

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
04-RC-228558	10/3/18

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: XPO Logistics	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1403 Industrial Highway Cinnaminson, NJ 08077
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3a. Employer Representative - Name and Title: Justin Koch, Service Center Manager	3b. Address (if same as 2b - state same): 1403 Industrial Highway Cinnaminson, NJ 08077
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3c. Tel. No. (856) 786-7211	3d. Cell No. (717) 375-8531	3e. Fax No.	3f. E-Mail Address justin.koch@xpo.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal Product or Service Pick Up & Delivery/Warehouse	5a. City and State where unit is located: Cinnaminson, NJ
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5b. Description of Unit Involved: Included: All Full-time and Regular Part-Time road and city driver Excluded: All other employees including dock, office clerical, maintenance, supervisors & guards as defined in the act.	6a. Number of Employees in Unit: 24
	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) N/A and Employer declined recognition on or about (Date) _____ (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)	8b. Address:
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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? N/A 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): October 25, 2018	11c. Election Time(s): 5:00-10:30/17:00 to 19:30	11d. Election Location(s): XPO Locker Room
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 107	12b. Address (street and number, city, State and ZIP code): 12275 Townsend Road Phila., PA 19154
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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. 215-552-0070	12e. Cell No. 484-620-9358	12f. Fax No. 215-552-0071	12g. E-Mail Address cbuschmeier@teamsters107.com
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13a. Name and Title: Chris Buschmeier, Trustee	13b. Address (street and number, city, State and ZIP code): 12275 Townsend Road Phila., PA 19154
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13c. Tel. No. 215-552-00070	13d. Cell No. 484-620-9358	13e. Fax No. 215-552-0071	13f. E-Mail Address cbuschmeier@teamsters107.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) Chris Buschmeier	Signature 	Title Trustee	Date 10/2/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-229155	Date Filed 10/12/18

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: First Transit Philadelphia- Wheatsheaf Lane
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2500 Wheatsheaf Lane, Philadelphia, PA 19137

3a. Employer Representative - Name and Title: Doug Hart, General Manager
3b. Address (if same as 2b - state same): 2500 Wheatsheaf Lane, Philadelphia, PA 19137

3c. Tel. No. 484-239-1490
3d. Cell No.
3e. Fax No.
3f. E-Mail Address Doug.Hart@firstgroup.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Para - Transportation Services
4b. Principal Product or Service Para - Transportation Services
5a. City and State where unit is located: Philadelphia, PA

5b. Description of Unit Involved:
Included: All full time and regular part-time Road Supervisors at the Wheatsheaf Lane facility
Excluded: All other employees, including clericals, dispatchers, schedulers, vehicle mechanics, guards and supervisors as defined in the Act.
6a. Number 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) 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)

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:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): Oct. 30, 2018
11c. Election Time(s): 12:00 noon - 1:00 p.m.
11d. Election Location(s): Drivers room - 1st Floor

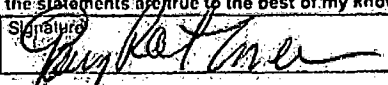
12a. Full Name of Petitioner (including local name and number): Local 726, IUJAT
12b. Address (street and number, city, State and ZIP code): 93 Lake Avenue, Suite 102, Danbury, CT 06810

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Journeymen and Allied Trades

12d. Tel. No. 203-25-0101
12e. Cell No.
12f. Fax No. 203-205-0006
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: Gary P. Rothman, Esq.
13b. Address (street and number, city, State and ZIP code): Attorney for Local 726, IUJAT

13c. Tel. No. 914-478-2801
13d. Cell No.
13e. Fax No. 914-478-2913
13f. E-Mail Address grothman@rothmanrocco.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) Gary P. Rothman
Signature 
Title Attorney for Local 726, IUJAT
Date 10/12/18

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-229247	Date Filed 10/16/18

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: Shore Toyota	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4236 E Black Horse Pike, Mays Landing, NJ 08330
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3a. Employer Representative - Name and Title: Mark Bruschi, General Manager	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 844-338-9967	3d. Cell No. Unknown	3e. Fax No. Unknown	3f. E-Mail Address markb@shoretoyota.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Automobile Dealership	4b. Principal Product or Service Automotive Repair	5a. City and State where unit is located: Mays Landing, NJ
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5b. Description of Unit Involved: Included: All full and part-time, flat rate and hourly technicians Excluded: All other employees	6a. Number of Employees in Unit: 24
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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) _____ on or about (Date) _____ (If no reply received, so state). _____ and Employer declined recognition
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. *Petition serves as demand*

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: _____
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): October 31, 2018	11c. Election Time(s): 11:00 A.M. - 3:00 P.M.	11d. Election Location(s): Break Room
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12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, AFL-CIO, District Lodge 15	12b. Address (street and number, city, State and ZIP code): 652 4th Ave, Brooklyn, NY 11232
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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. (718) 422-0090	12e. Cell No. (917) 842-6701	12f. Fax No. (718) 422-0177	12g. E-Mail Address iamdt57@gmail.com
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13a. Name and Title: Nicholas A. Scotto, Special Representative, Eastern Territory, IAMAW	13b. Address (street and number, city, State and ZIP code): 26 Court St, Suite 1710, Brooklyn, NY 11242
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13c. Tel. No. (646) 926-2910	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 10/15/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-229254	Date Filed 10-16-18

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: Jinny Beauty Supply	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2704 Cindel Drive, Cinnaminson, NJ 08077
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3a. Employer Representative - Name and Title: Julie Ahn, Title Unknown	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 856-544-9150	3d. Cell No. Unknown	3e. Fax No. 856-303-0050	3f. E-Mail Address jlee@jinny.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal Product or Service Beauty Supply	5a. City and State where unit is located: Cinnaminson, NJ
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5b. Description of Unit Involved: Included: Drivers and Warehouse workers/Pickers Excluded: All other employees	6a. Number of Employees in Unit: 16
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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
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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. *Petitioner Serves as Demand*

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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): November 5, 2018	11c. Election Time(s): 8:30 A.M. - 9:30 A.M.	11d. Election Location(s): Employee Lunch Room
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12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers; AFL-CIO, Local Lodge 447	12b. Address (street and number, city, State and ZIP code): 652 4th Ave, Brooklyn, NY 11232
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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. (718) 422-0090	12e. Cell No. (917) 842-6701	12f. Fax No. (718) 422-0177	12g. E-Mail Address iamdt57@gmail.com
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13a. Name and Title: Nicholas A. Scotto, Special Representative, Eastern Territory, IAMAW	13b. Address (street and number, city, State and ZIP code): 26 Court St, Suite 1710, Brooklyn, NY 11242
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13c. Tel. No. (646) 926-2910	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 10/15/18
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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
R'C PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
04-RC-229947	10/26/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original or 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 Springfield Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 190 W. Sproul Rd. Springfield, PA 19064
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3a. Employer Representative - Name and Title Elizabeth Bilotta, Chief Human Resource Officer, Crozer-Keystone Medical System	3b. Address (If same as 2b - state same) same
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3c. Tel. No. 610-338-8241	3d. Cell No. 215-284-8372	3e. Fax No. 610-338-8290	3f. E-Mail Address elizabeth.bilotta@crozer.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital	4b. Principal product or service Healthcare	5a. City and State where unit is located: Springfield, PA
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5b. Description of Unit Involved Included: All full time, part time, and per diem Registered Nurses employed by Springfield Hospital at the Acute Care Hospital at 190 W. Sproul Rd Springfield, PA 19064 Excluded: All other professional employees, technical employees, service and maintenance, skilled maintenance, business clerical, guards, confidential employees and supervisors as defined by the Act.	6a. No. of Employees in Unit: 59	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) 10/26/18 and Employer declined recognition on or about 10/26/18 (Date) (If no reply received, so state). **No REPLY**
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 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): 11/20/18	11c. Election Time(s): 6-9 am, 2-4 pm, 6-9 pm	11d. Election Location(s): Lower Level Conference Room
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12a. Full Name of Petitioner (including local name and number) Pennsylvania Association of Staff Nurses and Allied Professionals	12b. Address (street and number, city, state, and ZIP code) 1 Fayette St, Suite 475 Conshohocken, PA 19428
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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)
none

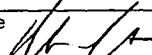
12d. Tel No. 610-567-2907	12e. Cell No. 267-279-4160	12f. Fax No. 610-567-2915	12g. E-Mail Address max@pasnap.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Max Lyons, Organizer	13b. Address (street and number, city, state, and ZIP code) 1 Fayette St, Suite 475 Conshohocken, PA 19428
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13c. Tel No. 610-567-2907	13d. Cell No. 267-279-4160	13e. Fax No. 610-567-2915	13f. E-Mail Address max@pasnap.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) Max Lyons	Signature 	Title Organizer	Date 10/26/18
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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.

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-230179	Date Filed 10/30/18

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 at: (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: J.P. Mascaro & Sons	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 315 W. 6th Street, Bridgeport, PA 19405
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3a. Employer Representative - Name and Title: Pasquale Mascaro	3b. Address (if same as 2b - state same): 2650 Audubon Road, Audubon, PA 19403
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3c. Tel. No. 888-627-2276	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trash/Recycling Facility	4b. Principal Product or Service Rubbish Collection	5a. City and State where unit is located: Bridgeport, PA
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6b. Description of Unit Involved: Included: All full-time, and regular part-time, drivers, helpers, transfer drivers, and mechanics. Excluded: All other employees, including guards and supervisors as defined in the Act.	6a. Number of Employees in Unit: 115	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
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 10/26/2018 and Employer declined recognition on or about (Date) no reply received (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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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9g. Affiliation, if any:	9h. Date of Recognition or Certification	9i. 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 6b 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:
Petition is supported by over 30% of eligible voters

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): October 15, 2018	11c. Election Time(s): 7am 9am and 3pm to 5pm	11d. Election Location(s): Employee break room
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 929	12b. Address (street and number, city, State and ZIP code): 4345 Frankford Avenue, Philadelphia, PA 19154
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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. 215-288-1430	12e. Cell No.	12f. Fax No. 215-288-8128	12g. E-Mail Address rocky.bryan@teamsterslocal929.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: Neal Goldstein, Esquire	13b. Address (street and number, city, State and ZIP code): Freedman & Lorry, P.C., 1601 Market Street, Suite 1500, Phila., PA 19103
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13c. Tel. No. 215-931-2530	13d. Cell No. 215-925-7516	13e. Fax No.	13f. E-Mail Address ngoldstein@freedmanlorry.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Neal Goldstein	Signature 	Title Counsel for Petitioner	Date 10/26/18
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