UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION OR	RITS		9/06/18
AGENTS		04-CB-226833	
INSTRUCTIONS: File an original of this charge with the NLF occurred or is occurring.	RB Regional Di	ector of the region in which	in the alleged unfair labor practice
1. LABOR ORGANIZATION OR IT	S AGENTS AGA	INST WHICH CHARGE IS BR	OUGHT
a. Name		b. Union Representative to	Contact
Teamsters Local Union No. 929		John Bryan	
		Recording Secretar	v l
	· · · · · · · · · · · · · · · · · · ·		
c. Address		d. Tel. No.	e.e. Cell No.
4345 Frankford Ave		(215) 288-1430	
Philadelphia, PA 19124-3987		f. Fax No.	g. e-Mail
		(215) 288-8128	admin@teamsterslocal92
The state of the s			9.org
 The above-named labor organization or its agents have engaged 8(b), subsection(s) (1)(A) of the National Labor Relations Ac 	aged in and are	engaging in untair labor prac sit labor practices are unfair t	tices within the meaning of section
the meaning of the Act, or are unfair practices affecting com-			
2. Basis of the Charge (set forth a clear and concise statement	of the facts cons	tituting the alleged unfair lab	or practices)
Since abou 000 000 2018, the above-named labor	r organization	has restrained and co	erced employees in the
eversise of rights protected by Section 7 of the Ac	ot by refueing	to process the grieven	ca of (b) (6), (b) (7)(C)
exercise of rights protected by Section 7 of the Ac	ct by relusing	to process the grievan	
regarding discharge, for arbitra	ary or discrim	inatory reasons or in b	ad faith.
		•-	
3. Name of Employer		4a. Tel. No.	4b. Cell No.
Thomas Colace Co. d/b/a Lipman Produce, Inc.		(856) 384-4980	
,		4c. Fax No.	4d. e-Mail
		(856) 384-4995	
5. Location of Plant involved (street, city, state, and ZIP code)		Employer representative	to contact
* **		,	
5. Location of Plant involved (street, city, state, and ZIP code) 800 Grove Rd, West Deptford, NJ 08086-2244		Pina-Maria Quattro	to contact chi-Slimm, Human Resource
800 Grove Rd, West Deptford, NJ 08086-2244	Principal product	Pina-Maria Quattroo Manager	
800 Grove Rd, West Deptford, NJ 08086-2244 7. Type of Establishment (factory, mine, wholesaler) 8. F		Pina-Maria Quattroo Manager	9. Number of Workers employed
7. Type of Establishment (<i>factory, mine, wholesaler</i>) 8. F Processing plant for produce P	Principal product Produce	Pina-Maria Quattroo Manager or service	9. Number of Workers employed 300
7. Type of Establishment (<i>factory, mine, wholesaler</i>) Processing plant for produce 10. Full name of party filing charge		Pina-Maria Quattroo Manager or service 11a. Tel. No.	9. Number of Workers employed
7. Type of Establishment (<i>factory, mine, wholesaler</i>) 8. F Processing plant for produce P		Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C)	9. Number of Workers employed 300 11b. Cell No.
7. Type of Establishment (<i>factory, mine, wholesaler</i>) Processing plant for produce 10. Full name of party filing charge		Pina-Maria Quattroo Manager or service 11a. Tel. No.	9. Number of Workers employed 300 11b. Cell No.
7. Type of Establishment (<i>factory, mine, wholesaler</i>) Processing plant for produce 10. Full name of party filing charge		Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C)	9. Number of Workers employed 300 11b. Cell No.
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce P. Full name of party filing charge (b) (6), (b) (7)(C). An Individual	Produce	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C)	9. Number of Workers employed 300 11b. Cell No.
7. Type of Establishment (<i>factory, mine, wholesaler</i>) Processing plant for produce 10. Full name of party filing charge	Produce	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C)	9. Number of Workers employed 300 11b. Cell No.
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce P. 10. Full name of party filing charge (b) (6), (b) (7)(C). An Individual 11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)	Produce	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	9. Number of Workers employed 300 11b. Cell No.
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce P. 10. Full name of party filing charge (b) (6), (b) (7)(C), An Individual 11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)	Produce	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	9. Number of Workers employed 300 11b. Cell No.
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce (b) (6), (b) (7)(C), An Individual 11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)	de)	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	9. Number of Workers employed 300 11b. Cell No. 11d. e-Mail (b) (6), (b) (7)(C)
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce P. 10. Full name of party filing charge (b) (6), (b) (7)(C), An Individual 11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C) I declare that I have read the above charge and that the	de)	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	9. Number of Workers employed 300 11b. Cell No. 11d. e-Mail (b) (6), (b) (7)(C)
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce (b) (6), (b) (7)(C), An Individual 11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C)	de)	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	9. Number of Workers employed 300 11b. Cell No. 11d e-Mail (b) (6), (b) (7)(C)
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce P. 10. Full name of party filing charge (b) (6), (b) (7)(C). An Individual 11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C) I declare that I have read the above charge and that (b) (6), (b) (7)(C)	de) 12. DECLARAT	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	9. Number of Workers employed 300 11b. Cell No. 11d e-Mail (b) (6), (b) (7)(C)
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce P. 10. Full name of party filing charge (b) (6), (b) (7)(C), An Individual 11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C) I declare that I have read the above charge and that the	de) 12. DECLARAT the statements (b) (6), (b)	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	9. Number of Workers employed 300 11b. Cell No. 11d e-Mail (b) (6), (b) (7)(C)
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce (b) (c), (b) (d), (c), An Individual 11. Address of party filing charge (street, city, state, and ZIP code) (b) (c), (d), (e), (f), (f), (f) I declare that I have read the above charge and that (file), (file), (file), (file), (file) By:	de) 12. DECLARAT the statements (b) (6), (iii	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. ION therein are true to the best	9. Number of Workers employed 300 11b. Cell No. 11d e-Mall (b) (6), (b) (7)(C)
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce P. 10. Full name of party filing charge (b) (6), (b) (7)(C). An Individual 11. Address of party filing charge (street, city, state, and ZIP code) (b) (6), (b) (7)(C) I declare that I have read the above charge and that (b) (6), (b) (7)(C)	de) 12. DECLARAT the statements (b) (6), (iii	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No.	9. Number of Workers employed 300 11b. Cell No. 11d e-Mail (b) (6), (b) (7)(C)
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce 10. Full name of party filling charge (b) (6), (b) (7)(C) I declare that I have read the above charge and that for produce (b) (6), (b) (7)(C) By: (signature or representative or person making charge)	de) 12. DECLARAT the statements (b) (6), (iii	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. ION therein are true to the best (7)(C), An ne and title or office, if any	ehi-Slimm, Human Resource 9. Number of Workers employed 300 11b. Cell No. 11d e-Mail (b) (6), (b) (7)(C) cof my knowledge and bellef. Tel No. (b) (6), (b) (7)(C) Cell No.
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce An individual 11. Address of party filing charge (street, city, state, and ZIP code) I declare that I have read the above charge and that for person making charge) (signature or representative or person making charge) Address:	de) 12. DECLARAT the statements (b) (6), (iii	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. ION therein are true to the best	9. Number of Workers employed 300 11b. Cell No. 11d e-Mall (b) (6), (b) (7)(C)
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce 11. Address of party filing charge (street, city, state, and ZIP code) I declare that I have read the above charge and that for produce (b) (6), (b) (7)(C) By: (signature or representative or person making charge)	de) 12. DECLARAT the statements (b) (6), (iii	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. ION therein are true to the best (7)(C), An ne and title or office, if any	ehi-Slimm, Human Resource 9. Number of Workers employed 300 11b. Cell No. 11d e-Mail (b) (6), (b) (7)(C) cof my knowledge and bellef. Tel No. (b) (6), (b) (7)(C) Cell No. Fax No.
7. Type of Establishment (factory, mine, wholesaler) Processing plant for produce An Individual 11. Address of party filing charge (street, city, state, and ZIP code) I declare that I have read the above charge and that for the processing plant in the processing plant for person making charge) Address:	de) 12. DECLARAT the statements (b) (6), (iii	Pina-Maria Quattroo Manager or service 11a. Tel. No. (b) (6), (b) (7)(C) 11c. Fax No. ION therein are true to the best (7)(C), An ne and title or office, if any	ehi-Slimm, Human Resource 9. Number of Workers employed 300 11b. Cell No. 11d e-Mail (b) (6), (b) (7)(C) cof my knowledge and bellef. Tel No. (b) (6), (b) (7)(C) Cell No.

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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	
NATIONAL LABOR RELATIONS BOARD		Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATION AGENTS	OR ITS	04-CB-226855 _	9/06/18	
INSTRUCTIONS: File an original of this charge with the	NLRB Regional Di	rector of the region in wh	ich the alleged unfälr labor practice	
occurred or is occurring.	5 PT 105175 101	INDEX WILLIAM ON A POE IO D	DOUGLE	
LABOR ORGANIZATION C a. Name	RIIS AGENIS AGA	b. Union Representative		
IUE-CWA Local 81134		(b) (6), (b) (7)(C)		
c. Address		d. Tel. No.	e.e. Cell No.	
641 Creek Rd, Bellmawr, NJ 08031-2409		(302)270-2483	(856)931-6192	
		f. Fax No.	g. e-Mail local81134@verizon.net	
h. The above-named labor organization or its agents have	anamand In and ass	and along in unfall labor are		
8(b), subsection(s) (1)(A) of the National Labor Relations the meaning of the Act, or are unfair practices affecting	s Act. and these unfa	air labor practices are unfair	r practices affecting commerce within	
2. Basis of the Charge (set forth a clear and concise statem	ent of the facts con-	stituting the alleged unfair is	abor practices)	
Since about the past six months, the above-na				
exercise of rights protected by Section 7 of the				
(b) (6), (b) (7)(C) _{regarding} (b) (6), (b) (7)	MG 2017 disab	oree and by refusing	to give (b) (b) (b) dates on that	
			to give appeales, on that	
grievance, for arbitrary or discriminatory reason	ins of in bad fait	n.	.	
3. Name of Employer		4a. Tel. No.	4b. Cell No.	
Datwyler Pharma Packaging USA		856 663-220		
	· ·	4c. Fax No.	4d. e-Mail	/
The state of the s		(856) 486 4872		s.Con
5. Location of Plant involved (street, city, state, and ZIP coo	•	6. Employer representative	}	
9012 Pennsauken Hwy, Pennsauken, NJ 081			nan Resource Manager	
, , ,	8. Principal product		9. Number of Workers employed	
Medical supply plant	Medical suppl		200	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(C)	11b. Cell No.	
		11c. Fax No.	11d e-Mail	
		ļ	(b) (6), (b) (7)(C)	
Add	2 44\			
11. Address of party filing charge (street, city, state, and Zif	(000)			
(b) (6), (b) (7)(C)				
_	12. DECLARAT	TION	}	
I declare that I have read the above charge and t	hat the statements	therein are true to the be		
(b) (6), (b) (7)(C)			Tel No.	
	l l			
By:	(b) (6) (b) (7)(C)	(b) (6), (b) (7)(C)	
		b) (7)(C)		
(signature of representative or person making charge)	Print/type nar	me and title or office, if any	Cell No.	
Address:		Date:	Fax No.	
(b) (6), (b) (7)(C)				
		9/6/18	(b) (6), (b) (7)(C)	
		11142111		
1		1775		

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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 CHARGE AGAINST LABOR ORGANIZATION **OR ITS AGENTS**

	DO NOT WRITE IN THIS	SPACE
Case		Date Filed
	04-CB-226866	9/06/18

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the after

The state of the s	ne alleged uniair labor practice occurred or is	occurring.
1. LABOR ORGANIZATION OR ITS AGENTS AGAIN	NST WHICH CHARGE IS BROUGHT	
a. Name	b. Union Representative	to contact
LICINA LOCALUNION332	MR. BRIG O	/.
c. Address (Street, city, state, and ZIP code)	d. Tel. No.	e. Cell No.
1310 WALLace SF	215-765-6216	
0 10 10 10 10 10 10 10 10 10 10 10 10 10	f. Fax. No.	
PHILA, RA. 19123		
•	g. e-maîl	
The characteristics has according to the control of the characteristics and in control of the characteristics and in control of the characteristics and in control of the characteristics and the characteristics are characteristics and the characteristics and the characteristics and the characte		
n. The above-named labor organization has engaged in and is engaging in unfair labor (list subsections)	of the National Labor Relations Act, a	
practices are practices affecting commerce within the meaning of the Act, or these u		
the Act and the Postal Reorganization Act.		
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting	the alleged unfair labor practices)	
Unpaid Wages, Sharlay did not	pay wages for work	performed
contract totalling 29,30/hour plus	benefits plus And	ity Payment
Liuna 332 has not produced the a	greenest with Shai	lay re pay
	Tel No b Cell No	c. Fax No.
CAMPANE III PROGRAM (61)	0622-8018	
C.S. Markey Enterprises Duc. 5. Location of plant involved (street, city, state and ZIP code)	-man	
5. Location of plant involved (street, city, state and ZIP code)	6. Employer representati	ve to contact
520 RUSETANE STEZZO		
collingolale, PA, 19023		
7. Type of establishment (factory, mine, wholesafer, etc.) 8. Identify princip	al product or service 9. Number o	of workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)		
The first of the f	. Tel. No. b. Cell No.	c. Fax No.
(b) (6), (b) (7)(C)		
d. e	-mail	
12. DECLARATION	Tel. No.	
I declare that I have read the above charge and that the state (b) (6), (b) (7)(C) to the best of my knowledge and belief.	ments	
(b) (6), (b) (7)(C) to the best of my knowledge and belief. (b) (6), (b) (7)(0)	Cell No((b)	(6), (b) (7)(C)
(s naking charge) (r motype name of	Fax No.	
(b) (6), (b) (7)(C)	9/1/18	\
Address Date	7/4/ <i>(b)</i> (6), (b)) (1)(C)

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

Amerses

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	DO NOT WRITE IN 1	THIS SPACE	
Case	04-CB-226868	Date Filed	
	220000	9 19 18	

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

1 LABOR OPCANIZATION OF TO ACCUME		•	occurring.
LABOR ORGANIZATION OR ITS AGENTS a. Name	AGAINST WHICH CHARC	G 77 4 7	
Cluna, LOCal CN109 332		b. Union Representative	
Liuna, Local Silver		MERIE	TREE
c. Address (Street, city, state, and ZIP code)		d. Tel. No. 215-765-67272	e. Cell No.
1310 WAllace ST		f. Fax. No.	1
PAILA PA, 19123		1, F8X. NO.	1
PAICAPAIL		g, e-mail	
•	•	,	
h. The above-named labor organization has engaged in and is engaging in unfo	eir labor practices within the	meaning of section 8(b)	, subsections (1) and
(list subsections)	•	nal Labor Relations Act,	1
practices are practices affecting commerce within the meaning of the Act, or the Act and the Postal Reorganization Act.	these unfair labor practices	affecting commerce with	nin the meaning of .
	stitution the alleged unfair la	abor practices)	
2. Basis of the Charge (set forth a clear and concise statement of the facts con Unpaid Wages! Mayfield did not	oau hourly w	ages for Work	k pertormed
Onpaid Wages. They are a ground			"
totalling 29.50 per hour plus overto	me		,
liver hans not to date (over 50	veeks), 90 Hen	back to A	1e regarding
my being able to review the ag	reement betw	leen 332 a	and May Fred
3. Name of Employer I a Cold Tack I ac	70. 101.110.) U. OON 110.	c. Fax No.
MAY FIELD & NE CONTRACTORS INC	610-279-2000	İ	
	d. e-mail		
5. Location of plant involved (street, city, state and ZIP code)		6. Employer representa	tive to contact
TEL SWEDELAND RD.			ave to contact
212 210800 CANO 120	•	DAVE	ŀ
King of PRUSSIA 19406		owner	
7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify	principal, product or service	9. Number	of workers employed
Constraction		<u></u> <u>-</u> <u>-</u> -	
(b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C)	11a. Tel. No.	b. Cell No.	c. Fax No.
(b) (0), (b) (1)(C)		<u>.</u>	1
	d. e-mail		
		Tel. No.	
12. DECLARATION 1 declare that I have read the above charge and that the	ne statements	10.110.	
(b) (6), (b) (7)(C) e to the best of my knowledge and be (b) (6),	lief. (b) (7)(C)	Cell N(())	(6), (b) (7)(C)
	_		
naking charge) (Finnerype	, 11amo ana 11110 ar amac, 11 any)	Fax No.	
(b) (6), (b) (7)(C)			
Address	Date 9/19/2	018 (b) (6), (b) (7)(C)
	- 777		

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

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(9-07)

UNITED STATES OF AMERICA

NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATIONS OR ITS AGENTS

FORM EXE	MPT_UNDER_44_U.S.C. 351;
DO NOT WRITE	IN THIS SPACE
Case	Date Filed
04-CB-227103	9/10/18

INSTRUCTIONS: File an original together with four copies and a/copy for each additional charged party named in item 1 with the NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

Regional Director for the region in which the alleged unfair labor practice occurred or is occurring	
1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CH	ARGE IS BROUGHT
a. Name (Severance Fund Individual)	b. Union Representative to contact
Unite HERE Local 54 1801 Atantic Avenue, Suites c. Telephone No. d. Address (street, city, state and ZIP code)	M AL Dallas
c. Telephone No. d. Address (street, city, state and ZIP code)	
(log) 344-5400 Atlantic City 08401	
h. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practice.	
subsection (s) (list subsections) (1) (A) of the National L are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair pra	abor Relations Act, and these unfair labor practices
and the Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor pr	ractices) (b) (6), (b) (7)(C)
My complaint is DIT Started my Job in 1000	n and we get
a severance Fund, from Bakgy park palce and H	ne union. Were are
allowed to take out of the Severance, or get	all when retire
I took out twice In Not Sure of the date	es but the amount
was 2000,00 each time. Now I am concern 1278:05. I know 5	WM I only have
the time I have from Previous Employees Who	have Started around
278:05. I know from Previous Employees Who the time I did get 28,000 or more, and I only to of My Severance so why do to I only have a to-	ok out 4000, ou total
severance so why do # I only have a to	tal of 2-78.05
	2.8.05
·	Į
3. Name of Employer	T. 7-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
3. Name of Employer	4. Telephone No.
Bally's Park Place	-6-40
souls bank blace	Fax No.
5. Location of plant involved (street, city, state, and ZIP code)	6 Employer representative to contact
1900 Boardwalk, Atlantic City, NJ 0.8401	Labor Relations Department.
7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service	Number of workers employed
Casinod Hotel	1000 S of Employers)
10. Full name of party filing charge (b) (6), (b) (7)(C)	(L) (C) (L) (Z)(C)
11. Address of party filing charge (street, city, state and ZIP code.)	12. Telephone No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)	Fax No. (b)
	(6),
(1) (2) (3) (4) (5) (6)	at of my knowledge and heliaf
(b) (6), (b) (7)(C) above charge and that the statements are true to the be	st or my knowledge and belief.
Ву	
(signature in the state of the	(Print/type name and title or office, if any)
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	9/4/18
(Telephone IVo.)	(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice and related proceedings or litigations. The rotatine 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.

INTERNET FORM NLRB-508 (2-08)

FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRIT	E IN THIS SPACE
	Date Filed
04-CB-227171	9 11 18

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged un	nfair labor prac	tice occurred	d or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH	CHARGE IS B	ROUGHT	
a. Name UNITE HERE LOSA 274		b. Union Repr (b) (6), (k	esentative to b) (7)(C)	o contact
c. Address (Street, city, state, and ZIP code) 1415 North Broad Street, Guite a Philadelphia, PA 19122	219	d. Tel. No. 215-232- f. Fax No.	3145	e. Cell No. g. e-Mail
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1) (A) (2) are unfair practices affecting commerce within the meaning of the Ac meaning of the Act and the Postal Reorganization Act.	of the Nation	onal Labor Relaces are unfair p	ations Act, ar oractices affe	nd these unfair labor practices ecting commerce within the
2. Basis of the Charge (set forth a clear and concise statement of the During the past six months, arbitrary manner and hotal by refusing to provide do cur establishing that had by the had by refusing to provide to provide do cur concerning by refusing to proceed the provide do not by refusing to provide and by refusing to provide donorship to provide donorship.	the Union he alleged in its a nentolign ocen banned to access a grin from Somest	to to the state of	ted in	n an representation get somesta behalf e 2016.
3. Name of Employer Genesta Hotel		4a. Tel. No. 215-92t c. Fax No. 219-82t		b. Cell No. d. e-Mail
5. Location of plant involved (street, city, state and ZIP code) 1800 Market Gtreet, Piladelphi	9, PA			er representative to contact a Faring
7. Type of establishment (factory, mine, wholesaler, etc.). Hatel	Identify principal product			r of workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)	_	c. Fax No.		(b) (6), (b) (7)(C) d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)			No.	
	(b) (7)(C)	Cell	No.	
S (S		Fax		45 above
Address 99 MR 95 Shave	(date) (/)	/(<u>8</u>	lail	

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 CHARGE AGAINST LABOR ORGANIZATION OR IT'S AGENTS

	DO NOT WRITE IN THIS	SPACE
Case	04-CB-227325	09/13/18

INSTRUCTIONS; File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EADON GROANIZATION OR II	S AGENTS AGA	INST WHICH CHARC			·
a. Name UAW Local 435			b. Union Re (b) (6), (b)	presentative (7)(C)	to contact
2. Address (Street, city, state, and ZIP code) 200 Walker Street			d. Tel. No. 1-313-32	4-5356	e. Cell No.
Detroit, Michigan 48207			f. Fax. No.		
			g. e-mail	-	
n. The above-named labor organization has engaged in and is engaged list subsections) (A) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.—	f the Act, or these	of the Natio	nal Labor Re affecting co	lations Act, a mmerce with	and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of the During the past six-month period the above-named lath handling of (b) (6), (b) (7)(c)(b) (6), (b) (7)(c)					on concerning its
3. Name of Employer General Motors	44	a. Tel. No.	b. Cell No.		c. Fax No.
General Motors	d.	e-mail			<u> </u>
5. Location of plant involved (street, city, state and ZIP code) 801 Boxwood Road			6. Employe	r representa	tive to contact
Wilmington, DE 19804			ì		
	8. Identify princ	ipal product or service		9. Number	of workers employed
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify princ	ipal product or service		9. Number	of workers employed
7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code)	1	1a. Tel: No.) (G), (b) (7)(G)	b. Cell No.		of workers employed
7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C)		1a. Tel: No.) (6), (b) (7)(C)	b. Cell No.		c. Fax No.
7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge (b) (G), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code)	N e and that the standard belief.	1a. Tel. No.) (6), (b) (7)(C) e-mail ·	b. Cell No.	Tel. No.	c. Fax No.
7. Type of establishment (factory, mine, wholesaler, etc.) 10. Full name of party filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C)	N e and that the standardge and belief. (b) (c)	1a. Tel: No.) (6), (b) (7)(C)	b. Cell No.		c. Fax No.

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

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INTERNET FORM NLRB-508 (2-08)

FORM EXEMPT UNDER 44 U.S.C 3512

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

	1 01tm Excini 1 01tbE11 44 0:0:0 2012
DO NOT W	RITE IN THIS SPACE
Case	Date Filed
04-CB-227518	9 17 18

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

LABOR ORGANIZATION OR ITS	S AGENTS AGAINST WHICH	CHARGE	IS BROUG	ЭНТ
a. Name		b. Union Representative to contact		
Teamsters Local #863		Chuck	O'Mara	markhan - I washing
c. Address (Street, city, state, and ZIP code)		d. Tel. N 908-65	lo. 64-6990	e. Cell No.
209 Summit Rd. Mountainside, N,J, 07092		f. Fax N	0.	g. e-Mail
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor	Relations A	Act, and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair lai	bor practice:	s)
Filed grievance notice on standing, and got response from employer (JED Trucking) on Contacted by phone, union representative (b) (6), (b) (7)(C) app by (b) (6), (b) would do what (b) had to to have issue go in wrote a letter, sent certified mail to assure (b) recieved letter, to and requested DOCUMENTATION as to what was happening timelines involved. As of date of this filing i have recieved no d (b) (6), most recent was (150) 18 at 1:48 pm. Still NO respondencements and not following through with Teamster Union protocols.	to 18. which gave NO varox. same week, to state rote arbitration through union (b) (6), (b) on with grievance so i could locumentation as requested as and steps to follow the cools and steps to follow the cools are steps.	alid reaso esponse n and wo 8 to refre have reco d. I have #863 has rough wi	n for action by employ und let me esh (b) on ords of the made sev s a known the employed.	taken against me on 18. er was unacceptable. Was told know what was happening. I my concerns about grievance process and what steps and eral phone attempts to contact history of diminishing employee
TJ Services (JED TRUCKING	3)	908-28		
		c. Fax N	lo.	Renfole∰s@jedtrucking.co m
5. Location of plant involved (street, city, state and ZIP code) 91 F	irst ave. Covington Towns	hin PA	6. En	nployer representative to contact
18424	ist ave. Covington Towns	mp i A.	Ken I	Blews or Tim Smith
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Nu	imber of workers employed
Delivery	Frozen food distributor		n/a	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel.	. No.	b. Cell No. (b) (6), (b) (7)(C)
		c. Fax N	lo.	d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)		1		(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)				
12. DECLARATION Price therein are true to	the best of my knowledge and belie	, T	Tel. No.	
Δη	Individual	···	Cell No.	
(Signature of representative or person making charge) (Print/type			Fax No.	
(b) (6), (b) (7)(C)				
	(date) 9/8/18	j	e-Mail	
Address	(date) 5 5 10			

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

		DO NOT WRITE IN THIS S	PACE
Case	-		Date Filed
		04-CB-227618	9/19/18

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGE	NTS AGAINST WHICH CHARC	GE IS BROUGHT	
a. Name AMERICAN POSTAT WARKEN	S UNION	b. Union Representative APW PRO NICHOLAS C	
c. Address (Street, city, state, and ZIP code)		d. Tel. No. 6/05 22452	é. Cell No.
864 MAIN STREET		f. Fax. No.	_
DARBY PA 19023		61052245 g. e-mail	
/	··· · · · · · · · · · · · · · · · · ·		illyapwu.com
 h. The above-named labor organization has engaged in and is engaging in (list subsections) 	·	meaning of section 8(b nat Labor Relations Act,	
practices are practices affecting commerce within the meaning of the Act the Act and the Postal Reorganization Act.			
2. Basis of the Charge (set forth a clear and concise statement of the facts	constituting the alleged unfair l	abor practices)	DID NOT ADD
(b) (6), (b) (7)(C) THREATENED ME A MANUAL FLATS WAIL PROCESS	1777 tate 319	U(377 201	DOVEN
TIME DECLIFE INTITUTOR NEWSFER		0 11 11 11 11 11	0 7 - 0
THEN I WOULD HAVE TO UP 11. M	voire A ren	JUN 01/E	13/
VIOLATION OF THE LOCAL CONTRACT BE	ETWEENTHEU	NON/ANDI	MANAGEMENT.
3. Name of Employer UNITED STATES POSTAL SERVICE	4a. Tel. No. 2157494599	b. Cell No.	c. Fax No.
(U,S,P.S)	george.r.ru	ffin.ii eusp	5.90V
5. Location of plant involved (street, city, state and ZIP code) 1500 LINDBERGH BLVD	- 3		
PHICADERPHIA PA 19176-9997		george Ruf	FINIT
	ntify principal product or service		of workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)			
11. Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C)	11a. Tel. No.	b. Cell No. (b) (6), (b) (7)(C	c. Fax No.
	d. e-mail		
12. DECLARATION I declare that I have read the above charge and tha		Tel. No.	
(b) (6), (b) (7)(C) to the best of my knowledge and belief. (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(C)			(b) (7)(C)
(signature of representative or person making charge) (Print/ty	ype name and title or office, if any)	Fax No.	
(b) (6), (b) (7)(C) Address	Date 9-18-18	e-mail	

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case		Data Filed		
	04-CB-227661	9/19/18		

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

INSTRUCTIONS: File an original with NLRB Regional Director for the 1. LABOR ORGANIZATION OR ITS			, occurring.
a. Name		(b) (6), (b) (to contact 7)(C)
AFSCME 1199C c. Address (Street, city, state, and ZIP code)		d. Tel. No. 215 735 1300	e. Cell No.
1319 Locust St Philadelphia, PA	19107	√. Fax. No.	J
		g. e-mail	
h. The above-named labor organization has engaged in and is engagical (list subsections). (A) practices are practices affecting commerce within the meaning of the the Act and the Postal Reorganization Act.	of the Natio	onal Labor Relations Act,	and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of the	facts constituting the alleged unfair	labor practices)	
The above-named labor organization failed to assist (b)	(6), (b) (7)(c) with health	insurance issue.	
3. Name of Employer	4a. Tel. No.	b. Cell No.	c. Fax No.
Wyndmoor Hills Rehabilitation Center	215 233 6200 .d. e-mail		
	.u. c-maii		
5. Location of plant involved (street, city, state and ZIP code) 8601 Stenton Ave. Wyndmoor, PA 19038		6. Employer representa	ive to contact
7. Type of establishment (factory, mine, wholesaler, etc.)	3. Identify principal product or service	9. Number	of workers employed
10. Full name of party filing charge (b) (6), (b) (7)(C)		1, ,	
11. Address of party filing charge (street, city, state and ZIP code)	11a. Tel. No.	b. Cell No. (b) (6), (b) (7)(C)	c. Fax No.
(b) (6), (b) (7)(C)	d. e-mail (b) (6), (b) (7)(C	5)	
	nd that the statements	Tel. No.	
X	Cell No. (b) (6), (b) (7)(C)		
	(Print/type name and title or office, if any)	Fax No.	
Address (b) (6), (b) (7)(C)	e-mail (b) (6), (b) (7)(C)		

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

UNITED STATES OF AMERICA			VRITE IN THIS SPACE	
NATIONAL LABOR RELATIONS BOAR		Case	Date filed	
CHARGE AGAINST LABOR ORGANIZATIO AGENTS		04-CB-227679	9/20/18	
INSTRUCTIONS: File an original of this charge with to occurred or is occurring.	he NLRB Regiona	I Director of the region in which	ch the alleged unfair labor practice	
1. LABOR ORGANIZATION	OR ITS AGENTS	AGAINST WHICH CHARGE IS BE	ROUGHT	
a. Name UAW Local 435		b. Union Representative t		
c. Address		d. Tel. No.	e.e. Cell No.	
		f. Fax No.	g. e-Mail	
the Act, or are unfair practices affecting commerce wit 2. Basis of the Charge (set forth a clear and concise state Within the past six months, the above-name me.	ement of the facts	constituting the alleged unfair la	bor practices)	
3. Name of Employer General Motors		4a. Tel. No.	4b. Cell No.	
		4c. Fax No.	4d. e-Mail	
5. Location of Plant involved (street, city, state, and ZIP of	code)	6. Employer representative	e to contact	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal pro	duct or service	9. Number of Workers employed	
Auto Factory :	Cars		2000	
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No. (b) (6), (b) (7)(C)	11b. Cell No.	
		11c. Fax No.	11d e-Mail	
11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C)	ZIP code)			
	12. DECLA	•		
I declare that I have read the above charge an	d that the stateme	ents therein are true to the bes		
(b) (6), (b) (7)(C)			Tel No.	
(classure of tentesentouse of person metring charge)		(b) (7)(C)	(b) (6), (b) (7)(C)	
(signature of representative or person making charge)				
Address: (b) (6), (b) (7)(C)		Date:	Fax No.	
		S87et. 71-18	e-Mail	

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

PRIVACY ACT STATEMENT

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