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

DO NOT WRITE IN THIS SPACE								
Case No.	04-RC-228558	Date Filed						
	04-RC-228338	1013118						

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INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petitior s named in	n must be accomp the petition of: (*	panied b 1) the pe	y both a sh tition; (2) S	owing of interest (se tatement of Position	ee 6b n form	below) and (Form NL	l a certifica: RB-505); an	e of service sh d (3) Descriptio	ion in wh owing se	ich the rvice o resenta	n ation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petit     requests that the National Laboratory	tioner desire	es to be certified a	s represe	entative of th	e employees. The Pe	etition	ner alleges	that the foli	owing circums	tances ex		i
2a. Name of Employer: XPO Logistics	Establishment(s) invo al Highway NJ 08077	olved (	Street and i	number, City	, State, ZIP code	9):						
3a. Employer Representative - Nar Justin Koch, Service Cent			1403	Industria	e as 2b - state same) al Highway NJ 08077	) <i>:</i>		-				
3c. Tel. No. (856) 786-7211	3d. Cell N (717) 3	o. 375-8531		3e. Fax No			3f. E-Mail A justin.ko	ddress och@xpc	.com			•
4a. Type of Establishment (Factory, Transportation	mine, whole	esaler, etc.)			al Product or Service  & Delivery/W		nouse	5a. City an Cinnan	d State where uninson, NJ	nit is locat	ed:	
5b. Description of Unit Involved: Included: All Full-time and Regular Part-Time road and city driver								24	r of Employees			
Excluded: All other en maintenance; Check One: 7a. Request for recon or about (Date)	supe	rvisors & Bargaining Repre	gua1 esentative	<u>ds as </u>	defined in	ı th	e act.	of the e	ubstantial number mployees in the inted by the Peti leclined recogni	unit wish tioner?	to be	□ No
☐ 7b. Petitioner is cul 8a. Name of Recognized or Certifie	rrently reco	gnized as Bargaini	ing Repre	sentative a	nd desires certificatio	n und	er the Act.					
8c. Tel. No.	8d. Cell N	0.		8e. Fax No.			8f. E-Mail Address					
8g. Affiliation, if any:			8h	. Date of Re	ecognition or Certifica		n 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing a (Name of Labor Organization) 10. Organizations or individuals other individuals known to have a repre	r than Petiti	oner and those na	med in it	ems 8 and 9	), which have claimed	, h	as picketed gnition as re	the Employe	are participatiner since (Month, es and other organic	Day, Year		
10a. Name		10b. Address					10c. Tel. No	.	10d. Cell No.			
						-	10e. Fax No	١.	10f. E-Mail Add	ress		
11. Election Details: If the NLRB co	nducts and	election in this ma	itter, state	your position	on with respect to any	y such	election:	11a. Election  Manua		Mixed N	/lanual/	/Mail
11b. Election Date(s):		11c. Election Tim						n Location(s	•	<u>-</u>		
October 25, 2  12a. Full Name of Petitioner (include			<u>0:30</u>		0 to 19; 3				r Room			
Teamsters Loca	•	•			12275 1 Phila.,	Γow	nsend	Road	•			
12c. Full name of national or internat Internation						(if non	e, so state):					
		20-9358			52-0071			hmeie	røteams	sters	107	.co
13. Representative of the Petitione 13a. Name and Title:	r who will a	accept service of			oses of the represer as (street and number							
Chris Buschmeie	r, Tr	ustee			5 Townser	nd	Road	2240/.				
13c. Tel. No. 215-552-00070		620-935	- I	13e. Fax No 215-	552-0071	1	13f. E-Mail A cbusc		rāteams	sters	107	.co
I declare that I have read the above Name (Print)	petition a	nd that the state		e true to the	e bjest of my knowle	Title					Date	
Chris Buschm	eier	M		187	<u></u>		Trust	e.e				2/18

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
04-RC-229155	פוניוסו						

	RC	PETITION	V				6	)4-RC-2	29155		101	12 18		
INSTRUCTIONS: Unless & Filed using the Agency's website www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.  1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective														
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to b	e certified as	represe	ntative	of th	e employees, The P	etition	ner alleges t	hat the follo	wing circums	tances ex			
2a. Name of Employer:	24	1	2b. Add	ress(es	) of E	stablishment(s) invo	olved (	Street and n	umber, City,	State, ZIP cod	a)			
First Transit Philadelphia- Wheatsheaf Lane 2500 Wheatsheaf Lane, P							lade	lphia, PA	19137	·				
3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same)							:):	7. 7. 7. 7.	*****	•		****		
Doug Hart, General Mana	ager		2500	Whe	atsl	neaf Lane, Phi	L.5. 1	ladelphia, PA 19137						
3c. Tel. No.	3d. Cell No.			3e. Fa	x No.	f:		3f. E-Mail Ad						
484-239-1490								Doug.H		group.com		<u> </u>		
4a. Type of Establishment (Factory, I		elc.)				al Product or Service		diana.	5a. City and Philadelphia	State where u	nit is loca	ted:		
Para - Transportation Ser	vices			Para	- 1	<u>Cransportation</u>	Serv	vices		of Employees	in linit			
Included: All full time and regular p	oart-time Ro	ad Super	visors	at th	e W	Vheatsheaf Lar	ne fa	cility	8	or Employees				
Excluded: All other employed									6b. Do a su	bstantial numb	er (30% c	r more)		
guards and supert Check One: 75 Request for rec	isors as defin	icd in the	Act.	was m	ade:	on (Dale)		1	represe	nied by the Pet eclined recogni	tioner?			
7b. Petitioner is dir	rently recognized	as Bargainli	ng Repri	senlali	ve a	nd desires certification	on uno	der the Act.	<del> </del>					
8a. Name of Recognized or Certifle	d Bargaining Ag	ent (If none.	, so stati	e)   8b	ī. Add	dress.	•							
8c⊭Tel, No.	8d. Cell No.	m ·		8e. Fa	x No.	•		8f. E-Mail Address						
8g. Affiliation, if any:	<u> </u>		8	i. Date	of Re	ecognition or Certific	Sation 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 e	stablishmen	t(s) invo	lved?		If so, appro	oximat	ely how man	y employees	are participatir	ng?			
(Name of Labor Organization)				-	-		ا ا در	has picketed	the Employe	er since (Month	Day, Ye	ar)		
10. Organizations or individuals other individuals known to have a repre	than Petitioner a esentative interest	nd those nai In any empl	med in it oyees in	ems 8 a the uni	and 9	), which have claime scribed in item 5b ab	ed reco	ognition as re (If none, so st	presentātive ale)	s and other org	anization	s and		
10a. Name	10b.	Address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10c. Tel. No		10d. Cell No.	v - 20-	a tree Capable de l		
				10e. Fa			10e, Fax No	No. 101, E-Mail Addre			· · · · · ·			
11. Election Details: If the NLRB co		- Lande	A4 ± - 1 = 24 = 1		2	the second of the se		h alaatianulii	110 Election	· Tuna:	<del></del>			
11. Election Details: If the NLMB Co.	nducts and election	on in this ma	lier, Stat	e your p	DOSILI	ion with respect to a	iny suc	ar election.	X Manua		☐ Mixed	Manual/Mail		
11b. Election Date(s):	11c	Election Tim	ie(s):				· · · · · ·	11d. Electio						
Oct. 30, 2018		00 noon		) p.m.				Drivers	room - 1	st Floor				
12a. Full Name of Petitioner (Includ	ling local name ar	d number):	·····	·		12b. Address (stree	et and	number, city,	State and 2	IP code):		<del> </del>		
Local 726, IUJAT 93 Lake Avenue, Suite 102, Danbury, CT 06810														
12c. Full name of national or internat					an a	filliate or constituent	t (if no	ne, so state):						
International Union of Jo		d Allied	Trade					Tue = 14	Walker Commen		<del></del>			
12d, Tel. No.	12e. Cell No.			12f, Fa		5-0006		12g. E-Mail	Address					
203-25-0101	who will accep	t service of	all nan				entati	on proceedi	no.		. <del> </del>			
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Title:						ss (street and numb						i .		
Gary P. Rothman, Esq.				Atto	me	y for Local 726	, IUJ	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	·		
13c, Tel, No. 13d, Cell No.			13e, F				13f. E-Mail		, ···					
914-478-2801	<u> </u>					8-2913				manrocco.	om	<u> </u>		
I declare that I have read the above Name (Print)	e petition and the	Spraying	nents a	cytrue	انا في	ie best of my know	Till		·····		<u>\:</u>	Date		
Gary P. Rothman		M	W/K	W/	//	ne-	4	-	or Local	726, IUJA	Τ	10/12/18		
	and the second s	- 150° ···	25 15											

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

00	NOT	WRITE	IN	THIS	SPA	CI

Case No.

04-RC-229247

Date Filed 10/16/18

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must in a named in the pe	be accompanied tition of: (1) the	d by both petition;	h a showing of interest (se ; (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 Petiti requests that the National Laboratory	ioner desires to be	e certified as repr	resentativ	e of the employees. The Pe	titioner alleges	that the foll	owing circumstances				
2a. Name of Employer: Shore Toyota		2b. A 423	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4236 E Black Horse Pike, Mays Landing, NJ 08330								
3a. Employer Representative - Nan Mark Bruschi, General M		3b. A Sar		(if same as 2b - state same):							
3c. Tel. No. 844-338-9967					3f. E-Mail	Address Øshoretoyota.com					
4a. Type of Establishment (Factory, Automobile Dealership	etc.)	4b. P	kown Principal Product or Service tomotive Repair	markoe	5a. City ar	d State where unit is loo Landing, NJ	ated:				
5b. Description of Unit Involved: Included: All full and part-time, flat	rate and hou	ırly technici	ans	· · · · · · · · · · · · · · · · · · ·			er of Employees in Unit:	,,			
Excluded: All other employees			<u>.</u>			of the e	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be			
Check One: 7a. Request for rec on or about (Date)	_	(If no rept	ly receive	ed, so state).	$\overline{}$		declined recognition	$\bigcirc$			
7b. Petitioner is cur 8a. Name of Recognized or Certifie	rently recognized	as Bargaining Re	epresenta	ative and desires certification	under the Act.		Jelus as hele	vcX			
None	o bargaming Ag	ent (ii none, so s	state) (	8b. Address:							
8c. Tel. No.	8d. Çell No.		8e. F	ax No.	8f. E-Mail A	8f. E-Mail Address					
8g. Affiliation, if any:	,		8h. Date	e of Recognition or Certificat			urrent or Most (Month, Day, Year)				
9. Is there now a strike or picketing a	t the Employer's e	stablishment(s) i	involved? No If so, approximately how many employees are participating?								
(Name of Labor Organization)					_ '		er since (Month, Day, Ye	·			
<ol> <li>Organizations or individuals other individuals known to have a repre None</li> </ol>	than Petitioner ar sentative interest	nd those named in any employee	in items 8 s in the u	B and 9, which have claimed anit described in item 5b abou	recognition as reve. (If none, so s	epresentative slate)	es and other organization	ns and			
10a. Name	10b. /	Address			10c. Tel. N	No. 10d. Cell No.					
					10e, Fax N	lo. 10f. E-Mail Address					
11. Election Details: If the NLRB cor	nducts and election	n in this matter, s	state your	r position with respect to any	such election:	11a. Election  Manua		Manual/Mail			
11b. Election Date(s): October 31, 2018		Election Time(s): 00 A.M 3:		л.	11d. Election Break R	on Location(s): Room					
12a. Full Name of Petitioner (include International Association of Workers, AFL-CIO, Distri	of Machinist:	s and Aeros	pace	12b. Address (street a 652 4th Ave, B			ZIP code):				
12c. Full name of national or internati International Association (	of Machinist:				f none, so state)	:					
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								
13. Representative of the Petitioner who will accept service of a 13a. Name and Title: Nicholas A. Scotto, Special Representative, Eastern Territory, IAMAW			papers for purposes of the representation proceeding.  13b. Address (street and number, city, State and ZIP code):  26 Court St, Suite 1710, Brooklyn, NY 11242								
13c. Tel. No. (646) 926-2910	13d. Cell No. (631) 219-4	116		13e. Fax No. 13f. E-Mail Address nscotto@iamaw.org				<del></del>			
I declare that I have read the above	, ,	t the statements	s are true		dge and belief.						
Name (Print) Nicholas A. Scotto					Title   Date   Special Representative   10/15/18						

# 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.nirt.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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2704 Cindel Drive, Cinnaminson, NJ 08077 2a. Name of Employer: Jinny Beauty Supply 3a. Employer Representative - Name and Title: 3b, Address (if same as 2b - state same): Julie Ahn, Title Unknown Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 856-544-9150 Unknown 856-303-0050 ilee@jinny.com 5a, City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Factory Beauty Supply Cinnaminson, NJ 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 16 Drivers and Warehouse workers/Pickers 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X Yes All other employees and Employer declined recognition Check One: 7a. Request for recognition as Bargaining Representative was made on (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 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 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c, Tel. No. 10d. Cell No. 10a Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s) 11c. Election Time(s) 11d. Election Location(s): **Employee Lunch Room** November 5, 2018 8:30 A.M. - 9:30 A.M. 12a. Full Name of Petitioner (including local name and number):
International Association of Machinists and Aerospace 12b. Address (street and number, city, State and ZIP code): 652 4th Ave, Brooklyn, NY 11232 Workers, AFL-CIO, Local Lodge 447 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 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (718) 422-0090 (718) 422-0177 (917) 842-6701 iamdt57@gmail.com 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): Nicholas A. Scotto, Special Representative, Eastern 26 Court St, Suite 1710, Brooklyn, NY 11242 Territory, IAMAW 13f. E-Mail Address 13c. Tel. No. 13d. Cell No 13e. Fax No. (646) 926-2910 (631) 219-4116 646-902-5720 nscotto@iamaw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) Special Representative 10/15/18 Nicholas A. Scotto

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

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

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Springfield Hospital 190 W. Sproul Rd. Springfield, PA 19064 3b. Address (If same as 2b - state same) 3a, Employer Representative - Name and Title same Elizabeth Bilotta, Chief Human Resource Officer, Crozer-Keystone Medical System 3e. Fax No. 3d, Cell No 3f. E-Mail Address 610-338-8241 215-284-8372 elizabeth.bilotta@crozer.org 610-338-8290 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Springfield, PA Healthcare Hospital 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All full time, part time, and per diem Registered Nurses employed by Springfield Hospital 6b. Do a substantial number (30% at the Acute Care Hospital at 190 W. Sproul Rd Springfield, PA 19064 or more) of the employees in the Excluded: All other professional employees, technical employees, service and maintenance, skilled maintenance, business unit wish to be represented by the clerical, guards, confidential employees and supervisors as defined by the Act. Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 10/26/18 and Employer declined recognition on or about Check One: 10/26/18 \_(Date) (If no reply received, so state). No RERY 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address none 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) \_\_\_ If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No (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 10d Cell No. 10a. Name 10b. Address 10c, Tel, 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: V Manual \_\_Mail\_ Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): ower Level Conference Room 6-9 am, 2-4 pm, 6-9 pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1 Fayette St, Suite 475 Conshohocken, PA 19428 Pennsylvania Association of Staff Nurses and Allied Professionals 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none 12g. E-Mail Address 12d Tel No 12e. Cell No. 610-567-2907 267-279-4160 610-567-2915 max@pasnap.com 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 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c, Tel No. 610-567-2915 max@pasпap.com 610-567-2907 267-279-4160 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 10/26/18 Organizer Max Lyons

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

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

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

DO NOT WRITE IN THIS SPACE							
Case No. 04-RC-230179	Date Filed						
04-RC-2301/9	10/30/18						

INSTRUCTIONS: Unless e-Filed using the Agency's website, \*\*INSTRUCTIONS: Unless e-Filed using the Agency e-Fil 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 bergaining by Pelliloner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requeets that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Addresa(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer. J.P. Mascaro & Sons 315 W. 6th Street, Bridgeport, PA 19405 3a. Employer Representative - Name and Title: 3b. Address (If same as 2b - state same): Pasquale Mascaro 2650 Audubon Road, Audubon, PA 19403 3c. Tel. No. 3d. Cell No. 3e, Fax No. 3f. E-Mail Address 888-627-2276 Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a, City and State where unit is located: Trash/Recycling Facility Rubbish Collection Bridgeport, PA 6b. Description of Unit Involved: 6a, Number of Employees in Unit: Included: All full-time, and regular part-time, drivers, helpers, transfer drivers, and mechanics, 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Politioner? X Yes No All other employees, including guards and supervisors as defined in the Act. 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. Politioner is currently recognized as Bargaining Representative and dealines certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. Se. Fax No. θf. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification | 8). 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 alnce (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-Mell Address 11. Flection Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Petition is supported by over 30% of eligible voters X Manuel ☐ Mail ☐ Mixed Manual/Mail 11b. Election Dale(s): October 15, 2018 11c. Election Time(s): 11d. Election Location(s): 7am 9am and 3pm to 5pm Employee break room 12b. Address (street and number, city, State and ZIP code): 4345 Frankford Avenue, Philadelphia, PA 19154 12a. Full Name of Petitioner (including local name and number): Teamsters Local 929 12c. Full name of national or international labor organization of which Pelitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d, Tel. No. 12f. Fax No. 12g, E-Mail Address 215-288-1430 215-288-8128 rocky.bryan@teamsterslocal929.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): Freedman & Lorry, P.C., 1601 Market Street, Suite 1500, Phila., PA 19103 Neal Goldstein, Esquire 13d. Cell No. 13c. Tel. No. 13e. Fax No. 13f. E-Mall Address 215-931-2530 215-925-7516 ngoldstein@freedmanlorry.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) Signature Title Neal Goldstein 10/26/18 Counsel for Petitioner

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information as to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or fitigation. 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.