FORM NLRB-502 (RC) (4-15)

UNITED STATE		DO NOT WRITE IN THIS SPACE					
	TITION			L-RC-246712		e Filed 8/16/19	
INSTRUCTIONS: Unless e-Filed us in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Descript with the NLRB and should not be s 1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Relation	is located. The employer and tion of Represserved on the RTIFICATION O esires to be certi	all other parties entation Case employer or all F REPRESENTAT fied as representat ceed under its pro	t be accompanied by es named in the petit Procedures (Form Ni ny other party. TVE - A substantial numbe vice of the employees. The oper authority pursuant of	both a showing ion of: (1) the pet LRB 4812). The s er of employees wish a Petitioner alleges to to Section 9 of the N	of interest (s ition; (2) Sta showing of in to be represent that the followi lational Labor	see 6b below) and a certificate tement of Position form nterest should only be filed ed for purposes of collective ing circumstances exist and Relations Act.	
2a. Name of Employer CREC Transportation		and the second sec	ddress(es) of Establishme Salmon Brook Street			ly, State, ZIP Code)	
3a. Employer Representative - Name and Mason Thrall, Director of Operatio			3b. Address (If same a 111 Charter Oak A		, CT 06106)	
3c. Tel. No. 860-524-4056					3f. E-Mail Ad mthrall@c		
4a. Type of Establishment <i>(Factory, mine, v</i> School Bus	vholesaler, etc.)	4b. Principal pro	duct or service			y and State where unit is located:	
5b. Description of Unit Involved						6a. No. of Employees in Unit: 31	
Included: All full time and pa Excluded: All other employees, temp					by the Act.	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No	
8a. Name of Recognized or Certified Bar none	urrently recognize		epresentative and desires	certification under the	e Act.	drees	
8c. Tel No.	80 Cell No.		Se. Fax NO.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	or. E-Mail Ad	aress	
8g. Affiliation, if any			8h. Date of Recognition c	or Certification		Date of Current or Most Recent ny <i>(Month, Day, Year)</i>	
9. Is there now a strike or picketing at the El (Name of labor organization) None			? No If so, approx keted the Employer since (articipating?	
10. Organizations or individuals other than F known to have a representative interest in a	Petitioner and tho	se named in items	8 and 9, which have claim	ned recognition as rep		nd other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	an election in thi	is matter, state you	r position with respect to	11a. Election Type	: 🖌 Manual [Mail Mixed Manual/Mail	
11b. Election Date(s): 9/3/2019		ection Time(s): /- 10:30 AM, 12:0	00pm - 2:00pm	11d. Election Loca File Office Room	tion(s):		
12a. Full Name of Petitioner (including lo Teamsters Local 671				22 Britton Drive, Bl		city, state, and ZIP code) 06002	
12c. Full name of national or international la International Brotherhood of Teamsters		of which Petitioner		nt (if none, so state)	10. 5 11.		
	12e. Cell No. (b) (6), (b) (7)(C)		12f. Fax No. 860-769-6711		12g. E-Mail A (b) (6), (b) (7@team		
13. Representative of the Petitioner who was a state of the Petitioner who was a state of the st			13b. Address (street and 333 East River Drive, Suite	d number, city, state,	and ZIP code)		
13c. Tel No. 860-290-9610	13d. Cell No. 860-305-4497		13e. Fax No. 860-290-9611	13e. Fax No. 13f. E-Mail Address			
I declare that I have read the above petitic	1	tatements are tru		vledge and belief.			
Name (Print) John Fussell WILLFUL FALSE STATEMEN	Starter X	Mell	Title Attorney	INDRICONMENT (1)	Date 8/16/19		

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.

200-200-2904

213

FORM NLRB-502 (RC)	UNITED STATES OF	AMERICA	, Γ	DO NOT WRITE IN THIS SPACE					
(2-18)	NATIONAL LABOR RELAT	IONS BOA		Case No.		Date Filed			
	RC PETITIC	N		01-RC-	.24582	1 8-1-19			
INSTRUCTIONS: Unless e-Filed µ employer concerned is located the employer and all other parties Case Procedures (Form NLRB 48	he petition must be accom named in the petition of: (panied by 1) the peti	y both a showing of interest (se tition; (2) Statement of Position	f this Petition to as 6b below) an a form (Form NL	an NLRB of d a certificat RB-505); an	fice in the Region in which the e of service showing service on d (3) Description of Representation			
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit	RC-CERTIFICATION OF RE	PRESENT	TATIVE - A substantial number of	f employees wis utitioner alleges	to be repres	ented for purposes of collective owing circumstances exist and			
2a. Name of Employer:			ress(es) of Establishment(s) invol						
Wheaton College		26 Eas	st Main Street, Norton, Ma	assachusetts	02766				
3a. Employer Representative - Nar Omaira Roy, Vice President Resources		3b. Addr Same	o. Address (if same as 2b - state same): ame						
3c. Tel. No. 508-286-8200	3d. Cell No.	L	3e. Fax No.	3f. E-Mail / Roy_Om		atoncollege.edu			
4a. Type of Establishment (Factory, a College	nine, wholesaler, etc.)		4b. Principal Product or Service Education	<u> </u>		d State where unit is located:			
5b. Description of Unit Involved:			· · · · · · · · · · · · · · · · · · ·		6a. Numbe	r of Employees in Unit			
All full-time and regular part-tir	ne public safety officers,	, dispatch	thers and sergeants.		15	·			
Excluded: All other employees, and supe					of the e represe	ubstantial number (30% or more) mployees in the unit wish to be mted by the Petitioner? 🗵 Yes 🗌 No			
Check One: 7a. Request for rec on or about (Date)			e was made on (Date) eceived, so state).	ar	id Employer c	tectined recognition			
🔲 7b. Petitioner is cu	rrently recognized as Bargair	ning Repre	esentative and desires certificatio	n under the Act.		· · · · · · · · · · · · · · · · · · ·			
8a. Name of Recognized or Certifi	ed Bargaining Agent <i>(il non</i>	ie, so state	e) 6b. Address:						
Bc. Tel. No.	8d. Cell No.		8e. Fax No.	8f. E-Mail /	Address				
Bg. Affiliation, if any:	······································	8ħ.	h. Date of Recognition or Certifica			iment or Mast (Manth, Day, Year) ————————————————————————————————————			
9. Is there now a strike or picketing a	at the Employer's establishme	ent(s) invoi	bived? NO If so, approx	•	• • •	s are participating?			
(Name of Labor Organization)						er since (Month, Day, Year)			
10. Organizations or individuals othe individuals known to have a repr	r than Petitioner and those n esentative interest in any em	amed in its ployees in	tems 8 and 9, which have claimed 1 the unit described in item 5b abo	f recognition as i ove. (If none, so	representativo state)	es and other organizations and			
10a. Nam a	10b, Address			10c. Tel. N	10.	10d. Cell No.			
				10e. Fax N	io.	101. E-Mail Address			
11. Election Datails: If the NLRB co	onducts and election in this m	latler, state	te your position with respect to an		🗙 Manua	Mail Mixed Manual/Mail			
11b. Election Date(s): ASAP	11c. Election Ti 9:00am - 12:	· ·		Public S	on Location(s afety Office				
12a. Full Name of Petitioner (inclue National Association of Carr			(b) (6) , (b)		v. State and	Z(P cade):			
(b) (6) (7) (C)	tional labor organization of w	hich Petitic	ioner is an affiliate or constituent ((if none, so state):				
(b) (6), (b) (7)(C)	12e. Cell No.		12f. Fax No.	12g. E-Ma	il Address				
13. Representative of the Petition 13a. Name and Title: (b) (6), (b) (7)(C)	er who will accept service c	of all pape	ers for purposes of the represe (b) (6), (b) (7)(
13c. Tel. No. (b) (6), (b) (7)(C)	13d. Cell No.	2)	13e. Fax No.		(b) (7)(C	C)			
I declare that I have read the abov	e petition at	D), (edge and belief		Date			
(b) (6), (b) (7)(C)				(b) (6), (b) (7)	(C)	7/31/19			

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

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.

FORM NLRB-502 (RC)						DO NOT WRITE IN THIS SPACE			
(2-18)		R RELATIONS BO	DARD		Case No.			ate Filed	
	RCI	PETITION			01-	RC - 2459	990 A	ugust 5.	201
INSTRUCTIONS: Unless e-Filed ux employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48)	he petition must l named in the pet	be accompanied to tition of: (1) the pe	by both a sh etition; (2) S	nowing of interest (s Statement of Position	of this Petition to see 6b below) and n form (Form NL	an NLRB o d a certificat RB-505); an	ffice in the Region te of service show d (3) Description	n in which the ving service on of Representat	
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be	certified as repres	entative of th	he employees. The P	etitioner alleges	that the foll	owing circumsta	nces exist and	
2a. Name of Employer:			. ,	Establishment(s) invo			-		
Vistra Energy/Lake Road	Generating I	LLC 56 A	lexander	r Park Way, Da	iyville, Conr	ecticut 0	6241		
3a. Employer Representative - Nan		3b. Add	dress (if sam	ne as 2b - state same):				-
Tony Paradis - Plant Man	ager	same	e						
3c. Tel. No.	3d. Cell No.		3e. Fax No		3f. E-Mail A				
860-779-8356	860-625-22		860-77				@vistraenerg		
4a. Type of Establishment (Factory, I	nine, wholesaler, e	etc.)		al Product or Service	1		d State where unit	is located:	
Power Plant 5b. Description of Unit Involved:			Energy	, ,			, Connecticut	Unit	
Included:							er of Employees in	Onit.	
all full time & regular par	t time OpTec	hs, Maint. M	echanics	, IC&E Techs	& Electricia	16			
Excluded:							ubstantial number employees in the u		
all office clerical emp., pr						represe	ented by the Petitic	oner? 🔀 Yes	□ No
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cur	-	(If no reply r	eceived, so	state).		d Employer	declined recognitio	n	
8a. Name of Recognized or Certifie				Idress:		·	·····		
8c. Tel. No.	8d. Cell No.		8e. Fax No	D.	8f. E-Mail A	Address			
8g. Affiliation, if any:		8	h. Date of R	ecognition or Certifica			urrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing a	t the Employer's es	stablishment(s) invi	olved? No	If so, appro	ximately how ma	ny employee	s are participating	?	
(Name of Labor Organization)					, has picketed	I the Employ	er since (Month, D	ay, Year)	
10. Organizations or individuals other individuals known to have a repre	r than Petitioner an esentative interest i	d those named in i n any employees i	items 8 and n the unit de	9, which have claime escribed in item 5b ab	d recognition as r ove. (If none, so s	epresentative state)	es and other organ	izations and	
10a. Name		\ddress			10c. Tel. N	o. 10d. Cell No.			
					10e. Fax N	0.	10f. E-Mail Addre	SS	
11. Election Details: If the NLRB co	nducts and election	n in this matter, sta	ite your posit	tion with respect to an	ny such election:	11a. Electio		Mixed Manual/	Mail
11b. Election Date(s):	11c. E	lection Time(s):			11d. Election	on Location(s	<u></u>		
September 3 2019		to 7:15am					ne facility		
12a. Full Name of Petitioner (includ			•	12b. Address (stree				11057	
International Union of Op	• •			16-16 Whites	-	•	intestone, N Y	11357	
12c. Full name of national or international Union of Op			tioner is an a	affiliate or constituent	(if none, so state)	: _			
12d. Tel. No.	12e. Cell No.		12f. Fax N		12g. E-Mai		1 120		
917-680-7978	917-680-79		718-80				ioelocal30.or	<u>'g</u>	
13. Representative of the Petitione 13a. Name and Title:	r who will accept	service of all pap		ess (street and number					
Andres Puerta - Director of	Special Project	ts	1	Vhitestone Expre			7 11357		
13c. Tel. No.	13d. Cell No. 917-680-79	78	13e. Fax N 7 <u>18-8</u> 0		72 13f. E-Mail Address andrespuerta@iuoelocal30.org			·o	
I declare that I have read the above						aci iu(u)II		<u> </u>	
Name (Print)	<u>.</u>	Signature		_	Title			Date	14.0
Andres Puerta		/s/ Andres P	uerta		Director of	Special	Projects	08/05	/19
			. —						

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef 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.

FORM NLRB-502 (RC)	UNITE	D STATES OF			ĺ		DO NOT W	RITE IN THIS	SPACE
(2-18)		LABOR RELAT			ŀ	Case No.			Date Filed
· · ·		RC PETITIC				01-RC-	246211		8-7-19
				<u> </u>		<u> </u>	240211	···	
INSTRUCTIONS: Unless e-Filed u									
employer concerned is located. T									
the employer and all other parties									
Case Procedures (Form NLRB 48	12). The sho	owing of interes	st snouia	only be file	a with the NLRB an	a snoula not b	e served on a	ne employer o	r any other party.
1. PURPOSE OF THIS PETITION: I									
bargaining by Petitioner and Petit			•			•		-	
requests that the National Labo	or Relations	Board proceed	l under it	s proper au	thority pursuant to	Section 9 of the	e National La	bor Relations	Act.
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invo	olved (Street and	I number, City	, State, ZIP coo	le):
HESSCO			11 Me	rchant S	treet, Sharon, I	MA. 02067			
messes									
3a. Employer Representative - Nar			3b. Add	ress (if sam	e as 2b - state same,):			
Mary Jean McDermott, E	xecutive	Director	Same	;					
3c. Tel. No.	3d, Cell No			3e. Fax No		3f. E-Mail	Address		
781-784-4944		•		781-78		1	ermott@h	essen org	
4a. Type of Establishment (Factory,		alar ata l							unit in looptod:
		saler, etc.)		Comico	al Product or Service	mand	ba. City ar	u State where t	init is located.
Elder Service	2			withat	isabity.				
5b. Description of Unit Involved:					~ >		6a. Numbe	er of Employees	in Unit:
Included:							34		
see attached									
Excluded:									per (30% or more)
									e unit wish to be titioner? 🔀 Yes 🔲 No
Check One: 7a. Request for rec	cognition as I	Bargaining Repr	esentative	was made	on (Date)	a		leclined recogn	
on or about (Date)				eceived, so					
7b. Petitioner is cu					ind desires certification	on under the Act			
8a. Name of Recognized or Certific	ed Bargalnir	n g Agent (If non	ie, so stat	e) 8b. Ac	ldress:				
1									
	Nor	N							
8c. Tel. No.	8d. Cell No			8e. Fax No		8f. E-Mail	Address		
Pa Affiliation if any			0		ecognition or Certifica	ation Bi Expirat	ion Date of C	urrent or Most	
8g. Affiliation, if any:				I. Date of R	ecognition of Certifica			(Month, Day, Y	ear)
9. Is there now a strike or picketing a	at the Employ	er's establishme	ent(s) invo	lved?	🐨 If so, appro	ximately how ma	any employee	s are participati	ng?
(Name of Labor Organization)				NO		, has pickete	d the Employ	er since (Month	, Day, Year)
10. Organizations or individuals othe	r than Petitio	ner and those n	amed in it		9 which have claime	d recognition as	representativ	es and other or	anizations and
individuals known to have a repre	esentative int	terest in any em	ployees in	the unit de	scribed in item 5b ab	ove. (If none, so	state)		· · ·
			• •			·	Non	0	
10a. Name		10b. Address		<u> </u>					
l loa. Manie		TOD. Address				10c Tel	No		
						10c. Tel. 1	No.	10d. Cell No.	
									4000
1						10c. Tel. 1 10e. Fax		10f. E-Mail Ad	dress
						10e. Fax	No.	10f. E-Mail Ad	dress
11. Election Details: If the NLRB co	nducts and e	election in this m	atter, stat	e your posi	ion with respect to ar	10e. Fax	No.	10f. E-Mail Ad n Type:	
11. Election Details: If the NLRB co	nducts and e	election in this m	atter, stat	e your posi	ion with respect to ar	10e. Fax	No. 11a. Electio _ Manua	10f. E-Mail Ad n Type: al 🔀 Mail	Idress
• • •	inducts and e	election in this m		e your posi	tion with respect to an	ny such election:	No. 11a. Electio Manua ion Location(s	10f. E-Mail Ad n Type: al 🔀 Mail	
TBD 11b. Election Date(s):	inducts and e		me(s):	e your posi	ion with respect to ar	10e. Fax	No. 11a. Electio Manua ion Location(s	10f. E-Mail Ad n Type: al 🔀 Mail	
TBD 11b. Election Date(s): TBD		11c. Election Tin	^{me(s):} TBD	e your posi		10e. Fax I	No. 11a. Electio Manua ion Location(s	10f. E-Mail Ad n Type: al X Mail (
TBD 11b. Election Date(s): TBD 12a. Full Name of Petitioner (include	ling local nar	11c. Election Til	^{me(s):} TBD	e your posi	12b. Address (stree	10e. Fax I ny such election: 11d. Elect TB t and number, ci	No. 11a. Electio Manua ion Location(s) ty, State and .	10f. E-Mail Ad n Type: al X Mail (s): ZIP code):	Mixed Manual/Mail
TBD 11b. Election Date(s): TBD	ling local nar	11c. Election Til	^{me(s):} TBD	e your posi	12b. Address (stree 293 Boston P	10e. Fax I ny such election: 11d. Elect TB t and number, ci	No. 11a. Electio Manua ion Location(s) ty, State and .	10f. E-Mail Ad n Type: al X Mail (s): ZIP code):	Mixed Manual/Mail
TBD 11b. Election Date(s): TBD 12a. Full Name of Petitioner (include Service Employees Intern	<i>ling local nar</i> national U	11c. Election Tim ne and number). Jnion, Loca	me(s): TBD : 11 509	· ·	12b. Address (stree 293 Boston Po 01752	10e. Fax I ny such election: 11d. Elect t and number, cl ost Road W	No. 11a. Election Manual Manual Monutor Manual M	10f. E-Mail Ad n Type: al X Mail (s): ZIP code):	Mixed Manual/Mail
TBD 11b. Election Date(s): 12a. Full Name of Petitioner (include Service Employees International or int	ting local nar national U	11c. Election Tin ne and number). Jnion, Loca rganization of wi	me(s): TBD : 11 509	· ·	12b. Address (stree 293 Boston Po 01752	10e. Fax I ny such election: 11d. Elect t and number, cl ost Road W	No. 11a. Election Manual Manual Monutor Manual M	10f. E-Mail Ad n Type: al X Mail (s): ZIP code):	Mixed Manual/Mail
TBD 11b. Election Date(s): TBD 12a. Full Name of Petitioner (include Service Employees Intern	ting local nar national U	11c. Election Tin ne and number). Jnion, Loca rganization of wi	me(s): TBD : 11 509	· ·	12b. Address (stree 293 Boston Po 01752	10e. Fax I ny such election: 11d. Elect t and number, ci ost Road W (if none, so state	No. 11a. Electio Manua ion Location(D ty, State and est, Suite a):	10f. E-Mail Ad n Type: al X Mail (s): ZIP code):	Mixed Manual/Mail
TBD 11b. Election Date(s): 12a. Full Name of Petitioner (include Service Employees International or int	ting local nar national U	11c. Election Til ne and number). Jnion, Loca rganization of wi Jnion	me(s): TBD : 11 509	· ·	12b. Address (stree 293 Boston Po 01752 ffiliate or constituent	10e. Fax I ny such election: 11d. Elec 11d. Elec TB 11d. Elec TB 11d. Elec TB 11d. Elec TB 11d. Elec TB 11d. Elec (If none, so state 12g. E-Ma	No. 11a. Electio Manua ion Location(<i>S</i> <i>ty</i> , <i>State and</i> est, Suite a): ail Address	10f. E-Mail Ad n Type: al X Mail (s): ZIP code): 400, Marlt	☐ Mixed Manual/Mail
TBD 11b. Election Date(s): TBD 12a. Full Name of Petitioner (include Service Employees International or	ting local nar national U tional labor o national U	11c. Election Til ne and number). Jnion, Loca rganization of wi Jnion	me(s): TBD : 11 509	oner is an a	12b. Address (stree 293 Boston P 01752 ffiliate or constituent o.	10e. Fax I ny such election: 11d. Elec 11d. Elec TB 11d. Elec TB 11d. Elec TB 11d. Elec TB 11d. Elec TB 11d. Elec (If none, so state 12g. E-Ma	No. 11a. Electio Manua ion Location(<i>S</i> <i>ty</i> , <i>State and</i> est, Suite a): ail Address	10f. E-Mail Ad n Type: al X Mail (s): ZIP code): 400, Marlt	☐ Mixed Manual/Mail
TBD 11b. Election Date(s): TBD 12a. Full Name of Petitioner (incluc Service Employees Internat Service Employees Internat Service Employees Internat 12d. Tel. No. 774-843-7509	ting local nar national L tional labor o national L 12e. Cell N	11c. Election Time and number). Jnion, Loca rganization of wi Jnion o.	me(s): TBD : II 509 hich Petiti	oner is an a 12f. Fax N 508-48	12b. Address (stree 293 Boston P 01752 ffiliate or constituent o. 5-8529	10e. Fax I ny such election: 11d. Elect t and number, ci ost Road W (if none, so state 12g. E-Ma aamart	No. 11a. Election Manual ion Location(D ty, State and est, Suite a): a): Address ey dodd(10f. E-Mail Ad n Type: al X Mail (s): ZIP code):	☐ Mixed Manual/Mail
TBD 11b. Election Date(s): TBD 12a. Full Name of Petitioner (include Service Employees International or	ting local nar national L tional labor o national L 12e. Cell N	11c. Election Time and number). Jnion, Loca rganization of wi Jnion o.	me(s): TBD : II 509 hich Petiti	oner is an a 12f. Fax N 508-48 ers for purj	12b. Address (stree 293 Boston P 01752 ffiliate or constituent o. 5-8529 poses of the represe	10e. Fax I 10e. Fax I 11d. Elect 11d. Elect 11d. Elect 0st Road W (if none, so state 12g. E-Ma aamart aamart	No.	10f. E-Mail Ad n Type: al X Mail (s): ZIP code): 400, Marlt	☐ Mixed Manual/Mail
TBD 11b. Election Date(s): TBD 12a. Full Name of Petitioner (include Service Employees International or	ting local nar national L tional labor o national L 12e. Cell N	11c. Election Time and number). Jnion, Loca rganization of wi Jnion o.	me(s): TBD : II 509 hich Petiti	oner is an a 12f. Fax N 508-48 ers for purj 13b. Addre	12b. Address (stree 293 Boston P 01752 iffiliate or constituent o. 5-8529 poses of the represe poses (street and number	10e. Fax 1 10e. Fax 1 11d. Election: 11d. E	No. 11a. Election Manuation Location(S ty, State and est, Suite all Address ey dodd(ding. d ZIP code):	10f. E-Mail Ad n Type: al X Mail (s): ZIP code): 400, Marlt	☐ Mixed Manual/Mail
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TBD 11b. Election Date(s): TBD 12a. Full Name of Petitioner (include Service Employees Internat Service Employees Internat Service Employees Internat 12d. Tel. No. 774-843-7509 13. Representative of the Petitioner 13a. Name and Title: James Hykel	ting local nar national L tional labor o national L 12e. Cell N er who will a	11c. Election Ti ne and number). Jnion, Loca rganization of wi Jnion o. ccept service o	me(s): TBD : II 509 hich Petiti	oner is an a 12f. Fax N 508-48 ers for purj 13b. Addre	12b. Address (stree 293 Boston P 01752 ffiliate or constituent o. 5-8529 poses of the represe ss (street and numb y Square 10th fl	10e. Fax 1 10e. Fax 1 11d. Election: 11d. Election: 11d. Election: 11d. Election: 12g. E-Mit attainant 12g. E-Mit attainant 12g. E-Mit attainant 12g. E-Mit attainant 12g. E-Mit attainant attainant r. Bobson, M	No. 11a. Election Manuation Location(S ty, State and est, Suite all Address ey dodd(ding. d ZIP code):	10f. E-Mail Ad n Type: al X Mail (s): ZIP code): 400, Marlt	☐ Mixed Manual/Mail
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TBD 11b. Election Date(s): TBD 12a. Full Name of Petitioner (include Service Employees Internat Service Employees Internat 12c. Full name of national or internat Service Employees Internation 12d. Tel. No. 774-843-7509 13. Representative of the Petitioner 13a. Name and Title: James Hykel 13c. Tel. No. 617-367-7200	ting local nar national L tional labor o national L 12e. Cell N	11c. Election Time and number). Jnion, Loca rganization of wi Jnion o. cccept service of o.	me(s): TBD : I 509 hich Petiti	oner is an a 12f. Fax N 508-48 ers for pury 13b. Addre 2 Libert 13e. Fax N 617-36	12b. Address (stree 293 Boston Pe 01752 affiliate or constituent 5-8529 poses of the represe ass (street and number y Square 10th fl No. 7-4820	10e. Fax 10e. Fax 11d. Election: 11d. Election: 11d. Election: 11d. Election: 12g. E-Ma 12g. E-Ma annart antation procee er, city on e an r. Bolston, M 13f. E-Ma jhykele	No. 11a. Election Manual ion Location(S ty, State and est, Suite a): a): a): b): b): b): b): b): b): b): b	10f. E-Mail Ad n Type: al X Mail (s): 2 <i>IP code</i>): 400, Marlt 2)seiu509.0	☐ Mixed Manual/Mail
TBD 11b. Election Date(s): 12a. Full Name of Petitioner (include Service Employees Internet 12c. Full name of national or internet Service Employees Internet 12d. Tel. No. 774-843-7509 13. Representative of the Petitioner 13a. Name and Title: James Hykel 13c. Tel. No. 617-367-7200 I declare that I have read the above	ting local nar national L tional labor o national L 12e. Cell N	11c. Election Ti ne and number). Jnion, Loca rganization of wi Jnion o. ccept service of o.	me(s): TBD : I 509 hich Petiti of all pape	oner is an a 12f. Fax N 508-48 ers for pury 13b. Addre 2 Libert 13e. Fax N 617-36	12b. Address (stree 293 Boston Pe 01752 affiliate or constituent 5-8529 poses of the represe ass (street and number y Square 10th fl No. 7-4820	10e. Fax 10e. Fax 11d. Election: 11d. Election: 11d. Election: 11d. Election: 12g. E-Ma 12g. E-Ma annart antation procee er, city on e an r. Bolston, M 13f. E-Ma jhykele	No. 11a. Election Manual ion Location(S ty, State and est, Suite a): a): a): b): b): b): b): b): b): b): b	10f. E-Mail Ad n Type: al X Mail (s): 2 <i>IP code</i>): 400, Marlt 2)seiu509.0	☐ Mixed Manual/Mail
TBD 11b. Election Date(s): TBD 12a. Full Name of Petitioner (include Service Employees Internet 12c. Full name of national or internat Service Employees Internet 12d. Tel. No. 774-843-7509 13. Representative of the Petitioner 13a. Name and Title: Jatnes Hykel 13c. Tel. No. 617-367-7200 I declare that I have read the above Name (Print)	ting local nar national L tional labor o national L 12e. Cell N	11c. Election Time and number). Jnion, Loca rganization of wi Jnion o. cccept service of o.	me(s): TBD I 509 hich Petiti of all pape	oner is an a 12f. Fax N 508-48 ers for pur 13b. Addre 2 Libert 13e. Fax N 617-36 re true to t	12b. Address (stree 293 Boston Pe 01752 affiliate or constituent 5-8529 poses of the represe ass (street and number y Square 10th fl No. 7-4820	10e. Fax I 10e. Fax I 11d. Elect 11d. Elect 11d. Elect 11d. Elect 11d. Elect 12g. E-Ma 12g. E-Ma 12g. E-Ma 13f. E-Ma 13f. E-Ma 13f. E-Ma 13f. E-Ma 13f. E-Ma	No. 11a. Election Manual ion Location() ty, State and est, Suite all Address ey dodd(ding. d ZIP code): A. 02109 il Address @pylerom	10f. E-Mail Ad n Type: al X Mail (s): 2 <i>IP code</i>): 400, Marlt 2)seiu509.0	☐ Mixed Manual/Mail porough,MA org
TBD 11b. Election Date(s): TBD 12a. Full Name of Petitioner (include Service Employees International or international	ting local nar national L tional labor o national L 12e. Cell N	11c. Election Ti ne and number). Jnion, Loca rganization of wi Jnion o. ccept service of o.	me(s): TBD : I 509 hich Petiti of all pape	oner is an a 12f. Fax N 508-48 ers for pur 13b. Addre 2 Libert 13e. Fax N 617-36 re true to t	12b. Address (stree 293 Boston Pe 01752 affiliate or constituent 5-8529 poses of the represe ass (street and number y Square 10th fl No. 7-4820	10e. Fax 1 10e. Fax 1 11d. Election: 11d. Election: 11d. Election: 11d. Election: 12g. E-Mi aamart 12g. E-Mi aamart antation procee er, cit, Ste e an r. Botton, M 13f. E-Ma jhykelu ledge and belie	No. 11a. Election Manual ion Location() ty, State and est, Suite all Address ey dodd(ding. d ZIP code): A. 02109 il Address @pylerom	10f. E-Mail Ad n Type: al X Mail (s): 2 <i>IP code</i>): 400, Marlt 2)seiu509.0	Mixed Manual/Mail

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.

Including:

All full-time and regular part time service providing employees, including intake/Information referral, intake assessment specialists, case managers, protective service/elder at risk workers, nurses, family caregiver specialist, nursing home transitions specialist, and all other employees

Excluding: clerical employees, managers, guards, and supervisors as defined in the Act.

	S GOVERNMENT				DO NOT	WRITE IN THIS	······································	
NATIONAL LABOR	TITION		Case			Date		
RC PE INSTRUCTIONS: Unless e-Filed u	TITION			01.	-RC-246283		3/9/19	
in which the employer concerned								
of service showing service on the	employer and	all other partie:	s named in th	e petitio	on of: (1) the peti	tion; (2) State	ement of Position form	
(Form NLRB-505); and (3) Descrip	tion of Represe	entation Case P	Procedures (F	orm NLF	RB 4812). The si	howing of int	erest should only be filed	
with the NLRB and should not be					·	-	-	
1. PURPOSE OF THIS PETITION: RC-C	ERTIFICATION OF	REPRESENTATI	VE - A substantia	al number	of employees wish to	be represented	for purposes of collective	
bargaining by Petitioner and Petitioner requests that the National Labor Rel	desires to be certifications Roard proc	ed as representativ	ve of the employe	es. The l	Petitioner alleges the No.	nat the followin	g circumstances exist and elations Act	
2a. Name of Employer	ations board proc	2b. Ad	dress(es) of Esta	blishment	t(s) involved (Street a	and number, city	, State, ZIP code)	
All-Star Transportation		1	ld Road, New			-	· · ·	
3a. Employer Representative - Name ar	nd Title	I			2b - state same)			
Leslie Sheldon 146 Huntington Ave, Waterbury, CT 06708								
3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address								
203-573-0555	860-601-007	75	203-573-97	50				
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal pro					and State where unit is located:	
School Bus Transportation		Student Trans	sportation			New M	ilford, CT	
5b. Description of Unit Involved							6a. No. of Employees in Unit: 67	
Included: All full-time and p	part-time bu	is drivers a	nd monito	rs			6b, Do a substantial number (30%	
•							or more) of the employees in the	
Excluded: Dispatchers, All other employ	ees, temporary emp	ployees, professior	nal employees, gu	uards and	supervisors as define	ed by the Act.	unit wish to be represented by the	
							Petitioner? Yes 🖌 No	
		jaining Representa		n (Date) E	<u>3/8/19 </u>	nd Employer dec	lined recognition on or about	
8/8/19		(If no reply received			ur a tha a second and the			
7b. Petitioner is 8a. Name of Recognized or Certified Ba	currently recognize	ed as Bargaining Re		d desires (certification under the	e Act.		
None	irganning Agent (ii	none, so statej.		QUIESS				
8c. Tel No.	8d Cell No.		8e. Fax No.			8f. E-Mail Add	ress	
							Deta (0 ment or Mart Darent	
8g. Affiliation, if any			8h. Date of Reco	ognition of	r Certification		Date of Current or Most Recent y (Month, Day, Year)	
							, (
9. Is there now a strike or picketing at the	Employer's establis	shment(s) involved	? If s	so, approx	imately how many e	mployees are pa	articipating?	
					Month, Day, Year)		<u> </u>	
(Name of labor organization) 10. Organizations or individuals other than							d 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)	Jesematives un		
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.	
					10a Eax Na		10f. E-Mail Address	
					10e. Fax No.			
11. Election Details: If the NLRB conduc	cts an election in thi	is matter, state you	r position with re	spect to	11a. Election Type	Manual	Mail Mixed Manual/Mail	
any such election.			·					
11b. Election Date(s):		lection Time(s): n - 11:00am			11d. Election Loca Employee Break F			
August 27, 2019 12a. Full Name of Petitioner (including				· ··· ·			city, state, and ZIP code)	
Teamsters Local 677					1871 Baidwin Stre			
12c. Full name of national or international	labor organization	of which Petitioner	is an affiliate or	constituen	nt (if none, so state)			
International Brotherhood of Teamsters						10- E Mail A	ddrono	
12d. Tel No.	12e. Cell No.		12f. Fax No. 203-756-1058			12g. E-Mail A ibt677@sbcgl		
13. Representative of the Petitioner wh	203-753-3121 203-648-5538 203							
i is, representative of the Feutioner with	o will accent servi	ice of all naners f	or purposes of t					
^{13a. Name and Title} William E. Pe				(street an	d number, city, state,			
^{13a. Name and Title} William E. Pe			13b. Address	(street an	d number, city, state,		Idress	
^{13a.} Name and Title William E. Po 13c. Tel No. 203-753-3121	etruno, Busir 13d. Cell No. 203-648-5538	ness Agent	13b. Address 1871 Baldwin St 13e. Fax No. 203-756-1058	(street an reet, Water	d number, city, state, bury, CT 06706	and ZIP code)		
^{13a.} Name and Title William E. Po 13c. Tel No. 203-753-3121	etruno, Busir 13d. Cell No. 203-648-5538		13b. Address 1871 Baldwin St 13e. Fax No. 203-756-1058	(street an reet, Water	d number, city, state, bury, CT 06706	and ZIP code)		
13a. Name and Title William E. Po 13c. Tel No. 203-753-3121 I declare that I have read the for pet	etruno, Busir 13d. Cell No. 203-648-5538	ness Agent	13b. Address 1871 Baldwin St 13e. Fax No. 203-756-1058 ue to the best of Title	(street and reet, Watert f my knov	d number, city, state, bury, CT 06706	and ZIP code) 13f. E-Mail Ac ibt677@sbcgl		
13a. Name and Title William E. Po 13c. Tel No. 203-753-3121 I declare that I have read the for pet	etruno, Busir 13d. Cell No. 203-648-5538 ition and that the	ness Agent statements are tru	13b. Address 1871 Baldwin St 13e. Fax No. 203-756-1058 ue to the best of Title Business Age	(street ani reet, Watert f my knov	d number, city, state, bury, CT 06706 wledge and belief.	and ZIP code) 13f. E-Mail Ac ibt677@sbcg! Date 8/9/19	obal.net	

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.

i,

FORM NLRB-502 (RC)	UNITED STATES OF	AMERICA	DO NOT WRITE IN THIS SPACE			
(2-18)		TIONS BOARD	Case No. Date Filed 01-RC-246363 8/9/2019			
employer concerned is located. T the employer and all other parties	he petition must be accon named in the petition of:	npanied by both a showing of intere (1) the petition; (2) Statement of Po	inal of this Petition to an NLRB office in the Region in which the sist (see 6b below) and a certificate of service showing service on sition form (Form NLRB-505); and (3) Description of Representation RB and should not be served on the employer or any other party.			
bargaining by Petitioner and Petit	ioner desires to be certified	as representative of the employees. T	nber of employees wish to be represented for purposes of collective The Petitioner alleges that the following circumstances exist and nt to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: Visiting Nurses Association	on of Boston, Inc		i) involved (Street and number, City, State, ZIP code): kway, Weymouth, Ma 02189			
^{3a.} Employer Representative - Nar Holly Chaffee BSN,MSN President and CEO		3b. Address <i>(if same as 2b - state s</i> Same	same):			
^{3c, Tel, No,} 617-886-6500	3d. Cell No.	^{3e, Fax No.} 781-682-0314	3f. E-Mail Address Holly-Challeel@VNACare.org			
4a. Type of Establishment <i>(Factory, Former Health Care Agence)</i>	mine, wholesaler, etc.) 'Y	4b. Principal Product or Se Health Care	Weymouth, MA & Dos chaster M			
5b. Description of Unit Involved: Included: see attached			6a. Number of Employees in Unit: 36			
Excluded: see attached			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: X 7a. Request for rec on or about (Date)	no reply (if	resentative was made on (Date) no reply received, so state). ining Representative and desires certi	08/07/19 and Employer declined recognition			
8a. Name of Recognized or Certific						
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address			
8g. Affiliation, if any:	t	8h. Date of Recognition or Ce	ertification 8i. Expiration Date of Current or Most Recent Contract, if any <i>(Month, Day, Year)</i>			
9. Is there now a strike or picketing a	t the Employer's establishm	ent(s) involved? No If so, a	арргохіmately how maлy employees are participating?			
(Name of Labor Organization)			, has picketed the Employer since (Month, Day, Year)			
		named in items 8 and 9, which have cl aployees in the unit described in item t	laimed recognition as representatives and other organizations and 5b above. (If none, so state)			
10a. Name	10b. Address		10c. Tel. No. 10d. Cell No.			
			10e, Fax No. 10f, E-Mail Address			
		natter, state your position with respect	🗙 Manual 🦳 Mail 🗌 Mixed Manual/Mail			
11b. Election Pate(s): 915119	11c. Election T 7ຄ - 9ຄ	3P-6P	Dorchester Ma & Weymouth Ma			
12a. Full Name of Petitioner (includ Massachusetts Nurses Ass Jeanine Hickey		22. Address (340 Turnp Canton, M				
12c. Full name of national or internat	ional labor organization of w	which Petitioner is an affiliate or constit	tuent (if none, so state):			
12d. Tel. No. 781-830-5739	12e. Cell No. 781-363-0960	12f. Fax No. 781-821-4445	12g. E-Mail Address JHickey@mnarn.org			
13. Representative of the Petitione 13a. Name and Title: Kristen Barnes,Atty McDonald, Lamond and Car		of all papers for purposes of the rej 13b. Address (street and r 352 Turnpike Rd Su Southborough, MA	number, city, State and ZIP code): ite 210			
^{13c. Tel. No.} 508-485-6600 ext 125	13d. Cell No.	13e. Fax No. 508-485-4477	13f. E-Mail Address KBarnes@masslaborlawyers.com			
		tements are true to the best of my k	nowledge and belief.			
Name (Print) Veunine Hicke	Signatu	re H. D. RI) Title Density Decempting alg /19			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *el* 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.

Description of Bargaining Unit:

Included: All Full Time, Part Time, Per Visit, and Per Diem professional employees, including physical therapists, occupational therapists, speech and language pathologists, and social workers employed by the Employer at the Visiting Nurse Association of Boston, Inc (Dorchester and Weymouth offices).

Excluded: Guards, registered nurses, and supervisors and all other employees as defined by the Act.

	TES GOVERNME			DO NOT WRITE IN THIS SPACE			
	OR RELATIONS E		Case No.	DO 0/6/10	Date	Filed	
RC PI	ETITIOI	N	LO	L-RC-246412		8/12/19	
INSTRUCTIONS: Unless e-Filed	using the Age	ncy's website, ww	ww.nlrb.gov, submit a	an original of this	Petition to a	an NLRB office in the Region	
in which the employer concerne	d is located.	The petition must	be accompanied by	both a showing o	f interest (se	ee 6b below) and a certificate	
of service showing service on th							
(Form NLRB-505); and (3) Descr							
with the NLRB and should <u>not</u> b				(10 4012). The on	ionnig or m	terest should only be med	
1. PURPOSE OF THIS PETITION: RC-	CERTIFICATION	OF REPRESENTATI	VF - A substantial number	of employees wish to	he renresente	d for nurnoses of collective	
bargaining by Petitioner and Petitione	r desires to be ce	rtified as representativ	ve of the employees. The	Petitioner alleges th	at the followin	ig circumstances exist and	
requests that the National Labor Re	elations Board p						
2a. Name of Employer			dress(es) of Establishmen	t(s) involved (Street a	nd number, city	y, State, ZIP code)	
Bob's Discount Furniture, LLC		C) Jewett City Road T Taftville 06380				
3a. Employer Representative – Name	and litle		3b. Address (If same as				
Ivan Kucher			70 Jewett City Ro CT Taftville 06380	au)			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add		
(860) 859-3400			(860) 889-2035		Ivan.kucher@m		
4a. Type of Establishment (Factory, mine	e, wholesaler, etc	.) 4b. Principal pro			5a. City	and State where unit is located:	
Others			Warehouse			Taftville, CT	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for add	litional details					258 6b. Do a substantial number (30%	
						or more) of the employees in the	
Excluded: See Attached Page 2 for add	litional details					unit wish to be represented by the	
						Petitioner? Yes [] No []	
Check One: 7a. Request fo			tive was made on (Date) 0		d Employer dec	clined recognition on or about	
			d, so state). No reply rece				
7b. Petitioner i	s currently recogr	ized as Bargaining Re	epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified E	Bargaining Agent	t (If none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress	
8g. Affiliation, if any			8h. Date of Recognition o	r Certification		Date of Current or Most Recent (Month, Day, Year)	
9. Is there now a strike or picketing at the	e Employer's esta	blishment(s) involved	? If so, approx	kimately how many em	nployees are pa	articipating?	
(Name of labor organization)		, has pick	eted the Employer since (Month, Day, Year)			
10. Organizations or individuals other that					resentatives an	d other organizations and individuals	
known to have a representative interest i							
10a. Name	10b	Address		10c. Tel. No.		10d. Cell No.	
lou. Humo							
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB condu	ucts an election in	this matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail	
any such election.	110	Election Time(s):		11d. Election Locati	ion(s).		
11b. Election Date(s): Any Tuesdays - Thursdays, ASAP		AM, 1-4 PM, and 6:30-	-9:30 PM	Taftville Distribution			
12a. Full Name of Petitioner (including	loc (name and	number)		12b. Address (stree	et and number,	city, state, and ZIP code)	
Frances Boyes New England Joint Board, UNITE HERE				33 Harrison Avenue MA Boston 02111-	8th Floor		
12c. Full name of national or international UNITE HERE, AFL-CIO	al labor organization	on of which Petitioner	is an affiliate or constituen	t (if none, so state)			
12d. Tel No.	12e. Cell No		12f. Fax No.	1	12g. E-Mail Ad	ddress	
(617) 832-6618	(617) 352-87		(617) 426-1653		fboyes@unitel	here.org	
13. Representative of the Petitioner w	ho will accept se	rvice of all papers fo	or purposes of the repres	sentation proceeding	ŀ.		
13a. Name and Title			13b. Address (street and		and ZIP code)		
Shelley B. Kroll Attorney		33 Harrison Avenue 7th MA Boston 02111-	100	8			
Segal Roitman, LLP				Fax No. 13f. E-Mail Address			
13c. Tel No.	13d. Cell No		13e. Fax No.				
13c. Tel No. (617) 603-1425			13e. Fax No. (617) 742-2187	viedge and bolief	skroll@segalro		
13c. Tel No. (617) 603-1425 I declare that I have read the above pe	tition and that th		13e. Fax No. (617) 742-2187 le to the best of my know	vledge and belief.	skroll@segalro		
13c. Tel No. (617) 603-1425 I declare that I have read the above per Name (Print)	tition and that th		13e. Fax No. (617) 742-2187 e to the best of my know Title	vledge and belief.	skroll@segalro	pitman.com	
13c. Tel No. (617) 603-1425 I declare that I have read the above pe	tition and that the Signature Shelley B. Kroll	ie statements are tru	13e. Fax No. (617) 742-2187 e to the best of my know Title Attorney		Date 08/12/2019	9 13:54:33	

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

	DO N	OT WRITE IN THIS SPACE
Attachment	Case	Date Filed
laciment		

Employees Included

All regular full-time and regular part-time warehouse employees employed by the Employer in the Taftville, Connecticut distribution center.

Employees Excluded

Office clericals, confidential employees, customer care employees, routing department employees, warehouse management systems specialists, returns coordinators, drivers and yard jockeys, truck mechanics, loss prevention (security) employees, professional employees, managers, and supervisors.

	S GOVERNMENT			DO NOT W	RITE IN THIS	
		RD	Case No.		Date I	
	TITION			-246570		<u>gust 14, 2019</u>
INSTRUCTIONS: Unless e-Filed us						
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descrip				RB 4812). The sho	wing of int	erest should only be filed
with the NLRB and should not be a 1. PURPOSE OF THIS PETITION: RC-CE	served on the	employer or any	other party.	af an al an an an in the bar		
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d	RIFICATION OF lesires to be certifi	 REPRESENTATIV ed as representative 	E - A substantial number of the employees The	of employees wish to be Petitioner alleges that	e represented the following	for purposes of collective
requests that the National Labor Rela		eed under its prop	er authority pursuant to	Section 9 of the Natio	nal Labor R	elations Act.
2a. Name of Employer			ress(es) of Establishmen 35 W. 132nd St., Suite 34		number, city	, State, ZIP code)
Midwest Air Traffic Control Services, Inc.		K\$	Overland Park 66213-	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
3a. Employer Representative – Name and	ditte		3b. Address (If same as 7285 W 132nd St			
Shane Cordes 3c. Tel. No.	3d. Cell No.		7285 W. 132nd St KS Overland Park 3e, Fax No.		f. E-Mail Add	
(913) 782-7082	Sd. Cell NO.		JE. FAX NU.		hanelc@att.net	
4a. Type of Establishment (Factory, mine,	wholesaler_etc.)	4b. Principal produ	uct or service			and State where unit is located:
Aerospace & Defense			Air Traffic Control Ser	vices		Beverly, MA
5b. Description of Unit Involved		L			_!	6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	nal details					4
						6b. Do a substantial number (30%
Excluded: See Attached Page 2 for addition	nal details		<u> </u>			or more) of the employees in the unit wish to be represented by the
						Petitioner? Yes [7] No [1]
Check One: 7a. Request for m	ecognition as Barg	aining Representati	ve was made on (Date) _	and E	Employer decl	ined recognition on or about
		(If no reply received,				
7b. Petitioner is c	surrently recognize	d as Bargaining Rep	presentative and desires	certification under the Ad	ct	
8a. Name of Recognized or Certified Bar	rgaining Agent (//	' none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Add	ress
	<u> </u>			- Continentian	. Funination F	
8g. Affiliation, if any			3h. Date of Recognition of			Date of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at the E	Employer's establis	shment(s) involved?	If so, approx	imately how many empl	oyees are pa	rticipating?
(Name of labor organization)		, has picke	ted the Employer since (Month, Day, Year)		
10. Organizations or individuals other than						
known to have a representative interest in	any employees in	the unit described in	item 5b above. (If none,	, so state)		-
			<u>.</u>			10d. Cell No.
10a. Name	10b. Ad	aress		10c. Tel. No.		Tud. Cell No.
				10e. Fax No.		10f. E-Mail Address
						1
 Election Details: If the NLRB conduct any such election. 	s an election in thi	is matter, state your	position with respect to	11a. Election Type: <u>[</u>	🗸 Manual 🗍	Mail Mixed Manual/Mail
11b Election Date(s)	1	ection Time(s):		11d. Election Location	.,	
First available		mid day				(address: 50 L.P. Henderson Rd., Be
12a. Full Name of Petitioner (including In Nicole Vitale National Air Traffic Controllers Association, AFL-CI	ocal name and nu	umber)		12b. Address (street a 1325 Massachusetts A DC Washington 20005	ano number, o ve., NW	city, state, and ZIP code)
12c. Full name of national or international I	O (NATCA) abor organization	of which Petitioner is	s an affiliate or constituen) DC Washington 20005- it (if none, so state)		
None				, , , , , , , , , , , , , , , , , , , ,		
12d. Tel No.	12e. Cell No.		12f. Fax No.		2g. E-Mail Ad vitale@natca	
(202) 220-9805						
13. Representative of the Petitioner who 13a. Name and Title	will accept servi	ice of all papers for	• • •	sentation proceeding. d number, city, state, and	d 7IP code	
Nicole Vitale Acting Director of Labor relation National Air Traffic Controllers Association,		、	1325 Massachusetts Av	e. NW	u 211 0000)	
National Air Traffic Controllers Association, 13c. Tel No.	AFL-CIO (NATCA 13d. Cell No.)	DC Washington 20005- 13e. Fax No.		3f. E-Mail Ad	dress
(202) 220-9805				n	vitale@natca	dc.org
I declare that I have read the above petit	tion and that the	statements are true	e to the best of my know	vledge and belief.		
Name (Print)	ignature		Title		Date	
Nicole Vitale	icole Vitale		Acting Director of Labor		08/14/2019	
	INTS ON THIS PE	TITION CAN BE D	UNISHED BY FINE AND	IMPRISONMENT (U.S.	CODE. TITL	E 18. SECTION 1001)

PRIVACY ACT STATEMENT

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

DO N	DO NOT WRITE IN THIS SPACE					
Case	[•] Date Filed					
]				

Employees Included

All full-time and regular part-time air traffic control specialists at the Beverly Air Traffic Control Tower (BVY)

Employees Excluded

All other employees, managers, guards, and supervisors, as defined by the Act

	4 14 11 77 7	0.014750.05			1	DO NOT WRITE IN THIS SPACE				
FORM NLRB-502 (RC)		D STATES OF A			ŀ				r	
(2-18)	NATIONAL	RC PETITIO		ARU		Case N	™. 1 — R C —	24661	6	Filed
						0	<u>1-KC-</u>	2400.	8	<u>-14-19</u>
INSTRUCTIONS: Unless offiled u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition i named in ti	must be accomp he petition of: (1	ianied b 1) the pe	y both a sh tition; (2) S	nowing of interest (s Statement of Position	ee 6b b n form	elow) and (Form NLR)	a certifica 18-505); an	e of service showing d (3) Description of i	y service on Representation
1. PURPOSE OF THIS PETITION: I bergaining by Petitioner and Petit requests that the National Labor	ioner desires	to be certified a	s represe	entative of t	he employees. The P	etitione	er alleges t	hat the foll	owing circumstance	
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invo	oived (S	Street and n	umber, City	State, ZIP code):	
Prolerized New England Con Schnitzer Steel Industries In	• •	.C /	69 Ro	over Stree	et Everett Ma. 02	2149				
3a. Employor Representative - Nar	ne and Titlo:		3b. Add	iress (il s an	na as 2b - state same,	<i>;</i>):				
John Silva										
3c. Tel. No.	3d. Cell No			3e. Fax No	0.		lf. E-Mail Ac silva@scl			
40. Type of Establishment (Factory, I	mine, wholes	saler, etc.)		4b. Princip	bil Product or Service	,		5a. City an	d State where unit is.	ocaled
Metal Ptrocessing				Metal Re	ecycling			Everett I	Ma.	
5b. Description of Unit Involved:								6a. Numbe	r of Employees in Un	i.
Included: All full-time and regular part-tir	ne scale o	perators in the	e Everel	it, Ma. Loo	cation			3		
Excluded:									ubstantial number (30 imployees in the unit v	
All other employees defined in								represe	nted by the Petitioner	
Check One: 7a. Request for rec on or about (Date)							and	Employer	teclined recognition	
Tb. Petitoner is cur				sceived, so esentative (on unde	r the Act			
8a. Name of Recognized or Certific										
None	-									
8c. Tel. No.	8d. Cell No			8e. Fax No	0.	8	I. E-Mail Ad	dress		
	ļ									
8g. Affiliation, if any:			81	n. Date of R	ecognition or Certifica		Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employ	ers establishme	nt(s) invo	lved? No	lf so, aporo	i pximatel	v how man	empiovee	s are participating?	
(Name of Labor Organization)							-		· · · • -	Vand
							·		ar since (Month, Day.	
10. Organizations or individuals othe individuals known to have a repre									es and other organizat	ions and
10a. Name	Ţ	10b. Address					10c. Tel. No.		10d. Cell No.	
						h	0e. Fax No		101. E-Mail Address	
11. Election Details: If the NLRB co	nducts and e	ection in this ma	atter, stat	e your posi	tion with respect to an	ny such	election: 1	1a. Electio	n Type:	
								🗙 Manua	l 🗌 Mail 🛄 Mo	ed Manual/Mail
11b. Election Date(s):	T	11c. Election Tin	ne(s):			1	1d. Election	Location(s):	
8.20.19	1	tbd				6	Everett Lo	cation int	er	
12a. Full Name of Petitioner (includ					12b. Address (stree	t and n	mber, city.	State and	ZIP codej:	
International Longshoremen	's Associa	ition			5000 West Side	e Aver	nue, Nort	h Berger	N.J 07047	
12c. Full name of national or internat International Longshoremen's			ich Petiti	oner is an a	affiliate or constituent	(if none	e, so state):			
12d. Tcl. No.	12e. Cell N		·	12f. Fax N	lu.		2g. E-Mail	Address		
508-274-8942							laboston@		n	
13. Representative of the Petitione	r who will a	ccept service of	ail pep	ers for pur	poses of the represe	ntatior	n proceedir	ıg.		
13a. Name and Title:					ess (street and numbe					
Bernard O'Donnell - Internat	ional V.P.			32 Stall	ion Way, Marstor	ns Mill	ls, Ma. 02	2648		
13c. Tel. No.	13d, Cell N	0.		13e. Fax N	NO	13f. E-Mail Address				
							ilaboston@msn.com			
I declare that I have read the above	e pet don ar			re true to t	he best of my knowl		nd belief.			
Name (Print)		Signature	۰ <i>آ</i>	1/7	1 PAT	Title				Date
Bernard O'Donnell		- Her	nd 1	104	uny	Inter	mational -	V.P.		8.14.19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or 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.

FORM NLRB-502 (RC)	- · ·	STATES OF A						DO NOT V	VRITE IN THIS S	PACE	
(2-18)				ARD		Case				Date Filed	
	ł	RC PETITIO	N			01	1-RC-	24669	4	8-16-19	9
INSTRUCTIONS: Unless e-Filed d employer concerned is located, the employer and all other partie Case Procedures (Form NLRB 40	The petition m s named in th	ust be accomp a petition of: (1,	anied by) the pe	y both a : tition; (2)	showing of Interest (s Statement of Position	see 6b n form	below) and (Form NLI	l a certifica RB-505); an	e of service sho d (3) Description	wing service on n of Represent	on ation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	itioner desires f	to be certified as	represe	ntative of	the employees. The P	etition	ner alleges	that the foll	owing circumst	ances exist an	
2a. Name of Employer: Health and Social Service d/b/a HESSCO	es Consort	ium Inc.	25. Add 1 Mei	ress(es) o chant	of Establishment(s) invo Street, Sharon, N	olved (MA (Street end i)20667	number, City	, State, ZIP code	<i>)</i> :	
3a. Employer Representative - Na Mary Jean McDermott, E	3b. Addı Same	Address (<i>if same as 2b - state same):</i> ne									
3c. Tel. No. 781-784-4944	3d. Cell No.		No. 84-4922		3f. E-Mail A mmcder		essco.org	· · · · · · · · · · · · · · · · · · ·			
4a. Type of Establishment (Factory, elder services	mine, wholesa							5a. City an Sharon	d State where un	nit is located:	
5b. Description of Unit Involved: Included: All registered nurses,		····						6a, Numbe 5	er of Employees i	n Unit:	
Excluded: All other employees, cleri	icals, mana	agers, guard	is, and	l super	visors as defined	d in t	the Act.	of the e	ubstantial numbe mployees in the anted by the Petit	unit wish to be	
Check One: 7a. Request for rea on or about (Date)		(If no	reply re	ceived, so			·		leclined recogniti		
Ba. Name of Recognized or Certifi None					Address:			- <u> </u>			
8c. Tel. No.	8d. Cell No.			8e. Fax N	No.	1	8f. E-Mail A	ddress			
8g. Affiliation, if any:	L		8h.	Date of	Recognition or Certifica	ation {			urrent or Most (Month, Day, Yea	ar)	<u></u>
9. Is there now a strike or picketing a	t the Employer	r's establishment	t(s) invol	ved? N() If so, appro:	ximate	ly how man	y employee	s are participating	37	
(Name of Labor Organization)						, ha	as picketed	the Employ	er since (Month, I	Day, Year)	
10. Organizations or individuals othe individuals known to have a repre None									es and other orga	nizations and	
10a. Name	10	Ob. Address		<u> </u>			10c. Tel. No).	10d. Cell No.		
							10e. Fax No		10f. E-Mail Addr	ess	
11. Election Details: If the NLRB co mail ballot				your pos	sition with respect to an			11a. Election	I 🔀 Mail 🗌] Mixed Manua	ıl/Mail
11b. Election Date(s): TBD	N	Ic. Election Time	ə(s):			1	mail bal				
12a. Full Name of Petitioner <i>(incluc</i> Service Employees Intern	ational Un	ion, Local :			12b. Address (street 293 Boston Po 01752	ost R	oad We	st, Suite	400, Marlbo	orough, MA	•
12c. Full name of national or internat Service Employees Intern	ational Un	anization of which									
12d. Tel. No. 774-843-7509	12e. Cell No.				35-8529	8)seiu509.org	g	
13. Representative of the Petitione 13a. Name and Title: James Hykel	r who will acc	ept service of a		13b. Add	rposes of the represent ress (street and number ty Square 10th Flo	ər,∙city,	State and J	ZIP code):			
13c. Tel. No. 617-367-7200	13d. Cell No.				57 -4820	13f. E-Mail Address jhykel@pylerome.com					
I declare that I have read the above	e petition and		ients are	true to	the best of my knowle		and belief.				
Name (<i>Print</i>) James Hykel	···	Signature	am	"H,	whellow	Atte	orney			Date 08/10	5/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain lhese 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.

FORM NLKB-SOZ (RC)	UNIT	ED STATES OF	MERIC				DO NOT	WRITE IN THIS &	ITE IN THIS SPACE	
(2-18)	NATIONA	RC PETITIO		oard		Case No. Date Filed 01-RC-246785 8/19/2				
INSTRUCTIONS: Unless e-Filed u employer concerned is located, 7 the employer and all other parties Case Procedures (Form NLRB 48	he petition s named in	must be accomp the petition of: (panied (1) the p	by both a si etition; (2) (howing of Interest (Statement of Positio	see 65 belo in form (Fo	w) and a certific mn NLRB-505); {	ate of service sh Ind (3) Descriptio	owing s on of Rei	ervice on presentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Labo	lioner desire	es to be certified a	a repres	entative of t	he employees. The F	Petitioner a	lleges that the f	flowing circums	tences e	
2a. Name of Employer: Rogers Corporation					Establishment(s) inv or Drive, Narra			ty, State, ZIP cod	ē):	
3a. Employer Representative - Nar Gerald Fargo/ Operations			зь. Ad Sam		ne as 26 - state same	<u>};</u>		<u></u>		
Sc. Tel. No. 401-789-9736	3d. Cell N 401-78	5. 3-6780		3e. Fax N 401-78	9-97 38	3f. E	-Mail Address			
4a. Type of Establishment (Factory, Manufacturer	mine, whole	saler, øtc.)			er films/ tapes	•	Narra	and State where u gansett, RI	02882	ited:
5b. Description of Unit Involved: Included: Sec attachment							6a. Num 120	ber of Employees	in Unit	
Excluded: See attachment							of the	substantial numbe employees in the sented by the Peti	unit wish	to be
Check One: 72. Request for red on or about (Date) 75. Pelitioner is cui		(if n	o reply (ecaived, so	state),	on under th		declined recogni	llon	
8a. Name of Recognized or Certific None							<u> </u>			
8ç. Tel. No.	8d. Cell No).		Se. Fax No	2,	81. E	-Mail Address			
8g. Affiliation, if any:			8	h, Date of R	ecognition or Certific	ation 81. E Rece	xpiration Date of tent Contract, if an	Current or Most (Month, Day, Ye	erj	
9. Is there now a strike or picketing a (Name of Labor Organization)	t the Emplo	yer's establishmer	nt(6) inv	olved? No	ii so, appro	-		es are participatin yer since (Month,	·	ar)
10. Organizations or individuals other Individuals known to have a repre None	than Petitiesentative in	oher and those na iterest in any empl	med in i loyees i	tems 8 and n the unit de	9, which have claime scribed in item 5b ab	d recognitic ove. (if non	on as representall e, so state)	ves and other orga	nization	s and
10a. Name		10b. Address				10c.	Tel. No.	10d. Cell No.		
					١	10e.	Fax No.	10f. E-Mail Add	ress	
11. Election Details: if the NLRB con	nducts and	election in this ma	tter, sta	te your posit	ion with respect to an	ly such elec	ction: 11a. Electi] Mixed	Manual/Mail
11b. Election Date(s): 9/10/2019		11c. Election Tim 6-8am and 2		• • • • • • • • • • • • • • • • • • •		Bre	Election Location			
12a. Full Name of Politioner (Include Teamsters Local 251					12b. Address (stree 121:Brightridg	ge Aven	ue, East Pro	ZIP code): vidence, RI (02914	· · ·
12c. Full name of national or International Brotherhood	onal labor of Tean	rganization of whi 1Sters	ch Patit							
	12e. Cell N 401-96.	5-2024		121. Fax N 401-43	1-1893	mp	E-Mall Ad s251@yahoo	.com	.	
13. Representative of the Petitioner 13a. Name and Title: Marc Gursky/ Attorney	r who will a	ccept service of	ali pap	13b. Addre	oses of the represents (street and number n Rod Road, C-2	er, citv. Stal	e and ZIP code):	RI02852		
	13d. Cell N 401-58()-3402		13e. Fax N 401-294	1-4702	mg	-Mail Address ursky@rilab	orlaw.com		
I declare that I have read the above Name (Print) Michael Simone		id that is staten		Level	, V	Title	zer/Trustee			Date 19 17
			7.							

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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 16, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Lebor Relations Act (NLRA), 29 U.S.C. & 151 at 600. The relation of the information of the informatio

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Attachment

5b. Description of Unit Involved:

Included: All full time and regular part-time production, maintenance, shipping/receiving and quality assurance employees employed by the employer at its Narragansett, RI facility.

Excluded: All other employees, managers, supervisors and guards as defined in the act.

	·	DO NOT WRITE IN THIS SPACE						
UNITED STATES NATIONAL LABOR				DO NOT				
RC PE			Case No.	-247287	Date	28-19		
INSTRUCTIONS: Unless e-Filed us		v'e woheito wu						
in which the employer concerned i								
of service showing service on the								
(Form NLRB-505); and (3) Descript				LRB 4812). The sh	owing of int	erest should only be filed		
with the NLRB and should <u>not</u> be s	served on the	employer or any	y other party.					
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTATI	VE - A substantial number	er of employees wish to	be represented	for purposes of collective		
bargaining by Petitioner and Petitioner de requests that the National Labor Related								
2a. Name of Employer			dress(es) of Establishme					
National Express School d/b/a Durham Scho	ol Services	1.	John C Dean Memorial B	lvd		· · ·		
3a. Employer Representative - Name and	Title	KI	Cumberland 02864- 3b. Address (If same a	as 2b – state same)		· · · · · · · · · · · · · · · · · · ·		
Paul Neves			1 John C Dean N RI Cumberland 0	lemorial Blvd				
3c. Tel. No.	3d. Cell No.		3e. Fax No.	12004-	3f. E-Mail Add	ress		
(401) 334-3745			(401) 334-3775					
4a. Type of Establishment (Factory, mine, v	wholesaler, etc.)	4b. Principal proc		I	5a. City	and State where unit is located:		
Transportation			School Transporta	tion		Cumberland, RI		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
Included: See Attached Page 2 for addition	nal details					125		
	iar dotano					6b. Do a substantial number (30%		
Exeluded:						or more) of the employees in the		
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the Petitioner? Yes [7] No []]		
Check One: 7a. Request for re	energition on Par	nining Depresented	tive was made on (Date)	00/00/0040				
Ta. Request for re				<u>08/28/2019</u> and	i Employer dec	lined recognition on or about		
The Retitioner is a		(If no reply received	presentative and desires	continuation under the	Act			
8a. Name of Recognized or Certified Bar	gaining Agent (h	none, so state).	8b. Address	s certification under the		······································		
			L					
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress		
8g. Affiliation, if any			8h. Date of Recognition	Date of Recognition or Certification 8i. Expiration Date of 0				
					Contract, if an	y (Month, Day, Year)		
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved?	No If so, appro	eximately how many em	ployees are pa	rticipating?		
(Name of labor organization)		, has pick	eted the Employer since	(Month, Day, Year)		·		
10. Organizations or individuals other than	Petitioner and tho	se named in items	8 and 9, which have clair	med recognition as repr	esentatives and	d other organizations and individuals		
known to have a representative interest in a	iny employees in	the unit described in	n item 5b above. (If non	e, so state)				
				40a Tal Na	-			
10a. Name	10b. Ad	aress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
				100.1 00.10				
11. Election Details: If the NLRB conducts	s an election in th	is matter, state your	r position with respect to	11a. Election Type:	11a. Election Type: 🔽 Manual 🛄 Mail 🔲 Mixed Manu			
any such election. 11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Locati	on(s):			
11b. Election Date(s): September 16, 2019		10am and 1230pm	n to 4pm	Training room at the		imberland location		
12a. Full Name of Petitioner (including lo Megan Carvalho United Food and Commercial Workers Union Local	cal am and n	umber)		12b. Address (street and number, city, state, and ZIP code) 278 Silver Spring St RI Providence 02904-				
12c. Full name of national or international la United Food and Commercial Workers Intern	abor organization	of which Petitioner	is an affiliate or constitue		·	<u> </u>		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail A	dress		
(401) 834-9089	(401) 834-9089		(401) 331-7965		megan@ufcw:	328.org		
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	or purposes of the repre	• •				
13a. Name and Title				nd number, city, state, a	and ZIP code)			
Marc Gursky Attorney Gursky Wiens Attorneys at Law LTD			1130 Ten Rod Rd Bldg RI North Kingstown 02	J. C. Suite 207 2852				
13c. Tel No.	13d. Cell No.		1 13e Eav No. 1 13f E-Mail Address			dress		
(401) 294-4700					ngursky@rilaborlaw.com			
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.						borlaw.com		
	(401) 580-3402		e to the best of my kno	wledge and belief.	mgursky@niai	borlaw.com		
I declare that I have read the above petit Name (Print) Si	(401) 580-3402 ion and that the gnature		Title	wledge and belief.	Date			
I declare that I have read the above petit Name (Print) Si	(401) 580-3402 ion and that the gnature egan Carvalho	statements are tru	Title Director of Organizing	<u></u>	Date 08/28/2019	9 11:43:23		

PRIVACY ACT STATEMENT

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

	DO NOT WRIT	E IN THIS SPACE	
nt	Case 01-RC-247287	Date Filed 8-28-19	

Employees Included

All full time and part time bus drivers, monitors and aides employed by employer at Durham's Cumberland, Rhode Island location

Employees Excluded

All other employees, including supervisors, managers, professional employees, mechanics, guards, office and clerical employees, and dispatchers.

· • • • • • • • • • • • • • • • • • • •	ES GOVERNMENT					S SDACE
NATIONAL LABO	Case No	DO NOT WRITE IN THIS SPACE Case No. Date Filed				
RC PETITION				01 - RC - 247375 $8 - 29 - 19$		
INSTRUCTIONS: Unless e-Filed		v's waheita un	the second se			
in which the employer concerne						
of service showing service on th						
(Form NLRB-505); and (3) Descri				RB 4812). The sh	owing of in	terest should only be filed
with the NLRB and should not b	e served on the	employer or any	y other party.			
1. PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitione	r desires to be certifi	ed as representativ	ve • A substantial number ie of the employees. The l	of employees wish to Petitioner alleges the	be represente at the followir	d for purposes of collective ig circumstances exist and
requests that the National Labor Re	elations Board proc					
2a. Name of Employer			dress(es) of Establishment	(s) involved (Street a	nd number, cit	y, State, ZIP code)
Quality Beverage		N	5 Myles Standish Blvd. A Taunton 02780-			
3a. Employer Representative – Name a	and little		3b. Address (If same as 525 Myles Standis			
Ted Audet 3c. Tel. No.	3d, Gell No.		525 Myles Standis MA Taunton 02780 3e. Fax No.	<u>). </u>	3f. E-Mail Add	1.000
(508) 822-6200	50. Cen NO.		(508) 823-9092		ted.audet@qblp	
4a. Type of Establishment (Factory, mine		4b. Principal proc	Laine function and the second second			and State where unit is located:
Beverages (Alcoholic)	,		Beer Distribution			Taunton, MA
5b. Description of Unit Involved		I				6a. No. of Employees in Unit:
Included: See Attached Page 2 for add	ilional details					2
Gee Allauleu Page 2 101 800						6b. Do a substantial number (30%
Excluded: See Attached Page 2 for add					·,	or more) of the employees in the unit wish to be represented by the
Excluded: See Attached Page 2 for add	illional details					Petitioner? Yes [7] No [7]
Check One: 7a. Request fo	r recognition as Bar	naining Representa	tive was made on (Date)	an	d Employer de	clined recognition on or about
	•	(If no reply received				
			epresentative and desires	certification under the	Act.	
8a. Name of Recognized or Certified E	Bargaining Agent (/	f none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Ad	dress
		· · · · · · · · · · · · · · · · · · ·		0-45-46	O: Evaluation	Data of Current on Mont Bottont
8g. Affiliation, if any			8h. Date of Recognition or	Certification		Date of Current or Most Recent ny (Month, Day, Year)
9. Is there now a strike or picketing at th	e Employer's establi	shment(s) involved	? No If so, approx	imately how many en	nployees are p	articipating?
(Name of labor organization)			eted the Employer since (I	Month, Dav, Year)		
10. Organizations or individuals other th	an Petitioner and the			-	resentatives a	od other organizations and individuals
known to have a representative interest	in any employees in	the unit described i	in item 5b above. (If none,	so state)	1999111011999 0	
10a. Name	10b. Ad	Idress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.	ucts an election in th	nis matter, state you	r position with respect to	11a. Election Type	: 🔽 Manual	Mail Mixed Manual/Mail
11b. Election Date(s):		lection Time(s):		11d. Election Local	• •	
As soon as possible.		en 10:00 AM & 12:0	00 Noon	525 Myles Standish		
12a. Full Name of Petitioner (Includin Shawn Chesley Stevens Teamsters Union Local 70				330 Southwest Cuto MA Worcester.0160	et and number, off Suite 201 4	, city, state, and ZIP code)
12c. Full name of national or internation International Brotherhood of Teamsters	al labor organization	of which Petitioner	is an affiliate or constituer	nt (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail /	Address amsters170.com
(508) 799-0551	(774) 823-5418		(508) 752-9647	antation proceeding		
13. Representative of the Petitioner w 13a. Name and Title	no will accept serv	nce of an papers fo	13b. Address (street an			
13c. Tel No.	13d. Cell No.	<u></u>	13e. Fax No.	<u> </u>	13f. E-Mail A	ddress
I declare that I have read the above p	etition and that the	statements are tri	lue to the best of my know	vledge and belief.		
Name (Print)	Signature		Title		Date	· · · · · · · · · · · · · · · · · · ·
Shawn Chesley Stevens	Shawn C. Stevens		Organizer		08/29/20	19 13:26:31
WILLFUL FALSE STATE	MENTS ON THIS P	ETITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U	.S. CODE, TIT	LE 18, SECTION 1001)

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

DO	NOT	WRITE	IN THIS	SPACE

Case 01-RC-247375 Date Filed 8-29-19

Employees Included All mechanics.

Attachment

Employees Excluded All others as defined in the Act.

				Po lur-		
FORM NLRB-502 (RD)	UNITED STATES OF	AMERICA	Case		WRITE IN THIS	
(2-18)	NATIONAL LABOR RELAT	TONS BOARD		NO.)	Date Filed
	RD PETITIC			-RD-247200		8-27-19
employer concerned is loc the employer and all other	Filed using the Agency's websit ated. The petition must be acco parties named in the petition of: RB 4812). The showing of inter	mpanied by both a showing (1) the petition; (2) Stateme	g of interest (see 7 ent of Position for	below) and a certific n (Form NLRB-505); a	ate of service sl and (3) Descripti	nowing service on on of Representation
recognized bargaining repre	ION: RD- DECERTIFICATION (R sentative is no longer their repres poceed under its proper authority	entative. The Petitioner alle	ges that the follow	ing circumstances ex		
2a. Name of Employer	UDENT INC	2b. Address(es) of Esta	plishpant(s) involve	d (Street and number, RIDGERD	city, state, ZIP co	IN ME DYYAZ
3a. Employer Representative	Name and Title UG M61	3b. Address (If same as	2b - state same)	ORI	LAND, M	E04472
3c. Tel. No. 207 469210	3d. Fax No.	3e, Cell No. 2074618	571 50	il Address E. FLEWE		FIRSTGROUPLO
4a. Type of Establishment (Fac	0 0		4b. Princ	ipal product or service	and the second se	
5a. Description of Unit Involved					is loca	
SC HOUL,	BUS DRIVERS				ORLE	NO, ME
6. No. of Employees in Unit		nber (30% or more) of the em	and the second s	no longer wish to be re	presented by the	certified or currently
8a. Name of Recognized or Ce		2 U/	No	8b. Affiliation, if any	1	
8c. Address 27	MAIN STREET	8d.	Tel. No. 07767210	8e. Cell No.		
500	TH PORTLAND,	ME DYIDL BF. I	Fax No.	8g. E-Mail Address	DOTEAN	ISTERSLOCAL3
9. Date of Recognition or Certif	ication 2008	10. Expiration Date of C	urrent or Most Rece	ent Contract, if any (Mo	onth, Day, Year)	+ OR
11a le thora now a strike or pir	keting at the Employer's establish	ment/s) involved? Yes	No 11b. If so	, approximately how n	nany employees	are participating?
	cketed by or on behalf of (Insert		44 1.15.1.5	, opp. control		a labor organization, of
(Insert Address)	orested by or on benañ er (moore	indinio)		sinc	e (Month, Day, Y	(ear)
1 /	other those named in items 8 and	d 11c, which have claimed re	cognition as represe		1	
and individuals known to ha	ave a representative interest in any	employees in the unit descr	ibed in item 5 above 12c. Tel.	e. (If none, so state)	12d. Fax No.	
12a. Name	12b. Address		126. 161.	110.	120. Pax 140.	
NONE			12e. Cel	No.	12f. E-Mail Addr	ess
	RB conducts an election in this		13a. Ele	ction Type: 🕅 Manua	I 🗌 Mail [Mixed Manual/Mail
matter, state your position v 13b. Election Date(s)	vith respect to any such election. 13c. Election	Time(s)	13d. Ele	ction Location(s)		
9-5-190	R ASAP C	AM-IDAM			ORT ME	
^{14. Full} (b) (6), (b) (7)(C)					
14a. Address Isineer and humo	6), (b) (7\/ C \	14b. Tel.		14c. Fax No.	(b) (6), (
	0), (0) (/)(0)	(b) (6)), (b) (7)(C)	(b) (6),	(b) (7)(C
14f. Affiliation					An and the second s	
150 Nomo / 1 / 0	itioner who will accept service of (b) (7)(C)	of all papers for purposes o	15b.Title			
15c. Address (Street and huma	er, city, state, zir code)		15d. Tel.	No.	15e. Fax No.	
(b) (6), (b) (7)	(\mathbf{C})	(b) (6)	(b) (7)(C)	(h) (c	(b) (7)(
I declare mat I have read the		(b) (7)(Ö)best	of my knowledge		<u>(n) (n</u>), (b) (7)(
(b) (6), (b)	(7)(C) ^(b) (6),	(b) (7)(C)	Titl (b)	(6), (b) (7)	(C)	8-21-19
			FINE AND IN ATEMENT		E 18, SEC	TION 1001)

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.

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		-7104			WRITE IN THIS	RITE IN THIS SPACE		
FORM NLR8-602 (RD) (2-18)	UNITED STATES OF NATIONAL LABOR RELA				Cate No.		Date Filed	
v- '*/	RD PETITI			01	-RD-2472	51	8-27-19	
INSTRUCTIONS: Unless e-Pil smplayer concerned is locat the employer and sil other pa Case Procedures (Form NLR)	ed. The petillon must be see Inter named in the petilion of	ompanied by both a shi f:(1) the petition; (2) Sta	owing of interes stement of Positi	it (s oo 7 b tion form (elow) and a certific (Form NLRB-603); 4	ate of service a and (3) Descript	shawing service on tion of Aspresentation	
	N: RD- DECERTIFICATION (Intelive is no longer their repre- and under its proper authorit	sentative. The Petitione	r alloges that the	é fallawin	e desnetemusto e			
2a. Name of Employer Comcast		Establishment(s)) involvad	(Street and number,	city, state, ZIP c	:000)		
3s. Employer Representative - (Christopher Martin	35, Address (If san Same	ne as 20 - siele s	iame)					
3c. Tel. No. 508-884-2393	884-2393 508-997-4381 617-676-5431			31. E-Mail / Christop	Address her_Martin5@c	able.comcas	it.com	
4a. Type of Establishment (Facto Telecominucations	ry, mine, wholesaler, etc.)				al product or service rnet and phone			
58. Description of Unit Involved							ind Stete where unli	
Included: All hourly technicians, bo	th service and plant ope	rations, that report	out of the Fa	irhav e n	Ma. office	Fairhav		
Excluded: All other employees inclu	ding managers supervis	ors as defined in th	e act.					
6. No. of Employees in Unit 70		mbar (30% or more) of it ing representative? 🔀 1		the Unit no	longer wish to be re	presented by the	a certified or currently	
Ba. Name of Recognized or Centre IBEWlocal 2322					BD. Affiliation, if any International	,		
Bc. Address 106 West Grove SI	<u></u>		6d. Tel. No. 508-947-21	31	8e. Cell No	NQ		
Middleboro, MA 02346			Bf. Fax No. none listed				hoo.com	
9. Uate at Recognition or Certifica 05/05/13	Hion '	10, Expiration Date	a of Current or Me	Currem or Most Recent Contract, if any (Month. Day, Year)				
11a. is there now a sirke or picke	ning at the Employers establis	hmeni(s) involved?	Yss 🗙 No 1	116.1740,	approximately how n	nany ampioyees	are participating?	
							n labor amagination	
(insert Address)	ieled by or on behalf of <i>(inser</i>	i Name)			etra	ce (Monih, Qay, 1	s labor organization, of Year)	
(Interf Address)	thar those numed in items 6 er	nd 11c, which have claim	ell recognition at	e réprezen	lativas and other org		•	
(Interf Address) 12. Organizations of Individuals o and individuals known to have		nd 11c, which have claim	described in hom	s répresen 15 aboya, 12c, Tel. N	lativas end other org (If none, so state)		•	
(intent Address)	ther those named in items 8 ar	nd 11c, which have claim	described in hom	<u>15 abova.</u>	lativas end other org (If none, so state)	anizationa	•	
(Intern Address) 12. Organizations or Individuals o and individuals known to have 72p. Name	ther those named in items 8 ar	nd 11c, which have claim	desonibed in Hom	<u>15 abova.</u>	lalivas end other org <i>(II nona, so siele)</i> Io.	anizationa	Year)	
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