

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

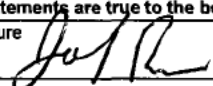
22 - RC - 233594

Date Filed

1/4/19

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: Phillips 66		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1400 Park ave, Linden NJ	
3a. Employer Representative - Name and Title: Joe Manney Hr rep		3b. Address (if same as 2b - state same): 1400 Park ave, Linden NJ 0736	
3c. Tel. No. 608-523-6107	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Joe.Manney@p66.com,
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Petrochemical Refinery		4b. Principal Product or Service Refined oil	5a. City and State where unit is located: Linden NJ
5b. Description of Unit Involved: Included: Office and plant clerical employees, accounting employees, laboratory see page 2 Excluded: professional employees, supervisors			6a. Number of Employees in Unit 28 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Bayway Employee Salary Union		8b. Address: PO Box 4056, Linden, New Jersey 07036	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address (b) (6), (b) (7)(C)
8g. Affiliation, if any:		8h. Date of Recognition or Certification prior to 2010 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) 11/01/19			
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: Soon as possible		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 01-22-2019 and 01-23-2019	11c. Election Time(s): 4 pm to 6 pm both dates	11d. Election Location(s): 1400 Park ave, Linden NJ	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local Union 877		12b. Address (street and number, city, State and ZIP code): 411 A North Wood ave, Linden NJ	
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. 908-925-6707	12e. Cell No. 908-482-8510	12f. Fax No. 908-482-6788	12g. E-Mail Address pajak23@verizon.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: John Pajak, President IBT 877 President		13b. Address (street and number, city, State and ZIP code): 411 A North Wood ave, Linden NJ 07036	
13c. Tel. No. 908-925-6707	13d. Cell No. 908-482-8510	13e. Fax No. 908-482-6788	13f. E-Mail Address pajak23@verizon.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) John Pajak	Signature 	Title President	Date 1/7/19

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


22-RC-234161

Date Filed

Jan 15, 2019

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: AFI Foodservice, LLC d/b/a Performance Foodservice - AFI		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Ikea Drive, CN 6070, Elizabeth, NJ 07207-6070	
3a. Employer Representative - Name and Title: Ms. Erica Clark		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (908) 436-3859	3d. Cell No.	3e. Fax No.	3f. E-Mail Address erica.clark@pfgc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) warehouse		4b. Principal Product or Service warehouse & distrib. of food prod	
5a. City and State where unit is located: Elizabeth, NJ		5b. Number of Employees in Unit: 43	
6b. Description of Unit Involved: Included: All full-time, regular part-time and temporary helpers. Excluded:		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 12/28/2018 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Petitioner seeks immediate election			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): TBD as per Board		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): Local Union No. 863, IBT		12b. Address (street and number, city, State and ZIP code): 209 Summit Road, Mountainside, NJ 07092	
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. 908-654-6990	12e. Cell No.	12f. Fax No. 908-654-8341	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kenneth I. Nowak, Esq., Attorney for Petitioner		13b. Address (street and number, city, State and ZIP code): Zazzali Law Firm, 570 Broad St., Ste. 1402, Newark, NJ 07102	
13c. Tel. No. 973-623-1822	13d. Cell No. 973-699-7383	13e. Fax No. 973-623-2209	13f. E-Mail Address knowak@zazzali-law.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) Kenneth I. Nowak, Esq.		Signature 	Title Attorney for Petitioner
			Date 1/11/2019

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-234330

Date Filed

January 18, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Cascades Containerboard Packaging		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Turner Place, Piscataway, NJ 08854	
3a. Employer Representative - Name and Title:		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 732-733-6195	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing		4b. Principal Product or Service Containerboard Packaging	5a. City and State where unit is located: Piscataway, NJ
5b. Description of Unit Involved: Included: Production & Maintenance Excluded: Management & Supervisory Employees			6a. Number of Employees in Unit: 105
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 01/17/2019 and Employer declined recognition on or about (Date) No Reply to Date (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Int'l Union, UAW Region 9		8b. Address: 550 State Road, Unit 107, Bensalem, PA 19020	
8c. Tel. No. 215-591-0830	8d. Cell No.	8e. Fax No. 215-591-0837	8f. E-Mail Address pashton@uaw.net
8g. Affiliation, if any: Int'l Union, UAW		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): ASAP	11c. Election Time(s):	11d. Election Location(s): Cascades Piscataway, NJ Facility	
12a. Full Name of Petitioner (including local name and number): Int'l Union, UAW Region 9		12b. Address (street and number, city, State and ZIP code): 550 State Road - Unit 107, Bensalem, PA 19020	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Int'l Union, United Automobile, Aerospace & Agricultural Implement Workers of America, UAW			
12d. Tel. No. 215-591-0830	12e. Cell No.	12f. Fax No. 215-591-0837	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Patrick Ashton, Int'l Representative		13b. Address (street and number, city, State and ZIP code): 550 State Road - Unit 107, Bensalem, PA 19020	
13c. Tel. No. 215-591-0830	13d. Cell No. 856-220-7521	13e. Fax No. 215-591-0837	13f. E-Mail Address pashton@uaw.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Patrick Ashton	Signature <i>Patrick Ashton</i>	Title Int'l Representative	Date 1/18/2019

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

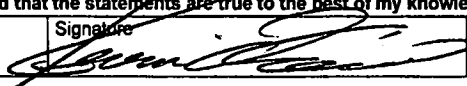
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
22-RC-234746Date Filed
Jan 25, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Clover Leaf Cemetery/Memorial Park		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): US Highway 1, Woodbridge NJ 07095	
3a. Employer Representative - Name and Title: Ruth Nikola		3b. Address (if same as 2b - state same): 189 Gill Lane, Iselin, NJ 08830	
3c. Tel. No. (732) 750-1150 Ext. 18	3d. Cell No.	3e. Fax No. (732) 750-4425	3f. E-Mail Address miko@stonemor.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Cemetery and Mausoleum		4b. Principal Product or Service Cemetery/Mausoleum Services	5a. City and State where unit is located: Woodbridge, NJ
5b. Description of Unit Involved: Included: All Regular employees at the Clover Leaf Cemetery/Memorial Park, Woodbridge, NJ Excluded: Office workers, salespeople and supervisors, as defined by the NLR Act.			6a. Number of Employees in Unit: 3+/- 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/24/19 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): Tuesday/Wednesday/Thursday		11c. Election Time(s): to be determined	11d. Election Location(s): Break Room
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 469		12b. Address (street and number, city, State and ZIP code): 3400 US Highway 35, Suite 7, Hazlet, NJ 07730	
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. (202) 624-6800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kevin O'Connor, Business Agent		13b. Address (street and number, city, State and ZIP code): 3400 US Highway 35, Suite 7, Hazlet, NJ 07730	
13c. Tel. No. (732) 888-0100 Ext. 117	13d. Cell No. (201) 280-9060	13e. Fax No. (732) 888-1740	13f. E-Mail Address koconnor@teamsters469.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) Kevin O'Connor	Signature 	Title Business Agent	Date 1/24/19

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

22-RC-234764

1/25/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Beth Israel Cemetery/Memorial Park	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): US Highway 1, Woodbridge NJ 07095
3a. Employer Representative - Name and Title: Ruth Nikola	3b. Address (if same as 2b - state same): 189 Gill Lane, Iselin, NJ 08830

3c. Tel. No. (732) 750-1150 Ext. 18	3d. Cell No.	3e. Fax No. (732) 750-4425	3f. E-Mail Address miko@stonemor.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Cemetery and Mausoleum		4b. Principal Product or Service Cemetery/Mausoleum Services	5a. City and State where unit is located: Woodbridge, NJ
5b. Description of Unit Involved: Included: All Regular employees at the Beth Israel Cemetery/Memorial Park, Woodbridge, NJ Excluded: Office workers, salespeople and supervisors, as defined by the NLR Act.			6a. Number of Employees in Unit: 25+/- 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 1/24/19 **and Employer declined recognition**
on or about (Date) no reply (If no reply received, so state).
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Tuesday/Wednesday/Thursday	11c. Election Time(s): to be determined	11d. Election Location(s): Break Room
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12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 469	12b. Address (street and number, city, State and ZIP code): 3400 US Highway 35, Suite 7, Hazlet, NJ 07730
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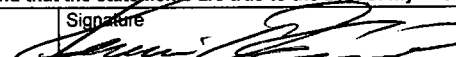
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters

12d. Tel. No. (202) 624-6800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kevin O'Connor, Business Agent		13b. Address (street and number, city, State and ZIP code): 3400 US Highway 35, Suite 7, Hazlet, NJ 07730	

13c. Tel. No. (732) 888-0100 Ext. 117	13d. Cell No. (201) 280-9060	13e. Fax No. (732) 888-1740	13f. E-Mail Address koconnor@teamsters469.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Kevin O'Connor	Signature 	Title Business Agent	Date 1/24/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 22 - RM - 233580	Date Filed January 3, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner GF-East Paterson Foods, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 498 E. 30th St. NJ Paterson 07504	
3a. Employer/Petitioner Representative – Name and Title Omar Jorge President		3b. Address (If same as 2b – state same) 4725 Old Course Dr NC Charlotte 28277-1303	
3c. Tel. No. (704) 716-1170	3d. Cell No.	3e. Fax No.	3f. E-Mail Address omarjorge@gmail.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)	4b. Principal product or service Groceries
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5a. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	5b. City and State where unit is located: Paterson, NJ
	6. No. of Employees in Unit: 37

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a. <input type="checkbox"/> A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____
7b. <input checked="" type="checkbox"/> The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Recognized or Certified Bargaining Agent - Name Richard Whalen United Food and Commercial Workers Union Local 464A		8b. Affiliation, if any	
8c. Address 245 Paterson Ave. NJ Little Falls 07424		8d. Tel. No. (973) 256-6790	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address ufcw464A@rcn.com

9. Date of Recognition or Certification 10/21/2016	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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11. 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) _____
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12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name and affiliation if any	12b. Address	12c. Tel. No.	12d. Cell No.
		12e. Fax No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s): January 17, 2019	13c. Election Time(s): 2:00 p.m. to 6:00 p.m.	13d. Election Location(s): Facility lunch room	

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title Jonathan S. Hershberg Esq. Attorney Tarter Krinsky & Drogin LLP		14b. Address (street and number, city, state, and ZIP code) 1350 Broadway 11th Fl. NY New York	
14c. Tel No. (212) 216-8000	14d. Cell No.	14e. Fax No.	14f. E-Mail Address jhershberg@tarterkrinsky.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) Jonathan S. Hershberg Esq.	Signature Jonathan S. Hershberg	Title Attorney	Date 01/3/2019 15:52:16
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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
22 - RM - 233580	January 3, 2019

Employees Included

All employees other than those listed below

Employees Excluded

Managers, watchmen, guards, back-office clerical workers