

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-257224	Date Filed 3/2/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> The News Journal of Wilmington, Delaware	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 950 W. Basin Road, New Castle, DE, 19720-1008 Mailing Address: P.O. Box 15505, Wilmington, DE 19850
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<b>3a. Employer Representative - Name and Title:</b> Mike Feeley, Executive Editor	<b>3b. Address (if same as 2b - state same):</b> same
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<b>3c. Tel. No.</b> 302-324-2679	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mfeeley@delawareonline.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Printing & Publishing	<b>4b. Principal Product or Service</b> Online News Media	<b>5a. City and State where unit is located:</b> New Castle, DE
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time & part-time Reporters, Editorial and Media employees in Wilmington area <b>Excluded:</b> All other employees, guards, and supervisors as defined by the NLRA.	<b>6a. Number of Employees in Unit:</b> 29	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 03/02/20 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

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

<b>11b. Election Date(s):</b> March 24, 2020	<b>11c. Election Time(s):</b> 11 a.m. - 1 p.m.	<b>11d. Election Location(s):</b> Bill Frank room-downstairs conference room
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<b>12a. Full Name of Petitioner (including local name and number):</b> NewsGuild of Great Philadelphia, Communications Workers of America Local 38010	<b>12b. Address (street and number, city, State and ZIP code):</b> 1329 Buttonwood St., Philadelphia, PA 19123
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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):**  
The NewsGuild, Communications Workers of America

<b>12d. Tel. No.</b> (215) 928-0118	<b>12e. Cell No.</b> (267) 240-8540	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> bross@local-10.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title:</b> Vlad Kachka, Freedman and Lorry, PC, Attorney	<b>13b. Address (street and number, city, State and ZIP code):</b> 1601 Market Street, Suite, 1500, Philadelphia, PA 19103
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<b>13c. Tel. No.</b> 215-926-8400	<b>13d. Cell No.</b> 267-243-5085	<b>13e. Fax No.</b> 215-935-7516	<b>13f. E-Mail Address</b> vkachka@freedmanlorry.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) Vlad Kachka, Freedman & Lorry, PC	Signature 	Title Attorney	Date 03/02/20
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT**

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>04-RC-257297</b>	Date Filed <b>3/2/20</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 <b>Bynum Hospitality, Inc.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>See Attached</b>	
3a. Employer Representative - Name and Title <b>Robert Bynum, President</b>		3b. Address (If same as 2b - state same) <b>8806 Marshall Road Wyndmoor PA 19038</b>	
3c. Tel. No. <b>2157325200</b>	3d. Cell No. <b>2152751122</b>	3e. Fax No.	3f. E-Mail Address <b>rbbynum@aol.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Restaurants</b>		4b. Principal product or service <b>Entertainment and Food</b>	5a. City and State where unit is located. <b>Philadelphia, PA</b>
5b. Description of Unit Involved <b>Included: Audio Technicians</b>  <b>Excluded: All other employees, guards and supervisors as defined by the Act</b>			6a. No. of Employees in Unit: <b>4</b>  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) **3/2/2020** and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received so state) **no reply**  
 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). <b>None</b>		8b. Address <b>n/a</b>	
8c. Tel. No. <b>n/a</b>	8d. Cell No. <b>n/a</b>	8e. Fax No. <b>n/a</b>	8f. E-Mail Address <b>n/a</b>
8g. Affiliation, if any <b>n/a</b>		8h. Date of Recognition or Certification <b>n/a</b>	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>n/a</b>

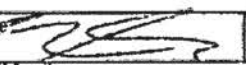
9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
 (Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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)  
**n/a**

10a. Name <b>n/a</b>		10b. Address <b>n/a</b>		10c. Tel. No. <b>n/a</b>	10d. Cell No. <b>n/a</b>
				10e. Fax No. <b>n/a</b>	10f. E-Mail Address <b>n/a</b>
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11g. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>3/23, 24 OR 30/2020</b>		11c. Election Time(s): <b>11:30 am</b>		11d. Election Location(s): <b>South - 600 N Broad Street Philadelphia, PA</b>	
12a. Full Name of Petitioner (including local name and number) <b>International Alliance of Theatrical Stage Employees Moving Picture Technicians Artists and Allied Crafts AFL-CIO Local 8</b>				12b. Address (street and number, city, state, and ZIP code) <b>2401 Swanson Street Philadelphia PA 19148</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>International Alliance of Theatrical Stage Employees. Moving Picture Technicians, Artists and Allied Crafts, AFL-CIO</b>					
12d. Tel. No. <b>215 952-2106</b>	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 <b>Ryan R. Sweeney, Esq.</b>		13b. Address (street and number, city, state, and ZIP code) <b>325 Chestnut Street Suite 200 Philadelphia PA 19102</b>	
13c. Tel. No. <b>215 735-9099</b>	13d. Cell No.	13e. Fax No. <b>215 640-3201</b>	13f. E-Mail Address <b>RSweeney@cjlaw.org</b>

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>Ryan R. Sweeney, Esq.</b>	Signature 	Title <b>Attorney</b>	Date <b>3/2/2020</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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

Bynum Hospitality, Inc. – RC Petition

2b. There are five relevant addresses: the Corporate Headquarters and Four Establishments

Bynum Hospitality, Inc  
Robert Bynum, President  
8806 Marshall Rd,  
Wyndmoor PA 19038  
215-732-5200 (landline)  
215-275-1122 (cell)  
[rbbynum@aol.com](mailto:rbbynum@aol.com)

South  
600 N Broad Street  
Phila. PA 19130

Green Soul  
1410 Mt. Vernon St  
Phila. PA 19130

Warmdaddy's  
1400 s. Christopher Columbus Blvd  
Phila. PA 19147

Relish  
7152 Ogontz Ave #2016  
Phila. PA 19138

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. 04-RC-257607	Date Filed 3/6/2020

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 Broad 600 LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7600 Stenton Ave., Suite 1M, Philadelphia, PA 19118	
3a. Employer Representative - Name and Title Robert Bynum, President		3b. Address (If same as 2b - state same) same	
3c. Tel. No. (215)732-5200	3d. Cell No. (215)275-1122	3e. Fax No.	3f. E-Mail Address rbynum@aol.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Restaurants		4b. Principal product or service Entertainment and Food	
5b. Description of Unit Involved Included: All full time and part time sound technicians/audio technicians Excluded: All other employees, guards and supervisors as defined by the Act			5a. City and State where unit is located: Philadelphia, PA
			6a. No. of Employees in Unit: 3
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:**  7a. Request for recognition as Bargaining Representative was made on (Date) 3/6/2020 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		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)

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)  
n/a

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):  
3/23, 24 or 30/2020  
11c. Election Time(s):  
11:30 a.m.

11d. Election Location(s):  
South- 600 N. Broad Street, Philadelphia  
12b. Address (street and number, city, state, and ZIP code)  
2401 Swanson Street, Philadelphia, PA 19148


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts, AFL-CIO

12d. Tel No. (215)952-2106	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title Ryan R. Sweeney, Esquire		13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street, Suite 200, Philadelphia, PA 19106	
13c. Tel No. (215)735-9099	13d. Cell No.	13e. Fax No. (215)640-3201	13f. E-Mail Address rsweeney@cjtllaw.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) Ryan R. Sweeney, Esquire	Signature 	Title Attorney	Date 03/06/2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

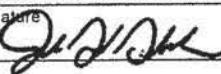
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information 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. <b>04-RC-257634</b>	Date Filed <b>3/9/20</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> Delaware Valley Residential Care, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 280 Jacksonville Rd. Warminster, Pa. 18974	
<b>3a. Employer Representative - Name and Title:</b> Wanda Hernandez, Human Resources Generalist		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 484-681-4697	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 484-674-7039	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facility		<b>4b. Principal Product or Service</b> Long-Term Residential Care	<b>5a. City and State where unit is located:</b> Warminster, PA
<b>5b. Description of Unit Involved:</b> Included: All Full Time & Part Time Residential Care Aides Excluded: All other employees		<b>6a. Number of Employees in Unit:</b> 94	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 3/20/2020	<b>11c. Election Time(s):</b> 6:30-8:00 am; 2:00-4:00 pm	<b>11d. Election Location(s):</b> Facility Conference Room	
<b>12a. Full Name of Petitioner (including local name and number):</b> NUHHC District 1199c		<b>12b. Address (street and number, city, State and ZIP code):</b> 1319 Locust Street, Philadelphia PA 19107	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> National Union of Hospital and Health Care Employees, AFSCME			
<b>12d. Tel. No.</b> 2150735-1300	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 215-735-9878	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Joseph D. Richardson, Counsel to District 1199c		<b>13b. Address (street and number, city, State and ZIP code):</b> Willig, Williams & Davidson, 1845 Walnut St., 24th FL, Philadelphia PA 19103	
<b>13c. Tel. No.</b> 215-656-3655	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 215-561-5135	<b>13f. E-Mail Address</b> jrichardson@wwdlaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Joseph D. Richardson	<b>Signature</b> 	<b>Title</b> Counsel to District 1199c	<b>Date</b> 3/6/20

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 No. <b>04-RC-257730</b>	Date Filed <b>3/10/20</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Washington Consulting Group, Inc. (WCG)	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> FAA Bldg., Hog Island Road, Philadelphia, PA 19153
<b>3a. Employer Representative - Name and Title:</b> Roger Jolley	<b>3b. Address (if same as 2b - state same):</b> 4915 Auburn Avenue, Suite 301, Bethesda MD 20814

<b>3c. Tel. No.</b> (301) 656-2330	<b>3d. Cell No.</b> Unknown	<b>3e. Fax No.</b> (301) 656-1996	<b>3f. E-Mail Address</b> grjolley@gmail.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Training Facility	<b>4b. Principal Product or Service</b> Air Traffic Control Training	<b>5a. City and State where unit is located:</b> Philadelphia, PA
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<b>5b. Description of Unit Involved:</b> Included: All remote pilot operators (RPOs) and ATC Instructors (ATCIs) Excluded: All others	<b>6a. Number of Employees in Unit</b> 4	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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). *Petitioner serves as Demand*

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

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

**11a. Election Type:**

<b>11b. Election Date(s):</b> March 31, 2020	<b>11c. Election Time(s):</b> 2:00 PM - 3:00 PM	<b>11d. Election Location(s):</b> Meeting/Breakroom
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<b>12a. Full Name of Petitioner (including local name and number):</b> International Association of Machinists and Aerospace Workers, AFL-CIO	<b>12b. Address (street and number, city, State and ZIP code):</b> 9000 Machinists Place, Upper Marlboro, MD 20772
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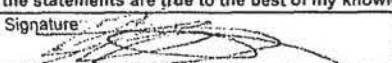
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel. No.</b> (646) 926-2910	<b>12e. Cell No.</b> (646) 245-2009	<b>12f. Fax No.</b> (646) 902-5720	<b>12g. E-Mail Address</b> ddimaria@iamaw.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	<b>13b. Address (street and number, city, State and ZIP code):</b> 26 Court St, Ste 1710, Brooklyn, NY 11242
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<b>13a. Name and Title:</b> Nicholas A. Scotto, Special Representative	<b>13c. Tel. No.</b> (929) 226-1724	<b>13d. Cell No.</b> (631) 219-4116	<b>13e. Fax No.</b> (646) 902-5720	<b>13f. E-Mail Address</b> nscotto@iamaw.org
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

Name (Print) Nicholas A. Scotto	Signature 	Title Special Representative	Date 3/10/2020
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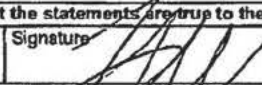
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RC-257746</b>	Date Filed <b>3-10-20</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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: <b>Inspira Health Network</b>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>600 Cedar Street Millville NJ 08332</b>	
3a. Employer Representative - Name and Title: <b>William Krasner EMS Director</b>		3b. Address (if same as 2b - state same): <b>Same</b>	
3c. Tel. No. <b>856-694-1985</b>	3d. Cell No.	3e. Fax No. <b>856-506-3323</b>	3f. E-Mail Address <b>krasnerw@ihn.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Pre hospital emergency medical services</b>		4b. Principal Product or Service <b>emergency medical services</b>	5a. City and State where unit is located: <b>Millville NJ</b>
5b. Description of Unit Involved: Included: <b>All full time part time and per diem pre hospital care providers, see attached</b> Excluded: <b>See Attached</b>			6a. Number of Employees in Unit: <b>160</b>
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>03/05/2020</b> and Employer declined recognition on or about (Date) <b>no response</b> (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) <b>None</b>		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? <b>No</b> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <b>None</b>			
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: <b>Election by Mail</b>		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>April 4, 2020</b>	11c. Election Time(s):	11d. Election Location(s): <b>By Mail</b>	
12a. Full Name of Petitioner (including local name and number): <b>International Association of EMTs and Paramedics</b>		12b. Address (street and number, city, State and ZIP code): <b>159 Burgin Parkway Quincy MA 02169</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <b>International Associations of EMTs and Paramedics/NAGE/SEIU 5000</b>			
12d. Tel. No. <b>617-376-7237</b>	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: <b>Frank Wagner</b>		13b. Address (street and number, city, State and ZIP code): <b>159 Burgin Parkway Quincy MA 02169</b>	
13c. Tel. No. <b>617-376-7237</b>	13d. Cell No. <b>732-485-6799</b>	13e. Fax No. <b>(617)984-5695</b>	13f. E-Mail Address <b>fwagner@page.org</b>
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>Frank Wagner</b>	Signature 	Title <b>National Representative</b>	Date <b>03/06/2021</b>

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.

**5b. Description of unit involved:**

All full time, part time, and per diem pre hospital emergency medical service providers. Mobile Intensive Care (MICP) paramedics, Mobile Intensive Care Nurses (MICN), Emergency Medical Technicians (EMT), and Dispatchers employed by the employer who are dispatched/dispatching from the following nine locations:

Main EMS Building: 600 Cedar Street., Millville NJ 08332

Life Support 1: 238 South Evergreen Avenue., Woodbury NJ 08096

Life Support 2: Franklinville Fire Department., 181 Swedesboro Road., Route 47 and Route 538  
Franklinville NJ 08322

Life Support 3: Hurffville Fire Company., 213 East Holly Avenue., Turnersville NJ 08012

Life Support 4: Logan Township EMS., 49 Coontown Road., Logan Township NJ 08085

Life Support 5: Memorial Hospital of Salem County., 310 Woodstown Road., Salem NJ 08079

Life Support 6: 1200 Southwest Boulevard, Vineland NJ 08326

Life Support 7: Inspira Health Center Bridgeton., 333 Irving Avenue., Bridgeton NJ 08302

Flight Hangar: Millville Airport., 97 Bogden Boulevard., Millville NJ 08332

Who were employed by the Employer during the payroll period ending week of March 4<sup>th</sup> 2020.

**Excluded:**

All other employees, Registered Nurses who are employed by the Employer but are represented by another Union, office clericals, guards, and supervisors as defined in the act.

Also eligible to vote are all per diem employees, in the unit who have worked an average of four (4) hours per week immediately preceding the eligibility date for the election. p

A handwritten signature in black ink, located in the bottom right corner of the page. The signature is stylized and appears to be a first name followed by a last name, though the specific characters are difficult to decipher.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. <b>04-RC-258148</b>	Date Filed <b>3/17/20</b>
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**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Pike County Light & Power	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 105 Schneider Lane PA Milford 18337-
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<b>3a. Employer Representative - Name and Title</b> Steven Grandinali	<b>3b. Address (If same as 2b - state same)</b> 105 Schneider Lane PA Milford 18337-
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<b>3c. Tel. No.</b> (570) 832-2988	<b>3d. Cell No.</b> (570) 832-0342	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> grandinali@pclpeg.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Utilities	<b>4b. Principal product or service</b> Energy	<b>5a. City and State where unit is located:</b> Milford, PA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 8	<b>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"/></b>
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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.

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

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

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> April 17, 2020	<b>11c. Election Time(s):</b> 8:30am-9:30am	<b>11d. Election Location(s):</b> Conference Room
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<b>12a. Full Name of Petitioner (including local name and number)</b> Maria L Vooris International Brotherhood of Electrical Workers Local 777	<b>12b. Address (street and number, city, state, and ZIP code)</b> 4 Clearview Terr NY Rensselaer 12144-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Electrical Workers

<b>12d. Tel No.</b> (518) 703-2365	<b>12e. Cell No.</b> (518) 703-2365	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> Maria_vooris@ibew.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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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.**

<b>Name (Print)</b> Maria L Vooris	<b>Signature</b> Maria Vooris	<b>Title</b> International Lead Organizer	<b>Date</b> 03/16/2020 14:05:26
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

**Employees Included**

All full and part time regular employees in the Customer Service Representative, Designer/Engineer, Gas Technician, and Planner Scheduler Titles

**Employees Excluded**

Managers, Supervisors and Guards as defined in the act

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RD-257379</b>	Date Filed <b>3/3/20</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 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-503); 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.

<b>2a. Name of Employer</b> West End Fire Company #3	<b>2b. Address(es) of Establishment(s) Involved</b> (Street and number, city, state, ZIP code) 801 West Bridge Street, Phoenixville, PA 19460
<b>3a. Employer Representative - Name and Title</b> Rick Beittel Jr	<b>3b. Address</b> (if same as 2b - state same) Same

<b>3c. Tel. No.</b>	<b>3d. Fax No.</b>	<b>3a. Cell No.</b> 610-724-2063	<b>3f. E-Mail Address</b> beittelr@aol.com
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<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Fire and EMS station	<b>4b. Principal product or service</b> Fire and EMS
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<b>5a. Description of Unit Involved</b> <b>Included:</b> All Full-time and per-diem EMT-B, EMT-P, Advanced EMT, Firefighter EMT-B, Firefighter EMT-P employees who are in good standing. <b>Excluded:</b> All other employees including guards and supervisors described in the act	<b>5b. City and State where unit is located:</b> Phoenixville, PA
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<b>6. No. of Employees in Unit</b> 24	<b>7. 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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>8a. Name of Recognized or Certified Bargaining Agent</b> International Association of Fire Fighters Local 4839	<b>8b. Affiliation, if any</b>
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<b>8c. Address</b> PO Box 308 Phoenixville, Pa 19460	<b>8d. Tel. No.</b> 610-933-1140	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b> 610-933-5160	<b>8g. E-Mail Address</b> local4839@gmail.com

<b>9. Date of Recognition or Certification</b> January 6, 2011	<b>10. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) December 31, 2019
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<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>11b. If so, approximately how many employees are participating?</b>
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<b>11c. The Employer has been picketed by or on behalf of</b> (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year) _____
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**12. Organizations or individuals other than those named in items 8 and 11c, 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 6 above. (If none, so state)** None

<b>12a. Name</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b>

<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election. Election available when	<b>13a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>13b. Election Date(s)</b> March 13, 2020	<b>13c. Election Time(s)</b> 0700-1900	<b>13d. Election Location(s)</b> 801 W. Bridge St, Phoenixville, PA, 19460
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**14. Full Name of Petitioner**  
(b) (6), (b) (7)(C)

<b>14a. Address</b> (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	<b>14b. Tel. No.</b>	<b>14c. Fax No.</b>
	<b>14d. Cell No.</b> (b) (6), (b) (7)(C)	<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)

**14f. Affiliation, if any**

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

<b>15a. Name</b> (b) (6), (b) (7)(C)	<b>15b. Title</b> Paramedic
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<b>15c. Address</b> (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	<b>15d. Tel. No.</b>	<b>15e. Fax No.</b>
	<b>15f. Cell No.</b> (b) (6), (b) (7)(C)	<b>15g. E-Mail Address</b> (b) (6), (b) (7)(C)

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

<b>Names (Print)</b> (b) (6), (b) (7)(C)	<b>Title</b> Individual	<b>Date Filed</b> March 3, 2020
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WILLFUL FALSE STATEMENTS OR MISFEASANCE MAY BE PUNISHED BY FINE OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Case No. **04-RD-258626** Date Filed **3/30/20**

INSTRUCTIONS: Unless a-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region where 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; (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  
Lehigh Hanson Aggregates

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
1101 Railroad Avenue, Newport, New Jersey, 08345

3a. Employer Representative - Name and Title  
Al Lorenzo - Plant Manager

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

3c. Tel. No.  
215-852-0288

3d. Fax No.

3e. Cell No.

3f. E-Mail Address

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

4b. Principal product or service  
Concrete Sand and Gravel

5a. Description of Unit Involved  
Included:  
8 employees including operators and maintenance included in union  
Excluded:

5b. City and State where unit is located:  
Newport, New Jersey

6. No. of Employees in Unit **8**

7. 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

8a. Name of Recognized or Certified Bargaining Agent  
Teamsters Local 675

8b. Affiliation, if any

8c. Address  
101 W Crescent Blvd Collingswood, NJ 08108

8d. Tel. No.  
856-964-2101

8e. Cell No.

8f. Fax No.  
856-964-4944

8g. E-Mail Address

9. Date of Recognition or Certification  
05/31/2017

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
05/31/2020

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) \_\_\_\_\_ since (Month, Day, Year) \_\_\_\_\_

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)  
None

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

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

13a. Election Type:  Manual  Mail  Mixed Manual/Mail

13b. Election Date(s)  
To be determined

13c. Election Time(s)  
To be determined

13d. Election Location(s)  
1101 Railroad Ave, Newport, New Jersey 08345

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

14a. Address (Street and number, city, state, ZIP code)  
**(b) (6), (b) (7)(C)**

14b. Tel. No.  
**(b) (6), (b) (7)(C)**

14c. Fax No.

14d. Cell No.  
**(b) (6), (b) (7)(C)**

14e. E-Mail Address

14f. Affiliation, if any

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

15a. Name  
Al Lorenzo

15b. Title  
Plant Manager

15c. Address (Street and number, city, state, ZIP code)  
1101 Railroad Avenue, Newport, New Jersey 08345

15d. Tel. No.  
215-852-0288

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

I declare that I have read the above petition **(b) (6), (b) (7)(C)** and believe in its truthfulness and accuracy to the best of my knowledge and belief.

Name (Print)  
**(b) (6), (b) (7)(C)**

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

Date Filed  
03/23/2020

WILLFUL FALSE STATEMENT  
FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RM PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RM-257405</b>	Date Filed <b>3/4/20</b>

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

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer/Petitioner</b> Valley Forge Volunteer Fire Department d/b/a/ West End Fire		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 801 W. Bridge Street PA Phoenixville 19460-	
<b>3a. Employer/Petitioner Representative – Name and Title</b> Rick Beittel Jr. President		<b>3b. Address (if same as 2b – state same)</b> 801 W. Bridge Street PA Phoenixville 19460-	
<b>3c. Tel. No.</b> (610) 724-2063	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> beittelr@aol.com

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc) Services</b>	<b>4b. Principal product or service</b> Fire, EMT, Ambulance, etc.
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<b>5a. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5b. City and State where unit is located:</b> Phoenixville, PA
		<b>6. No. of Employees in Unit:</b> 24

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

7a.  A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_.

7b.  The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Recognized or Certified Bargaining Agent - Name</b> Jeremy Ulrich International Association of Fire Fighters, Local 4839	<b>8b. Affiliation, if any</b> International Association of Fire Fighters
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<b>8c. Address</b> P.O. Box 308 PA phoenixville 19460-_____	<b>8d. Tel. No.</b> (610) 933-1140	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b> (610) 933-5160	<b>8g. E-Mail Address</b> local4839@gmail.com

<b>9. Date of Recognition or Certification</b>	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 12/31/2019
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11. 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) \_\_\_\_\_.

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

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

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

<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
<b>13b. Election Date(s):</b> 2 to 3 weeks from filing	<b>13c. Election Time(s):</b> multiple	<b>13d. Election Location(s):</b> employer's station

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

<b>14a. Name and Title</b> Marc Furman Esq. Attorney Cohen Seglias Pallas Greenhall & Furman PC	<b>14b. Address (street and number, city, state, and ZIP code)</b> 30 South 17th Street - 19th Floor PA Philadelphia 19103-		
<b>14c. Tel No.</b> (215) 564-1700	<b>14d. Cell No.</b>	<b>14e. Fax No.</b>	<b>14f. E-Mail Address</b> mfurman@cohenseglias.com

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

<b>Name (Print)</b> Marc Furman Esq.	<b>Signature</b> Marc Furman, Esquire	<b>Title</b> Attorney	<b>Date</b> 03/4/2020 09:46:55
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

**Employees Included**

Full-time and regular part-time A-EMT/Firefighter, EMT-B/firefighter, EMT-P/firefighter

**Employees Excluded**

Volunteers, clerical, supervisory or administrative