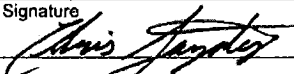


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-249214	Date Filed Oct. 2, 2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining with 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: Imperial Bag & Paper Co. LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2675 Directors Row Orlando, FL 32809-5601	
3a. Employer Representative - Name and Title: Thomas Wright, Branch Manager		3b. Address (if same as 2b - state same): 2675 Directors Row Orlando, FL 32809-5601	
3c. Tel. No. 407-859-1020	3d. Cell No.	3e. Fax No. 407-857-8247	3f. E-Mail Address twright@imperialdade.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal Product or Service Distribution Delivery	
5a. City and State where unit is located: Orlando, FL		5b. Description of Unit Involved:	
Included: Full-time, Part-time Delivery Drivers		6a. Number of Employees in Unit: 42	
Excluded: see attachment page 2 for additional drivers		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
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): 11/1/2019	11c. Election Time(s): 5:00am to 7:00am	11d. Election Location(s): 2675 Directors Row Orlando, FL 32809	
12a. Full Name of Petitioner (including local name and number): Christopher Gonzalez Teamsters Local 385		12b. Address (street and number, city, State and ZIP code): 126 N. Kirkman Rd. Orlando, FL 32811	
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. (407) 298-7037	12e. Cell No. (407) 761-6977	12f. Fax No. (407) 297-9097	12g. E-Mail Address chris@local385.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):	
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) Christopher Gonzalez	Signature 	Title Business Agent	Date 10/2/2019

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.

Attachment page 2

Employees Exclude:

All other employees, including temporary employees, guards, and supervisors as defined by the National Labor Relations Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 12-RC-249294	Date Filed 10/3/2019
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Miami Herald Media Company	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3511 NW 91 Ave., Miami, FL 33172
--	---

3a. Employer Representative - Name and Title Aminda Marqués González, Executive Editor	3b. Address (if same as 2b - state same) Same
---	--

3c. Tel. No. (305) 376-3429	3d. Cell No.	3e. Fax No.	3f. E-Mail Address amarques@miamiherald.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) News Organization	4b. Principal product or service Print and digital news	5a. City and State where unit is located: Miami, Florida
--	--	---

6b. Description of Unit Involved Included: All full-time and regular part-time newsroom employees employed by the Employer Excluded: All other employees, including all managers, guards, and supervisors as defined by the Act.	6a. No. of Employees in Unit: 95 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 10/2/19 and Employer declined recognition on or about 10/2/19 (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
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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): October 24	11c. Election Time(s): 2 p.m.-4 p.m.	11d. Election Location(s): Employer's break room
--------------------------------------	---	---

12a. Full Name of Petitioner (including local name and number) The NewsGuild-CWA	12b. Address (street and number, city, state, and ZIP code) 501 Third St., N.W., 6th Floor, Washington, D.C. 20001
---	---

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

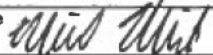
12d. Tel No. (202) 434-7177	12e. Cell No.	12f. Fax No.	12g. E-Mail Address memerich@cwa-union.org
--------------------------------	---------------	--------------	---

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

13a. Name and Title Michael Melick, attorney	13b. Address (street and number, city, state, and ZIP code) 1025 Connecticut Ave., Suite 712, Washington, D.C. 20036
---	---

13c. Tel No. (202) 293-9222	13d. Cell No. (443) 682-3867	13e. Fax No.	13f. E-Mail Address mmelick@barrcamens.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) Michael Melick	Signature 	Title Attorney	Date 10/3/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
12-RC-249342

Date Filed
03OCT19

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
Healthpromed Foundation

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2011 Ave. Borinquen, Bo. Obrero, San Juan, Puerto Rico 00916

3a. Employer Representative - Name and Title
Lic. Ivonne I. Rivera - Executive Director

3b. Address (if same as 2b - state same)
PO Box 14457 Bo. Obrero Station, San Juan, Puerto Rico 00916

3c. Tel. No.
787-268-4171

3d. Cell No.

3e. Fax No.
787-919-3956

3f. E-Mail Address
riveralcda@healthpromed.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Health Care Facility

4b. Principal product or service
Health Care services

5a. City and State where unit is located:
San Juan, Puerto Rico

5b. Description of Unit Involved
**Included: All regular full time and part-time professional employees employed by the Employer in its Santurce facility, including Technologists, which are to be accreted to the existing certified bargaining unit of Physicians 24-RC-8662.
Excluded: All other employees, clerical and administrative employees, managerial personnel, guards and supervisors as defined in the Act.**

6a. No. of Employees in Unit:
2
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) **03OCT19** and Employer declined recognition on or about **03OCT19** (Date) (if no reply received, so state). No reply received.
 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).
N/A

8b. Address

8c. Tel No.
N/A

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any
N/A

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
N/A

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):
15OCT19

11c. Election Time(s):
2:00 - 4:00pm

11d. Election Location(s):
Conference Room 3rd floor at Santurce facility

12a. Full Name of Petitioner (including local name and number)
Unidad Laboral de Enfermeras(os) y Empleados de la Salud

12b. Address (street and number, city, state, and ZIP code)
354 C/ Héctor Salamá, Urb. La Merced, San Juan PR 00916

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

12d. Tel No.
(787) 840-2323

12e. Cell No.
(787) 364-8196

12f. Fax No.
(787) 840-2323

12g. E-Mail Address
jdiaz@unidadlaboral.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
Harold Hopkins, Legal Counsel

13b. Address (street and number, city, state, and ZIP code)
354 Calle Hector Salamá Urb. La Merced, San Juan PR 00918

13c. Tel No.
(787) 763-8310

13d. Cell No.
(787) 526-4903

13e. Fax No.
(787) 763-8380

13f. E-Mail Address
snikpohh@yahoo.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)
Justiniano Díaz

Signature


Title
Organizer

Date
03OCT19

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE
Case No. 12-RC-249373 Date Filed 03OCT19

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 5b 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: **Healthpromed Foundation**
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): **2011 Ave. Borinquen, Bo. Obrero, San Juan, Puerto Rico 00916**

3a. Employer Representative - Name and Title: **Lic. Ivonne I. Rivera - Executive Director**
3b. Address (if same as 2b - state same): **PO Box 14457 Bo. Obrero Station, San Juan, Puerto Rico 00916**

3c. Tel. No: **787-268-4171** 3d. Cell No.: 3e. Fax No.: **787-919-3956** 3f. E-Mail Address: **rivalcda@healthpromed.org**

4a. Type of Establishment (Factory, mine, wholesaler, etc.): **Health Care Facility** 4b. Principal product or service: **Health Care services** 5a. City and State where unit is located: **San Juan, Puerto Rico**

5b. Description of Unit Involved: **Included: All regular full time and part-time non professional employees, including Pharmacy assistants, Radiology technicians, Sonographers, Medical records clerks and Physical plant employees employed by the Employer in its Santurce facility, which are to be accreted to the existing bargaining unit of Technicians #12-RC-25847. Excluded: All other employees, medical technologists, clerical and administrative employees, managerial personnel, guards and supervisors as defined in the Act**
6a. No. of Employees in Unit: **16**
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) **03OCT19** and Employer declined recognition on or about **03OCT19** (Date) (if no reply received, so state). **No reply received.**
 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): **N/A** 8b. Address:

8c. Tel No: **N/A** 8d. Cell No.: 8e. Fax No.: 8f. E-Mail Address:

8g. Affiliation, if any: **N/A** 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: **N/A** 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): **15OCT19** 11c. Election Time(s): **2:00 - 4:00pm** 11d. Election Location(s): **Conference Room 3rd floor at Santurce facility**

12a. Full Name of Petitioner (including local name and number): **Unidad Laboral de Enfermeras(os) y Empleados de la Salud** 12b. Address (street and number, city, state, and ZIP code): **354 C/ Héctor Salamá, Urb. La Merced, San Juan PR 00916**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): **N/A**

12d. Tel No: **(787) 840-2323** 12e. Cell No.: **(787) 364-8196** 12f. Fax No.: **(787) 840-2323** 12g. E-Mail Address: **jdiaz@unidadlaboral.com**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding: **Harold Hopkins, Legal Counsel**
13b. Address (street and number, city, state, and ZIP code): **354 Calle Hector Salamá Urb. La Merced, San Juan PR 00918**

13c. Tel No: **(787) 763-8310** 13d. Cell No.: **(787) 526-4903** 13e. Fax No.: **(787) 763-8380** 13f. E-Mail Address: **snikpohh@yahoo.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): **Justiniano Díaz** Signature:  Title: **Organizer** Date: **03OCT19**

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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PR 00918-1

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 12-RC-250766	Date Filed 10-29-19

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

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

2a. Name of Employer: Lee County Electric Cooperative	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4980 Bayline Dr N. Ft. Myers, Fl 33917
---	---

3a. Employer Representative - Name and Title: Sandy Thompson, Dir HR	3b. Address (if same as 2b - state same): same
--	--

3c. Tel. No. 239-656-2147	3d. Cell No.	3e. Fax No. 239-955-4894	3f. E-Mail Address sandy.thompson@lcec.net
-------------------------------------	---------------------	------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility	4b. Principal Product or Service Power	5a. City and State where unit is located: N. Ft. Myers, Fl
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5b. Description of Unit Involved: Included: See attachment I Excluded: See attachment I	6a. Number of Employees in Unit: 7	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) _____ na _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
---------------------------------	---	--

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

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

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

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

11b. Election Date(s): 11-22-2019	11c. Election Time(s): 1:30 pm - 3:30 pm	11d. Election Location(s): Cape Coral Relay office--in relay room
---	--	---

12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers LU 1933	12b. Address (street and number, city, State and ZIP code): PO Box 253 Palm Harbor, Fl 34682
---	--

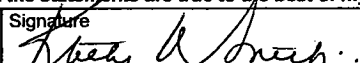
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Electrical Workers AFL-CIO

12d. Tel. No. 727 542-0212	12e. Cell No. 727 542-0212	12f. Fax No. 727 787-1331	12g. E-Mail Address kathy.smith@ibew.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Kathy A Smith IBEW Lead Organizer	13b. Address (street and number, city, State and ZIP code): PO Box 253 Palm Harbor, FL 34682

13c. Tel. No. 727 542-0212	13d. Cell No. 727 542-0212	13e. Fax No. 727 787-1331	13f. E-Mail Address kathy.smith@ibew.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Kathy A Smith	Signature 	Title IBEW LEAD ORGANIZER	Date 10-29-19
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

LCEC ATTACHMENT I

Included:

All regular and part time Scada Techs and Relay Techs located at Cape Coral Relay Office 1321 SE 8th St
Cape Coral, FL 33990-2929

Excluded:

All clerical, supervisor, management, guards and all others as defined by the law.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 12-RC-250741	Date Filed Oct. 29, 2019
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer: United Natural Foods, Inc	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1797 Pat Thomas Pkwy & 1400 Gadsden St--Quincy, FL 32351
3a. Employer Representative - Name and Title: James Rouse--General Manager	3b. Address (if same as 2b - state same): same

3c. Tel. No. 850-875-2600	3d. Cell No. -----	3e. Fax No. -----	3f. E-Mail Address -----
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse	4b. Principal Product or Service Grocery	5a. City and State where unit is located: Quincy, FL
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5b. Description of Unit Involved: Included: see attachment Excluded: See attachment	6a. Number of Employees in Unit: 130
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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) 10/29/19 and Employer declined recognition on or about (Date) no reply (If no reply received, so state).**
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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:
Self releasing and to be held in two different locations

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 11/19/19	11c. Election Time(s): P-(7am-9am & 5pm-7pm) G-(1pm-3pm)	11d. Election Location(s): PW-Breakroom/GW-Conference Room
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12a. Full Name of Petitioner (including local name and number): United Food and Commercial Workers Union Local 1625	12b. Address (street and number, city, State and ZIP code): 5600 US Hwy 98 North-Lakeland, FL 33809
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Food and Commercial Workers International Union AFL-CIO, CLC

12d. Tel. No. 863-686-1625	12e. Cell No. 407-590-4150	12f. Fax No. 863-583-3327	12g. E-Mail Address NWallace@ufcw.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: Nancy Wallace--International Rep	13b. Address (street and number, city, State and ZIP code): 5600 US HWY 98--Lakeland, FL 33809
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13c. Tel. No. 407-590-4150	13d. Cell No. 407-590-4150	13e. Fax No. 863-583-3327	13f. E-Mail Address NWallace@ufcw.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) Nancy Wallace	Signature <i>Nancy Wallace</i>	Title International Rep	Date 10/29/19
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

5b. Description of Unit involved:**Included:**

All Full Time maintenance, fork lift operators, loaders, selectors, sanitation, shuttle drivers, shipping and receiving clerks, inventory & warehouse clerks.

Excluded:

All other employees; administrative clerks, auditors, payroll clerks, all secretaries, professional employees, guards and all supervisors as defined by the act.