### **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, <u>www.nlrb.gov</u> , 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 t						
(Form NLRB-505); and (3) Desc						
with the NLRB and should not be	•		•		<b>g</b>	
1. PURPOSE OF THIS PETITION: RC				of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petition	er desires to be certifi	ed as representativ	e of the employees. The F	Petitioner alleges that	at the following	circumstances exist and
requests that the National Labor F  2a. Name of Employer	Relations Board proc		per authority pursuant to dress(es) of Establishment			
• •			01 Belmont Avenue	(s) involved (Street at	та паттьет, ску,	State, ZIF Code)
Simpson House  3a. Employer Representative – Name	and Title	PA	Philadelphia 19131- 3b. Address (If same as	2h - state same)		
	and me		2101 Belmont Ave PA Philadelphia 19			
Richard Coyle  3c. Tel. No.	3d. Cell No.		PA Philadelphia 19 3e. Fax No.	0131	3f. E-Mail Addre	255
(215) 792-2198	00. OC# NO.		00: 1 ux 110:		rcoyle@simpsonh	
4a. Type of Establishment (Factory, mir	ne wholesaler etc.)	4b. Principal prod	fuct or service			nd State where unit is located:
Healthcare Facilities		is. Filmorpar proc	300, 01, 001,1100			Philadelphia, PA
5b. Description of Unit Involved		L			A STATE OF THE STA	6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	ditional details				1	9 6b. Do a substantial number (30%
						or more) of the employees in the
Excluded: See Attached Page 2 for additional details 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).						
			presentative and desires of	certification under the	Act.	
8a. Name of Recognized or Certified District 1199C, National Union of Hospita			8b. Address 1319 Locus	st Street		
8c. Tel No.	8d Cell No.	inproyecs, 711 CONIE	8e. Fax No.	Iphia 19107	8f. E-Mail Addre	988
(215) 735-1300	000000000000000000000000000000000000000			christenw@1199cnuhhce.org		
8g. Affiliation, if any			8h. Date of Recognition or			
National Union of Hospital and Health C	are Employees, AFS0	CME, AFL-CIO		Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the	ne Employer's establis	shment(s) involved	? No If so, approx	imately how many em	ployees are par	ticipating?
(Name of labor organization)						
10. Organizations or individuals other th					esentatives and	other organizations and individuals
known to have a representative interest	in any employees in	the unit described i	n item 5b above. (If none,	so state)		
						404 0-11 11-
10a. Name	10b. Ad	aress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f, E-Mail Address
11. Election Details: If the NLRB cond	ducts an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail
any such election.  11b. Election Date(s):		lection Time(s):		11d. Election Locati	on(s):	
05/17/2019		PM - 1:00 PM		Conference Room  12b. Address (street and number, city, state, and ZIP code)		
12a. Full Name of Petitioner ( <i>includir</i> Chris Woods District 1199C, National Union of Hospital and	ng local name and no	umber)		12b. Address (street 1319 Locust Street PA Philadelphia 1910	it and number, c	ity, state, and ZIP code)
			is an affiliate or constituen	t (if none, so state)	·//	
National Union of Hospital and Health C	are Employees, AFS0	CME, AFL-CIO				
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Add christenw@119	dress 9cnuhhce.org
(215) 735-1300  13. Representative of the Petitioner v	who will accept serv	ice of all naners fo	or purposes of the repres	entation proceeding		
13a. Name and Title	mio mii docept oci i	oo or all papers is	13b. Address (street and			
Andrew Kelser			325 Chestnut Street Sui PA Philadelphia 19106-		•	
O'Donoghue & O"Donoghue LLP  13c. Tel No.	13d. Cell No.		13e. Fax No.	•	13f. E-Mail Add	ress
(215) 629-4970					akelser@odono	ognueiaw.com 
I declare that I have read the above p	etition and that the	statements are tru	ie to the best of my know	rledge and belief.		
Name (Print)	Signature Andrew Keiser		Title		Date 05/1/2019 1	4.00.00

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-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		Date Filed /	~~~		
	04_RC_240928	1	5/06/19		

INSTRUCTIONS: Unless e-Filed	using the Agend	y's website, wi	ww.nlrb.gov, submit a	n 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 t	he employer and	all other partie	s named in the petitio	n of: (1) the petit	tion; (2) Sta	ement of Position form	
(Form NLRB-505); and (3) Desci							
with the NLRB and should not b				<b>/</b>			
1. PURPOSE OF THIS PETITION: RC				of employees wish to	be represente	ed for purposes of collective	
bargaining by Petitioner and Petition	er desires to be certif	ied as representativ	ve of the employees. The I	Petitioner alleges th	at the following	ng circumstances exist and	
requests that the National Labor R  2a. Name of Employer	elations Board prod		per authority pursuant to Idress(es) of Establishment				
Simpson House		21	101 Belmont Avenue	.(0)		,, 0.0.0, 2 0000,	
3a. Employer Representative – Name	and Title	P	A Philadelphia 19131- 3b. Address (If same as	2b – state same)			
Richard Coyle			2101 Belmont Ave PA Philadelphia 19				
3c. Tel. No.	3d. Cell No.		3e. Fax No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3f. E-Mail Ad	dress	
(215) 792-2198	- }	<b>5</b>			rcoyte@simps	onhouse.org	
4a. Type of Establishment (Factory, mir.	e, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City	and State where unit is located:	
Healthcare Facilities					1.	Philadelphia, PA	
5b. Description of Unit Involved		<u> </u>			•	6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ad	ditional details					1	
						6b. Do a substantial number (30% or more) of the employees in the	
Excluded: See Attached Page 2 for ad	ditional details					unit wish to be represented by the	
000 / maxico / age 2 10, 00				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).						
			epresentative and desires of	certification under the	Act.		
8a. Name of Recognized or Certified				st Street			
District 1199C, National Union of Hospita	<del>-</del>	mployees, AFSCMI	PA Philade	elphia 191078f. E-Mail Address			
8c. Tel No. (215) 735-1300	8d Cell No.		8e. Fax No.	christenw@1199cnuhhce.org			
8g. Affiliation, if any		·	8h. Date of Recognition or	ognition or Certification 8i. Expiration Date of Current or Most Recent			
National Union of Hospital and Health Ca	are Employees, AFS	CME, AFL-CIO	-	Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at th	e Employer's establi	shment(s) involved	? If so, approx	imately how many en	npioyees are p	articipating?	
i e			keted the Employer since (f				
10. Organizations or individuals other th			<u> </u>	<u>,                                      </u>	resentatives a	nd other organizations and individuals	
known to have a representative interest							
10a. Name	10b. Ad	Idress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond	ucts an election in th	is matter, state you	r position with respect to	11a. Election Type	: 🚺 Manual	Mail Mixed Manual/Mail	
any such election.  11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Local	11d. Election Location(s):		
05/17/2019		PM - 1:00 PM		Conference Room			
12a. Full Name of Petitioner (includin Chris Woods District 1199C, National Union of Hospital and I	_	12b. Address (street 1319 Locust Street PA Philadelphia 191	et and number 107-	city, state, and ZIP code)			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO							
12d. Tel No. 12e. Cell No.			12f. Fax No.		12g. E-Mail /	Address 199cnuhhce.org	
(215) 735-1300  13. Representative of the Petitioner v	the will accept see	ica of all papers fo	or nurnoses of the renres	entation proceeding	-		
13a. Name and Title	mo will accept serv	ice of all papers if	1 13b. Address (street and				
Andrew Kelser			325 Chestnut Street Sui				
O'Donoghue & O'Donoghue LLP .  13c. Tel No. 13d. Cell No.			PA Philadelphia 19106- 13e. Fax No.		13f. E-Mail A	ddress	
(215) 629-4970	100, 00, 140.			.		noghuelaw.com	
I declare that I have read the above p	etition and that the	statements are tru	ue to the best of my know	ledge and belief.			
Name (Print)	Signature		Title		Date		
Andrew Kelser Andrew Kelser					05/6/2019	14:49:53	

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			

## 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

Andrew Kelser

### **UNITED STATES GOVERNMENT** NATIONAL LABOR RELATIONS BOARD

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

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 150 Monument Road PA Philadelphia 19004 Third Century Services (Belmont Facilities Management) 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) PA Philadelphia 19004-3d. Cell No. 3f. E-Mail Address 3c. Tel No 3e Fax No 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service ovide facilities support services to Simpson House, a Healthcare Faci Philadelphia, PA Services 5b. Description of Unit Involved 6a. No. of Employees in Unit: 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 Excluded: See Attached Page 2 for additional details 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. 8b. Address 1319 Locust Street PA Philadelphia 1910 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 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. christenw@1199cnuhhce.org (215) 735-1300 8h. Date of Recognition or Certification, 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? , has picketed the Employer since (Month, Day, Year). (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🚺 Manual 🔲 Mail 🔲 Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 05/17/2019 11c. Election Time(s): Conference Room, Simpson House, 2101 Belmont Avenue, Philadelphia 12:00 PM - 1:00 PM 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) 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 12g. E-Mail Address christenw@1199cnuhhce.org 12e. Cell No. 12f. Fax No. (215) 735-1300 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 325 Chestnut Street Suite 600 PA Philadelphia 19106-Andrew Kelser O'Donoghue & O'Donoghue LLP 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel No. akelser@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. Title Date Name (Print) Signature Andrew Kelser 05/6/2019 15:15:35

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			

## **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.

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

UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE						
ATIONAL LABOR RELATIONS BOARD	Case No.	04-RC-240994	Date Filed				
RC PETITION			5/7/19				

											1 0, , ,	10
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48:	he petition named in 12). The sh	must be a the petition owing of in	n of: (1) the nterest s	the pet hould d	both a shition; (2) S only be file	owing of tatement of with t	t of Position f he NLRB and	6b below) au orm (Form N should not b	nd a certifica LRB-505); an e served on	te of service Id (3) Descrip the employer	showing s tion of Rep or any oth	ervice on presentation per party.
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire	s to be cert	tified as n	epresei	ntative of th	e emplo	yees. The Peti	tioner allege	s that the fol	lowina circur	nstances e	vist and
2a. Name of Employer:			2	b. Addr	ess(es) of l	Establis	ment(s) involv	ed (Street and	number, Cit	y, State, ZIP o	ode):	<del></del>
First Student Inc.			] ]	Wal	ter St. C	Colwy	n PA 1920	3				
3a. Employer Representative - Nan				b. Addi	ess (if sam	e as 2b	state same):	<del></del>			· · ·	7
Michael Powell and Andr	ew Jopp	a, Sr Di	ir. 1	1413	Windyb	ush R	oad, Wilm	ington, D	E 19810			
3c. Tel: No.	3d. Cell No	D.			3e. Fax No			31. E-Mail	Address			
401-309-4733					401-63			andrev	v.joppa@	firstgroup	.com	
la. Type of Establishment (Factory, I	nine, whole	saler, etc.)					ct or Service		5a. City a	nd State when	unit is loc	ated:
Transportation					Transpo	ortatio	מ	<u> </u>	Colwyn	PA		
5b. Description of Unit Involved: ncluded:									6a. Numb	er of Employe	es in Unit:	
See attached sheet									114			
See attached sheet Excluded:									6h Do as	substantial nur	nher /30%	or more)
See attached sheet									of the	employees in	lhe unit wis	h to be
Check One: 7a. Request for rec	ognition as	Bargaining	Represe	ntative	was made	on (Date	<u></u>	a		ented by the F declined reco		Yes No
on or about (Date)			(If no r	reply re	ceived, so	state).					,	ł
7b. Petitioner is cur							es certification	under the Act	<u> </u>			
Ba. Name of Recognized or Certifie				so state	' )			A-4 1/	00 DL:1_	DA 10121		
UTU Local 172-Tonette N	NIXON-PI	ray Gen	erai		13030	wyr	nefield Av	/e. Apt. 11	)2 Pniia.	PA 19131		
Chairpers	04.0.00				2 5- 11-			18/514.1	A 40			
Bc. Tel. No. (215) 275-7986	8d. Cell No	).		1	8e. Fax No			1	8f. E-Mail Address chrissynixon 1526@gmail.com			
Rg. Affiliation, if any:				Rh	Date of Re	cognitic	n or Certification			urrent or Most		<del></del> -
SMART								Recent Co	ontract, if any	(Month, Day,	Year) 6/	30/19
<ol><li>Is there now a strike or picketing a</li></ol>	the Employ	yer's establ	lishment(	s) invot	ved?		If so, approxir	nately how ma	any employe	es are participa	nting? 	
(Name of Labor Organization)							·	, has pickete	ed the Employ	er since (Mon	th, Day, Ye	ear)
<ol> <li>Organizations or individuals other individuals known to have a repre</li> </ol>										es and other o	organization	ns and
10a. Name		10b. Addr	ess					10c. Tel. I	No.	10d, Cell No		
NONE												
								10e. Fax	No.	10f. E-Mail	Address	
I1. Election Details: If the NLRB ∞	nducts and	election in	this matte	er, state	your posit	ion with	respect to any	such election				
									X Manu		Mixed	d Manual/Mail
11b. Election Date(s):		11c. Elect			41			I	tion Location	•	aian'	
earliest date possible				inea (	by the re		idress (street a			diby the re	2011	
12a. Full Name of Petitioner (included) United Steelworkers Local	•	me ano nu	mber):				24 North 8					
12c. Full name of national or internat	onal labor	organizatio	n of whic	h Petitio	oner is an a	ffiliate o	constituent (if	none, so stat	e):	<del></del>	<del></del>	
United Steelworkers	40. 0.04			<del></del>	12f. Fax No	·		1120 E M	ail Address			
12d. Tel. No. (215) 829-9212	12e. Cell N				(215)94	40-99¢						
13. Representative of the Petitione	r who will a	accept ser	vice of a	di pape I	rs for purp	oses of	the represent et and number,	tation procee city State an	aing. d <i>TIP code</i> ):			
13a. Name and Title: Lawrence Goodman Organi:	zer						8th Street P					
13c, Tel. No.	13d. Cell N	No.			13e. Fax N	lo.		13f. E-Ma	il Address			
same	,	-			same			LARA	46 194	s Ø ms	sn. c	om.
I declare that I have read the above	e petition a	nd that the	e statem	ents ar		ne best	of my knowled	ige and belie				
Name (Print)	<del></del>		gnature		. /	}		Title			,	Date
Lawrence Goodman			2	1.L	1000	my		Organize	r Local 2	50		13/6/19

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.

Name (Print)

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

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

Date

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1 Medical Center Boulevard PA Upland 19013-Crozer-Chester Medical Center 3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 1350 Edgmont Avenue Tech Park IÍ, 2nd Floor Suite 2300 PA Chester 19013-3995 Tony DiBartolo 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (610) 447-6306 tony.dibartolo@crozer.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Chester, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [✓] No [☐] 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) 10b. Address 10c. Tel. No. 10a. Name 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 11a. Election Type: 🔽 Manual 🦳 Mail 🔲 Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): May 14, 2019 11:00 am to 1:00 pm Clark Auditorium Breakout Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Chris Woods
District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO 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 12g. E-Mail Address ChristenW@1199cnuhhce.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (215) 735-1300 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) Kathleen Bichner Attorney O'Donoghue & O'Donoghue LLP 325 Chestnut Street Suite 600 PA Philadelphia 19106-13f. E-Mail Address kbichner@odonoghuelaw.com 13d. Cell No. 13c. Tel No. 13e. Fax No. (267) 737-9692 (267) 255-5363 (215) 629-4970

05/8/2019 13:54:04 Kathleen Bichner WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Title

Attorney

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

Signature

Kathleen Bichner

### **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-241052	5/08/19				

**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

<del></del>	DO NOT W	RITE IN THIS SPACE		-
Case No.		Date Filed	z /0.0 /1	$\Delta^{\pm}$
04-RC-241150			5/20/1	9

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Mountain View Health Care and Rehabilitation Center 2309 Stafford Avenue, Scranton, PA 18505 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Donna Molinaro, Administrator SAME AS ABOVE 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. (570)341-0050 (570)341-0051. ceo@mountainviewscranton.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **NURSING HOME** PATIENT HEALTH CARE Scranton, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All PRN Certified Nursing Assistants (CNAs), Flex-time CNAs, Super Flex-Time CNAs and Per Diem 6b. Do a substantial number (30% CNAs employed by the Employer at its 2309 Stafford Avenue, Scranton, PA facility. or more) of the employees in the unit wish to be represented by the **Excluded:** All other employees, guards, and supervisors as defined in the Act. Petitioner? Yes [x] No [ ] Check One: 5/9/2019 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or ahout 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 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. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. The Petitioner requests an Armour-Globe election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): In the Chapel/Recreational room at the 6:00 A.M. to 8:00 A.M. & 2:00 P.M. to 4:00 P.M. Employer's 2309 Stafford Avenue, Scranton, PA facility. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Retail Wholesale and Department Store Union (RWDSU) 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (212)684-5300 (212)779-2809 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 13b. Address (street and number, city, state, and ZIP code) Christopher S. Baluzy, counsel Cary Kane LLP, 1350 Broadway, Suite 1400, New York, NY 10018 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (212) 871-0535 (646) 599-9575 cbaluzy@carykane.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Zille Christopher S. Baluzy Counsel

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 seg. 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.

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
04-RC-241150	5/10/19				

		KC PETITIC	. NC		i	04-RC-24	41150		5/10/19
INSTRUCTIONS: Unless e-Filed u emplayer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition i named in t	must be accom he petition of: ,	panied b (1) the pe	y both a si tition; (2) :	howing of interest (se Statement of Position	e 6b below) en form (Form NL	d a certifica RB-505); an	le of service showing d (3) Description of I	g service on Representation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboration	ioner desires	to be certified	as represe	entative of t	he employees. The Pe	titloner alleges	that the following	owing circumstance	
La. Name of Employer: Mountain View Care & R	ehabilita	tion Center	2b. Add 2309	ress(es) of Staffor(	Establishment(s) invol 1 Avenue, Scran	ved (Street and iton, PA 18:	number, City 505	, State, ZIP code):	
a. Employer Representative - Nar Donna Molinaro Adminis			3b. Add Same		ne as 2b - staté same):			•	
c. Tel. No. 570)341-0050	3d, Celi No.			3e. Fax N (570)3	o. 41-0051	3f. E-Mail / ceo@m	ountainv	iewscranton.org	
a. Type of Establishment (Factory, Nursing Home	mine, wholes	eler, etc.)		4b. Princip Patient	pal Product or Service Care		Scrant		
b. Description of Unit Involved: ncluded: All Regular Full Time All Per Diem's, All Sup							40	r of Employees in Un	·
Excluded: All Other Employees, sup							of the c	ubstantial number (30 imployees in the unit tented by the Petitioner	wish to be
Check One: X 7a. Request for reconstruction on or about (Date)				eceived, so		09/19 an	d Employer	feclined recognition	
☐ 7b. Petitioner is culta. Name of Recognized or Certific					and desires certification ddress:	n under the Act.	<del> </del>		<del></del>
3c. Tel. No.	8d. Cell No.			8e. Fax N	o.	8f. E-Mail A	8f. E-Mail Address		
ag. Affiliation, if any:	L		81	t. Date of R	Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
I. Is there now a strike or picketing a	t the Employ	er's establishme	ent(s) invo	olved?	if so, approx	•		s are participating?	
(Name of Labor Organization)  O. Organizations or Individuals othe individuals known to have a representation.	r than Petitio	ner and those n erest in any em	amed in it ployees in	tems 8 and the unit de	9, which have claimed escribed in item 5b abo	recognition as r	epresentativ	er since (Month, Day, es and other organiza	
0a. Name		10b. Address	<u>.</u>	··		10c. Tel. N	o.	10d. Cell No.	· · · · · · · · · · · · · · · · · · ·
						10e. Fax N	a.	10f. E-Mail Address	······································
1. Election Details: If the NLRB co	nducts and e	lection in this m	natter, stat	e your posi	tion with respect to any		<b>⋈ Manu</b> a	l Mail Mb	ed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 5/24/19 6:00AM - 8:00A			8:00AN	A & 2:0		In the Ch 2309 Sta	fford Ave. 5	tional room at the c cranton, PA. facility	employers
2a. Full Name of Petitioner (Include Retail, Wholesale & Department	artment S	tore Union	(RWD	•		venue Suite	: 501 Nev	w York, NY 100	001
ize. Full name of national or internat Retail, Wholesale & Depa	ional labor o artment S	nganization of w tore Union	hich Petiti , Unite	d Food	& Commercial	Workers (R	WDSU-U	љсw)	
12d. Tel. No. (917)653-2932 12e. Cell No. (917)653-2932			12f. Fax No. 12g. E-Mail Add (212)779-2809 pbazemore		ore@rwo	lsu.org	·		
<ol> <li>Representative of the Petitioner who will accept service of all pay 13a. Name and Title: Paul Bazemore, Organizer</li> </ol>			of all pape	apers for purposes of the representation proceeding.  13b. Address (street and number, city, State and ZIP code):  370 Seventh Avenue, Suite 501 New York, NY 10001		10001			
13c. Tel. No. (917)653-2932	13d. Cell N (917)65	3-2932				pbazem	13f. E-Mail Address pbazemore@rwdsu.org		
declare that I have read the abov	e petition ar	d that the stat		re true to t	he best of my knowle	dge and bellef. Title	<del></del>		Date
Name (Print) Paul Bazemore		- January 1	un!	Ba.		Organizer			05/09/19

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

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UNITED STAT	UNITED STATES GOVERNMENT ATIONAL LABOR RELATIONS BOARD			DO NOT WRITE IN THIS SPACE			SPACE
	TITIONS	ARD		Case No.		Date I	Filed
				04-RC-2		5/1	3/19
INSTRUCTIONS: Unless e-Filed to	ising the Agend	y's website, <u>wy</u>	w.nirb.	gov, submit a	n original of this	Petition to a	n NLRB office in the Region
In which the employer concerned	is located. In	e petition must	be acco	empanied by b	oth a showing o	f interest (se	e 6b below) and a certificate
of service showing service on th	e employer and	all other partie	s name	d in the petitio	n of: (1) the peti	tion; (2) State	ement of Position form
(Form NLRB-505); and (3) Descri	ption of Repres	entation Case F	rocedu	res (Form NLF	RB 4812) The si	howing of int	erest should only be filed
with the NLRB and should not be	served on the	employer or an	y other	party.	<del></del>		
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Re	desires to be cerui	ieg as representativ	א פתו וה פי	Miniavees The I	Patitioner ellemes th	at the following	a alaasimada aaaa aalad aaad 1
Talleyville Fire Company		2b. Ad	dress(es)	of Establishment	(s) involved (Street a	and number, city	, State, ZIP code)
3a. Employer Representative – Name a leffrey Miller, President	nd Tille	1	3b. Ad Same		2b - state same)		
3c. Tel. No.	3d. Cell No.		39. Fax	No.		3f. E-Mali Add	reas
302-478-1110	Unk.	·	Unk.		_:	Unk.	
4a. Type of Establishment (Fectory, mine Volunteer Fire Company	, wholesaler, etc.)	4b. Principal prod Public safety	fire ar	Mice ad EMS serv	ices		end State where unit is located: gton, DE.
5b. Description of Unit involved Included: Full time Career	Staff of fire	fighters & E	MTS	<del>.</del>			6a. No. of Employees In Unit:
Excluded:							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:  7 a. Request for recognition as Bargaining Representative was made on (Date) 05/09/19 and Employer declined recognition on or about  No Reput (I no reply received, so state).  7b. Patitioner is currently recognized as Bargaining Representative and desires certification under the Act.							
Ba. Name of Recognized or Certified B None	argaining Agent (	f none, so state).		8b. Address			·
8c. Tel No.	8d Cell No.		8e, Fax	No.		8f, E-Mail Add	ress
8g. Affiliation, if any			8h. Date	8h. Date of Recognition or Certification  8i. Expiration Date of Current or Most F Contract, If any (Month, Day, Year)			
9. Is there now a strike or picketing at the							
(Name of labor organization)		, has pick	eted the	Employer since (/	Month, Day, Year) 🚅		
10. Organizations or Individuals other tha known to have a representative interest to None	n Petitioner and the	ose named in Items	8 and 9,	which have claim	ed recognition as rep	resentatives an	d other organizations and individuals
10a. Name	10b. A	idress			10c. Tel. No.		10d. Cell No.
	.}				10e. Fax No.	<del> </del>	10f. E-Mail Address
11. Election Details: If the NLRB condu	cts an election in th	nis matter, state you	r position	with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail
11b. Election Date(s):	11c, E	lection Time(s):			11d. Election Loca		
12a. Full Name of Petitioner (including local name and number) International Assn. of Firefighters, Local 4417					P.O. Box 308, N	et and number, w Castle, DE	city, slate, and ZIP code) . 19720
12c. Full name of national or international international Association of Firefighte	l labor organization ers	of which Pelitioner	is an affi	late or constituen	it (if none, so state)		
12d. Tel No.	12e. Cell No.		121. Fa			12g. E-Mail A	ddress ,
13. Representative of the Petitioner w	no will accept ser	vice of all papers f	of purpo	ses of the repres	entation proceeding	74)	
13a. Name and Title Ronald Stoner,	5'AGL	NIDN MENEY	_13b_A		egton, DE. 19808	-	
13c. Tel No. 302-369-6400	13d. Call No.		13e.F 30	2-364-	4800	Ron P A	PONSTONERLAW. COM
I declare that I have read the above po	Hillon and that the	statements are tr	ue to the	best of my know	viedge and belief.	····	
Name (Print)	Signature	475	Title			Date <	-9-19
Drew Outten	2 hours	MIL	Presid	ent		<u>ت</u>	E 48 RECTION 4001)

President 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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( <del>-</del> )	· - · · - F	C PETITION	·· ·=		04-RC-24	1378		5/14/19
INSTRUCTIONS: Unless e-Filed un employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 48)	he petition m named in the	ust be accompanied be e petition of: (1) the pe	y both a s tition; (2)	howing of interest (s Statement of Position	f this Petition to ee 6b below) an n form (Form NL	an NLRB o d a certificat RB-505); an	e of service sh d (3) Description	nowing service on on of Representation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires t	o be certified as repres	entative of	the employees. The Po	etitioner alleges	that the foll	owing circums	stances exist and
2a. Name of Employer:  2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP of 1301 AIP Drive Middleton PA 17057						, State, ZIP cod	e):	
3a. Employer Representative - Name and Title: 3b. Ad 130				me as 2b - state same) rive Middleton I	A 17057		·	
3c. Tel. No. 717-228-9779	3d. Cell No.			3f. E-Mail Address lhubler@ugi.com		<u></u> .		
4a. Type of Establishment (Factory, I	nine, wholesa	ler, etc.)	4b. Princi Natura	ipal Product or Service al Gas		5a. City an	d State where u	ınit is located:
5b. Description of Unit Involved: Included: Corrosion Technician, Se	nior Corri	sion Technician	<u> </u>			6a. Numbe	er of Employees	in Unit:
Excluded: Managers Supervisors and				·		of the e	mployees in the ented by the Pet	er (30% or more) a unit wish to be litioner? 2 Yes No
on or about (Date)		rgaining Representativ (If no reply rezed as Bargaining Repr	eceived, so	state).		d Employer (	declined recogni	lion
8a. Name of Recognized or Certifie	d Bargaining	Agent (If none, so state	le) 8b. A	Address:				
8c. Tel. No.	8d. Cell No.	······································	8e. Fax N	No.	8f. E-Mail	Address	<u>`</u>	
8g. Affiliation, if any:			8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				ear)	
9. Is there now a strike or picketing a	the Employe	r's establishment(s) invi	olved? No	O If so, appro	ximately how ma			
(Name of Labor Organization)  10. Organizations or individuals other	than Dalitian	os and those named in	toma 9 and	1.0 which have claime	<del></del>		er since (Month,	
individuals known to have a repre	sentative inte	rest in any employees i	n the unit d	lescribed in item 5b abo	ove. (If none, so	state)	ss and other org	Janizanona and
10a. Name	1	Ob. Address	····		10c. Tel. N	0.	10d. Cell No.	
					10e. Fax N	lo.	10f. E-Mail Add	dress
11. Election Details: If the NLRB co	nducts and ele	ection in this matter, sla	te your pos	sition with respect to ar	y such election:			Mixed Manual/Mail
11b. Election Date(s):  June 5, 2019  11c. Election Time(s): 12:30-1:00 PM				Doug F	11d. Election Location(s): Doug Pfautz Room			
12a, Full Name of Petitioner (includ International Brotherhood 1941	ing local name I of Electr	e and number): ical Workers Lo	cal	1218 Spring A	and number, cit Ave Wynant	y, State and Skill NY	ZIP code): 12198	
12c. Full name of national or internati International Brotherhood	ional labor org	anization of which Petit ical Workers Lo	ioner is an cal 194	altiliate or constituent	(il none, so state	):		
12d. Tel. No. 518-703-2365	12e. Cell No		12f. Fax			vooris@i	bew.org	
13. Representative of the Petitione 13a. Name and Title: Maria L. Vooris	r who will ac	cept service of all pap	13b. Add	rposes of the represe tress (street and numbe Spring Ave Wynai	er, city. State and	i ZIP code):	at .	

13e. Fax No.

131. E-Mail Address maria\_vooris@ibew.org

Talle International Lead Organizer

Date 5/14/2019

13a. Name and Title: Maria L. Vooris

13c. Tel. No. 518-703-2365

Name (Print) Maria L. Vooris

13d. Cell No.

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)

Signalare

Title

RC PETITION	RC	<b>PETI</b>	TION
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04-RC-241381

5/14/19

INSTRUCTIONS: Unless e-Filed usemployer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be accor named in the petition of.	npanied by bot (1) the petition	th a showing of interest (see n; (2) Statement of Position	e 6b below) and form (Form NL	d a certificat RB-505); an	e of service showing s d (3) Description of Re	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Laboration	ioner desires to be certified	as representativ	ve of the employees. The Pet	itioner alleges	that the foll	owing circumstances	
2a. Name of Employer: UGI Utilities		2b. Address(c 262 Cond	(es) of Establishment(s) involvestoga St Lancaster 1	red (Street and PA 17603	number, City	, State, ZIP code):	
3a. Employer Representative - Nan Kizzy Jones, Operations A	ne and Title: Administrator I	3b. Address ( 262 Cond	(if same as 2b - state same): lestoga St Lancaster I	PA 17603			
3c. Tel. No. 717-255-1418	3d. Cell No. 484-256-5631	3e. F	Fax No.	3f. E-Mail / kjones	Address @ugi.com	 1	
4a. Type of Establishment (Factory, I Utility	mine, wholesaler, etc.)		Principal Product or Service atural Gas			d State where unit is loc	ated:
5b. Description of Unit Involved: Included: Operations Representativ	e I & Operations R	epresentativ	ve II		6a. Numbe	er of Employees in Unit:	
Excluded: Operations Administrator	s, Managers, Super	visors and	guards as defined by	the act	of the e	ubstantial number (30% employees in the unit wis ented by the Petitioner?	<u>h</u> to be
on or about (Date)		no reply receive				declined recognition	P res [ NO
8a. Name of Recognized or Certifie			8b. Address:	under the Act.		<del></del>	
		į					
8c. Tel. No.	8d. Cell No.	8e. F	Fax No.	8f. E-Mail A	Address		
8g. Affiliation, if any:		8h. Date	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 a	t the Employer's establishn	nent(s) involved?	? No If so, approxi	 mately how mai	ny employee	s are participating?	
(Name of Labor Organization)				<del>_</del>		er since (Month, Day, Ye	·
<ol> <li>Organizations or individuals other individuals known to have a repre</li> </ol>						es and other organization	ns and
10a. Name	10b. Address			10c. Tel. N	ō.	10d. Cell No.	
				10e. Fax N	о.	10f. E-Mail Address	<del></del>
11. Election Details: If the NLRB con	nducts and election in this i	natter, state you	r position with respect to any	such election:	11a. Election	· · · · · · · · · · · · · · · · · · ·	l Manual/Mail
11b. Election Date(s): June 5, 2019	11c. Election 7 8:30-9:00	ime(s): AM			on Location(s	<u> </u>	<u></u>
<b>12a.</b> Full Name of Petitioner <i>(includ</i> International Brotherhood 1602\	of Electrical Work	ters Local	12b. Address (street a 1218 Spring Av	e Wynants	skill NY	ZIP code): 12198	
12c. Full name of national or internati International Brotherhood	onal labor organization of volume of the lectrical Work	which Petitioner iters Local 1	is an affiliate or constituent <i>(ii</i> .602	none, so state)	:		
12d. Tel. No. 518-703- <b>2</b> 365	12e. Cell No.	12f. I	Fax No.	12g. E-Mail maria_	Address VOOIIS@i	bew.org	
13. Representative of the Petitione 13a. Name and Title: Maria L. Vooris	who will accept service	13b.	or purposes of the represent Address (street and number, 18 Spring Ave Wynants	city, State and	ZIP code):		
13c. Tel. No. 518-703-2365	13d. Cell No.	13e.	Fax No.	13f. E-Mail maria_v	Address VOOTIS@i	bew.org	
I declare that I have read the above							
Name <i>(Print)</i> Maria L. Vooris	Stofnat	<b>A</b>		<sup>Title</sup> Interpation	al Lead (	Organizer	Date 5/14/2019

## UNITED STATES GOVERNMENT

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

	OR RELATIONS BOA	ARD	Ţ	Case No.		`Date	Filed-
	ETITION				241763		5/20/19
INSTRUCTIONS: Unless e-Filed	using the Agenc	y's websile, w	ww.nirb.c	ov, submit a	n original of this	Petition to	on NLRB office in the Region
in which the employer concern	ed is located. Th	e petition must	be acco	mpanied by	both a showing o	f interest (se	ee 6b below) and a certificate
of service showing service on t	he employer and	all other partie	s named	in the petitio	on of: (1) the neti	tion: (2) Stat	ement of Position form
(Form NLRB-505); and (3) Desc	rintion of Renres	entation Case S	meedur	es (Form NI)	RR 4812) That	howing of in	lerest should only be filed
with the NLRB and should not I					NO TOTAL THE SI	iowing or in	terest snould only be med
1. PURPOSE OF THIS PETITION: RC	CERTIFICATION OF	REPRESENTATI	VE . A Sub	odrty.	of amolovees wish to	he regresente	d for numeros of collective
bargaining by Petitioner and Petition requests that the National Labor R	er desires to be certifi	ed as representati eed under its pro	ve of the er	nployees. The rity pursuant to	Petitioner alleges to Section 9 of the Na	nat the following tional Labor F	ng circumstances exist and Relations Act.
2a. Name of Employer AEGOM			p Arnold	Bivd, Toby	i(s) involved (Street a hanna, PA 1846		y, State, ZIP code)
3a. Employer Representative - Name Charles Stiffler, Supervisor	and Title		3b. Add Same	iress (lí same as	2b – state same)		1
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		3f. E-Mail Add	iress
(570) 615-6444	Unknown		(570) 6	15-7307	j	charles.stif	fler@aecom.com
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal pro	duct or ser	vice	. · · · · · · · · · · · · · · · · · · ·		and State where unit is located:
Military Base		Engineering S			•	Tebyh	anna, PA
Sb. Description of Unit Involved		<u> </u>	<del> </del>	<del></del>	<del></del>	<del></del>	6a. No. of Employees in Unit:
Included: All Engineer Technician	, Mechanical Éngir	neer, Mid/Gen El	lectrical E	ngineer, Mid/	Sen Illustrator Field	d Engineer	30
1, Engineer - Mid/Gen			•••	,			6b. Do a substantial number (30%
Excluded:	foncional man	operial gue	rde opd	ou populoof	en an doffmad i	n tha Aat	or more) of the employees in the unit wish to be represented by the
Office clerical, pro	iessionai, man	iageriai, guar	05.8110	supervisor	is as dejinied ii	T. THE ACT	Petitioner? Yés ✓ No
Check One: 7a. Request for	or recognition as Barg	aining Representa	tive was m	ade on (Date)	an	d Employer dec	clined recognition on or about
	•	(If no reply received		01,11	n 5,5005	1 25	
7b. Petitioner	is currently recognize				certification under the		rancy
8a. Name of Recognized or Certified			T	8b. Address			
None			النسيا				
&c. Tel No.	8d Cell No.		Se. Fax	No.		8f. E-Mall Add	iress
YOU FACTUATION IF ANY		<del></del>	Sh Date o	f Recognition or	Cadification	Ri Evolution	Date of Current or Most Recent
8g. Affiliation, If any		1	· OII. Date u	n Recognition of	Cermicanon		ny (Month, Day, Year)
9. Is there now a strike or picketing at the	e Employer's establis	hment(s) involved	? No	If so, approx	imately how many er	nployees are p	articipating?
(Name of labor organization)			–	molover sincé //	Month, Day, Year)		
10. Organizations or Individuals other th	on Politicates and the					rocontativas an	ol other omanizations and individuals
khown to have a representative interest	in any employees in	the unit described i	in itém 5b a	above. (Il none.	śo stale)	10301100403 01	o outer organizations and individuals.
None			, ,	,	•		
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
	<u> </u>					<u>.</u>	
	-				10e. Fax No.		10f. E-Mail Address
11, Election Details: If the NLRB cond	lucts an election in thi	s matter, state you	r position v	with respect to	11a. Election Type	: Manuál	Mail Mixed Manual/Mail
any such election.  1.1b. Election Date(s): dune 12, 2019	11c. E	ection Time(s): 3 PM			11d. Election Local		
12a Full Name of Petitioner Uncluding	g local name and nu	ımber)					city, state, and ZIP code)
International Association of Machinist	s and Aerospace Wo	orkers, District Loc	dge 1. AFI	L-CIO	P.O. Box 638, Son	ners Point, NJ	08244
12c. Full name of national or internation international Association of Machinists	al labor organization and Aerospace Wo	of which Pelilioner rkers. AFL-CIO			nt (if none, so state)		
12d, Tel No. (609) 576-0153	12e. Cell No. (443) 553-3046	i	12f. Fax (609) 92			12g. E-Mail A colemanb242	ddress 4@gmail.com
13. Representative of the Petitioner v	vho will accept servi	ce of all papers fo	or purpose	es of the repres	entation proceeding	g.	
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  26 Court St, Ste 1710, Brooklyn, NY 11242							
13c. Tel No. (929) 226-1724	13d. Cell No. (631) 219-4116	<del></del>	13e. Fa: (646) 90	x No.		13f: E-Mail A	
I declare that I have read the above p	etition and that the	statements are tri			viedge and belief.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Signature		Title			Date	
Name (Print)	Signature			Representative		May 20, 2	019

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.

Name (Print)

Martin William Milz

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PFTLTION

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

Date

05/17/2019 15:04:46

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition: (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 117 Delsea Dr. NJ Sewell 08081-Enright & Sons, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 117 Delsea Dr. NJ Sewell 08081 John Enright Sr. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (856) 227-2122 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: HVAC service and installation, oil and gas delivery Sewell, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [ ] No [ ] 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d, Cell No. 10a Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): June 7, 2019 11c. Election Time(s): 11d. Election Location(s): on Site 8:45 am 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) 12g. E-Mail Address mmilz@spearwilderman.com 12d, Tel No. 12e. Cell No. 12f. Fax No. (215) 732-7790 (215) 732-0101 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) Martin William Milz Counsel for Local 19 Spear Wilderman, P.C. 230 S. Broad Street, Suite 1400 PA Philadelphia 19102-13f. E-Mail Address mmilz@spearwilderman.com 13d. Cell No. 13e. Fax No. 13c Tel No. (215) 732-7790 (215) 732-0101

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

Counsel for Local 19

### PRIVACY ACT STATEMENT

Title

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

Signature Martin W. Milz

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-241837	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.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1300 Stefko Blvd
PA Bethlehem 18017-\_\_\_\_\_

3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 1300 Stefko Blvd PA Bethlehem 18017 Kathy Hauser 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (610) 867-7568 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Food Processing candy manufacturer Bethlehem, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 300 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [ ] No [ Check One: and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) \_ (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 601 Dresher Road ste 103 bctgm local 6 Hank McKay PA Horsham 19044-8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address (267) 387-6383 (267) 387-6524 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 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 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 8/9/2019 6am to 11am, 2pm to 5pm and 9pm to 12am 1300 Stefko Blvd Bethlehem Pa 18017 12a, Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Brian A Taylor Teamster Local 773 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 12g. E-Mail Address btaylor@teamster773.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (484) 714-5414 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Brian A. Taylor Business Agent/ Organizer 05/17/2019 09:50:53 Brian A Taylor

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		

## Employees Included

All full-time and regular part-time production, maintainence 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.	Date Filed	¥			
04-RC-242135	5/24/19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 208 Fembrook Avenue PA Wyncote 19095-Phoebe Wyncote 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 208 Fernbrook Avenue PA Wyncote 19095-Kelly Wright 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (215) 461-2100 kwright@phoebe.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Healthcare Facilities** Wyncote, PA 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 Excluded: See Attached Page 2 for additional details Petitioner? Yes [ ] No [ ] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 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 Bi. 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) 10c Tel No. 10d. Cell No. 10a. Name 10b. Address 10e, Fax No. 10f. E-Mail Address 11: Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🚺 Manual 🤲 Mail 🦳 Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 6:30-8:30 am; 2:00-4:00 pm **Basement Break 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 (str. 1319 Locust Stree PA Philadelphia 1)

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 12b. Address (street and number, city, state, and ZIP code) 12g. E-Mail Address christenw@1199cnuhhce.org 12e Cell No. 12f Fax No. 12d Tel No (215) 735-1300 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) Kathleen Bichner Attorney O'Donoghue and O'Donoghue LLP 325 Chestnut Street Suite 600 PA Philadelphia 19106-13d, Cell No. 13f. E-Mail Address 13e. Fax No. 13c. Tel No. 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. Title Date Name (Print) Signature Kathleen Bichner Attomey 05/24/2019 13:16:13 Kathleen Bichner

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

### PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE			
Case	Da	ate Filed	•

## **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.

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

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

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

					U4-RC-24	2200	:	5/28	אַרוּאַ
INSTRUCTIONS: Unless a-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must i named in the pe	be accompanied Lition of: (1) the p	by both a sho etition; (2) Sta	wing of interest (see tement of Position (	6b below) and form (Form NLI	a certificate RB-505); and	of service she I (3) Description	wing serv n of Repre	rice on Sentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petiti requests that the National Laboration	ioner desires to be	certified as repres	sentative of the	employees. The Peti	Noner alleges i	that the folio	wing circumst	ances exis	
2a, Name of Employer: Mountain View Care & R	ehabilitation	Center 2b. Ad 2309	dress(es) of Es Stafford	stablishment(s) involv Avenue, Scrant	ed (Street and r on, PA 185	umber, City. 05	Stale, ZIP code	):	
Ja. 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)34			-0051		3f. E-Mail Address ceo@mountainviewscranton.org			
4a. Type of Establishment (Factory, 1 Nursing Home	mine, wholesaler, e	etc.)	46. Principal Patient C	Product or Service are		Sa: City and State where unit is located: Scranton, PA			d:
6b. Description of Unit Involved: included: All Regular Full time and Re Super flex time LPN's, Per l Excluded:			ses (LPN's), All I	Flex Time Ucensed Pra	ctical Nurses,	36	r of Employees i		nova)
All other Employees, Sup Check One: [x] 7a. Request for rec			•			of the e represe	mployees in the nted by the Petit eclined recognit	unit wish to	o be i
on or about (Date)  7b. Petitioner is cut		(If no reply	received, so st	até).	<del></del>	. Employer o	edines recogni	iọn	
8s. Name of Recognized or Certific	ed Bargaining Ag	ent (if none, so st	ele) 8b. Add	ress:					
8c. Tel. No.	8d. Cell No.	****	8e. Fax No.		8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, If any:  8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)									
9. Is there now a strike or picketing a (Name of Labor Organization)	t the Employers e	stablishment(s) in	volved?	If so, approxi			are participating or since (Month,		
Organizations or individuals other individuals known to have a representation.	r than Pelitioner ar esentative interest	nd those named in in any employees	items 8 and 9, in the unit desc	which have claimed chied in item 5b above	recognition as re	presentative			
10a. Name	10b. /	/ddress	•		10c, Tel. No	<b>)</b> .	10d. Cell No.		
						1		101, E-Mail Address	
11. Election Details: If the NLRB co The Petitioner Request an	Armour – Gl	obe Election.	ate your position	n with respect to any		uch election: 11a. Election Type:  Manual Mail Mixed Manual/Mail			
11b. Election Date(s): 6/13/19	11c. l 6:00	election Time(s): DAM - 8:00A		PM - 4:00PM	In the Chape	11d. Election Localion(s): In the Chapel /Recreational floom at the employers 2309 Stafford Ave. Scranton, PA Facility			
12 Full Name of Petitioner (includ Retail, Wholesale & Depa	artment Store	Union (RW	DSU)	12b. Address (street a 370 Seventh A	venue Suite	: 501 Nev	er Code): WYork,NY	10001	· .
12c. Full name of national or internat Retail, Wholesale & Depa	tional labor organizartment Store	ation of which Per Union, Unit	itioner is an aff ed Food &	iliate or constituent (ii commercial w	orkers (K v	VD20-0	FCW)		<u> </u>
12d. Tel. No. (917)653-2932	12e. Cell No. (917)653-2932		(212)779	1,		ore@rwdsu.org			
13. Representative of the Petitioner who will accept service of all papers for pur 13a. Name and Title:  Paul Bazemore, Organizer  13b. Add 370 Se			13h Addres	oses of the represent is (street end number nth Avenue Suit	r. city. State and	ZIP COGBJ:	10001	<u> </u>	· · · · · · · · · · · · · · · · · · ·
13c. Tel. No. (917)653-2932	13d. Cell No. (917)653-29		13e. Fax No (212)779	9-2809	pbazem	13f. E-Mail Address pbazemore@rwdsu.org		· · · · · · · · · · · · · · · · · · ·	
I declare that I have read the abov	e petition and the	t the statements	are true to the	best of my knowle	dge and belief. Title	<del></del>	•	<del></del>	oate
Name (Print) Paul Bazemore		June 1	6.		Organizer		·		5/29/19

Nicholas A. Scotto

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. Do NOT WRITE IN THIS SPACE

Date Filed

04-RC-242405

Date Filed

5/30/19

May 30, 2019

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Valiant Integrated Services BLDG 19-126 Range Rd. EAATS Ft. Indian Town Gap, Annville, Pa 17003 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Same Lois Soto 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 717-861-9125 Unknown Unknown Isoto@valiantintegrated.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Service Blackhawk Helicopters Annville, Pennsylvania Military Base 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: MCM3 Sim. Technicians 6b. Do a substantial number (30% or more) of the employees in the Excluded: Office clerical, professional, managerial, guards and supervisors as defined in the Act unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: 7b. Pelitioner is currently recognized as Bargaining Representative and desires certification under the Act (Date) (If no reply received, so state). 8a. Name of Recognized or Certifled Bargaining Agent (If none, so state). 8b. Address None 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e, Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 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) 10c. Tel. No. 10d. Cell No. 10b Address 10a, Name 10e. Fax No. 10f, E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 11:00 AM - 12:00 PM June 18, 2019 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, District Lodge 1, AFL-CIO 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 12g. E-Mail Address 12d, Tel No. 12e. Cell No. 12f, Fax No. (302) 392-0936 443-553-3046 colemanb2424@gmail.com N/A 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 13f. E-Mail Address 13d, Cell No. 13e. Fax No. 13c. Tel No (646) 902-5720 (631) 219-4116 nscotto@iamaw.org (929) 226-1724 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature

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

### PRIVACY ACT STATEMENT

Special Representative

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.