who 13a. Name and Title James Shackelfor 13c. Tel No. 404-758-0865 1 declare that I have read the above petitioner who 13ames Shackelford	Petitioner and the iny employees in 10b. A 10b. A 10b. A 10b. A 10b. A 10b. A 10b. A 10c. A 11c. I 6 am 11c. I 6 am 10b. A 11c. I 6 am 11c. I 6 am 11c. I 6 am 10b. A 11c. I 6 am 10b. A 10b. A	, has piclose named in items of the unit described ddress his matter, state you Election Time(s): 8 am & 2 pm - 4 p number) Council n of which Petitioner vice of all papers f epresentative	keted the Employer since ( 8 and 9, which have claim in item 5b above. (If none) ar position with respect to om 1 is an affiliate or constituer 1 2f. Fax No. 404-758-5628 1 3b. Address (street an 1 838 Metropolitan Pkwy, SV 1 3e. Fax No. 404-758-5628 ue to the best of my know Title Union Representative	Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Facility Breakroon 12b. Address (stre 1838 Metropolitan t (if none, so state) entation proceedin d number, city, state, Veidge and bellef.	Dresentatives an Dresentatives an Manual ation(s): Pkwy, SW Suit 12g. E-Mail Ac rwdsusec@ac g. and ZIP code) 30315 13f. E-Mail Ac rwdsusec@ac Date October 15	d other organizations and individuals          10d. Cell No.         10f. E-Mail Address         Mail Mixed Manual/Mail         city, state, and ZIP code)         te 204, Atlanta, GA 30315         ddress         dcorn         ddress         l.com         5, 2019
(Name of labor organization) 10. Organizations or individuals other than I known to have a representative interest in a None 10a. Name 10a. Name 11b. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): Thursday, October 24, 2019 12a. Full Name of Petitioner ( <i>including lo</i> Retail, Wholesale & Department Store Un 12c. Full name of national or international la Retail, Wholesale & Department Store Un 12c. Full name of national or international la Retail, Wholesale & Department Store Un 12d. Tel No. 404-758-0865 13. Representative of the Petitioner who 13a. Name and Title James Shackelfe 13c. Tel No. 404-758-0865 I declare that I have read the above petitioner ( <i>including lo</i> Name ( <i>Print</i> )	Petitioner and the iny employees in 10b. A 10b. A 10b. A 10b. A 10b. A 10b. A 10b. A 10c. A 11c. I 6 am 11c. I 6 am 10b. A 11c. I 6 am 11c. I 6 am 11c. I 6 am 10b. A 11c. I 6 am 10b. A 10b. A	, has piclose named in items of the unit described ddress his matter, state you Election Time(s): 8 am & 2 pm - 4 p number) Council n of which Petitioner vice of all papers f epresentative	keted the Employer since ( 8 and 9, which have claim in item 5b above. (If none) ar position with respect to om 1 is an affiliate or constituer 1 2f. Fax No. 404-758-5628 1 3b. Address (street an 1 838 Metropolitan Pkwy, SV 1 3e. Fax No. 404-758-5628 ue to the best of my know Title Union Representative	Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca Facility Breakroon 12b. Address (stre 1838 Metropolitan t (if none, so state) entation proceedin d number, city, state, Veidge and bellef.	Dresentatives an Dresentatives an Manual ation(s): Pkwy, SW Suit 12g. E-Mail Ac rwdsusec@ac g. and ZIP code) 30315 13f. E-Mail Ac rwdsusec@ac Date October 15	d other organizations and individuals          10d. Cell No.         10f. E-Mail Address         Mail Mixed Manual/Mail         city, state, and ZIP code)         te 204, Atlanta, GA 30315         ddress         dcorn         ddress         l.com         5, 2019

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD			Ca	Case No. Date Filed			
RC PE				10-RC-2	250154		October 18, 2019
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned i							
of service showing service on the							
(Form NLRB-505); and (3) Descript					RB 4812). The sl	howing of int	erest should only be filed
with the NLRB and should <u>not</u> be s	erved on the	employer or any	other part	ty.			
1. PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de							
requests that the National Labor Relat		eed under its prop	er authority	pursuant to	Section 9 of the Na	tional Labor R	elations Act.
2a. Name of Employer		2b. Add	Iress(es) of E	stablishment	(s) involved (Street a	and number, city	, State, ZIP code)
ARAMARK (FORMERLY D/B/A AMERIPRID	,	NC	25 CENTER F	E 29708-			
3a. Employer Representative – Name and	Title				2b – state same)		
				CENTER PA HARLOTTE 2	29708		
3c. Tel. No. (800) 750-4628	3d. Cell No.		3e. Fax No.			3f. E-Mail Add	ress
4a. Type of Establishment (Factory, mine, w	(holesaler etc.)	4b. Principal prod	uct or service	2		5a City	and State where unit is located:
Apparel/Accessories				RM RENTAL	S	Sa. Ony	Charlotte, NC
5b. Description of Unit Involved			0.111 0.				6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	al details						10
							6b. Do a substantial number (30%
Excluded: See Attached Page 2 for addition							or more) of the employees in the unit wish to be represented by the
							Petitioner? Yes [ -] No [ ]
Check One: 7a. Request for re	cognition as Barg	aining Representati	ive was made	e on (Date)	an	d Employer dec	lined recognition on or about
	<u>(</u> Date)	(If no reply received	, so state).				
					ertification under the	e Act.	
8a. Name of Recognized or Certified Barg	gaining Agent (I	f none, so state).	8b	. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.			8f. E-Mail Add	ress
					0		
8g. Affiliation, if any			Sh. Date of Re	ecognition or	eognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any <i>(Month, Day, Year)</i>		
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved?	No	lf so, approxi	mately how many er	nployees are pa	rticipating?
					/onth, Day, Year)		
10. Organizations or individuals other than F							
known to have a representative interest in a							
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
	100.710				100. 101. 100.		
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts	an election in thi	is matter state your	position with	respect to			
any such election.				respect to	11a. Election Type	: <u>] •  </u> Manual <u> </u>	Mail Mixed Manual/Mail
11b. Election Date(s): NOVEMBER 14, 2019		lection Time(s):			11d. Election Loca	. ,	
12a Full Name of Petitioner (including lo		0:00 AM			1325 CENTER PA	KK UKIVE, CHA	RLOTTE, NC 29708
ERNEST KEITH WRENN TEAMSTERS LOCAL UNION NO. 71					2529 BELTWAY BL	VD 3214-	city, state, and ZIP code)
12c. Full name of national or international la INTERNATIONAL BROTHERHOOD OF TEA	bor organization	of which Petitioner is	s an affiliate c	or constituent	(if none, so state)	<u></u>	
12d. Tel No.	12e. Cell No.		12f. Fax No.			12g. E-Mail Ac	
(704) 596-2475	(704) 363-6493		(704) 597-15			ctylerspapa@a	aoi.com
13. Representative of the Petitioner who 13a. Name and Title	will accept servi	ce of all papers for		•	•	-	
ושמ. ואמוווכ מות דונוכ			ISD. Addres	ss (street and	I number, city, state,	anu ∠IP code)	
13c. Tel No.	13d. Cell No.		13e. Fax No	<u>າ</u>		13f. E-Mail Ad	dress
I declare that I have read the above petiti	on and that the	statements are true	e to the best	of my know	ledge and belief.		
	nature		Title			Date	
	NEST KEITH WI			Y-TREASUR		10/17/2019	
WILLFUL FALSE STATEME	NTS ON THIS PE	ETITION CAN BE P	UNISHED BY	Y FINE AND I	IMPRISONMENT (U	.S. CODE, TITL	E 18, SECTION 1001)

### DO NOT WRITE IN THIS SPACE

Case

Attachment

Date Filed

Employees Included 10

Employees Excluded MANAGEMENT AND SALES FORM NLR8-502 (RC) (4-15)

	NY								
		UNITED STATES	RELATIONS BO			Сава No. 1	DO NOT 0-RC-250391	WRITE IN THIS	100000000000000000000000000000000000000
		Inless e-Filed us	ing the Agend			<u>gov,</u> submit a	n original of this	Petition to a	n 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 NLRE	and	d should not be s	erved on the	employer or a	ny other	party,		•	·····
1. PURPOSE OF bargaining by	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 Emp	loye	r		2b. A	ddress(es)	of Establishment	(s) involved (Street a		
		ar Partnership		5600		Rd, Kevil, Ky			
	•	entative - Name and or Relations Ma			3b. Ad same	dress (If same as	2b – state same)		
3c. Tel. No,		4	3d. Cell No.	1. 344444444	3e. Fax	KNO.		31. E-Mall Add	iress
270-564-3740	2923.7				_	-97		kent.gordor	n@pad.pppo.gov
4a. Type of Estab plant	lishm	ient (Factory, mine, v	holesaler, etc.)	4b. Principal pi quality and s		rvice pport at nucle	ar facility	5a. City Kevil, K	and State where unit is located: (Y
55. Description of		it: Involved e and regular part-tim	a Industrial Musi			7404		t Leads	6a, No, of Employees in Unit: Approximately 20
Heal	th an	d Safety Specialists I	, II, and III and He	elth and Safety F	leid Suppo	rt employed by the	e Employer at its Kov	vil, KY facility	6b. Do a substantial number (30%
Excluded: All of	here	mployees including all	non-professional	employees, confid	iential empl	oyees, guards and	supervisors as define	ed in the Act	or more) of the employees in the unit wish to be represented by the Petitioner? Yes 🗸 No
Check One:	7	7a. Request for re	cognition as Ban	Jaining Represen	tative was	made on (Date) h	v notition a	d Employer dec	lined recognition on or about
	V	no reply		(If no reply receiv					
		7b. Petitioneris c	urrently recognize	d as Bargaining	Representa	tive and desires d	certification under the	a Act.	
Ba. Name of Rec None	ogni	zed or Certified Ban	gaining Agent (i	f none, so state)		8b. Address			
Bc. Tel No. 8d Cell No. 8e. Fax No.					Br. E-Mail Add	iress			
8g, Affiliation, if a	ny				8h. Date	of Recognition or	hition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
		or picketing at the E				1.000			
		enization)							
		idividuals other than sentativo interest in a						presentativos an	d other organizations and individuals
10a, Name	_		10b. Ac	dress	<b></b>		10c. Tel. No.	, No. 10d. Cell No.	
							10e, Fax No.		10f. E-Mail Addross
11. Election Deta any such elec		If the NLRB conducts	s an election in th	ia matter, state y	our position	with respect to	11a. Election Type		Mail Mixed Manual/Mail
11b, Election Dat 11-14-19			11c. E 1+2:30	lection Time(a); p.m.			11d. Election Location(s): C100 Cafeteria		
		litioner (including id Iny, Rubber, Manufacturing			International	Union, APL-CIO, CLC			city, state, and 21P code) ay Center Room 913Pittsburgh, PA 15222
12c, Full name of national or International labor organization of which Patitioner is an affiliate or constituent ( <i>if none, so state</i> ) 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. (412) 410-433		12f. Fa			12g. E-Mail A	ddress
	<b>VØ O</b>	f the Petitioner who					entation proceedin		
13a, Name and T		Brad Manzolillo,	•		13b. A	ddress (street and	d number, city, state, ive Gateway Center Roo	and ZIP code)	PA 15222
13c. Tel No. (412) 562-2529			13d. Cell No. (412) 418-433	3	13e. F		and an instanting	131, E-Mail Ad	jdress
	ave r	ead the above petit					vledge and belief.		
Name (Print)			Î. A A A A A A A A A A A A A A A A A A A	A	7 Title			Date	
Brad Manzolillo			rad M	anzolil	Organi	zing Counsel		10/22/19	
WI	LLFU	L FALSE STATEME	NTS ON THIS P			D BY FINE AND	IMPRISONMENT (U	J.S. CODE, TIT	LE 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 ef 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. 5

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UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD			Case No.			
RC PETITION				RC-250405		October 23, 2019
INSTRUCTIONS: Unless e-Filed	using the Agend	y's website, <mark>wv</mark>	<mark>vw.nlrb.gov</mark> , submit a	an original of this	Petition to a	n NLRB office in the Region
in which the employer concerned	d is located. Th	e petition must	be accompanied by l	both a showing o	f interest (se	e 6b below) and a certificate
of service showing service on th	e employer and	all other parties	s named in the petitic	on of: (1) the petit	ion; (2) State	ement of Position form
(Form NLRB-505); and (3) Descri						
	with the NLRB and should <u>not</u> be served on the employer or any other party.					
1. PURPOSE OF THIS PETITION: RC-0				of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petitioner	r desires to be certif	ed as representativ	ve of the employees. The	Petitioner alleges the	at the followin	g circumstances exist and
requests that the National Labor Re	lations Board proc	eed under its pro	per authority pursuant to	Section 9 of the Na	tional Labor R	elations Act.
2a. Name of Employer			dress(es) of Establishmen 3 W. Meadowview Road	t(s) involved (Street a	na number, city	, State, ZIP code)
Keolis Transit America			C Greensboro 27406-			
3a. Employer Representative – Name a	and litle		3b. Address (If same as 223 W. Meadowyi			
Omar Oliveros			223 W. Meadowvi NC Greensboro 27	7406		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	
(336) 373-2950					Omar.Oliveros@	
4a. Type of Establishment (Factory, mine	e, wholesaler, etc.)	4b. Principal proc			5a. City	and State where unit is located:
Transportation			Passenger Transit Se	rvice		Greensboro, NC
5b. Description of Unit Involved						6a. No. of Employees in Unit: 18
Included: See Attached Page 2 for add	itional details					6b. Do a substantial number (30%
						or more) of the employees in the
Excluded: See Attached Page 2 for add	itional details					unit wish to be represented by the
						Petitioner? Yes [🔽] No [
Check One: 7a. Request for	r recognition as Barg	aining Representa	tive was made on (Date) _	and	d Employer dec	lined recognition on or about
	(Date)	(If no reply received	d, so state).			
			epresentative and desires	certification under the	Act.	
8a. Name of Recognized or Certified B	argaining Agent (I	f none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition or	r Certification		Date of Current or Most Recent
					Contract, if an	y (Month, Day, Year)
9. Is there now a strike or picketing at the	- Employer's establi	hmont(a) involved		imataly have many am		stiningting?
(Name of labor organization)						
10. Organizations or individuals other that					esentatives and	d other organizations and individuals
known to have a representative interest i	n any employees in	the unit described i	n item 5b above. (If none,	, so state)		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
	105.744			100.101.100.		
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB condu	icts an election in th	is matter, state you	r position with respect to	11a. Election Type:	🖌 Manual	Mail Mixed Manual/Mail
any such election.	11a E	action Time(a)				
11b. Election Date(s): November 11, 2019		lection Time(s): m. to 1:30 p.m.		11d. Election Location(s): Training Room		
12a. Full Name of Petitioner (including				-	and number	city, state, and ZIP code)
Percival Patterson Amalgamated Transit Union Local 1493				P.O. Box 1807 NC Durham 27702-		side, and zir code)
12c. Full name of national or international	I labor organization	of which Petitioner	is an affiliate or constituen			
Amalgamated Transit Union	-					
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ac	ldress son@yahoo.com
(919) 282-7425 13. Representative of the Petitioner whether the second s	(919) 282-7425		r purposes of the repres	ontation procooding	· ·	
13a. Name and Title	to will accept set vi	ce of all papers ic	13b. Address (street and			
Daniel B. Smith Assistant General Counse	el					
AMALGAMATED TRANSIT UNION 13c. Tel No.	13d. Cell No.		10000 New Hampshire A MD Silver Spring 20903 13e. Fax No.	-1790	13f. E-Mail Ad	dress
(301) 431-7100	(202) 714-4219		10C. I AN INU.		dsmith@atu.or	
I declare that I have read the above pe	· · /		le to the best of my know	ledge and belief.		
Name (Print)	Signature		Title	<b>U</b>	Date	
Daniel B. Smith	Daniel B. Smith		Assistant General Couns	sel	10/22/2019	0.09.21.28
WILLFUL FALSE STATE		TITION CAN BE P				

	DO NOT WRITE	IN THIS SPACE
C	Case	Date Filed

#### Attachment

# Employees Included

All full-time and regular part-time dispatchers, road supervisors and training supervisors employed by the Employer at its facility currently located at 223 W. Meadowview Road in Greensboro, North Carolina. The Petitioner seeks an Armour-Globe election.

## **Employees Excluded**

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

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD			Case No.	Case No. Date Filed		Filed	
RC PE				0-RC-250468		October 24, 2019	
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned i							
of service showing service on the							
(Form NLRB-505); and (3) Descript				RB 4812). The show	ving of int	terest should only be filed	
with the NLRB and should <u>not</u> be s	served on the	employer or an	y other party.				
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Rela	esires to be certifi	ed as representativ	ve of the employees. The	Petitioner alleges that t	he followin	g circumstances exist and	
2a. Name of Employer		2b. Ad	dress(es) of Establishmen				
Georgia Power Plants Wansley and Bowen			371 Liberty Church Rd. A Carrolton 30116-				
3a. Employer Representative – Name and	d Title		3b. Address (If same as				
Nick Slappy			317 Covered Brid GA Euharlee 3014				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		E-Mail Add		
(770) 854-3211		the Difference of the second		or	Islappy@south		
4a. Type of Establishment (Factory, mine, v Coal	wholesaler, etc.)	4b. Principal pro	duct or service Provide Electricity	,	5a. City	and State where unit is located: Carrollton, GA	
5b. Description of Unit Involved			FIONIDE Electricity	/		6a. No. of Employees in Unit:	
Included: See Attached Page 2 for addition	nal dataila					23	
See Allached Page 2 for addition	rial details					6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for addition	nal dataila					or more) of the employees in the unit wish to be represented by the	
See Allached Page 2 for addition						Petitioner? Yes [ - ] No [ ]	
Check One: 7a. Request for re	ecognition as Barg	aining Representa	tive was made on (Date)	and E	mployer dec	lined recognition on or about	
	<u>(</u> Date)	(If no reply received	d, so state).				
			epresentative and desires	certification under the Ac	t.		
8a. Name of Recognized or Certified Bar International Brotherhood of Electrical Work	ers Drew Stover	f none, so state).	GA Smyrn				
8c. Tel No.	8d Cell No.	,	8e. Fax No.	8f.	E-Mail Add	ress	
8g. Affiliation, if any	(404) 661-0787	·	8h. Date of Recognition o	r Certification 8i	Expiration (	Date of Current or Most Recent	
Local Union 84				Contract, if any (Month, Day, Year) 06/30/2021			
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No If so, approx	kimately how many emplo	vees are pa	articipating?	
(Name of labor organization)							
10. Organizations or individuals other than						d other organizations and individuals	
known to have a representative interest in a							
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	s an election in thi	is matter, state you	r position with respect to	11a. Election Type: 🔽	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): 11/13/2019		lection Time(s):		11d. Election Location(s):			
12a. Full Name of Petitioner (including lo		a - 8:00am <b>umber)</b>		Plants Wansley and Bo 12b. Address (street at 502 TAXLOD TPL		city, state, and ZIP code)	
James Flynn James Flynn 12c. Full name of national or international la	abor organization	of which Petitioner	is an affiliate or constituer	502 TAYLOR TRL MS Waveland 39576 tt (if none, so state)			
International Brotherhood of Electrical Worke							
12d. Tel No. (601) 590-0698	12e. Cell No. (601) 590-0698		12f. Fax No.		I2g. E-Mail Address mmy_flynn@ibew.org		
13. Representative of the Petitioner who	, ,	ce of all papers fo	or purposes of the repres				
13a. Name and Title			d number, city, state, and	ZIP code)			
13c. Tel No.	13d. Cell No.		13e. Fax No.	13	f. E-Mail Ad	dress	
I declare that I have read the above petiti	ion and that the	statements are tru	le to the best of my know	vledge and belief.			
Name (Print) Si	gnature		Title		Date		
	imes Flynn		International Lead Organ	nizer	10/23/2019	9 16:00:05	
WILLFUL FALSE STATEME	NTS ON THIS PE	ETITION CAN BE F	PUNISHED BY FINE AND	IMPRISONMENT (U.S.	CODE. TITL	E 18. SECTION 1001)	

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Case

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Date Filed

Employees Included Chemical Techs I, II, III and Senior

Employees Excluded

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

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE		
NATIONAL LABOR RELATIONS BOARD RC PETITION				Case No. Date Filed October 24, 2019		
INSTRUCTIONS: Unless e-Filed u		v's website. ww			Petition to a	
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descri	otion of Repres	entation Case P	Procedures (Form NLI	RB 4812). The sh	owing of inte	erest should only be filed
with the NLRB and should <u>not</u> be	served on the	employer or any	y other party.			
bargaining by Petitioner and Petitioner	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		2b. Ad	dress(es) of Establishment			
ARAMARK (formerly D/B/A AMERIPRIDE	•	39 NC	8 Great Oak Drive Canton 28716-			
3a. Employer Representative – Name a	nd Title		3b. Address (If same as			
Doug Johnson			398 Great Oak Dri NC Canton 28716 3e, Fax No.			
3c. Tel. No. (828) 648-2384	3d. Cell No.		Se. Fax NO.		3f. E-Mail Addr	ess
4a. Type of Establishment (Factory, mine	. wholesaler. etc.)	4b. Principal proc	duct or service		5a. Citv a	and State where unit is located:
Apparel/Accessories	,,		Uniform Rentals			Canton, NC
5b. Description of Unit Involved		1			I	6a. No. of Employees in Unit:
Included: See Attached Page 2 for addit	ional details					12
Excluded: See Attached Page 2 for addit	ional details					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [[v]] No [[]]
Check One: 7a. Request for	recognition as Barg	aining Representat	tive was made on (Date)	and	d Employer decl	ined recognition on or about
	· · ·	(If no reply received				
			epresentative and desires of	certification under the	Act.	
8a. Name of Recognized or Certified Ba		r none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess
8g. Affiliation, if any			8h. Date of Recognition or	of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any <i>(Month, Day, Year)</i>		
9. Is there now a strike or picketing at the	Employer's establis	shment(s) involved	? If so, approx	imately how many em	ployees are par	ticipating?
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)		
10. Organizations or individuals other that						
known to have a representative interest in						C C
10a. Name	10b. Ad	dross		10c. Tel. No.		10d. Cell No.
ioa. Name	105. Ad	01633		10C. Tel. NO.		Tou. Gen No.
				10e. Fax No.		10f. E-Mail Address
		· · · · · · · · · · · · · · · · · · ·				
<ol> <li>Election Details: If the NLRB conduct any such election.</li> </ol>	cts an election in th	is matter, state your	r position with respect to	11a. Election Type:	<u>」</u> ✓ Manual <u> </u>	_ Mail Mixed Manual/Mail
11b. Election Date(s): November 14, 2019		lection Time(s):		11d. Election Locat	. ,	0710
12a. Full Name of Petitioner (including	5:30-9:			398 Great Oak Drive	, -	8716 sity, state, and ZIP code)
Brian Ball Teamsters Local 61			ie en offiliete er constituen	45 Sardis Road NC Asheville 28806-		
12c. Full name of national or international International Brotherhood of Teamsters	ç	or which Pellioner		t (ii none, so state)	10 5 11 11 1	
12d. Tel No. (828) 665-2834	12e. Cell No. (828) 712-3784		12f. Fax No. (828) 665-1889		12g. E-Mail Ad brianball@tear	
13. Representative of the Petitioner wh	. ,		(	entation proceeding	J.	
13a. Name and Title			13b. Address (street and		and ZIP code)	
Jon Axelrod Attorney Beins-Axelrod			1717 K Street NW NW S DC Washington 20006-	SIE 1120		
13c. Tel No. (202) 328-7030	13d. Cell No. (202) 365-1610		13e. Fax No.		13f. E-Mail Add jaxelrod@beins	
I declare that I have read the above pet	( )		e to the best of mv know	ledge and belief.		
	Signature		Title	<b>.</b>	Date	
	Brian Ball		Secretary-Treasurer		10/17/2019	14:25:01
WILLFUL FALSE STATEN	IENTS ON THIS PE	TITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.		

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Case

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Dat	e File	b

Employees Included Route Service Drivers, Shuttle Drivers

Employees Excluded Management, Sales