

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-240608	Date Filed 5/01/19

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

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

2a. Name of Employer Simpson House	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2101 Belmont Avenue PA Philadelphia 19131-
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3a. Employer Representative - Name and Title Richard Coyle	3b. Address (If same as 2b - state same) 2101 Belmont Avenue PA Philadelphia 19131-
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3c. Tel. No. (215) 792-2198	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rcoyle@simpsonhouse.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities	4b. Principal product or service	5a. City and State where unit is located: Philadelphia, PA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 9 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CI	8b. Address 1319 Locust Street PA Philadelphia 19107-
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8c. Tel No. (215) 735-1300	8d. Cell No.	8e. Fax No.	8f. E-Mail Address christenw@1199cnuhce.org
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8g. Affiliation, if any National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): 05/17/2019	11c. Election Time(s): 12:00 PM - 1:00 PM	11d. Election Location(s): Conference Room
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12a. Full Name of Petitioner (including local name and number) Chris Woods District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 1319 Locust Street PA Philadelphia 19107-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

12d. Tel No. (215) 735-1300	12e. Cell No.	12f. Fax No.	12g. E-Mail Address christenw@1199cnuhce.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Andrew Kelsner O'Donoghue & O'Donoghue LLP	13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street Suite 515 PA Philadelphia 19106-
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13c. Tel No. (215) 629-4970	13d. Cell No.	13e. Fax No.	13f. E-Mail Address akelsner@odonoghuelaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Andrew Kelsner	Signature Andrew Kelsner	Title	Date 05/1/2019 14:36:30
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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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
04-RC-240608	5/01/19

Employees Included

The Union currently represents a bargaining unit of all full-time and regular part-time dietary, nurses' aides, orderlies, housekeeping, laundry, maintenance, personal care assistants, recreational therapy aides, restorative aides, receptionists, and bus drivers employed at Simpson House. The Union seeks to add the Maintenance Staff and Central Supply Staff to the existing unit.

Employees Excluded

All managerial, guards, and supervisors as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No 04-RC-240928	Date Filed 5/06/19

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

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

2a. Name of Employer Simpson House	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2101 Belmont Avenue PA Philadelphia 19131-
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3a. Employer Representative - Name and Title Richard Coyle	3b. Address (If same as 2b - state same) 2101 Belmont Avenue PA Philadelphia 19131-
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3c. Tel. No. (215) 792-2198	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rcoyle@simpsonhouse.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities	4b. Principal product or service	5a. City and State where unit is located: Philadelphia, PA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 1 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO	8b. Address 1319 Locust Street PA Philadelphia 19107-
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8c. Tel No. (215) 735-1300	8d. Cell No.	8e. Fax No.	8f. E-Mail Address christenw@1199cnuhce.org
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8g. Affiliation, if any National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 05/17/2019	11c. Election Time(s): 12:00 PM - 1:00 PM	11d. Election Location(s): Conference Room
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12a. Full Name of Petitioner (including local name and number) Chris Woods District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 1319 Locust Street PA Philadelphia 19107-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

12d. Tel No. (215) 735-1300	12e. Cell No.	12f. Fax No.	12g. E-Mail Address christenw@1199cnuhce.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Andrew Kelsner O'Donoghue & O'Donoghue LLP	13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street Suite 600 PA Philadelphia 19106-
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13c. Tel No. (215) 629-4970	13d. Cell No.	13e. Fax No.	13f. E-Mail Address akelsner@odonoghuelaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief:

Name (Print) Andrew Kelsner	Signature Andrew Kelsner	Title	Date 05/6/2019 14:49:53
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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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

04-RC-240928

5/06/19

Attachment

Employees Included

The Union currently represents a bargaining unit of all full-time and regular part-time dietary, nurses' aides, orderlies, housekeeping, laundry, maintenance, personal care assistants, recreational therapy aides, restorative aides, receptionists, and bus drivers employed at Simpson House. The Union seeks to add the Central Supply Staff to the existing unit.

Employees Excluded

All managerial, guards, and supervisors as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-240929	Date Filed 5/7/19

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

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

2a. Name of Employer
Third Century Services (Belmont Facilities Management)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
150 Monument Road
PA Philadelphia 19004-

3a. Employer Representative - Name and Title

3b. Address (if same as 2b - state same)
PA Philadelphia 19004-

3c. Tel. No. **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**

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

4b. Principal product or service
provide facilities support services to Simpson House, a Healthcare Facility

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

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
8

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

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).**

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).
District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

8b. Address
1319 Locust Street
PA Philadelphia 19107-

8c. Tel No.
(215) 735-1300

8d. Cell No.

8e. Fax No.

8f. E-Mail Address
christenw@1199cnuhce.org

8g. Affiliation, if any
National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

8h. Date of Recognition or Certification

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

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

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

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

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

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

11b. Election Date(s):
05/17/2019

11c. Election Time(s):
12:00 PM - 1:00 PM

11d. Election Location(s):
Conference Room, Simpson House, 2101 Belmont Avenue, Philadelphia

12a. Full Name of Petitioner (including local name and number)
Chris Woods
District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
1319 Locust Street
PA Philadelphia 19107-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

12d. Tel No.
(215) 735-1300

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
christenw@1199cnuhce.org

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

13a. Name and Title
Andrew Kelsner
O'Donoghue & O'Donoghue LLP

13b. Address (street and number, city, state, and ZIP code)
325 Chestnut Street Suite 600
PA Philadelphia 19106-

13c. Tel No.
(215) 629-4970

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
akelsner@odonoghuelaw.com

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

Name (Print) Andrew Kelsner	Signature Andrew Kelsner	Title	Date 05/6/2019 15:15:35
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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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All full-time and regular part-time maintenance employees employed by Third Century Services at Simpson House, currently located at 2101 Belmont Avenue, Philadelphia, Pennsylvania.

Employees Excluded

All other employees, including maintenance employees employed by other employers, office clerical employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-240994	Date Filed 5/7/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: First Student Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Walter St. Colwyn PA 19203
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3a. Employer Representative - Name and Title: Michael Powell and Andrew Joppa, Sr Dir.	3b. Address (if same as 2b - state same): 1413 Windybush Road, Wilmington, DE 19810
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3c. Tel. No. 401-309-4733	3d. Cell No.	3e. Fax No. 401-633-7013	3f. E-Mail Address andrew.joppa@firstgroup.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal Product or Service Transportation	5a. City and State where unit is located: Colwyn PA
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5b. Description of Unit Involved: Included: See attached sheet Excluded: See attached sheet	6a. Number of Employees in Unit: 114
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6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) UTU Local 172-Tonette Nixon-Pray General Chairpers	8b. Address: 5050 Wynnefield Ave. Apt. 102 Phila. PA 19131
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8c. Tel. No. (215) 275-7986	8d. Cell No.	8e. Fax No.	8f. E-Mail Address chrissynixon1526@gmail.com
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8g. Affiliation, if any: SMART	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 6/30/19
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

10a. Name NONE	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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): earliest date possible	11c. Election Time(s): to be determined by the region	11d. Election Location(s): to be determined by the region
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12a. Full Name of Petitioner (including local name and number): United Steelworkers Local 286	12b. Address (street and number, city, State and ZIP code): 410-24 North 8th Street Phila. 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):
United Steelworkers

12d. Tel. No. (215) 829-9212	12e. Cell No.	12f. Fax No. (215)940-9969	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: Lawrence Goodman Organizer	13b. Address (street and number, city, State and ZIP code): 410-24 North 8th Street Phila. PA 19123

13c. Tel. No. same	13d. Cell No.	13e. Fax No. same	13f. E-Mail Address LARMYG1945@MSN.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) Lawrence Goodman	Signature 	Title Organizer Local 286	Date 5/6/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Attachment

Included: All School Bus Operators, Aides, Trainers and Yardmen employed by the Company servicing its contract with William Penn School District.

Excluded: Mechanics, clerks, guards and supervisors as defined in the Act, and all other employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	04-RC-241052
Date Filed	5/08/19

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

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

2a. Name of Employer
Crozer-Chester Medical Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1 Medical Center Boulevard
PA Upland 19013

3a. Employer Representative - Name and Title
Tony DiBartolo

3b. Address (If same as 2b - state same)
1350 Edgmont Avenue Tech Park II, 2nd Floor Suite 2300
PA Chester 19013-3995

3c. Tel. No. (610) 447-6306 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**
tony.dibartolo@crozer.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare **4b. Principal product or service** Healthcare **5a. City and State where unit is located:** Chester, PA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit: 2

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

Excluded: See Attached Page 2 for additional details

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). **8b. Address**

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

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

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

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

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

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

11b. Election Date(s): May 14, 2019 **11c. Election Time(s):** 11:00 am to 1:00 pm **11d. Election Location(s):** Clark Auditorium Breakout Room

12a. Full Name of Petitioner (including local name and number)
Chris Woods
District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
1319 Locust Street
PA Philadelphia 19107-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National Union of Hospital and Health Care Employees

12d. Tel No. (215) 735-1300 **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address**
ChristenW@1199cnuhhce.org

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

13a. Name and Title
Kathleen Bichner Attorney
O'Donoghue & O'Donoghue LLP

13b. Address (street and number, city, state, and ZIP code)
325 Chestnut Street Suite 600
PA Philadelphia 19106-

13c. Tel No. (267) 737-9692 **13d. Cell No.** (267) 255-5363 **13e. Fax No.** (215) 629-4970 **13f. E-Mail Address**
kbichner@odonoghuelaw.com

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

Name (Print) Kathleen Bichner **Signature** Kathleen Bichner **Title** Attorney **Date** 05/8/2019 13:54:04

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.

DO NOT WRITE IN THIS SPACE

Attachment

Case	04-RC-241052	Date Filed	5/08/19
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Employees Included

All full-time and regular part-time Electrophysiology Technologists employed by the Employer at its 1 Medical Center Blvd., Upland, PA 19013 facility.

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

AMENDED RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-241150	Date Filed 5/20/19

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

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

2a. Name of Employer Mountain View Health Care and Rehabilitation Center	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2309 Stafford Avenue, Scranton, PA 18505
---	---

3a. Employer Representative - Name and Title Donna Molinaro, Administrator	3b. Address (If same as 2b - state same) SAME AS ABOVE
---	---

3c. Tel. No. (570)341-0050	3d. Cell No.	3e. Fax No. (570)341-0051	3f. E-Mail Address ceo@mountainviewscranton.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) NURSING HOME	4b. Principal product or service PATIENT HEALTH CARE	5a. City and State where unit is located: Scranton, PA
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5b. Description of Unit Involved Included: All PRN Certified Nursing Assistants (CNAs), Flex-time CNAs, Super Flex-Time CNAs and Per Diem CNAs employed by the Employer at its 2309 Stafford Avenue, Scranton, PA facility. Excluded: All other employees, guards, and supervisors as defined in the Act.	6a. No. of Employees in Unit: 40 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [x] No []
---	--

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 5/9/2019 and Employer declined recognition on or about _____
No reply. (Date) (If no reply received, so state).

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

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

8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

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

11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 5/24/19	11c. Election Time(s): 6:00 A.M. to 8:00 A.M. & 2:00 P.M. to 4:00 P.M.	11d. Election Location(s): In the Chapel/Recreational room at the Employer's 2309 Stafford Avenue, Scranton, PA facility.
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12a. Full Name of Petitioner (including local name and number) Retail Wholesale and Department Store Union (RWDSU)	12b. Address (street and number, city, state, and ZIP code) 370 Seventh Avenue, Suite 501, New York, NY 10001
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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)
Retail, Wholesale & Department Store Union, United Food & Commercial Workers (RWDSU-UFCW)

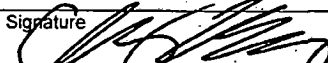
12d. Tel No. (212)684-5300	12e. Cell No.	12f. Fax No. (212)779-2809	12g. E-Mail Address pbazemore@rwdsu.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Christopher S. Baluzy, counsel	13b. Address (street and number, city, state, and ZIP code) Cary Kane LLP, 1350 Broadway, Suite 1400, New York, NY 10018
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13c. Tel No. (212) 871-0535	13d. Cell No.	13e. Fax No. (646) 599-9575	13f. E-Mail Address cbaluzy@carykane.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) Christopher S. Baluzy	Signature 	Title Counsel	Date 5/20/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-241150	Date Filed 5/10/19
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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: Mountain View Care & Rehabilitation Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2309 Stafford Avenue, Scranton, PA 18505	
3a. Employer Representative - Name and Title: Donna Molinaro Administrator		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. (570)341-0050	3d. Cell No.	3e. Fax No. (570)341-0051	3f. E-Mail Address ceo@mountainviewscranton.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home	4b. Principal Product or Service Patient Care	5a. City and State where unit is located: Scranton, PA
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5b. Description of Unit Involved: Included: All Regular Full Time & Regular Part Time (PRN's) Certified Nursing Assistants, All Per Diem's, All Super Flex Time & All Flex Time Employees Excluded: All Other Employees, supervisors and Guards as defined by the Act.	6a. Number of Employees in Unit 40
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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: 7a. Request for recognition as Bargaining Representative was made on (Date) 05/09/19 and Employer declined recognition on or about (Date) _____ (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)	8b. Address:
--	--------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): 5/24/19	11c. Election Time(s): 6:00AM - 8:00AM & 2:00PM - 4:00PM	11d. Election Location(s): In the Chapel/Recreational room at the employers 2309 Stafford Ave. Scranton, PA. facility
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12a. Full Name of Petitioner (including local name and number): Retail, Wholesale & Department Store Union (RWDSU)	12b. Address (street and number, city, State and ZIP code): 370 Seventh Avenue Suite 501 New York, NY 10001
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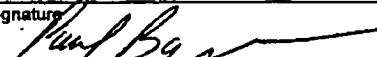
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Retail, Wholesale & Department Store Union, United Food & Commercial Workers (RWDSU-UFCW)

12d. Tel. No. (917)653-2932	12e. Cell No. (917)653-2932	12f. Fax No. (212)779-2809	12g. E-Mail Address pbazemore@rwdsu.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Paul Bazemore, Organizer	13b. Address (street and number, city, State and ZIP code): 370 Seventh Avenue, Suite 501 New York, NY 10001

13c. Tel. No. (917)653-2932	13d. Cell No. (917)653-2932	13e. Fax No. (212)779-2809	13f. E-Mail Address pbazemore@rwdsu.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) Paul Bazemore	Signature 	Title Organizer	Date 05/09/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 04-RC-241356	Date Filed 5/13/19
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer
Talleyville Fire Company

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
3919 Concord Pike, Wilmington, DE. 19803

3a. Employer Representative - Name and Title
Jeffrey Miller, President

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

3c. Tel. No.
302-478-1110

3d. Cell No.
Unk.

3e. Fax No.
Unk.

3f. E-Mail Address
Unk.

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Volunteer Fire Company

4b. Principal product or service
Public safety fire and EMS services

5a. City and State where unit is located:
Wilmington, DE.

5b. Description of Unit Involved
Included: Full time Career Staff of firefighters & EMTS
Excluded:

6a. No. of Employees in Unit:
10

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

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) **05/09/19** and Employer declined recognition on or about **No Reply yet** (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

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
International Assn. of Firefighters, Local 4417

12b. Address (street and number, city, state, and ZIP code)
P.O. Box 308, New Castle, DE. 19720

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Firefighters

12d. Tel No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title
Ronald Stoner, Esq.
UNION ATTORNEY

13b. Address
**2961 Centerville Road, #350
Wilmington, DE. 19808**

13c. Tel No.
302-369-6400

13d. Cell No.

13e. Fax No.
302-369-6800

13f. E-Mail Address
Ron P RONSTONERLAW.COM

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

Name (Print)
Drew Outten

Signature


Title
President

Date
5-9-19

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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RC PETITION

04-RC-241378

5/14/19

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: UGI Utilities	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1301 AIP Drive Middleton PA 17057
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3a. Employer Representative - Name and Title: Lloyd Hubler, Corrosion Supervisor	3b. Address (if same as 2b - state same): 1301 AIP Drive Middleton PA 17057
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3c. Tel. No. 717-228-9779	3d. Cell No.	3e. Fax No.	3f. E-Mail Address lhubler@ugi.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility	4b. Principal Product or Service Natural Gas	5a. City and State where unit is located:
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5b. Description of Unit Involved: Included: Corrosion Technician, Senior Corrosion Technician Excluded: Managers Supervisors and guards as defined by the act	6a. Number of Employees in Unit: 5	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: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)	8b. Address:
--	--------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
 (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): June 5, 2019	11c. Election Time(s): 12:30-1:00 PM	11d. Election Location(s): Doug Pfautz Room
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12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers Local 1941	12b. Address (street and number, city, State and ZIP code): 1218 Spring Ave Wyncantskill NY 12198
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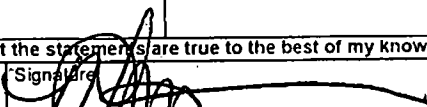
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
 International Brotherhood of Electrical Workers Local 1941

12d. Tel. No. 518-703-2365	12e. Cell No.	12f. Fax No.	12g. E-Mail Address 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.	
13a. Name and Title: Maria L. Vooris	13b. Address (street and number, city, State and ZIP code): 1218 Spring Ave Wyncantskill NY 12198

13c. Tel. No. 518-703-2365	13d. Cell No.	13e. Fax No.	13f. E-Mail Address maria_vooris@ibew.org
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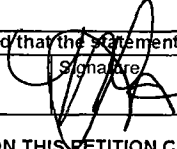
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Maria L. Vooris	Signature 	Title International Lead Organizer	Date 5/14/2019
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RC PETITION

04-RC-241381

5/14/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/ , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.			
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: UGI Utilities		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 262 Conestoga St Lancaster PA 17603	
3a. Employer Representative - Name and Title: Kizzy Jones, Operations Administrator I		3b. Address (if same as 2b - state same): 262 Conestoga St Lancaster PA 17603	
3c. Tel. No. 717-255-1418	3d. Cell No. 484-256-5631	3e. Fax No.	3f. E-Mail Address kjones@ugi.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility		4b. Principal Product or Service Natural Gas	5a. City and State where unit is located:
5b. Description of Unit Involved: Included: Operations Representative I & Operations Representative II Excluded: Operations Administrators, Managers, Supervisors and guards as defined by the act			6a. Number of Employees in Unit: 3
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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.			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
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): June 5, 2019		11c. Election Time(s): 8:30-9:00AM	
		11d. Election Location(s): Conference room A & B	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers Local 1602\		12b. Address (street and number, city, State and ZIP code): 1218 Spring Ave Wynantskill NY 12198	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers Local 1602			
12d. Tel. No. 518-703-2365	12e. Cell No.	12f. Fax No.	12g. E-Mail Address maria_vooris@ibew.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Maria L. Vooris		13b. Address (street and number, city, State and ZIP code): 1218 Spring Ave Wynantskill NY 12198	
13c. Tel. No. 518-703-2365	13d. Cell No.	13e. Fax No.	13f. E-Mail Address maria_vooris@ibew.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) Maria L. Vooris		Signature 	
		Title International Lead Organizer	
			Date 5/14/2019

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
R.C. PETITION


DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-241763	Date Filed 5/20/19

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

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

2a. Name of Employer AECOM		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 11 Hap Arnold Blvd, Tobyhanna, PA 18466	
3a. Employer Representative - Name and Title Charles Stiffler, Supervisor		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. (570) 615-6444	3d. Cell No. Unknown	3e. Fax No. (570) 615-7307	3f. E-Mail Address charles.stiffler@aecom.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Base		4b. Principal product or service Engineering Service Contract	
5a. City and State where unit is located: Tobyhanna, PA			5b. Description of Unit Involved Included: All Engineer Technician, Mechanical Engineer, Mid/Gen Electrical Engineer, Mid/Gen Illustrator Field Engineer 1, Engineer - Mid/Gen Excluded: Office clerical, professional, managerial, guards and supervisors as defined in the Act
6a. No. of Employees in Unit: 30			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: <input type="checkbox"/> 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). Petition Serves as Demand			
<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). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): June 12, 2019	11c. Election Time(s): 1 PM - 3 PM	11d. Election Location(s): Conference Room	
12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 1, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) P.O. Box 638, Somers Point, NJ 08244	
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			
12d. Tel No. (609) 576-0153	12e. Cell No. (443) 553-3046	12f. Fax No. (609) 926-9795	12g. E-Mail Address colemamb2424@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Nicholas A. Scotto, Special Representative		13b. Address (street and number, city, state, and ZIP code) 26 Court St, Ste 1710, Brooklyn, NY 11242	
13c. Tel No. (929) 226-1724	13d. Cell No. (631) 219-4116	13e. Fax No. (646) 902-5720	13f. E-Mail Address nscotto@iamaw.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) Nicholas A. Scotto	Signature 	Title Special Representative	Date May 20, 2019
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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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-241837	Date Filed 5/20/19

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Enright & Sons, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 117 Delsea Dr. NJ Sewell 08081-	
3a. Employer Representative - Name and Title John Enright Sr.		3b. Address (if same as 2b - state same) 117 Delsea Dr. NJ Sewell 08081-	
3c. Tel. No. (856) 227-2122	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service HVAC service and installation, oil and gas delivery	
5b. Description of Unit Involved			5a. City and State where unit is located: Sewell, NJ
Included: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 3
Excluded: See Attached Page 2 for additional details			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="checkbox"/> 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).			
<input checked="" 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).		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? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): June 7, 2019		11c. Election Time(s): 8:45 am	
11d. Election Location(s): on Site			
12a. Full Name of Petitioner (including local name and number) Martin William Milz SMART, Sheet Metal Workers Local 19		12b. Address (street and number, city, state, and ZIP code) 230 S. Broad Street, Suite 1400 PA Philadelphia 19102-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Sheet Metal, Air, Rail & Transportation Workers (SMART)			
12d. Tel No. (215) 732-0101		12e. Cell No.	
12f. Fax No. (215) 732-7790		12g. E-Mail Address mmilz@spearwilderman.com	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Martin William Milz Counsel for Local 19 Spear Wilderman, P.C.		13b. Address (street and number, city, state, and ZIP code) 230 S. Broad Street, Suite 1400 PA Philadelphia 19102-	
13c. Tel No. (215) 732-0101		13d. Cell No.	
13e. Fax No. (215) 732-7790		13f. E-Mail Address mmilz@spearwilderman.com	
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Martin William Milz		Signature Martin W. Milz	
Title Counsel for Local 19		Date 05/17/2019 15:04:46	

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.

DO NOT WRITE IN THIS SPACE

Attachment

Case

04-RC-241837

Date Filed

5/20/19

Employees Included

All full time and regular part-time HVAC service technicians and installers

Employees Excluded

All other employees including supervisors, guards, office/clerical staff, and drivers

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-241852	Date Filed 05/21/2019

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

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

2a. Name of Employer Just Born	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1300 Stefko Blvd PA Bethlehem 18017-
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3a. Employer Representative - Name and Title Kathy Hauser	3b. Address (If same as 2b - state same) 1300 Stefko Blvd PA Bethlehem 18017-
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3c. Tel. No. (610) 867-7568	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Processing	4b. Principal product or service candy manufacturer	5a. City and State where unit is located: Bethlehem, PA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 300	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) bctgm local 6 Hank McKay	8b. Address 601 Dresher Road ste 103 PA Horsham 19044-
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8c. Tel No. (267) 387-6383	8d Cell No.	8e. Fax No. (267) 387-6524	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2016
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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)

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.

11b. Election Date(s): 8/9/2019	11c. Election Time(s): 6am to 11am, 2pm to 5pm and 9pm to 12am	11d. Election Location(s): 1300 Stefko Blvd Bethlehem Pa 18017
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12a. Full Name of Petitioner (including local name and number) Brian A Taylor Teamster Local 773	12b. Address (street and number, city, state, and ZIP code) 3614 Lehigh St PA Whitehall 18052-3401
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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 Teamsters

12d. Tel No. (484) 714-5414	12e. Cell No. (484) 714-5414	12f. Fax No.	12g. E-Mail Address btaylor@teamster773.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Brian A Taylor	Signature Brian A. Taylor	Title Business Agent/ Organizer	Date 05/17/2019 09:50:53
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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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time production, maintenance and other blue collar employees

Employees Excluded

All other employees, including guards, supervisors office clerical and other white collar employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-242135	Date Filed 5/24/19

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

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

2a. Name of Employer Phoebe Wyncote	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 208 Fernbrook Avenue PA Wyncote 19095-
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3a. Employer Representative - Name and Title Kelly Wright	3b. Address (If same as 2b - state same) 208 Fernbrook Avenue PA Wyncote 19095-
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3c. Tel. No. (215) 461-2100	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kwright@phoebe.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities	4b. Principal product or service	5a. City and State where unit is located: Wyncote, PA
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5b. Description of Unit Involved	6a. No. of Employees in Unit: 40
Included: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details	

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

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

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

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

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

11b. Election Date(s): June 6, 2019	11c. Election Time(s): 6:30-8:30 am; 2:00-4:00 pm	11d. Election Location(s): Basement Break Room
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12a. Full Name of Petitioner (including local name and number) Chris Woods District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 1319 Locust Street PA Philadelphia 19107-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National Union of Hospital and Health Care Employees

12d. Tel No. (215) 735-1300	12e. Cell No.	12f. Fax No.	12g. E-Mail Address christenw@1199cnuhnce.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Kathleen Bichner Attorney O'Donoghue and O'Donoghue LLP	13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street Suite 600 PA Philadelphia 19106-
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13c. Tel No. (267) 737-9692	13d. Cell No.	13e. Fax No.	13f. E-Mail Address kbichner@odonoghuelaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Kathleen Bichner	Signature Kathleen Bichner	Title Attorney	Date 05/24/2019 13:16:13
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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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

All full-time and regular part-time med techs, certified nursing assistants, housekeeping, laundry and maintenance employees employed by the Employer at its 208 Fernbrook Avenue, Wyncote, PA facility.

Employees Excluded

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-242288	Date Filed 5/29/19

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: Mountain View Care & Rehabilitation Center
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2309 Stafford Avenue, Scranton, PA 18505

3a. Employer Representative - Name and Title: Donna Molinaro Administrator
3b. Address (if same as 2b - state same): Same

3c. Tel. No.: (570)341-0050
3d. Cell No.:
3e. Fax No.: (570)341-0051
3f. E-Mail Address: ceo@mountainviewscranton.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Nursing Home
4b. Principal Product or Service: Patient Care
5a. City and State where unit is located: Scranton, PA

5b. Description of Unit Involved:
 Included: All Regular Full time and Regular Part Time Licensed Practical nurses (LPN's), All Flex Time Licensed Practical Nurses, Super flex time LPN's, Per Diem LPN's and PRN LPN's
6a. Number of Employees in Unit: 36

Excluded: All other Employees, Supervisors and Guards as defined by the Act
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) 5/29/19 and Employer declined recognition on or about (Date) _____ (If no reply received, so state).**
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

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

11b. Election Date(s): 6/13/19
11c. Election Time(s): 6:00AM - 8:00AM & 2:00PM - 4:00PM
11d. Election Location(s): In the Chapel/Recreational Room at the employers 2309 Stafford Ave. Scranton, PA Facility

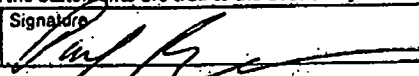
12a. Full Name of Petitioner (including local name and number): Retail, Wholesale & Department Store Union (RWDSU)
12b. Address (street and number, city, State and ZIP code): 370 Seventh Avenue Suite 501 New York, NY 10001

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Retail, Wholesale & Department Store Union, United Food & commercial workers (RWDSU-UFCW)

12d. Tel. No.: (917)653-2932
12e. Cell No.: (917)653-2932
12f. Fax No.: (212)779-2809
12g. E-Mail Address: pbazemore@rwdsu.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Paul Bazemore, Organizer
13b. Address (street and number, city, State and ZIP code): 370 Seventh Avenue Suite 501 New York, NY 10001

13c. Tel. No.: (917)653-2932
13d. Cell No.: (917)653-2932
13e. Fax No.: (212)779-2809
13f. E-Mail Address: pbazemore@rwdsu.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): Paul Bazemore
Signature: 
Title: Organizer
Date: 5/29/19

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
04-RC-242405	5/30/19

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

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

2a. Name of Employer Valiant Integrated Services	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) BLDG 19-126 Range Rd. EAATS Ft. Indian Town Gap, Annville, Pa 17003
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3a. Employer Representative - Name and Title Lois Soto	3b. Address (If same as 2b - state same) Same
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3c. Tel. No. 717-861-9125	3d. Cell No. Unknown	3e. Fax No. Unknown	3f. E-Mail Address lsoto@valiantintegrated.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Base	4b. Principal product or service Service Blackhawk Helicopters	5a. City and State where unit is located: Annville, Pennsylvania
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5b. Description of Unit Involved Included: MCM3 Sim. Technicians Excluded: Office clerical, professional, managerial, guards and supervisors as defined in the Act	6a. No. of Employees in Unit: 2	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). *Petition Serves as Demand*
 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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): June 18, 2019	11c. Election Time(s): 11:00 AM - 12:00 PM	11d. Election Location(s): Breakroom
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 1, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) P.O. Box 638, Somers Point, NJ 08244
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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

12d. Tel No. N/A	12e. Cell No. 443-553-3046	12f. Fax No. (302) 392-0936	12g. E-Mail Address colemanb2424@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Nicholas A. Scotto, Special Representative	13b. Address (street and number, city, state, and ZIP code) 26 Court Stm Ste 1710, Brooklyn, NY 11242
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13c. Tel No. (929) 226-1724	13d. Cell No. (631) 219-4116	13e. Fax No. (646) 902-5720	13f. E-Mail Address 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 May 30, 2019
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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.