

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-239056	Date Filed 4/04/19

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
UGI Utilities

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2121 City Line Road Bethlehem PA 18017

3a. Employer Representative - Name and Title
Dave Amory Senior Manager of Operations

3b. Address (If same as 2b - state same)
2121 City Line Road Bethlehem PA 18017

3c. Tel. No. **610-807-3124** 3d. Cell No. **484-955-1176** 3e. Fax No.

3f. E-Mail Address
damory@ugi.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Utility

4b. Principal product or service
Natural Gas

5a. City and State where unit is located:
Bethlehem PA

5b. Description of Unit Involved
Included: Operations Representative 1

Excluded: Operations Administrator, Managers Supervisors and Guards as defined in the act

6a. No. of Employees in Unit:
7

6b. Do a substantial number (30% or more) of the employees in the 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

8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address

8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): **April 25, 2019** 11c. Election Time(s): **8:30AM-10:00AM** 11d. Election Location(s): **Auditorium**

12a. Full Name of Petitioner (including local name and number)
International Brotherhood of Electrical Workers Local 1456

12b. Address (street and number, city, state, and ZIP code)
104 West 26th Street North Hampton PA 18067

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood Of Electrical Workers Local Union 1456


12d. Tel No. **518-703-2365** 12e. Cell No. **518-703-2365** 12f. Fax No. 12g. E-Mail Address **maria_vooris@ibew.org**

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

13a. Name and Title **Maria L. Vooris** 13b. Address (street and number, city, state, and ZIP code)
1218 Spring Ave Wynthskill NY 12198

13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address

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) **Maria L. Vooris** Signature  Title **International Lead organizer** Date **April 3, 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 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. 04-RC-239802 Date Filed 4/17/19

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

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

2a. Name of Employer:
Caesars Entertainment
Harrah's Philadelphia

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
777 Harrahs Blvd, Chester, PA 19013

3a. Employer Representative - Name and Title:
Patty Cain,
Vice President of Human Resources

3b. Address (if same as 2b - state same):
Same

3c. Tel. No. 484.490.1778 3d. Cell No. 210.792.8261 3e. Fax No. 3f. E-Mail Address pcain@harrahs.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino 4b. Principal Product or Service Gambling 5a. City and State where unit is located: Chester, PA

6b. Description of Unit Involved:
Included:
All full-time and regularly scheduled part-time Poker Dealers, Chip Runners, and Brush/Clerks

6a. Number of Employees in Unit: 56

Excluded:
All other employees, administrative and clerical employees, dual rated employees, security employees, surveillance employees, on call, seasonal and temporary employees, professional employees, confidential employees, guards and supervisors as defined by the Act.

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 04/17/2019 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: n/a

8c. Tel. No. n/a 8d. Cell No. n/a 8e. Fax No. n/a 8f. E-Mail Address n/a

8g. Affiliation, if any: n/a 8h. Date of Recognition or Certification: n/a 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 If so, approximately how many employees are participating? 0
(Name of Labor Organization) n/a has picketed the Employer since (Month, Day, Year) n/a

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

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

11b. Election Date(s): May 13, 2019 11c. Election Time(s): 6:00am - 7:00am & 7:00pm - 8:00pm 11d. Election Location(s): Dealer Training Academy 6th Floor

12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Union, Local 27 12b. Address (street and number, city, State and ZIP code): 21 West Rd, Suite 200, Baltimore, MD 21204

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food & Commercial Workers International Union

12d. Tel. No. 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: Nelson L. Hill Assistant to the President 13b. Address (street and number, city, State and ZIP code): 21 West Rd, Suite 200, Baltimore, MD 21204

13c. Tel. No. 410.337.2700 13d. Cell No. 302.632.4530 13e. Fax No. 410.307.1799 13f. E-Mail Address N.HILL@UFCW27.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) Nelson L. Hill Signature Nelson L Hill Title Assistant to the President Date 04/17/19

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
04-RC-239879	4/18/19

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 American Honda Motor Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 115 Gaither Drive NJ Mount Laurel 08054-	
3a. Employer Representative - Name and Title Wayne Cella		3b. Address (if same as 2b - state same) 115 Gaither Drive NJ Mount Laurel 08054-	
3c. Tel. No. (856) 235-8700	3d. Cell No.	3e. Fax No.	3f. E-Mail Address wayne_cella@ahm.honda.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Auto & Truck Parts		4b. Principal product or service	
4a.		5a. City and State where unit is located: Mount Laurel, NJ	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 2
Excluded: See Attached Page 2 for additional details			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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): ASAP	11d. Election Location(s): Mount Laurel, NJ
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12a. Full Name of Petitioner (including local name and number)
Lauren Farrell
UAW Region 9 & its Local Union 1612

12b. Address (street and number, city, state, and ZIP code)
550 State Road Unit 107
PA Bensalem 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. (585) 303-1341	12f. Fax No. (215) 591-0837	12g. E-Mail Address lfarrell@uaw.net
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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		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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) Lauren Farrell	Signature Lauren Farrell	Title International Representative	Date 04/15/2019 15:30:06
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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

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DO NOT WRITE IN THIS SPACE

Attachment

Case
04-RC-239879

Date Filed
4/18/19

Employees Included

Technical Specialists, Maintenance of Automated Building of Warehouse

Employees Excluded

Supervisors, Clerical, Students, Sales Employees and Guards as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-239963	Date Filed 4/19/19

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 Taylor Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 175 East Chester Pike PA Ridley Park 19078-
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3a. Employer Representative - Name and Title Thomas Shull	3b. Address (if same as 2b - state same) 175 East Chester Pike PA Ridley Park 19078-
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3c. Tel. No. (610) 595-6000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Thomas.Shull@crozer.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities	4b. Principal product or service Healthcare	5a. City and State where unit is located: Ridley Park, PA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 61 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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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
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)

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:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): May 8, 2019	11c. Election Time(s): 6:30 a.m. to 8:30 a.m. and 2:30 p.m. to 4:30 p.m.	11d. Election Location(s): Café Conference Room located at the Employer's 175 East Chester Pike
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12a. Full Name of Petitioner (including local name and number) Chris Woods District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 1319 Locust Street PA Philadelphia 19107-
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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)
NUHCE

12d. Tel No. (215) 735-1300	12e. Cell No.	12f. Fax No.	12g. E-Mail Address ChristenW@1199cnuhce.org
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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 Lance Geren Attorney for District 1199C O'Donoghue & O'Donoghue, LLP	13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street, Suite 515 PA Philadelphia 19106-
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13c. Tel No. (215) 629-4970	13d. Cell No. (202) 805-6148	13e. Fax No. (215) 629-4996	13f. E-Mail Address lgeren@odonoghuelaw.com
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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) Lance Geren	Signature Lance Geren	Title Attorney for District 1199C	Date 04/19/2019 13:49:59
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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

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DO NOT WRITE IN THIS SPACE

Case

04-RC-239963

Date Filed

4/19/19

Attachment

Employees Included

All full-time and regular part-time café aides/cashiers, nutrition service aides, environmental services aides, nutrition care aides, nutrition product aides, linen distribution aides, nutrition aides/receiving clerks, operating room technicians, patient transporters, hospital service technicians, material distribution technicians, occupational therapy aides, patient aides, rehabilitation aides, sterile processing technicians, cooks, senior hospitality service technicians, maintenance mechanics, surgical technicians, senior maintenance mechanics, master boiler mechanics, painters, HVAC mechanics, and electricians employed by the Employer at its 175 East Chester Pike, Ridley Park, PA facility.

Employees Excluded

All other employees, guards and supervisors within the meaning of the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
04-RC-240121	4/23/19

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 Triple Canopy	2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) Please see attached
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3a. Employer Representative - Name and Title Michael W Goodwin	3b. Address (if same as 2b - state same) 7121 Fairway Dr, Suite 201 Palm Beach Gardens Florida 33418
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3c. Tel. No. 561-406-7971	3d. Cell No. 757-5608733	3e. Fax No. NA	3f. E-Mail Address mike.goodwin@constellis.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Buildings	4b. Principal product or service Security	5e. City and State where unit is located: Philadelphia PA
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5b. Description of Unit Involved Included: all fulltime and part time armed and unarmed security officers employed by the employer Excluded: clerical, managerial, salaried, and supervisory personel as defined by the act	6a. No. of Employees in Unit: 37 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about NA (Date) (if no reply received, so state). NA
 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). NA	8b. Address NA
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8c. Tel No. NA	8d. Cell No. NA	8e. Fax No. NA	8f. E-Mail Address NA
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8g. Affiliation, if any NA	8h. Date of Recognition or Certification NA	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA if so, approximately how many employees are participating? NA
(Name of labor organization) NA, has picketed the Employer since (Month, Day, Year) NA

10. Organizations or individuals other than Petitioner and those named in items 6 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)
NA

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

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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed (Manual/Mail)

11b. Election Date(s): first available	11c. Election Time(s): NA	11d. Election Location(s): NA
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12a. Full Name of Petitioner (Including local name and number) United Government Security Officers of America and its Local 238	12b. Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538
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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)
United Government Security Officers of America International Union

12d. Tel No. 617-620-7225	12e. Cell No. 617-620-7225	12f. Fax No. NA	12g. E-Mail Address Mleblanc@ugsoa.com
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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 Mike LeBlanc DHS Vice President UGSOA International Union	13b. Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538
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13c. Tel No. 617-620-7225	13d. Cell No. 617-620-7225	13e. Fax No. NA	13f. E-Mail Address Mleblanc@ugsoa.com
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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) Mike LeBlanc	Signature 	Title DHS Vice President UGSOA International Union	Date 04/23/19
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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

Collection 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. 74842-43 (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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RD-238986	Date Filed 4/4/19

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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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
LUCAS MOTOR COMPANY

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
**900 E ROUTE 130N
NJ BURLINGTON 08016-**

3a. Employer Representative - Name and Title
COLIN LUCAS GENERAL MANAGER

3b. Address (If same as 2b - state same)
**900 E ROUTE 130N
NJ BURLINGTON 08016-**

3c. Tel. No.
(609) 386-3100

3d. Cell No.

3e. Fax No.
(609) 386-7586

3f. E-Mail Address
SYANKELUNAS@LUCASFORDCARS.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Others

4b. Principal product or service
Automotive Sales and Service

5a. City and State where unit is located:
Burlington, NJ

5b. Description of Unit Involved
Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
10

6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? 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
United Service Workers 455 (b) (6), (b) (7)(C)

8b. Address
**138-50 QUEENS BOULEVARD
NY BRIARWOOD 11435-**

8c. Tel No.
(646) 988-1204

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification
02/01/2016

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
08/31/2019

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 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
(b) (6), (b) (7)(C)

10b. Address
(b) (6), (b) (7)(C)

10c. Tel. No.
(b) (6), (b) (7)(C)

10d. Cell No.

10e. Fax No.
(b) (6), (b) (7)(C)

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
04/26/2019

11c. Election Time(s):
8:00AM

11d. Election Location(s):
BREAK ROOM

12a. Full Name of Petitioner **(b) (6), (b) (7)(C)**

12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) **NJ BURLINGTON 08016- NONE**

12d. Tel No.
(b) (6), (b) (7)(C)

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
(b) (6), (b) (7)(C)

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

13a. Name and Title

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

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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)
(b) (6), (b) (7)(C)

Signature
(b) (6), (b) (7)(C)

Title
(b) (6), (b) (7)(C)

Date
03/28/2019 11:51:03

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Attachment

Employees Included
Service technicians and parts personnel

Employees Excluded
all other employees