FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS	SPACE
Case No.	<u> </u>	Date Filed
	04-RC-253149	12-11-19

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): Tucker House Nursing & Rehabilitation 1001 Wallace Street, Philadelphia, PA 19123 Center PA, L.P. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Kerry Offner, Administrator Same as 2b 3f. E-Mail Address 3d. Cell No. 3e. Fax No. 3c, Tel. No. 215-235-1600 215-236-2842 koffner@tuckerhousehealth.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Nursing Home & Rehabilitation Facility Health Care Philadelphia, PA 5b. Description of Unit Involved: 6a, Number of Employees in Unit: included: 30 All full-time and regular part-time LPNs 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🗵 Yes 🔲 No All other employees, guards & Supervisors as defined in the Act Check One: 🗵 7a. Request for recognition as Bargaining Representative was made on (Date) N/A 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: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_0 If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than 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 10d Cell No. 10c. Tel. No. 10a. Name 10b. Address 10f E-Mail Address 10e, Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s): 6:30 a.m. to 8:00 a.m; 2:30 p.m. to 3:30 pm | 1st floor break-room January 3, 2020 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 1319 Locust Street, Philadelphia, PA 19107-5498 National Union of Hospital & Health Care Employees, AFSCME, AFL-CIO, District 1199c 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): AFSCME, AFL-CIO 12g. E-Mail Address 12d. Tel. No. 12e, Cell No. 12f. Fax No. 215-735-9878 215-735-1300 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a Name and Title: Willig, Williams & Davidson, 24th Floor Laurence M. Goodman Philadelphia, PA 19103 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel. No. 215-561-5135 lgoodman@wwdlaw.com 215-656-3608 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 12/10/19 Legal Counsel Laurence M. Goodman Tunne

FORM NLRB-502 (RC) (2:18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN	THIS SPACE	<u> </u>
Case No.	04-RC-253222	Date Filed 12-19	

	<u> </u>	State of the state of		····		\ \	<u> </u>	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 461	he petition must be accom named in the petition of: (panied by both a : (1) the petition; (2)	howing of Interest (see Statement of Position	é 6b below) and form (Form NLI	l a certificat RB-505); an	e of service showing s d (3) Description of Rep	ervice on presentation	
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be certified a	as representative of	the employees. The Pet	itioner alleges	that the folk	owing circumstances e		
2a. Name of Employer:		2b. Address(es) o	of Establishment(s) involv	ved (Street and I	number, City	State, ZIP code):		
Davis Enterprises d/b/a Do	ubletree of	515 Fellows	ship Road		e*			
Mt. Laurel		Mt. Laurel,	NJ 08054					
3a. Employer Representative - Nam	ne and Titlé:	A CONTRACTOR OF THE PARTY OF TH	me as 2b - state same):		*****	·		
Dean Sampson, General M	lanager	Same		185000000000000000000000000000000000000			·	
3c. Tel. No. 3d. Cell No. 3e. Fax No.				3f. E-Mail A		@Lilean		
856-778-8999 4a. Type of Establishment (Factory, r	ning wholosolos old)	4h Princ	Ipal Product or Service) Dean.		@hilton.com d State where unit is loca	· .	
hotel and restaurant	nine, wholesaler, e.c.)		ng and eatery			a state where unit is loca urel. New Jersey	ateu:	
5b. Description of Unit Involved:		loagi	ing and catery		Li.	r of Employees in Unit:		
Included: All full-time and re		• .		Areas,		e e der de		
· ·	severage, and Guest S		•			78		
Excluded: All other employee	s (including maintena	nce employees	and guards and su	pervisors	6b. Do a si	ibstantial number (30% i	or more)	
as defined in the Act								
Check One: 3 7a. Request for recognition as Bargaining Representative was made on (Date) 12/12/19 and Employer declined recognition on or about (Date) No reply (if no reply received, so state).								
	rently recognized as Bargain			under the Act.				
8a. Name of Recognized or Certifie			The second secon					
N/A								
Bc. Tel. No.	8d. Cell No.	Be. Fax i	vo.	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:		8h. Date of	h. Date of Recognition or Certification .Bl. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing a	the Employer's establishme	ent(s) involved?	No If so, approxi	imately how man	y employee	s are participating?		
(Name of Labor Organization)				, has picketed	the Employ	er since (Month, Day, Ye	ar)	
10. Organizations or individuals other individuals known to have a repre					tate)	es and other organization one	ns arid	
10a. Name	10b, Address			10c Tel. No	D .	10d. Cell No.		
	ļ.·			10. T. N	MONTE MAN AND			
				10e Fax N		10f. E-Mail Address	1	
11. Election Details: If the NLRB con	nducts and election in this π	alter, state your po	silion with respect to any	such election:	11a. Electio	n Туре:		
This Audience was an	a. 2000				Manua Manua	I Mail Mixed	Manual/Mail	
11b. Election Date(s):	11c. Election Ti			1	11d. Election Location(s):			
January 17, 2020			3:00 p.m 6:00 p.r	<u> </u>	t. Laurel			
12a. Full Name of Petitioner (included UNITE HERE Local 54	ing local name and number)	:	12b. Address (street of		State and	ZIP code):		
UNITE HERE LOCAL 34			Atlantic City,				,	
12c. Full name of national or internati		hich Petitloner is an	áffiliate or constituent (i	l none, so state)	i·			
UNITE HERE Internation								
12d. Tel. No. 609-344-5400	12e' Cell No.	12f. Fax		12g. E-Mail				
13. Representative of the Petitione	r who will accept service o							
13a. Name and Title: Cassie R. Ehrenberg, Esqu		lress (street and number Chestnut Street, St		ZIP COde):				
		i i	adelphia, PA 1910				-	
Cleary, Josem & Trigiani	13d, Cell No.	13e, Fax		1 131. E-Mail	Address			
215-735-9099		1 .	640-3201	9 .	erg@cjtla	w.org		
I declare that I have read the above	petition and that the state		Control of the second of the s					
Name (Print)	Signatur			Hill			Date	
Cassie R. Ehrenberg				Attorne	у		12/12/19	

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
04-RC-253370	12/16/19				

						04-NC-20	13370			10/1/
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition mu named in the	ist be accomp petition of: (1)	anied by) the pet	both a sh ltion; (2) S	owing of interest (see tatement of Position 1	6b below) and form (Form NLI	i a certificat RB-505); an	e of service d (3) Descrip	showing sotion of Rej	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to	be certified as	represer	ntative of th	e employees. The Peti	tioner alleges	that the foll	owing circu	nstances e	
2a. Name of Employer:		1	2b. Addr	ess(es) of l	Establishment(s) Involv	ed (Street and r	umber, City	State, ZIP c	ode):	
Gourmet Glatt			1328	River A	venue, Lakewoo	od, New Jer	sey 0870)1		
3a. Employer Representative - Nam	ne and Title:		3b. Addr	ess (if sam	e as 2b - state same):					
			Same							
3c. Tel. No.	3d. Cell No.			3e. Fax No	١,	3f. E-Mail A	ddress			
732-961-1750			- 1			info@ge	ourmetgl	attlakewo	ood.com	l .
4a. Type of Establishment (Factory, r	nine, wholesale	er, etc.)		4b. Princip	al Product or Service		5a. City an	d State wher	e unit is loc	ated:
Grocer		,		Food			Lakewoo			
5b. Description of Unit Involved: Included:						. <u> </u>	6a. Numbe	r of Employe	es in Unit:	
All regular full-time and p	oart-time n	onsupervis	ory pe	rsonel			\~/3			
Excluded: office clerical and supervisors as defined by the national labor relations act as amended 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes					h to be '					
Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 12/10/19 and Employer declined recognition										
on or about (Date)				ceived, so						
7b. Petitioner is cur						under the Act.				
os. Name of Recognized of Cerune	ra pargaming	Agent (ii none,	, SU SIBIE) 60. Au	uress.					
8c. Tel. No.	8d. Cell No.			8ė. Fax No		8f. E-Mail Address				
8g. Affiliation, if any:			8h	8h. Date of Recognition or Certification Bi. 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 establishmen	t(s) invol	ved?	If so, approxi	nately how man	y employee:	s are particip	ating?	
(Name of Labor Organization)	3					, has picketed	the Employ	er since (Moi	nth, Day, Ye	er)
10. Organizations or individuals other individuals known to have a representation								es and other	organization	ns and
10a. Name	10	b. Address				10c. Tel. No).	10d. Cell No).	
iva. Namo	"	D. Add 635					o. 10f. E-Mail Address			
				10e. Fax No.				Total Production		
11. Election Details: If the NLRB con	nducts and ele	ction in this ma	tter, state	your posit	ion with respect to any		Manua	l Mail	Mixed	l Manual/Mail
11b. Election Date(s):	11	c. Election Tim	ie(s):				n Location(s	_		
12/30/19		2:00-4:00p	m				om on p			
12a. Fuli Name of Petitioner (includ	ing local name	and number):			12b. Address (street a					
Local 713 IBOTU				:	400 Garden Cit			Garden C	ity, NY	11530
12c. Full name of national or internation Brotherhood of						none, so state)				
12d. Tel. No. 516-741-5564	12e. Cell No.			12f. Fax N		12g. E-Mail				
13. Representative of the Petitione	r who will acc	ept service of	all pape	rs for pur	oses of the represent	tation proceed	ing.			
13a. Name and Title: Robert Vella, Business Ager	nt				ess <i>(street and number,</i> den City Plaza, su	•		NY 11530)	
42a Tal Na	12d Call Ma			13e, Fax N		13f, E-Mail	Address			
13c, Tel. No. 516-741-5564	13d. Cell No. 516-880-					rpv@ib				
I declare that I have read the above	e petition and	that the stater	nents ar	e true to ti	e best of my knowled	ige and belief.				Inote
Name (Print) Hobert Vella		Signature	M			Pusines	s H	gent		Date 12/13/11

FORM NLRB-502 (RC) (2:18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN T	HIS SPACE
Case No.	04-RC-253641	Date Filed

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit en original of this Potition 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:
Westmont Hospitality Group d/b/a 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): **Westin Mount Laurel** 555 Fellowship Road, Mt. Laurel, NJ 08054 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Same Linda Williams, Human Resources Director 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. 3d, Cell No. 856-778-7300 lwilliams@westinmtlaurel.com 4b. Principal Product or Service Sa. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mt. Laurel, New Jersey Hotel and restaurant lodging and eatery 5b. Description of Unit Involved: 6a, Number of Employees in Unit: Included: SEE ATTACHED 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? SEE ATTACHED Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 12/20/19 and Employer declined recognition on or about (Date) NO REPLY (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: NONE 8e. Fax No. 8f. E-Mail Address Bc. Tel. No. 8d. Cell No. 8q. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month. Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than 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 10c, Tel, No. 10d, Cell No. 10a. Name 10b Address 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: Manual Mail Mixed Manual/Mail 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 1:00-4:00 p.m. Westin Mt. Laurel Wed. 1/15/20 6:30-8:30 a.m. 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): **UNITE HERE Local 54** 1014 Atlantic Avenue Atlantic City, NJ 08401 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): **UNITE HERE International Union** 12d, Tel, No. 12e. Cell No. 12f. Fax No. 12g, E-Mail Address balbert@unitehere.org 609-344-5400 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): William T. Josem, Esquire 325 Chestnut Street, Suite 200, Philadelphia, PA 19106 131, E-Mail Address 13c. Tel. No 13d, Cell No. 13e. Fax No 215-735-9099 215-640-3201 wtjosem@citlaw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Date William T. Josem Attorney 12/20/19

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

ATTACHMENT TO RC PETITION

Including: All full-time and regular part-time employees in the Food & Beverage/Culinary Department and the Housekeeping Department at its 555 Fellowship Road, Mt. Laurel, NJ facility.

6

Excluding: All other employees including front desk and maintenance employees, office clerical employees, professional employees, confidential employees, managerial employees, guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

	DO NOT WRITE	IN THIS SPACE
Case No.	04-RC-253677	Date Filed 12-20-19

INSTRUCTIONS: Unless e-Filed us							
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) Descript							
with the NLRB and should not be s	•		•		noung or me	order direction only be inte	
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION	OF REPRESENTATI	VE - A substantial numbe				
bargaining by Petitioner and Petitioner de requests that the National Labor Relat							
2a. Name of Employer		2b. Ac	dress(es) of Establishme	nt(s) involved (Street	and number, city,		
Cake Life Bake Shop		1306	Frankford Ave, Pl		, 19125		
3a. Employer Representative – Name and Nima Etemadi, Lily Fischer (Ow			3b. Address (If same a Same	s 2b – state same)			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr		
215-278-2580	,						
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Bakery/ Coffee Shop Cake/ Coffee 5a. City and State where unit is located: Philadelphia PA							
5b. Description of Unit Involved Included: All full and part time employees: balistas, dishwas hels, Restry cheffs 6a. No. of Employees in Unit: 24 6b. Do a substantial number (30%)							
					[6b. Do a substantial number (30%	
Excluded: All other employee	es includi	ng superviso	ors and guards	as defined in	n the act.	or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
Check One: X 7a. Request for re	cognition as Ba	argaining Representa	tive was made on (Date)	12/19/19 ar	nd Employer deci	ined recognition on or about	
No sept) (If no reply receive	•			~	
			epresentative and desires	certification under the	e Act.		
8a. Name of Recognized or Certified Bar none		(IT none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ress	
8g. Affiliation, if any		:				Date of Current or Most Recent iy (Month, Day, Year)	
9. Is there now a strike or picketing at the E				ximately how many er		ticipating?	
(Name of labor organization)							
Organizations or individuals other than I known to have a representative interest in a					oresentatives and	other organizations and individuals	
10a. Name	10b. A	Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conducts any such election. 		•	r position with respect to	11a. Election Type	: 🗸 Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): 1/13/2020, 1/27/2020, 2/3/2020	11c.	Election Time(s):	4pm ->R	11d. Election Loca Cake Life Bake S		nkford Ave Phila. Pa, 19125	
12a. Full Name of Petitioner (including to Cafe Workers United (Fishtown Lo		number)			et and number, o	city, state, and ZIP code)	
12c. Full name of national or international la		n of which Petitioner	is an affiliate or constitue		inadoipina i 70	10120	
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad		
(b) (6), (b) (7)(C) 13. Representative of the Petitioner who	will accord cor	nice of all names for	r purposes of the repre	contation proceeding	(b) (6), (b) (<i>i</i>	/)(C)	
13a. Name and Title (b) (6), (b) (vice of all papers in	13b. Address (street ar (b) (6), (b) (7)(C)		_		
13c. Tel No.	13d. Cell No.	d. Cell No. 13e. Fax No. 13f. E-Mail Address					
(b) (6), (b) (7)(C) I declare that I have read the above petiti	Same on and that the	e statements are tri	e to the best of my know	wledge and belief	(b) (6), (b) (7	/)(C)	
Name (Print)		(b) (7)(C			Date 12	120/19	
(b) (6), (b) (7)(C) WILLFUL FALSE STATEM	(5)		UNISHED BY TIME AIM	ADDISONMENT (II		· · · · · · · · · · · · · · · · · · ·	
THILLIUL PALSE STATEME			PHISHED BY THE AME	· IMPRISONMENT (U	TODE, IIIL	. 10, JECTION 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 GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

•	DO NOT WRITE	IN THIS SPACE	
Case No.	04-RC-253787	Date Filed	12-23-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 700 E. Butler Avenue PA Doylestown 18901 **Delaware Valley University** 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 700 E. Butler Avenue PA Dovlestown 18901 Cynthia Transue * 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. cynthia.transue@delval.edu (215) 489-2905 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Dovlestown, PA Schools Education 6a. No. of Employees in Unit: 5b. Description of Unit Involved 12 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [🖊] No [and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) ____ (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address 10965 Decatur Road PA Philadelphia 19154 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Teamsters Union Local No. 115 Robert Freiling Jr. 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address (215) 335-0100 (215) 333-4146 rfreiling@teamsters115.org 8h. Date of Recognition or Certification 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) International Brotherhood of Teamsters 01/01/2003 06/30/2021 If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) 10d. Cell No. 10b. Address 10c. Tel. No. 10a Name 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 📝 Manual 🔲 Mail 🔲 Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): January 13, 2020 11c. Election Time(s): TBD by parties 12a. Full Name of Petitioner (Including local name and number)
Robert Freiling Jr.
Teamsters Union Local No. 115 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters (IBT) 12f. Fax No. 12g. E-Mail Address rfreiling@teamsters115.org 12d. Tel No. 12e. Cell No. (215) 333-4146 (215) 335-0100 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) Norton Brainard Esq. Counsel Teamsters Union Local No. 115 10965 Decatur Road PA Philadelphi 13f. E-Mail Address nbesq@msn.com 13d. Cell No. 13e. Fax No. 13c. Tel No. (215) 335-0100 (215) 333-4146 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Recording Secretary & Business Agent Robert Freiling Jr. 12/23/2019 11:50:50 Robert Freiling Jr

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 Public Safety

Employees Excluded Supervisors, Managers

DO NOT WRITE IN THIS SPACE							
Case 04-RC-253787	Date Filed 12-23-19						

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FORM NURB-502 (RD) (2:18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD DO DETITION

DO NOT WRITE IN THIS SPACE									
Case No.	04-RD-252824	12-05-19							

		PETITION			<u> </u>			12 00 17
INSTRUCTIONS: Unless e-Flied employer concerned is located the employer and all other partie Case Procedures (Form NLRB 4)	The petition n is named in the	iust be accomp e petition of:(1)	anied by both a sho the petition; (2) Stat	wing of Interested	st (see 7 b	elow) and a certifica (Form NLRB-505); a	ite of service show no (3) Description	ving service on of Representation
PURPOSE OF THIS PETITION recognized bargaining representa Labor Relations Bound proceed	itive is no longe	r their represent	ative. The Petitioner	alleges that t	he followin	g circumstances ex	s assert that the ce ist and requests t	rtified or cufrently hat the National
2a. Name of Employer SHORET TOYOTA			2b. Address(es) of 1			(Street and number,	city, state, ZIP code	9
3a. Employer Representative - Nan	ne and Title	-1 L-34/-1	3b. Address (If sam			****		
SCOTT RICHARDSON G	- H-125		SAME					
Annual Management	. Fax No.		3é. Cell No.	-18	3f. E-Mail	William State of the second		
6096452770 a. Type of Establishment (Factory, mine, wholesaler, etc.)				<u> </u>		son@libertytoyo	ota.com	·
The state of the s	AUTOMOTIVE RETAIL AND SERVICE					al product or service		å
5a. Description of Unit Involved					122 252			State where unit
Included:	Add of the office of				W.C		Is located	17
	ALL FULL TIME, REGULAR PART TIME, FLAT RATE, HOURLY TEG				ICIANS	L	IVEN'Y,5 L.	ANDING NJ
Excluded:	o i						1	
ALL OTHER EMPLOYEES								
6. No. of Employees in Unit 16			r (30% or more) of the epresentative? X Y		the unit no	longer wish to be re	presented by the co	ertified or currently
8a, Name of Recognized or Certified			- Constitution NO 7	44 141,40	-	8b. Affiliation, if any		
IAM DISTRICT 15					San et a	NONE		
8c. Address				8d. Tel. No.	XF.	8e. Cell No.		
652 4TH AVE				71842200	90			
BROOKLYN, NY 11232				8f. Fax No.		8g. E-Mail Address district15@iam	aw com	
9. Date of Recognition or Certification	n		10. Expiration Date	of Current or a	Most Recor	Contract if any (Mo	the property of the same of th	
11/26/18			- Annahir dark	are - Comment of 1			S. Sharen	
1.1a. Is there now a strike or picketing	g at the Employ	er's establishme	nt(s) involved? Y	es 🗵 No	11b. If so,	approximately how m	any employees are	participating?
11c. The Employer has been pickete				- 151 ·				a labor organization, of
(Insert Address)	<u></u>					sinc	e (Month, Day, Yes	n).
12. Organizations or individuals other and individuals known to have a	r those named i	in items 8 and 11	c. which have daine	d recognition	s represen	tatives and other org	anizations	
12a, Name	12b. Addre		who have in the nutry	e scribeo in ite	n 5 above. 12c. Tel. N		12d. Fax No.	
NONE	1				L			
	1				12e. Cell 1	Vo.	121. E-Mail Address	
Carl Man Bart of the Parking School of the Carl of	<u> </u>	2-2						A search of the country of the count
13. Election Details: If the NLRB co matter, state your position with re	onducts an elect spect to any su	tion in this ch election.			13a. Electi	on Type: X Manual	☐ Mail ☐	Mixed Manual/Mail
13b. Election Date(s)		13c. Election Tir	14	13d. Election Location(s)			Street and restriction for	
12/26/19 12/27/19		9:30AM-11:	30AM	SHORE TOYOTA BREAK ROOM				
14. Full Name of Petitioner							–	, .
(b) (6), (b) (7)(C)	y, state. ZIP co	de)			14b. Tel. /	lo I	14c. Fax No.	
(b) (6), (b) (7)(C)	er mante de de			i	(b) (6), (b) (7)(C)			
					14d. Cell (lo.	14e. E-Mail Address	
Market Control of the					L		(b) (6), (b)	(7)(C)
14f. Affiliation, if any none	the desirable in	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	marchine.					,
15. Representative of the Petitione 15a. Name	r who will acci	ept service of al	r papers for purpos	es of the repr	esentation 15b.Title	proceeding.		
								-
15c. Address (Street and number, cit	y, state, ZIP co	de)		<u> </u>	15d. Tel. N	io.	15e. Fax No.	
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		(5) (5),	(5) (1)(0	4	15f. Cell N	o.	15g. E-Mail Addres	is i
Friedrich Abert Leave and Attack	a modèle a co d'			4 -4 -4		d Fediat	· · · · · ·	
I declare that I have read the above Name (Print)	Signal Signal			st of my kn	Title	io Deliet.		Date Filed
(b) (6), (b) (7)(C)					(b) (6), (b) (7)(C			12/04/19
WILLFUL FALSE STA	TEMENTS ON			Y FINE AN		NMENT (U.S. CODE	, TITLE 18, SECTION	
				TATEMENT	• • • • • • • • • • • • • • • • • • • •	The case of the agrant of		al Labor Rélations Board
Solicitation of the information on this form (NLRB) in processing representation and r	related proceeding			on are fully se	t forth in the	ederal Register, 71 Fed.	Reg. 74942 43 (Dec. 1	3, 2006). The NLRB will
further explain these uses upon request. I	Disclosure of this in			ure to supply t	he information	may cause the NLRB to o	fedine to Invoke its pro	cesses.

TO: +12155977658

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FORM NLRB-502 (RD) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
04-RD-253955	12/31/19					

instructions: Unless e-filed using the Agency's website, www.instruction in submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.								
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 Patitioner 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								
WIND CREEK BETHLE								
SAMUEL H. JRVI 3c. Tel. No.	Name and Title TEAM MEMBER NZO - RELATIONS 13d. Fax No.	S'Ante						
484 . 777 . 7430	30. F8X NO.	36. Cell No. 31. E-Mail Address 14. Cell - 275 - 6820 Covered the war of the cell of a cell of the c						
4a, Type of Establishment (Factor	ry, mine, wholesaler, etc.)	484.375.9030 SAMUEL Trunzo A wind Cheek, COM						
CASINO/HOTEL					D/HOTEL		,	
5a. Description of Unit Involved						5b. City and State where unit		
	cluded:					is tocated: Bethlehem, PA		
• •	part-time Security Guards.					Вошлене	,	
Excluded: All other employees, lock	smiths and supervisors as o	defined in the Ac	it.				İ	
6. No. of Employees in Unit 17. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently								
8a. Name of Recognized or Certif		- Chicago and Ivi	es No		8b. Affiliation, if any	ula		
International Union, Secu	rity, Police and Fire Profes	ssionals of Ameri	ica (SPFPA	1)		ηH		
8c. Address			8d. Tel. No.		Be. Cell No.	1		
David L. Hickey, Internal			(586)772-	7250	14/2	t		
25510 Kelly Road, Rosev	ville, MI 48066		8f. Fax No.	0644	8g. E-Mail Address			
9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Mor								
 Date of Recognition or Certification 10/27/15 - Case 04-RC-1 		March 1, 202		MUSI NOCEII	Condact, it any fino	man, Day, 10an		
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No 11b. If so, approximately how many employees are participating?								
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of								
(Insert Address) N/A since (Month, Day, Year) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations								
12. Organizations or individuals of and individuals known to hav	other those named in items 8 and 1 /e a representative interest in any e	ite, which have claim: employees in the unit o	ed recognition described in Ite	as represer om 5 above.	ntatives and other org (If none, so state)	anizations		
12a. Name	12b. Address			12c. Tel. No.		12d. Fax No.	J. Fax No.	
None	NIA			NIH		//	NIH	
				12e. Cell No. NA		12f. E-Mail Addre	TA	
			Mail [Mixed Manual/Mail				
13b. Election Date(s) To 1	matter, state your position with respect to any such election. 13b. Election Date(s) Fn: 1 2020 13c. Election Time(s) 13d. Election Location(s)					- 414		
TANUARY 31 OR FEBRUARY 7 TBD 77 WIND CHEEK BLVD. BETWLEHEM								
(b) (6) (b) (7)(C)								
(b) (c)	(h) (7)			14b. Tel. No.		14c, Fax No.		
(b) (b),	, (b) (7)(C)				14e. E-Mail Add	14e, E-Mail Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	
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45 Reamendative of the Bottl	lioner who will accept service of	all naners for numo	ses of the rec	resentatio	n proceeding.			
15a.(b) (6)	(b) $(7)(C)$			15b.Title	(b) (6)	, (b) ((7)(C)	
	(b) (7)			15d. Tel.		-	(b) (c) (b) (7)(c)	
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