John Fussell

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WR	ITE IN THIS SPACE
O1-RC-246712	Date Filed 8/16/19

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 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) **CREC** Transportation 535 Salmon Brook Street, Granby, CT 06035 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Mason Thrall, Director of Operations 111 Charter Oak Avenue, Hartford, CT 06106 3e Fax No 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 860-524-4056 mthrall@crec.org 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Granby, CT School Bus School Bus 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and part time school bus, van, and STVS drivers 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, temporary employees, professional employees, and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) <u>08/16/19</u> and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 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 none 8c. Tel No. 8d Cell No 8e Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any 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) None 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 11a. Election Type: ✓ Manual Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s) 11d. Election Location(s): 9/3/2019 8:30 AM- 10:30 AM, 12:00pm - 2:00pm File Office Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 22 Britton Drive, Bloomfield, CT 06002 Teamsters Local 671 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. 12e. Cell No 12g. E-Mail Address 860-769-6711 o) (6). (b) (7@teamsters671.com 860-242-3200 (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title John T. Fussell, Attorney 13b. Address (street and number, city, state, and ZIP code) 333 East River Drive, Suite 101, East Hartford, CT 06108 13e. Fax No. 13f. E-Mail Address 13c. Tel No. ifussell@cheverielaw.com 860-290-9610 860-305-4497 860-290-9611 I declare that I have read the above petition and that the statements are thue to the best of my knowledge and belief. Name (Print) Date 8/16/19 Attorney

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 a 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

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01_RC_245821	8-1-19				

FORM NLRB-502 (RC) (2-18)NATIONAL LABOR RELATIONS BOARD **RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, [Draw.dinigov/], 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. 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 26 East Main Street, Norton, Massachusetts 02766 Wheaton College 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Omaira Roy, Vice President & Director of Human same Resources 3f. E-Mail Address 3c. Tel. No. 3d, Cell No. 3e. Fax No. 508-286-8200 Roy_Omaira@wheatoncollege.edu 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Norton, MA College Education 5b. Description of Unit Involved: 6a. Number of Employees in Unit. Included: All full-time and regular part-time public safety officers, dispatchers and sergeants. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes \(\subseteq No. All other employees, and supervisors as defined in the Act. 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) 8c. Tel. No. 8d. Cell No. Be. 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Patitioner 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) 10c. Tel. No. 10d. Cell No. 10a, Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail X Manual Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): **Public Safety Office ASAP** 9:00am - 12:00pm 12a. Full Name of Petitioner (including local name and number): National Association of Campus Law Enforcement 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): 12g. E-Mail Address 12e. Cell No. 12f. Fax No. (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title b 6 b (6), (b) (7)(C) 13d. Cell No. 13e Fax No 13f, E-Mail Address (b) (6), (b) (7)(C) (6), (b) wledge and belief. declare that I have read the above petition a

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN	THIS SPACE
Case No.	Date Filed
01 00 0/5000	

							<u>-NG-24J</u>	<u> Augu</u>	St J. 201
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in t	must be accom the petition of: (panied by	both a sh tition; (2) S	owing of interest (se tatement of Position	ee 6b below) a n form (Form N	nd a certifica LRB-505); an	ffice in the Region in w te of service showing s d (3) Description of Re	hich the ervice on presentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboration	ioner desire:	s to be certified a	is represe	ntative of th	ne employees. The P e	etitioner allege	s that the fol	owing circumstances e	
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invo	lved (Street and	number, City	, State, ZIP code):	
Vistra Energy/Lake Road	Generat	ing LLC	56 Al	exander	Park Way, Da	yville, Con	necticut (6241	
3a. Employer Representative - Nan	ne and Title:		3b. Add	ress (if sam	e as 2b - state same)	:			
Tony Paradis - Plant Man	ager		same						
3c. Tel. No.	3d. Cell No	_		3e. Fax No		3f. E-Mail	Address		
860-779-8356	860-62			860-77				@vistraenergy.co	m
4a. Type of Establishment (Factory, I	mine, whole:	saler, etc.)		4b. Princip	al Product or Service		5a. City ar	nd State where unit is loc	ated:
Power Plant				Energy				, Connecticut	
5b. Description of Unit Involved:							6a. Numb	er of Employees in Unit:	
Included: all full time & regular par	t time O	nTechs Ma	int Me	chanics	IC&E Techs &	& Electricia	16		
Excluded:	t time o	p 1 00115, 1viu	1116. 1710	chames	, read reems t	2 Dicouries	6b. Do a s	ubstantial number (30%	or more)
all office clerical emp., pr	ofession	al emp., gua	ards an	d superv	visors under the	Act		employees in the unit wis ented by the Petitioner?	
Check One: 7a. Request for rec	cognition as					4/2019 a		declined recognition	
on or about (Date) 7b. Petitioner is cui	rontly room			ceived, so		in under the Act			
8a. Name of Recognized or Certific						in under the Act			
	g		-,	,					
8c. Tel. No.	8d. Cell No).		8e. Fax No).	8f. E-Mail	Address		
8g. Affiliation, if any:			8h	. Date of Re	ecognition or Certifica			urrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing a	t the Employ	er's establishme	ent(s) invo	lved? No	If so, approx	ximately how m	any employee	s are participating?	
(Name of Labor Organization)					_ (40)	, has pickete	ed the Employ	er since (Month, Day, Ye	ar)
Organizations or individuals othe individuals known to have a repre	r than Petitic esentative in	oner and those na terest in any emp	amed in it	ems 8 and the unit de	9, which have claimed scribed in item 5b abo	d recognition as ove. (If none, so	representativ state)	es and other organization	is and
40-11		10h Address				10c. Tel.	No.	10d. Cell No.	
10a. Name		10b. Address				TOC. Tel.	NU.	Tou. Cell No.	
						10e. Fax	No.	10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and	election in this ma	atter, state	e your posit	ion with respect to an	y such election	11a. Electio	ln Type:	
				, ,	,	•			Manual/Mail
11b. Election Date(s):		11c. Election Tir	ne(s):			11d. Elec	tion Location(s):	
September 3 2019		6am to 7:1:					room at tl		
12a. Full Name of Petitioner (include					12b. Address (street				
International Union of Op	erating l	Engineers L	ocal 30)	16-16 Whitest	one Expres	ssway, W	nitestone, NY 113	·57
12c. Full name of national or internat International Union of Op			nich Petitio	oner is an a	iffiliate or constituent ((if none, so state	e):		
12d. Tel. No.	12e. Cell N			12f. Fax No		12g. E-Ma	ail Address		
917-680-7978	917-680			718-80	5-2172	andres	puerta@ii	ioelocal30.org	
13. Representative of the Petitione	r who will a	ccept service o	f all pape	rs for purp	oses of the represe	ntation procee	ding.		
13a. Name and Title: Andres Puerta - Director of	Special P	rojects			ess (street and numbe Thitestone Expre			7 11357	
Amores I della - Difector of	opeciai f	. Ojoota		10-10 W	Allesione Exple				
13c. Tel. No.	13d. Cell N			13e. Fax N			il Address	10eloce120 cmc	
I declare that I have read the above	917-680		mente e	718-80	D-Z1 /Z ne best of my knowle			uoelocal30.org	
Name (Print)	e beaution at	Signature		, Lie III	to best of my knowle	Title			Date
Andres Puerta		, -	dres Pu	ıerta		Director of	of Special	Projects	08/05/19

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE I	N THIS SPACE
Case No.	Date Filed
01-RC-246211	8-7-19

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must named in the pe	be accomp tition of: (1	anied by	y both a sh titlon; (2) S	owing of Interest (se tatement of Position	e 6b below) and form (Form NLF	a certificat RB-505); an	e of service sh d (3) Description	nowing service or on of Representa	n tion
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be	certified as	represe	ntative of th	e employees. The Pe	titioner alleges t	that the foll	owing circums	stances exist and	
2a. Name of Employer: HESSCO				b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Merchant Street, Sharon, MA. 02067						
3a. Employer Representative - Nan Mary Jean McDermott, E.		ector	3b. Addi Same	•	e as 2b - state same):					
3c. Tel. No.	3d, Cell No.			3e. Fax No		3f. E-Mail A				
781-784-4944				781-78	4-4922	mmcder	mott@h	essco.org	14 1	
4a. Type of Establishment (Factory, I		etc.)		46. Princip Sectice	al Product or Service	Provides	5a. City an	d State where u	unit is located:	
Flder Services 5b. Description of Unit Involved:				بهبطيعة	sabity.			r of Employees		
Included:							34			
see attached								المناملة أأمام	(200/ or more)	
Excluded:							of the e	mployees in the	per (30% or more) e unit wish to be	□ N-
Check One: 7a. Request for rec	ognition as Barga	nina Repre	sentative	was made	on (Date)	and		inted by the Per leclined recogn	titioner? × Yes	∐ No
on or about (Date)		(If no	reply re	ceived, so	state).		, ,			
7b. Petitioner is cur						n under the Act.				
oa, Maine of Nesognized of Ostane		ciic (ii none	, 50 3141) OB: AG	u1033.					
8c. Tel. No.	8d, Cell No.			8e. Fax No	<u> </u>	8f. E-Mail A	ddress			
oc. 101. No.	ou. oen wo.			00.1 ax 110	•	On E many	uu.000			
8g. Affiliation, if any:	_		81	. Date of R	ecognition or Certificat			urrent or Most (Month, Day, Yo	ear)	
9. Is there now a strike or picketing a	t the Employer's e	stablishmer	nt(s) invo	lved?	If so, approx	imately how man	y employee	s are participati	ng?	
(Name of Labor Organization)				No		, has picketed	the Employ	er since (Month	, Day, Year)	
Organizations or individuals other individuals known to have a repre	than Petitioner as sentative interest	nd those na in any emp	med in it loyees in	ems 8 and 9	9, which have claimed scribed in item 5b abo	recognition as reve. (If none, so s	tate)		ganizations and	
10a. Name	110h	Address				10c, Tel. No	Non	10d, Cell No.		
IVa. Name	100.	- dui ess				100, 1011	•			
						10e. Fax No	10e. Fax No. 10f. E-Mail Address			
11. Election Details: If the NLRB con	nducts and electio	n in this ma	tter, stat	e your posit	ion with respect to any	y such election:			Miyed Manual	I/Moil
TBD	140	Election Tim	(a):			11d. Electio	Manua Manua		Mixed Manual	/iviali
11b. Election Date(s):	116.1	TIL HODDS	IBN			TRI		·7·		
12a. Full Name of Petitioner (includ	ing local name an	d number):			12b. Address (street			ZIP code):		
Service Employees Intern	•		509	i	293 Boston Po 01752	st Road We	st, Suite	400, Marlt	oorough,MA	
12c. Full name of national or internati			ich Petiti	oner is an a		if none, so state).				
Service Employees Intern	12e. Cell No.	<u> </u>		12f. Fax N	<u> </u>	12g, E-Mail	Address			
774-843-7509	120. 00. 110.			508-48		1 -		gseiu509.o	org	
13. Representative of the Petitione	r who will accep	service of	all pape							
13a. Name and Title: James Hykel					ess (street and number y Square 10th flr					
13c. Tel. No.	13d. Cell No.		_	13e. Fax N		13f. E-Mail	Address			
617-367-7200	.50. 001110.			617-36		jhykel@		e.com		
I declare that I have read the above	petition and tha	t the state	nents a			dge and belief.				
Name (Print)		Signature				Title			Date 8/7/2	010
Abigail Amartey-Dodd				<u> </u>	ر	Organizer			0/1/2	017

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.

Including:

All full-time and regular part time service providing employees, including intake/Information referral, intake assessment specialists, case managers, protective service/elder at risk workers, nurses, family caregiver specialist, nursing home transitions specialist, and all other employees

Excluding: clerical employees, managers, guards, and supervisors as defined in the Act.

I declare that I have read the

Name (Print)

(4-15)								
		GOVERNMENT			DO NOT WRITE IN THIS SPACE			
		RELATIONS BOARD		Case No.	•	Date	Filed	
	RC PE			01.	-RC-246283		8/9/19	
INSTRUCTION	NS: Unless e-Filed us	ing the Agency's	website, www	w.nlrb.gov, submit a	n original of this	s Petition to a	n NLRB office in the Region	
							e 6b below) and a certificate	
							ement of Position form	
							erest should only be filed	
	3 and should <u>not</u> be s				,	.	,	
					of employees wish to	o be represente	d for purposes of collective	
bargaining by		esires to be certified a	is representative under its prop	e of the employees. The toper authority pursuant to	Petitioner alleges the Section 9 of the N	hat the followin ational Labor R	g circumstances exist and elations Act.	
2a. Name of Em				fress(es) of Establishment		and number, city	, State, ZIP code)	
All-Star Trans	·		1 Dog	d Road, New Milford	<u> </u>			
	presentative - Name and	d Title	į	3b. Address (If same as		T 06700		
_eslie Sheldo	<u>n</u>			146 Huntington Ave	e, waterbury, C			
3c. Tel. No.	-	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	iress	
203-573-0555		860-601-0075		203-573-9750		L	***************************************	
	olishment (Factory, mine, v		o. Principal prod				and State where unit is located: ilford, CT	
School Bus T		31	udent Trans	ропацоп		I I VEW IV	6a, No. of Employees in Unit:	
	of Unit Involved						67	
Included: All	full-time and pa	art-time bus o	drivers ar	nd monitors			6b. Do a substantial number (30%	
Evaluded:	·						or more) of the employees in the	
Excluded. Disp	oatchers, All other employe	es, temporary employ	ees, profession:	al employees, guards and	supervisors as defin	ed by the Act.	unit wish to be represented by the	
							Petitioner? Yes V No	
Check One:		-	-	ive was made on (Date) §	3/8/19 ar	nd Employer dec	lined recognition on or about	
	8/8/19		o reply received		receive a contract	- 4 - 4		
0 11 (0				presentative and desires	certification under the	e Act.		
sa. Name of Red None	ognized or Certified Bar	gaining Agent (ii iioi	ne, so state).	BD. Address				
8c. Tel No.		8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress	
8g. Affiliation, if a	iny			8h. Date of Recognition or			Date of Current or Most Recent	
						Contract, n ar	y (Month, Day, Year)	
O le thoro pour o	strike or picketing at the E	molover's establishme	ent(s) involved 2	2 If so approx	imately how many e	molovees are pa	articipating?	
				eted the Employer since (
10. Organization	s or individuals other than representative interest in a	Petitioner and those n	named in items	8 and 9, which have claim	ed recognition as rep	presentatives an	d other organizations and individuals	
known to have a	representative interest in a	any employees in the t	unit described i	n item 50 above. (ii none,	30 State)			
10a. Name		10b. Addres	is		10c. Tel. No.		10d. Cell No.	
		İ			10e. Fax No.		10f. E-Mail Address	
			-4-44-4-	ities with respect to			he is the second	
any such elec	ails: If the NLRB conduct	s an election in this ma	atter, state your	position with respect to	11a. Election Type	e: Manual [Mail Mixed Manual/Mail	
11b. Election Da		11c. Election	on Time(s):		11d. Election Loca			
August 27, 2019		9:00am - 1			Employee Break F			
	of Petitioner (including lo	ocal name and numb	er)		12b. Address (stre 1871 Baidwin Stre		city, state, and ZIP code)	
Teamsters Loca		itaa aa	hick Detitioner	is an efficiency constitues	l	set, waterbury,	C1 00700	
	f national or international la therhood of Teamsters	abor organization of w	mich Pealloner	is an amilate of constituer	it (ii fione, so state)			
12d. Tel No.	thombod of redinatore	12e. Cell No.		12f. Fax No.		12g. E-Mail A	ddress	
203-753-3121		203-648-5538 203-756-10			<u></u>	ibt677@sbcg	obal.net	
13. Representat	ive of the Petitioner who	will accept service	of all papers fo	or purposes of the repres	sentation proceedir	ıg.		
13a. Name and	^{Title} William E. Pe	truno, Busines	ss Agent	13b. Address (street an		, and ZIP code)		
13c. Tel No.		13d. Cell No.		13e. Fax No.		13f. E-Mail A	ddress	
203-753-3121		203-648-5538		203-756-1058		ibt677@sbcg	obal.net	

Title Business Agent William E. Petruno WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

petition and that the statements are true to the best of my knowledge and belief.

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.

Date

8/9/19

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
01-RC-246363	8/9/2019					

(2-10)	RC PETITI	ON), t.D		Case	01-RC-246363			8/9/2019
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must be acco named in the petition of	mpanied b : (1) the pe	y both a sh etition; (2) S	owing of interest (s tatement of Positio	of this P see 6b b on form	Petition to a elow) and (Form NLR	n NLRB of a certificate B-505); and	e of service sh d (3) Descriptio	ion in which the owing service on n of Representation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be certified	l as represe	entative of th	ne employees. The P	Petitione	r alleges ti	nat the follo	wing circumst	ances exist and
2a. Name of Employer: Visiting Nurses Association	on of Boston, Inc			Establishment(s) invi Iustrial Parkwa)):
3a. Employer Representative - Nan Holly Chaffee BSN,MSN, President and CEO	ne and Title: RN	3b. Add Same	-	e as 2b - state same	e):	***************************************			
3c, Tel. No. 617-886-6500	3d. Cell No.		3e. Fax No 781-682			f, E-Mail Ad		20 (O +/n li	acam aca
4a. Type of Establishment (Factory, r Home Health Care Agenc			4b. Princip Health	al Product or Service Care	e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5a. City and Weymo	State where upouth, MA	1 Care. org nit is located: 0 4 Doi: Charter 1
5b. Description of Unit Involved: Included: see attached Excluded: see attached			L		~~		6a. Number 36 6b. Do a su of the e	r of Employees bstantial number mployees in the	in Unit: er (30% or more)
Check One: X 7a. Request for rec on or about (Date)	ognition as Bargaining Rep no reply (i		e was made eceived, so	, , , , , , , , , , , , , , , , , , , ,	8/07/19	and		eclined recogni	
☐ 7b. Petitioner is cur 8a. Name of Recognized or Certifie	rently recognized as Barga d Bargaining Agent (If no	i		-	ion unde	r the Act.			
8c. Tel. No.	8d. Cell No.		8e. Fax No).	8	f. E-Mail Ad	dress		
Bg. Affiliation, if any:		81	h. Date of R	ecognition or Certific				rrent or Most Month, Day, Ye	ar)
9. Is there now a strike or picketing at	t the Employer's establishing	nent(s) invo	olved? No	If so, appro		•		are participatin	
(Name of Labor Organization) 10. Organizations or individuals other individuals known to have a repre					ed recog	nition as rep	oresentative	er since (Month, s and other org	
10a. Name	10b. Address				1	Oc. Tel. No.		10d. Cell No.	
					1	0e, Fax No.		10f, E-Mail Add	ress
11. Election Details: If the NLRB co			te your posi	lion with respect to a			1a. Election Manua	I Mail	Mixed Manual/Mail
11b. Election Pate(s):	70 - 94		3	1P-6P			Location(s): ce & Wo	eymouth Ma
12a. Full Name of Petitioner (includ Massachusetts Nurses Ass Jeanine Hickey	ing local name and numbe			12b. Address (stree 340 Turnpike Canton, Ma 0	Stree		State and Z	(IP code):	
12c. Full name of national or internati none	onal labor organization of	which Petit	ioner is an a	ı ıffiliate or constituent	t <i>(if none</i>	, so state):			
12d. Tel. No. 781-830-5739	12e. Cell No. 781-363-0960		12f. Fax N 781-82			2g. E-Mail / Hickey(Address @mnarn	.org	
13. Representative of the Petitione 13a. Name and Title: Kristen Barnes,Atty McDonald, Lamond and Car	·	of all pap	13b. Addre 352 Tur	poses of the represences (street and number npike Rd Suite 2 prough, MA 017	ber, city, 210	State and Z	_		
13c. Tel. No. 508-485-6600 ext 125	13d. Cell No.		13e. Fax N 508-48		I I	3f. E-Mail A CBarnes	ddress @massl	aborlawyer	s.com
I declare that I have read the above Name (Print) Jeunine Hické	petition and that the sta		fre true to the	he best of my know Uz N	Title		erecto	1, Oxson	12/19/8/9/15

Description of Bargaining Unit:

Included: All Full Time, Part Time, Per Visit, and Per Diem professional employees, including physical therapists, occupational therapists, speech and language pathologists, and social workers employed by the Employer at the Visiting Nurse Association of Boston, Inc (Dorchester and Weymouth offices).

Excluded: Guards, registered nurses, and supervisors and all other employees as defined by the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 01 DC 2/C/12	Date Filed					
U1-RC-246412	8/17/19					

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 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 70 Jewett City Road CT Taftville 06380-3b. Address (If same as 2b – state same) Bob's Discount Furniture, LLC 3a. Employer Representative - Name and Title 70 Jewett City Road CT Taftville 06380-Ivan Kucher 3c Tel No 3d Cell No 3f. E-Mail Address 3e. Fax No. Ivan.kucher@mybobs.com (860) 859-3400 (860) 889-2035 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Others Warehouse Taftville, CT 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 08/12/2019 Check One: 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). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 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) 10b. Address 10a. Name 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): Any Tuesdays - Thursdays, ASAP 11c. Election Time(s): 11d. Election Location(s): 6-9 AM, 1-4 PM, and 6:30-9:30 PM Taftville Distribution Center 12a. Full Name of Petitioner (including loc me and number) 12b. Address (street and number, city, state, and ZIP code) Frances Boyes New England Joint Board, UNITE HERE 33 Harrison Avenue 8th Floor MA Boston 02111-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) UNITE HERE, AFL-CIO 12d. Tel No. 12e. Cell No 12g. E-Mail Address fboyes@unitehere.org (617) 426-1653 (617) 832-6618 (617) 352-8785 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) Shelley B. Kroll Attorney Segal Roitman, LLP 33 Harrison Avenue 7th Floor MA Boston 02111-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address skroll@segalroitman.com (617) 603-1425 (617) 742-2187 e petition and that the statements are true to the best of my knowledge and belief. I declare that I have read the Name (Print) Signature Date

Shelley B. Kroll 08/12/2019 13:54:33 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney

Shelley B. Kroll

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 seg. 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

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				

Employees Included

All regular full-time and regular part-time warehouse employees employed by the Employer in the Taftville, Connecticut distribution center.

Employees Excluded

Office clericals, confidential employees, customer care employees, routing department employees, warehouse management systems specialists, returns coordinators, drivers and yard jockeys, truck mechanics, loss prevention (security) employees, professional employees, managers, and supervisors.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Nicole Vitale

Nicole Vitale

Case No.

Date Filed

DO NOT WRITE IN THIS SPACE

PETITION August 14, 2019 01-RC-246570 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 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 <u>not</u> 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7285 W. 132nd St., Suite 340 KS Overland Park 66213-Midwest Air Traffic Control Services, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7285 W. 132nd St., Suite 340 KS Overland Park 66213-3c. Tel. No. 3d Cell No 3e. Fax No. 3f. E-Mail Address shanelc@att.net (913) 782-7082 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Aerospace & Defense Air Traffic Control Services Beverly, MA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes 7 No 7 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). 8f. E-Mail Address 8d Cell No. 8c. Tel No. 8e. Fax No. 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) 10h Address 10c. Tel. No. 10d. Cell No. 10a. Name 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): First available 11c. Election Time(s): 11d. Election Location(s): 1 hour, mid day Employee break room at the facility (address: 50 L.P. Henderson Rd., Be 12a. Full Name of Petitioner (including local name and number) Nicole Vitale National Air Traffic Controllers Association, AFL-CIO (NATCA) 12b. Address (street and number, city, state, and ZIP code) 1325 Massachusetts Ave., NW DC Washington 20005-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address nvitale@natcadc.org 12d. Tel No. 12e Cell No 12f. Fax No. (202) 220-9805 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) Nicole Vitale Acting Director of Labor relations National Air Traffic Controllers Association, AFL-CIO (NATCA) 1325 Massachusetts Ave., NW DC Washington 20005 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No. nvitale@natcadc.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) Date Signature

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

Acting Director of Labor relations

08/14/2019 13:56:25

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.

	DO NOT W	RITE IN THIS SPACE	
Case		Date Filed	

Employees Included

All full-time and regular part-time air traffic control specialists at the Beverly Air Traffic Control Tower (BVY)

Employees Excluded

All other employees, managers, guards, and supervisors, as defined by the Act

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
01-RC-246616	8-14-19						

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 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 bemaining by Petitioner and Petitioner desires to be certified as recresentative 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Prolerized New England Company, LLC / 69 Rover Street Everett Ma. 02149 Schnitzer Steel Industries Inc. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): John Silva same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address isilva@schn.com 4o. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located. Metal Ptrocessing Metal Recycling Everett Ma. 5b. Description of Unit Involved: 6a. Number of Employees in Unit. Included: 3 All full-time and regular part-time scale operators in the Everett, Ma. Location 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? All other employees defined in the act. Check One: 7s. 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 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 and election in this matter, state your position with respect to any such election: | 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 8 20 19 tbd **Everett Location inter** 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Longshoremen's Association 5000 West Side Avenue, North Bergen N.J 07047 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Longshoremen's Association 12d Tel No 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 508-274-8942 ilaboston@msn.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): Bernard O'Donnell - International V.P. 32 Stallion Way, Marstons Mills, Ma. 02648 13c. Tel. No. 13d, Cell No. 13e. Fax No. 13f. E-Mail Address ilaboston@msn.com I declare that I have read the above pet con and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Date Title Bernard O'Donnell International - V.P. 8.14.19

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
01-RC-246694	8-16-19					

						OI-KO-	-24009	4 0-1	0 1 7	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	The petitions s named in	must be accom the petition of: (panied b 1) the pe	y both a si etition; (2) :	howing of Interest (se Statement of Position	e 6b below) ar form (Form N	nd a certifica LRB-505); an	te of service showing s d (3) Description of Re	ervice on presentation	
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: Health and Social Services Consortium Inc. 1 Merchant Street, Sharon, MA 020667 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Merchant Street, Sharon, MA 020667 2c. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Merchant Street, Sharon, MA 020667										
3a. Employer Representative - Name and Title: Mary Jean McDermott, Executive Director Same										
3c. Tel. No. 781-784-4944	3d. Cell N	0.		3e. Fax N 781-78	4-4922	3f. E-Mail mmcde	Address rmott@h	essco.org		
4a. Type of Establishment (Factory, elder services	mine, whole	saler, etc.)	,	4b. Princip elder se	pal Product or Service ETVICES		5a. City ar Sharor	id State where unit is local, MA	ated:	
5b. Description of Unit Involved: Included: All registered nurses.							5	er of Employees in Unit:		
Excluded: All other employees, cleri Check One: 7a. Request for rec							of the c	ubstantial number (30% employees in the unit wis ented by the Petitioner? declined recognition	h to be	
on or about (Date)	rrently reco			eceived, so	state). and desires certification	under the Act				
8a. Name of Recognized or Certifie None					idress:					
8c. Tel. No.	8d. Cell No	o.		8e. Fax No	ο,	8f. E-Mail	8f. E-Mail Address			
8g. Affiliation, if any:			81	. Date of R	ecognition or Certificat			urrent or Most (Month, Day, Year)		
9. Is there now a strike or picketing a	t the Emplo	yer's establishmer	nt(s) invo	olved? No	If so, approx	imately how ma	ny employee	s are participating?		
(Name of Labor Organization)								er since (Month, Day, Ye		
 Organizations or individuals other individuals known to have a repre None 								es and other organization	ns and	
10a. Name		10b. Address	,			10c. Tel. N	lo.	10d. Cell No.		
						10e. Fax N	lo.	10f. E-Mail Address		
11. Election Details: If the NLRB coi mail ballot	nducts and	election in this ma	tter, stat	e your posi	lion with respect to any	such election:			Manual/Mail	
11b. Election Date(s): TBD		11c. Election Tim	ie(s):			11d. Electi mail ba	on Location(s llot	s):		
12a. Full Name of Petitioner (Including local name and number): Service Employees International Union, Local 509 12b. Address (street and number, city, State and ZIP code): 293 Boston Post Road West, Suite 400, Marlborough, MA 01752										
12c. Full name of national or internati Service Employees Interna			ich Petiti	oner is an a	iffiliate or constituent (in	f none, so state):			
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail 1										
 Representative of the Petitionel 13a. Name and Title: James Hykel 	who will a	accept service of	all pape	13b. Addre	oses of the represen ess (street and number y Square 10th Flo	city, State and	i ZIP code):			
13c. Tel. No. 617-367-7200	13d. Cell N			13e. Fax N 617-36	7-4820	jhykel@	13f. E-Mail Address jhykel@pylerome.com			
I declare that I have read the above Name (Print)	petition a	nd that the stater Signature		e true to th	ne best of my knowler	dge and belief Title	,		Date	
James Hykel		(Jam	- Hr	Max forme	Attorney			08/16/19	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.		Date Filed					
	01-RC-246785	8/19/19					

						l		NO-240	705	_	
INSTRUCTIONS: Unless e-Filed a employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the pelition of: (1	panied by 1) the pa	y both a si tition; (2) S	howing of Interest (s Statement of Positio	see 6 n for	b below) and m (Form NLf	a certifica (8-505); an	e of service shi d (3) Descriptio	owing s n of Re	ervice on presentation
 PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitioner and Petitioner Authority 	lioner desim	es to be certified a	s represe	ntative of t	he employees. The P	etitic	oner alleges (hat the foll	owing circumst	ences	
2a. Name of Employer: 2b. Ad IS R Rogers Corporation				ress(es) of Train	Establishment(s) invitor Drive, Narra	olved Lgar	(Street and nasett, RI 0	umber, City 2882	State, ZIP code	e);	
3a. Employer Representative - Na Gerald Fargo/ Operations			зь. Add Same	•	ne as 2b - state same	·):					
\$c. Tel. No. 401-789 - 9736	3d. Cell N 401-78	o. 3-6780		3e. Fax No 401-78			31. E-Mail A	idress			
4a. Type of Establishment (Factory, Manufacturer	mine, whole	esaler, etc.)			er films/ tapes	,		Narrag	d State where us ansett, RI	0288	
sb. Description of Unit Involved: Included: Sec attachment	·							6a, Numbe 120	r of Employees i	n Unit	
Excluded: See attachment								of the a	ibatantial numbe mployees in the nted by the Petil	unit wig	or more) h to be x Yes No
Check One: 7a. Request for recon or about (Date)	-	(If no	o reply re	caived, so	state),			Employer	eclined recognit	lon	
7b. Pelitioner is ou 3g. Name of Recognized or Certific None						on un	ger the Act.				
Sc. Tel. No.	8d. Cell No),		se. Fax No	0,		8r. E-Mail Ad	ldress			
Bg. Affiliation, if any:			8h	8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
Is there now a strike or picketing a (Name of Labor Organization)	t the Emplo	yer's establishmer	1(8) invo	lved? No	if so, appro				are participating er since (Month,		ar)
10. Organizations or Individuals other Individuals known to have a repressione	r than Petitlesentative in	oner and those na iterest in any empl	med in ite loyees in	ems 8 and : the unit de	9, which have claimed scribed in item 5b abo	d reco	ognition as rej	presentative	· ·		· —
Oa. Name		10b. Address					10c. Tel. No.		10d. Cell No.		
					ı		10e. Fax No. 10		10f, E-Mail Address		
1. Election Details: If the NLRB co.	nducts and	election in this ma	tter, state	your posit	ion with respect to an	ly suc		X Manua	Mail [] Mixed	Manual/Mail
1b. Election Date(s): 0/10/2019		11c. Election Tim 6-8am and 2					11d, Election Break Ro): -		
2a. Full Name of Potitioner (Including local name and number): Teamsters Local 251 12b. Address (street and number, city, State and ZIP code): 12l'Brightridge Avenue, East Providence, RI 02914											
2c. Full name of national or Internati International Brotherhood	onal labor of of Tean	rganization of whi 1sters	ch Petitic	mer la an a	filiate or constituent	(it no	ne, so stele):				
2d, Tel. No. 101-434-0454		1-965-2024 401-43			l-1 89 3	- 1	12g. E-Mall A mps251@	gyahoo.	com		
3. Representative of the Petitioner who will accept service of all pape 3a. Name and Title: Marc Gursky/ Attorney				13b. Addre	oses of the represe ss (street and numbe n Rod Road, C-2	r, cih	v. State and Z	iP code):	RI02852		
3c. Tel. No. 101-294-4700	13d. Cell N 401-58()-3402		13e. Fax N 401-294	1-4702		13f. E-Mail A mgursky	ddress @rilabo	law.com		
declare that I have read the above	petition a	o staten		true to th	best of my knowle	Title	-				Date/ /
Michael Simone		Me		Lew	ne		ganizer/T	rustee			8/19/19

5b. Description of Unit Involved:

Included: All full time and regular part-time production, maintenance, shipping/receiving and quality assurance employees employed by the employer at its Narragansett, RI facility.

Excluded: All other employees, managers, supervisors and guards as defined in the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RC-247287	8-28-19				

INSTRUCTIONS: Unless e-Filea								
in which the employer concerne								
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 <u>not</u> 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								
2a. Name of Employer	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. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)							
National Express School d/b/a Durham School Services 1 John C Dean Memorial Blvd RI Cumberland 02864-								
3a. Employer Representative – Name Paul Neves	and litte		3b. Address (If same as 1 John C Dean Me RI Cumberland 02					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		f. E-Mail Addre	SS		
(401) 334-3745			(401) 334-3775					
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal pro		•	5a. City ar	nd State where unit is located:		
Transportation			School Transportation	on	<u> </u>	Cumberland, RI		
5b. Description of Unit Involved Included: See Attached Page 2 for ad	ditional details					6a. No. of Employees in Unit: 125		
oce Attached Fage 2 for au	attoriar details					6b. Do a substantial number (30%		
Excluded: See Attached Page 2 for ad	ditional details				i	or more) of the employees in the unit wish to be represented by the Petitioner? Yes [7] No [7]		
Check One: 7a. Request for	or recognition as Baro	aining Representa	tive was made on (Date) 0	8/28/2010 and F		red recognition on or about		
	-	(If no reply receive	· · · · · · -	0/20/20 TO	inployor dooiii	iod roodgiiiiiioii oji oi doodi		
7b. Petitioner			epresentative and desires	certification under the A	ct.			
8a. Name of Recognized or Certified	Bargaining Agent (#	none, so state).	8b. Address					
8c. Tel No.	8d Cell No.		8e. Fax No.	8f. E-Mail A		SS		
8g. Affiliation, if any						ate of Current or Most Recent (Month, Day, Year)		
9. Is there now a strike or picketing at the	e Employer's establis	hment(s) involved	? No If so, approx	imately how many emp	oyees are parti	cipating?		
			ceted the Employer since (f			·		
10. Organizations or individuals other the known to have a representative interest					entatives and	other organizations and individuals		
10a. Name	10b. Ad	drace		10c. Tel. No.	1	10d. Cell No.		
Iva. Name	100. Ad	uicaa						
				10e. Fax No.		10f. E-Mail Address		
 Election Details: If the NLRB cond any such election. 	ucts an election in thi	s matter, state you	r position with respect to	11a. Election Type: _	✓ Manual	Mail Mixed Manual/Mail		
11b. Election Date(s): September 16, 2019		ection Time(s): 10am and 1230pr	m to 4pm	11d. Election Location Training room at the	mployer's Cum			
12a. Full Name of Petitioner (includin Megan Carvalho United Food and Commercial Workers Union Lo	ocal 328	,		278 Silver Spring St RI Providence 02904-	and number, ci	ty, state, and ZIP code)		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food and Commercial Workers International Union								
12d. Tel No.	12e. Cell No.		12f. Fax No. (401) 331-7965	1	2g. E-Mail Add negan@ufcw32	ress 28.org		
(401) 834-9089	(401) 834-9089	ce of all papers &	<u></u>		J J	 -		
13. Representative of the Petitioner who will accept service of all pages for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code)								
Marc Gursky Attorney 1130 Ten Rod Rd Bldg. C, Suite 207								
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address								
(401) 294-4700 (401) 580-3402 mgursky@rilaborlaw.com						maw.com		
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)	Signature		Title		Date			
Megan Carvalho	Megan Carvalho		Director of Organizing		08/28/2019	11:43:23		

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.

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
01-RC-247287	8-28-19				

Employees Included

All full time and part time bus drivers, monitors and aides employed by employer at Durham's Cumberland, Rhode Island location

Employees Excluded

All other employees, including supervisors, managers, professional employees, mechanics, guards, office and clerical employees, and dispatchers.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01- R C-247375	8-29-19				

INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, <u>ww</u>	w.nlrb.gov, submit a	n original of this P	etition 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	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) Descri	iption of Represe	entation Case P	rocedures (Form NLF	RB 4812). The show	ving of into	erest should only be filed	
with the NLRB and should not b	e served on the	employer or any	y other party.	•	•		
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitions	CERTIFICATION OF er desires to be certifi	REPRESENTATIVE de la representative	VE - A substantial number of the employees. The F	etitioner 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. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)							
Quality Beverage			5 Myles Standish Blvd. Taunton 02780-	(-,			
3a. Employer Representative - Name	and Title		3b. Address (If same as	2b – state same)		· · · · · · · · · · · · · · · · · · ·	
Ted Audet			525 Myles Standish MA Taunton 02780				
3c. Tel. No.	3d. Gell No.		3e. Fax No.	1 -	f. E-Mail Addı		
(508) 822-6200			(508) 823-9092		ed.audet@qblp.		
4a. Type of Establishment (Factory, min	· · · · · · · · · · · · · · · · · · ·	4b. Principal proc			5a. City a	and State where unit is located:	
Beverages (Alcoholic)	· · · · · · · · · · · · · · · · · · ·		Beer Distribution		٠	Taunton, MA	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for add	filiónal detalls				ł	6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for add	distance describe		Ministral			or more) of the employees in the unit wish to be represented by the	
EXCLUDED: See Attached Page 2 for add	altional details					Petitioner? Yes [] No []	
Check One: 7a. Request for	or recognition as Barg	jaining Representat	tive was made on (Date)	and E	Employer dec	lined recognition on or about	
		(If no reply received				_	
			presentative and desires of	certification under the A	ct.		
8a. Name of Recognized or Certified	Bargaining Agent (II	none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		I 8e. Fax No.	1 8	f. E-Mail Add	ress	
8g. Affiliation, if any	·					Expiration Date of Current or Most Recent ontract, 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)			eted the Employer since (A		·		
10. Organizations or individuals other th known to have a representative interest	an Petitioner and tho in any employees in	se named in items the unit described i	8 and 9, which have claime n item 5b above. (If none,	ed recognition as repres so state)	entatives and	d other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond any such election.	lucts an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual [Mail Mixed Manual/Mail	
11b. Election Date(s): As soon as possible.	1 .	lection Time(s): en 10:00 AM & 12:0	n Noon	11d. Election Locatio 525 Myles Standish B	` '	ı MA	
12a, Full Name of Petitioner (including Shawn Chesley Stevens Teamsters Union Local) 70	ig local name an	1ber)	0 140011		and number.	city, state, and ZIP code)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Tearnsters							
12d. Tel No.	12f. Fax No.	Anthropa Otto annotare 170 acres		ddress			
(508) 799-0551	(774) 823-5418		(508) 752-9647	_1_			
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title					d ZIP code)		
13c. Tel No.	13d. Cell No.		13e. Fax No.		3f. E-Mail Ac	Idress	
I declare that I have read the above p	etition and that the	statements are tru	e to the best of my know	ledge and belief.			
Name (Print)	Signature Mus	C-ALE.	Title		Date		
Shawn Chesley Stevens	Shawn C. Stevens		Organizer		08/29/2011	9 13:26:31	

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.

Employees Included All mechanics.

Employees Excluded
All others as defined in the Act.

DO NOT WRITE IN THIS SPACE						
Case 01-RC-247375	Date Filed 8 – 29 – 19					

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RD-247200	8-27-19				

RD PETITION	01-RD-247200	8-27-19						
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.								
 PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A recognized bargaining representative is no longer their representative. The Petitioner alleges that t Labor Relations Board proceed under its proper authority pursuant to Section 9 of the Nation 	the following circumstances ex al Labor Relations Act.	cist and requests that the National						
2a. Name of Employer 2b. Address(es) of Establishment 2c. Address(es) of Establis	ROUT RIDGE RD	City, state, ZIP code) ME 04412						
3a. Employer, Representative - Name and Title 3b. Address (If same as 2b - state 3c. Tel. No. 3e. Cell No. 3e. Cell No.	3f. E-Mail Address	LAND ME 04472						
207 46 92 143 207 46 1 8571 4a. Type of Establishment (Factory, mine, wholesaler, etc.)	SUE. FLEWE							
52H00LB RVS CO 5a. Description of Unit Involved	4b. Principal product or service DELIVERY 0	F CHILDILEN SAFELY 5b. City and State where unit						
Included: SCHOOLBUS DRIVERS		is located:						
Excluded:		ORLAND, ME						
6. No. of Employees in Unit 3 4 7. Do a substantial number (30% or more) of the employees in recognized bargaining representative? X Yes No								
8a. Name of Recognized or Certified Bargaining Agent TEAMS TENS LOCAL 340	8b. Affiliation, if any							
8c. Address 27 MAIN STREET 8d. Tel. No. 20776	672106 8e. Cell No.							
SOUTH PORTLAND, ME 04106 8F. FAX NO.	8g. E-Mail Address	DETEAMSTERS LOCALS 40						
9. Date of Recognition or Certification MARUH 2008 10. Expiration Date of Current or 1 6 - 3 0	2020							
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No	11b. If so, approximately how n	nany employees are participating?						
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of se (Month, Day, Year)						
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition and individuals known to have a representative interest in any employees in the unit described in ite		anizations						
12a. Name 12b. Address	12c. Tel. No.	12d. Fax No.						
NONE	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: Manua 13d. Election Location(s)	Mail Mixed Manual/Mail						
13b. Election Date(s), 9 OR ASAP 13c. Election Time(s) 9-5-19 OR ASAP 12c. Election Time(s)		PORT ME						
^{14. Full} (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.						
(b)(6),(b)(7)(C)		(b) (6), (b) (7)						
	b) (6), (b) (7)(C)	(b) (6), (b) (7)(C						
14f. Affiliation								
15. Representative of the Petitioner who will accept service of all papers for purposes of the repr	resentation proceeding.							
	15b.Title							
15. Representative of the Petitioner who will accept service of all papers for purposes of the representative (b) (6), (b) (7)(C) 15c. Address (Street and number, City, state, Zir-code)	15b.Title	15e. Fax No.						
15. Representative of the Petitioner who will accept service of all papers for purposes of the representative (b) (6), (b) (7)(C) 15c. Address (Street and Humber, City, State, Zir Code) (b) (6), (b) (7)(C)	15b.Title							
15. Representative of the Petitioner who will accept service of all papers for purposes of the representative (b) (6), (b) (7)(C) 15c. Address (Street and number, City, state, 21 - code) (b) (6), (b) (7)(C)	15b.Title 15d. Tel. No. (b) (6), (b) (7)(C) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	15e. Fax No. (b) (6), (b) (7)(C						

IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

ECIDAL AN DR. ACC (CD)	LINITED STATES DE AM	NITED STATES OF AMERICA			DO NOT WRITE IN THIS SPACE			
(2-18) NATIONAL LABOR RELATION RD PETITION		NS BOARD		Cate No.		\ - 1	Dete Filed	
					01-RD-24725		8-27-19	
employer concerned is locate the employer and all other pa	led using the Agency's website, ed. The petition must be socomp enter named in the petition of:(1) B 4812). The showing of interest	ranied by both a shi the pelition; (2) Sta	owing of inter- stament of Pos	at (see 7 l ilion form	otow) and a certific (Form NLRB-605); (ate of service a and (3) Descript	howing service on Ion of Representation	
recognized bargaining represe	N: RD- DECERTIFICATION (REM entative is no longer their represent ead under its proper authority pa	alvė. The Petitione	r alleges that t	he followir	re decinatemonfo gr	es autori that the	certified or currently is that the National	
2a. Name of Employer Comcast	20. Address(es) of 244 Huttleston	to, Addrassies) of Establishmeni(s) involved (Street and number, city, state, 21/2 code) 244 Huttleston Ave Fairhaven, Ma. 02719						
3s. Employer Representative - Christopher Martin	3b, Address (If same as 2b - state same) same							
3c. Tel. No. 508-884-2393	3d. Fax No. 508-997-4381	36. Cell No. 617-676-5431 31. E-Mail Address Christopher_Martin5@cab					ole.comeust.com	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Telecominucations				4b. Principal product or service TV, internet and phone				
6a. Description of Unit Involved							nd Stete where unit	
Included: All hourly technicians, both service and plant operations, that report out of the				airhaven	Ma. office		la located: Fairhaven Ma.	
All other employees inclu	ding managers supervisors							
6. No. of Employees in Unit 70	7. Do e substantial numbe recognized bargaining	r (30% or more) of it representative? 🔀	hė employees k Yes 🔲 No	n the unit m			sertified or currently	
6a. Name of Recognized or Centified Bergaining Agent JBEWlocal 2322				_	eb. Affiliation, if any International	1		
8c, Address 106 West Grove St Middleboro, MA 02346			6d. Tel. No. 508-947-2					
			8f. Fax No. none listed				hoo.com	
9. Uste at Recognition or Certifica 05/05/13	Blion '	10, Expiration Date	a of Current or I	Most Recen	t Contract, if any (Ma	onth. Day, Year)	<u> </u>	
11a. is there now a strike or picks	aling at the Employers establishme	ni(a) Involved? 🔲	Yss X No	115. (140,	epproximately how n	nany amployees		
11c. The Employer has been pick	reted by or on behalf of (Inscri Nat	me)					a labor organization.	
(insert Address)						ce (Month, Cay, '	rea/)	
12. Organizations of Individuals of and individuals known to have 12a. Name	nher those numed in items 5 and 1 a representative interest in any ea 12b. Addrews	nc, which have daim mployees in the citif	described in Ro	m 5 sbove. I 12c. Tel. I	(if none, so siele)	12d, Fax No.		
none	145771001000							
					12a. Čeli No. 1		12. E-Mail Address	
13. Election Details: If the NLRI matter, state your position with	13. Election Details: If the NLRS conducts an election in this matter, state your position with respect to any such election.			13a. Elodion Type: 🔀 Manuel 🍴 Mail 📗 Mixed Menuel/Mell				
13b. Election Date(s) 9/25/19	130, Election 78 8am-12pm	lection 7 ime(e) 13d. Etection Location(s)				eirhaven ma.		
14. Full Name of Politioner (b) (6), (b) (7)(C)				I_=				
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)		14c. Fáx No. none			
			1	(b) (6), (b) (7)(C) (b)		b) (6), (b) (7)(C)		
14f. Affilialion, if any		, <u></u>						
15. Representative of the Petiti	oner who will accept service of a	li papere for purpo	ees of the repr		proceeding.			
15a, Name				16b.Tive				
Sc. Address (Street and number, City, state, ZIP code)			15d, Tel. No. 15		15e, Fax No.	Se, Fax No.		
		(b) (6).	(b) <u>(7)(</u> C	167, Cell N	Ю.	15g. E-Mail Add	acent	
I declare that I have read the ab	ove petition and that the states			wiedge a	nd bellef.	<u> </u>		
(b) (6), (b) (7)(C ₁ (b) (6),	(b) (<i>I</i>	<u>/)(C</u>	THUO	27/17	1	Date Filed	

Solicitation of the information on this form is surfortized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 at seq. The principal use of the information is to assist the National Labor Relations Board (NLRA) in processing representation and resisted proceedings or https://doi.org/10.1006/j. The number cycle in the principal use of the information are fully set forth in the Federal Register, 71 Feg. Reg. 74942-43 (Occ. 13, 2005). The NLRA will turber explain these uses upon request. Disclosure of this information to the NLRA is voluntary; however, ladure to supply the information may cause the NLRA to decime to invoke his processes.