UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE									
Case No.	Date Filed								
22-RC-251343	NOV 7, 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 375 U.S. Rt. 1 & 9 South Truck Rt. NJ Jersey City 07304-Action Environmental Services 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Ron Bergamini 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (866) 270-9900 ronb@actioncarting.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Waste Management Services Waste Removal Jersey City, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 140 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 367 Long Beach Road #147 NY Island Park 11558-United Workers of America, Local 621 Stephen Sombrotto 8c. Tel No. 8d Cell No. 8e. Fax No 8f. E-Mail Address (888) 666-1974 (516) 706-0879 8h. Date of Recognition or Certification 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) United Workers of America 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) Local 750, United Workers of America 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. (888) 666-1974 367 Long Beach Road #147 Stephen Sombrotto 10e. Fax No 10f. E-Mail Address NY Island Park 11558-11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: // Manual Mail Mail Mixed Manual/Mail any such election 11b. Election Date(s): 12/9/2019 11c. Election Time(s): 11d. Election Location(s):

Richard Bialczak Counsel Rick Bialczak 11/4/2019 15:33:19 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

12f Fax No.

(718) 937-7003

13e. Fax No.

48-18 Van Dam Street Suite 201 NY Long Island City 11101-

4:30am-12:00pm; 5:30pm-11:30pm

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

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

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

12e Cell No.

13d. Cell No.

Signature

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

an Campbell al 813, International Brotherhood of Teamsters

12d Tel No.

(718) 937-7010

13c. Tel No.

(202) 236-7259

Name (Print)

13a. Name and Title

Rick Bialczak Counsel Local 813, IBT

PRIVACY ACT STATEMENT

Jersey City Shop

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

48-18 Van Dam Street 2nd Floor NY Long Island City 11101-

12b. Address (street and number, city, state, and ZIP code)

13f. E-Mail Address

rickbial@gmail.com

12g. E-Mail Address scampbell@teamsters813.org

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.

	Case
Attachment	

DO NOT WRITE IN THIS SPACE							
Case	Date Filed						

Employees Included

All full time and part time drivers, helpers, mechanics, sorters, and container maintenance employees operating out of the Jersey City location

Employees Excluded Clerical and professional employees, guards, and supervisors

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN	THIS SPACE	
Case No.	Date Filed	
22-RC-251306	NOV 6. 2	019

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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): First Transit, Inc. (Region 4 East) 2 Gowin Street, Sayerville, New Jersey 08872 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Andrew R. Joppa, Jr., Sr. Dir. HR 1412 Pennsylvania Avenue, Wilmington, DE 19806 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 4013094733 4016337013 andrew.joppa@firstgroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Transportation Transportation Services Sayerville, New Jersey 5b. Description of Unit Involved: Included: All full time and regular part-time service control, dispatchers, and 6a. Number of Employees in Unit: road supervisors. Excluded: All other employees including utility workers, drivers, clerical 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

✓ Yes employees, managers, supervisors and guards 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) None Bc. Tel. No. 8d. Cell No. 8f. E-Mail Address 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? N_0 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 F-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: Manual Mail Mixed Manual/Mail 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): Dec. 6, 2019 12:00 noon to 2:00 p.m. Company facility training room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Local 726, IUJAT 93 Lake Avenue, Suite 103, Danbury, CT 06810 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Journeymen and Allied Trades 12d. Tel. No. 12f. Fax No. 12e. Cell No. 12g. E-Mail Address 203-205-0101 203-205-0006 JamesG@iujat.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Gary Rothman, Esq., Attorney for Local 726 Rothman Rocco LaRuffa, LLP, 3 West Main St., Ste 200, Elmsford, NY 10523 13c. Tel. No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. 914-478-2801 914-478-2913 grothman@rothmanrocco.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 Date Gary Rothman, Esq. 11/6/19 Attorney for Local 726

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	PACE
Case No. 22-RC-251636	Date Filed 11/12/2019

· · · · · · · · · · · · · · · · · · ·	1										
INSTRUCTIONS: Unless e-Filed un employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48)	he petition must be named in the pet	e accompanie tion of: (1) the	d.by.bo petitio	th a sho n; (2) St	wing of interest (see 61 atement of Position for	below) and m (Form NLI	a certificat RB-505); ani	e of service s d (3) Descript	howing se ion of Rep	rvice on resentation	
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be	certified as repr	resentat	ive of the	employees. The Petitio	ner alleges	that the folk	wing circum	stances e		
2a. Name of Employer:		26.7	Addross	(es) of E	stablishment(s) involved	(Street and n	umber, City,	State, ZIP co	de):		
Bob's Discount Furniture	LLC	150	0 N. 1	NJ-17,	· · · · · · · · · · · · · · · · · · ·	•					
				s. NJ (
3a. Employer Representative - Nan	ne and Title:				as 2b - state same):		 				
Serena Domke		1 .	US-4	•	=						
20101112				NJ 0	7512						
3c, Tel. No.	3d. Cell No.			Fax No.		3r. E-Mail A	ddress				
(973) 785-0159						Serena.I	Domke@	mybobs.c	om		
4a. Type of Establishment (Factory, I	mine, wholesaler, e	tc.)	4b.	Principa	Product or Service	<u> </u>		d State where		ited:	
Retail store		·		ırnitu			Christopher De Fran	cis HR Regional Manager.	Long listered 3850 36	idde County ReadHeatematt, I	
5b. Description of Unit Involved:	·					•	6a. Numbe	r of Employee	s in Unit:		
Included:	. •						22				
All full-time and regular t	part-time com	mission sa	les as	sociat	es.		l	100 100 100 100 100 100 100 100 100 100	L - 1004		
Excluded:					و د ود شاه و د د		1 of the e	ibstantial num mployees in ti	ne unit wish	nto be	
All other employees inclu							represe	nted by the Pa	etitioner? [:	Yes No	
Check One; 7a, Request for recon or about (Date)		ing Represent (If no rep					a ⊏mployer o	eclined recog	THUON		
					nd desires certification un	der the Act.					
8a. Name of Recognized or Certific				Bb. Ad					*		
						·					
8c. Tel. No.	8d. Cell No.		Be.	Fax No		8f. E-Mail Address					
Bg. Affiliation, if any:				8h. Date of Recognition or Certification 8i. Expiration Date Recent Contract, if				a of Current or Most If any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employer's es	tablishment(s)	involved	12 No.	If so, approxima	tely how mar	y employee	are participa	ting7		
(Name of Labor Organization)				110		has picketed	the Employ	er since (Moni	h, Day, Ye	ar)	
10. Organizations or individuals other	than Patitioner an	d those named	in items	A and S		-					
individuals known to have a repre	esentative interest i	n any employee	es in the	unit des	scribed in item 5b above.	(if none, so s	itale)		•		
10a, Name	106. 4	ddress		<u> </u>		10c. Tel. No.		10d. Cell No.			
						10e. Fax No.		10f. E-Mail Address			
		1.1.	24525		and the second of the second	ob olooitaari	11a, Electio	n Tyrer			
11. Election Details: If the NLRB co	ngucts and election	i in this matter,	state yo	our posit	on with respect to any su	Cir election:			☐ Mixed	Manual/Mail	
Adh Flowler Date (-)	144.	lection Time(s)				11d, Election Location(s					
11b. Election Date(s): December 2, 2019		pm -4:00				Cafeter		·. / ·			
12a. Full Name of Petitioner (Includ			DIII.	·· · · · ·	12b. Address (street end			ZIP code):			
United Food and Comme			cal 88	88	160 East Union	Avenue, I	East Ruth	erford, N	J 07073		
12c. Full name of national or internal					ffiliate or constituent (if n	one, so state)	i:	 			
United Food and Comme		s internation			<u> </u>	112n F-Mai	Address	 ,			
	12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address										
(914) 668-8881	ne who will accept	carving of all	Danere	for nur	oses of the representa	ion proceed	ing.				
13a. Name and Title:	or with Alli secabi	901 A160 01 911	13	b. Addre	ss (street and number, c	ity, State and	ZIP code):				
Wendell Shepherd - Barnes	s, Iaccarino &	Shepherd Ll			Mill River Road,			3	!		
13c. Tel. No.	13d. Cell No.		13	e. Fax N	lo.	13f. E-Mail					
(914) 592-1515					92-3213			lawfirm.c	om		
I doclare that I have read the above	e polition and tha	t the statemen									
Name (Print)		Signature	 		The state of the s	19				Date	
Wendell Shepherd	,	يبسد أرا	<u>ر</u>	2ec	م حسر ہ	ttorney				11/19/19	

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 fitigation. 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, fallure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE	IN THIS SPACE	
Case No.	Date Filed	
22-RC-251676	NOV 13,	2019

	EIIION			-231070							
INSTRUCTIONS: Unless e-Filed											
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 filled											
(Form NLKB-303); and (3) Description of Representation Case Procedures (Form NLKB 4812). The showing of interest should only be filled 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.											
2s. Name of Employer		2b. Ad	dress(es) of Establishment	(s) Involved (Street and	f number, city	, State, ZIP code)					
Lakeland Healthcare Center 3s. Employer Representative - Name	and Title	25 Fi	th Avenue, Haskell T 3b. Address (if same as								
Zevi Kopp, Administrator			Same								
3c. Tel. No. 973-839-6000	3d. Cell No.		3e. Fax No.		_	indhee.com					
4a. Type of Establishment (Factory, min Health care	ne, wholesaler, etc.)	4b. Principal pro Health care	duct or service		5a. City Haskel	and State where unit is located:					
6b. Description of Unit Involved		·	. Als a Proposition 14 14 15	dealed by the second		6a. No. of Employees in Unit:					
Included: All full-time and regu	iar part-time cool	ks employed by	y the Employer at its I Ially-recognized bargi	Haskeli NJ tacility Pining unit	wno are	5 6b. Do a substantial number (30%					
Excluded: All registered nurses, li				_	al .	or more) of the employees in the					
employees, administrat	ive employees, su	pervisors, and gu	ards as defined by the	act, and all other em	ployees	unit wish to be represented by the Petitioner? Yes No					
Check One: / 7a. Request											
	(Date)	(If no reply receive	d, so state).								
25. Name of Recognized or Certified			epresentative and desires of 8b. Address	peruncation under the A	VCT.						
NONE											
8c. Tel No.	8d Cell No.		8e. Fax No.		Bf. E-Mail Add	ress info@lakelandhcc.com					
Bg. Affiliation, if any			8h. Date of Recognition or		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
Is there now a strike or picketing at the (Name of labor organization)											
10. Organizations or individuals other t	han Petitioner and the	ose named in items	8 and 9, which have claim	ed recognition as repre	sentatives an	d other organizations and individuals					
known to have a representative interes	t in any employees in	the unit described	in item 5b above. (If none,	so state)							
10a. Name	10b. Ac	idress		10c. Tel. No.		10d. Cell No.					
				10e. Fax No.		10f. E-Mell Address					
11. Election Details: If the NLRB con any such election.		<u>_</u>		11a. Election Type:	✓ Manual	Mail Mixed Manuel/Mail					
11b. Election Date(s): December			2:00 p.m. to 2:30pm	11d. Election Location 25 Fifth Avenue, H	askell NJ 07						
12a. Full Name of Petitioner (Includi International Brotherhood of Te	amsters Local 1	1		810 Belmont Aven		city, state, and ZIP code) aledon NJ 07506					
12c. Full name of national or internation	nal labor organization	of which Petitions	r is an affiliate or constituen	t (if none, so state)							
12d, Tel No. 973-636-0093	12e. Cell No.		12f. Fax No.	t	12g. E-Mail A eamstersloc	address al11@gmail.com					
13. Representative of the Petitioner	who will accept ser	vice of all papers	for purposes of the repres	entation proceeding							
13a. Name and Title Raymond	G. Heinema	n, Esq.	13b. Address (street an Kroll Heineman Carlon LLC								
13c. Tel No. 732-491-2100	13d. Cell No.		13e. Fax No. 732-491-2120	1	13/, E-Mail A	ddress krollfirm.com					
I declare that I have read the above	petition and that the	statements are t			· · · · · · · · · · · · · · · · · · ·	In Amarit Mari					
Name (Print)	Signature //	1.1	I Title		Date						
kaymond G. Heineman November (3, 2019 Wall Sill SALSE STATUMENTS ON THIS SETTION CAN BE SIMILATED BY SINE AND PURPLE ON THE SECTION 1001)											

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
22-RC-251713	NOV 14, 2019

					11	22-110-23	1713	<u>l'</u>	VOV	14, 2015	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition muss named in the part of the	st be accomp petition of: (1 ng of interest	panied by 1) the per t should	y both a st tition; (2) S only be file	howing of interest (see Statement of Position fo led with the NLRB and s	6b below) and orm (Form NLi should not be	i a certificat RB-505); an served on t	te of service show d (3) Description the employer or a	wing se of Rep any othe	ervice on resentation er party.	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratery	tioner desires to I	be certified as	s represe	entative of t	he employees. The Petit	ioner alleges	that the foll	owing circumsta	ances ex		
2a. Name of Employer: Planned Lifestyle Services and Services, parts of and related to		- 1	Gulls	Cove C	Establishment(s) Involve Condos Ivd., Jersey City, I	,	number, City	, State, ZIP code)):		
						141 01705					
3a. Employer Representative - Nar Robert Francis, President]		ress <i>(if sen</i> Smith St	ne as 2b - state same): reet					ı	
				pany, N	VJ 07050	********	<u></u>				
3c. Tel. No. 973-739-0080	3d. Cell No.	·		3e. Fax No		3f. E-Mail A				 	
4a. Type of Establishment (Factory, I Building Services	inine, wholesaler	, etc.)		4b. Princip	pal Product or Service			d State where uni City, NJ	it is loca	ited:	
6b. Description of Unit Involved: Included: all full-time and regular employees employed a	•	-				sk/concierge		r of Employees in	Unit		
Excluded: office clericals, supervisor	<u> </u>					ployees	of the e	ubstantial number imployees in the u ented by the Petiti	unit wist	_to be	
Check One: 7a. Request for recon or about (Date) 7b. Petitioner is cut		(If no	o reply re	ceived, so			I Employer o	declined recognition)N		
8a. Name of Recognized or Certific					ddress:	Indel uto rio.					
None											
8c. Tel. No.	8d. Cell No.			8e. Fax No	o.	8f. E-Mail A	8f. E-Mail Address				
8g. Affiliation, if any:			8h	. Date of R	ate 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 a	t the Employer's	establishmer	it(s) Invo	Ived? No	If so, approxim	nately how man	y employee	s are participating	17		
(Name of Labor Organization)						, has picketed	the Employ	er since (Month, L	Day, Ye	ar)	
10. Organizations or individuals other individuals known to have a repre	r than Petitioner esentative interes	and those nai st in any empi	med in It loyees in	ems 8 and the unit de	9, which have claimed re escribed in item 5b above	cognition as re c. (If none, so s	:presentativi tate)	es and other orga	nization	s and	
10a. Name	10b	o. Address		#		10c, Tel. No).	10d. Cell No.			
				ـــ د سر		10e. Fax No		10f. E-Mail Addr	ess		
11. Election Details: If the NLRB co	nducts and elect	ion In this mat	tter, state	ė your posi	tion with respect to any s		⊠ Manua	i Maii 🗌] Mixed	Manual/Mail	
11b. Election Date(s): November 20, 2019		: Election Tim 1:30am-2:			<u> </u>		n Location(s om betw	s): reen lobby ar	nd gai	rage	
12a. Full Name of Petitioner (includ Local 32BJ	ing local name a	nd number):			12b. Address (street ar 1494 Broad Stree Newark, NJ 071	t	, State and I	!IP code):			
12c. Full name of national or internati Service Employees Internation	ional labor organ ational Unic	ilzation of whi	ich Petiti	oner is an a	affiliate or constituent (if i	none, so state)	:				
12d, Tel. No. 973-824-3225	12f. Fax N	10.	12g. E-Mail	Address		···········					
13. Representative of the Petitione	r who will acce	pt service of	all pape								
13a. Name and Title: Brent Garren, Deputy General Counsel				25 West	ess (street and number, o t 18th Street ork, NY 10011	city, State and ZIP code):					
13c, Tel. No. 212-388-3943	13d, Cell No. 917-208-42	287		13e. Fax N 212-38		13f. E-Mail bgarren	Address @seiu32	bj.org			
I declare that I have read the above	e petition and th	nat the stater	nents ar	e true to ti							
Name (Print) Brent Garren		Signature		X L		ite Seputy Ger	neral Co	unsel	1	Date 11/13/19	

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 itigation. 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, feiture to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	E IN THIS SPACE
Case No.	Date Filed
22-RC-251912	NOV 15, 2019

RC PETITION						22-RC-251912 NO				10V 1	5, 2019
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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											
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Laboratory	oner desires to be	certified as	s represe	ntative of th	e employees. The Pe	etition	er alleges t	hat the follo	owing circumstar	nces ex	
2a. Name of Employer: CBRE, Inc.					ess(es) of Establishment(s) involved (Street and number, City, State, ZIP code): ampus Dr. #109, Florham Park, NJ 07932						
3a. Employer Representative - Nam Alex Figueroa Technical Supervisor UPS A			3b. Add Same		e as 2b - state same)):			****		
3c, Tel. No.	3d. Cell No. (732) 570 - 37	56		3e. Fax No).	- 1	3f. E-Mail A alex.figue	ddress roa@cbre.	com		
4a. Type of Establishment (Factory, n Distributor	nine, wholesaler,	etc.)			al Product or Service Delivery Service				d State where unit Park, New Jers		ed:
5b. Description of Unit Involved: Included: Mobile Building Engineers,								6a. Numbe	r of Employees in	Únit:	
Excluded: All Supervisors, Managers, Confidential Personal, Security Officers and Clerical Employees 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No								to be			
Check One: 7a. Request for reconstruction on or about (Date) 7b. Petitioner is cur		(if n	o reply re	eceived, so	state).	on und		i employer d	leclined recognitio		
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:			81	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	stablishme	nt(s) invo	lved? No	If so, appro	oximati	ely how man	y employee:	s are participating	?	none
(Name of Labor Organization)	7.11		none				·····		er since (Month, D		
Organizations or individuals other individuals known to have a repre-	than Petitioner a sentative interes	nd those na in any emp	amed in it playees in	tems 8 and the unit de	9, which have claime scribed in item 5b ab	ed reco pove. (a	ignition as re if none, so s	epresentative tate)	es and other organ	nizations	s and
10a, Name	10ь.	Address					10c. Tel. No) .	10d. Celi No.		
					10e. Fax			No. 10f. E-Mail Address			
11. Election Details: If the NLRB co				te your posi	tion with respect to a	ny suc		X Manua	l Mail 🗌	Mixed	Manual/Mail
11b. Election Date(s): December 4th 2019	1	Election Tir 10 am	me(s):					n Location(s pus Dr. #1	o): 09, Florham Pa	ark, NJ	07932
12a. Full Name of Petitioner (includ International Union of Opera 68c, 68d	ting Engineer	s Local 6	8, 68a,		12b. Address (stree 11 Fairfield Pla	ace V	Vest Cald	well, N.J.			
12c. Full name of national or Internat International Union of Operatin		zation of wi	hich Petit			t (if noi			··		
12d. Tel. No. 12e. Cell No. 973 244 5800 973 422 1560					lo. 3785		• •	@local68.c	org		
13. Representative of the Petitioner who will accept service of all pap 13a. Name and Title: Kevin S. Kenney Asst. Business Representative/Organizer			of all pap	13b. Addre	ess (street and numb	entation proceeding. ber, city, State and ZIP code): Caldwell, N.J. 07006					
13c. Tel. No. 973 244 5806	13d. Cell No. 973 422 1560)	13e. Fax No. 973 227 3785			13f. E-Mail Address kkenney@local68.org					
I declare that I have read the abov	e petition and th	at the state	ements	re true to t	he best of my know						Date
Name (<i>Print</i>) Kevin Kenney		Signatur	سرانج سرماس	` _		Title		ss Repres	entative/Organ	izer	Date 11/15/19
		وحمدوما	111		~~~~	- I - T					

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS	S SPACE
Case No.	Date Filed
22-RC-251880	NOV 18, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.tilrb.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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3 Mill Creek Dr, Secaucus, NJ 07094 2a. Name of Employer: Bob's Discount Furniture LLC 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): 50 US-46 Serena Domke Senior Human Resources Business Partner Totowa, NJ 07512 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (973) 785-0159 serena.domke@mybobs.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Retail store Furniture Secaucus, NJ 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time and regular part-time commission sales associates. 6b. Do a substantial number (30% or more)
of the employees in the unit wish to be
represented by the Petitioner? X Yes No All other employees including guards 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) 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 8l. 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: 11c. Election Time(s): 11b. Election Date(s) 11d. Election Location(s): December 2, 2019 2:00 pm - 4:00 pm Cafeteria 12a. Full Name of Petitioner (including local name and number). 12b. Address (street and number, city, State and ZIP code); United Food and Commercial Workers Union Local 888 160 East Union Avenue, East Rutherford, NJ 07073 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 12e. Cell No. 12f. Fax No. (914) 668-8881 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, Stete and ZIP code): 258 Saw Mill River Road, Elmsford, NY 10523 13a. Name and Title: Michael Anderson - Barnes, Iaccarino & Shepherd 13d. Cell No. 13e. Fax No 13f. E-Mail Address (914) 592-1515 (914) 592-3213 manderson@bislawfirm.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 Date D.R. 11/18/19 Michael Anderson Attorney chae

Solicitation of the information on this form is authorized by the National Labor Relations Act (NERA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NERB) 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 NERB will further explain these uses upon request. Disclosure of this information to the NERB is voluntary; however, failure to supply the information may cause the NERB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRIT	E IN THIS SPACE	_
Case No.		Date Filed	_
	0-00-0	12027 10 /	`

PETITION

| NOV 19, 2019 22-RC-252072 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) 80 CONTANT AVE Montana Construction Corp. Inc. & Crush It, LLC as joint and/or single e N.I lodi 07644 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 80 CONTANT AVE Ronald Tobia 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address rtobia@csglaw.com (201) 694-7346 (201) 694-7346 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction Ladi, N.I Construction 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: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [] 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No 8f. E-Mail Address 8e Fax No. 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 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) 10b. Address 10c. Tel. No. 10d. Cell No. 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): November 25, 2019 11c. Election Time(s): 11d. Election Location(s): 530AM -630AM 80 Contant Avenue, Lodi NJ 12a. Full Name of Petitioner (Including local name and number)
Kevin Young
International Union of OPerating Engineers, Local 825 12b. Address (street and number, city, state, and ZIP code) Young tional Union of OPerating Engineers, Local 825 65 Springfield Avenue NJ springfield 07081-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of OPerating Engineers 12f. Fax No 12g. E-Mail Address kyoung@iuoe825.org 12d Tel No 12e Cell No (732) 713-5049 (732) 713-5049 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) Lauren Boanguro Attorney DeCotiis Fitzpatrick Cole & Giblin LLP 500 Frank W Burr Blvd NJ teaneck 07666-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address lbonaguro@decotiislaw.com (646) 210-0132 (646) 210-0132 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 Lauren Bonaguro Attorney 11/18/2019 17:51:46 Lauren Boanguro

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

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

Attachment

Employees Included
All full-time and part-time operators

Employees Excluded All clerical, and supervirsors

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					
22-RC-252072	NOV 19, 2019					

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
22-RC-252266	NOV 22, 2019							

RC PETITION 22-						22-RC-252	2-RC-252266 NOV 2						
INSTRUCTIONS: Unless e-Filed employer concerned is located, the employer and all other partic Case Procedures (Form NLRB 4	The petition as named in	n must be accomp the petition of: (panied b	y bo titio	th a showing on; (2) Statemen	of interest (se at of Position	e 6b below) as form (Form N	id a certifici LRB-505); a	ate of service sh nd (3) Description	owing oh of R	service on epresentation		
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	ittioner desir	es to be certified a	is repres	entat	ive of the emplo	yees. The Pe	titioner allege:	that the fo	llowing circumst	tances	collective exist and		
				o. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 0 Beacon Way									
				Jersey City, NJ 07304 (NO NOT MAIL TO THIS ADDRESS)									
Robert Francis, President				3b. Address (if same es 2b - state same): 150 Smith Road Parsippany, NJ 07050									
3c. Tel. No. 973-739-0080	3d. Cell N	0.		3e. Fax No.			3f. E-Mail	Addresa					
4a. Type of Establishment (Fectory, mine, wholesaler, etc.) Residential				4b. Principal Product or Service Building Services					nd State where us y City, NJ	nit is lo	cated:		
5b. Description of Unit Involved: Included: All full-time and regular	nart_time	norters/mat	rons/is					6a. Number of Employees in Unit					
All full-time and regular part-time porters/matrons/janitors employed at the Bea Excluded: Office clericals, supervisors, and guards as defined in the Act						Scacon	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes						
Check One: 7a. Request for recon or about (Date)		(if no	a reply re	celve	ed, so state).	·	,		declined recogniti				
7b. Petitioner is cu				_	8b. Address:	as cerunication	Under the Act.						
Bc. Tel. No.	8d. Cell N	0.		Be. (Fax No.		8f. E-Mail	8f. E-Mail Address					
8g. Affiliation, if any:	 		8h	. Dat	e of Recognitio	n or Certificati		Recent Contract, If any (Month, Day, Year)					
9. Is there now a strike or pickeling e	it the Emplo	yer's establishmen	t(s) invo	lved?	No	If so, approxi	=		s are participating				
(Name of Labor Organization) 10. Organizations or Individuals other individuals known to have a representation.							recognition as r	epresentativ	er since (Month,) es and other orga		· A PROPERTY OF THE PARTY OF TH		
10a. Name 10b. Address							10c. Tel. N	o.	10d. Cell No.				
	i						10e. Fax N	10e. Fex No.		101. E-Mail Address			
11. Election Details: If the NLRB conducts and election in this matter,				state your position with respect to any su			such election:	n: 11a. Election Type: X Manual					
11b. Election Date(s): December 6, 2019		11c. Election Tim 6:30am-8:0	e(s): 0am &	٤ 1 1	:30am-12:	30am	11d. Election	11d. Election Location(s): Mercury building vending machine room-fl 1					
12a. Full Name of Petitioner (includ SEIU Local 32BJ	ing local na	me and number):	···,· -		494 B		nd number, city et, 3rd Floo 102		(IP code):				
12c. Full name of national or internati Service Employees Internation			ch Petitic	ner i	s an affiliate or	constituent (if	none, so stele)	:					
12d. Tel. No. 12e. Cell No. 937-827-3225				12f, Fex No. 862-236-3605			12g. E-Mai	12g, E-Mail Address					
Representative of the Petitioner who will accept service of all pape Sa. Name and Title: Brent Garren, Deputy General Counsel				ers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 25 West 18th Street New York, NY 10011									
3c. Tel. No. 212-388-3943					Fax No. -388-2062		13f. E-Mail Address bgarren@seiu32bj.org						
declare that I have read the above	petition er		ente are	true	to the best of				4142		Date		
lame (Print) Brent Garren		Signature	1. U	lΛ	nm	为加	Deputy Ge	seral Col	insel	i	11/22/19		

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 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or Eligation. The routine uses for the Information ere 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.