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

DO NOT WRITE IN THIS SPACE								
		Date Filed						
	01-RC-244079	6-28-19						

INSTRUCTIONS: Unless e-Filed using the Agency's website, [ \www.nirbvgov/s], submit an original of this Petition to an NERB 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. PÜRPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer. Mattapan Health and Rehabilitation Center 405 River Street Mattapan, MA 02126-2210 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same). Samson Girmay, Administrator same 3d. Cell No. 3e Fax No: 3f. E-Mail Address 3c. Tel. No. 617-296-5585 617-296-4907 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: nursing/rehabilitation facility healthcare Boston, MA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attachment A 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☑ Yes Excluded: See Attachment A Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Pelitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none; so state) 10c. Tel. No. 10d: Cell No. 10b. Addréss 10a, Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NERB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: | Manual | Mail | Mixed Manual/Mail 11b. Election Date(s): 11d. Election Location(s): 11c, Election Time(s): Mattapan Health and Rehabilitation Center 6a.m. - 9a.m. and 3p.m. - 7p.m. July 26, 2019 12a. Full Name of Petitioner (including local name and number):
United Food and Commercial Workers Union, Local 1445 12b. Address (street and number, city, State and ZIP code): 30 Stergis Way Dedham, MA 02026 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 12f. Fax No. 12g. E-Mail Address 12e. Cell No. 12d. Tel. No. ufcw1445@ufcwlocal1445.org 781-461-0677 800-439-1445 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Tille: Pyle Rome Ehrenberg PC Alfred Gordon O'Connell, Counsel 2 Liberty Square, 10th Floor, Boston, MA 02109 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel. No. agordon@pylerome.com 617-367-4820 617-367-7200 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) Title 06/28/19 Counsel Alfred Gordon O'Connell

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

# **ATTACHMENT to RC PETITION**

# **5b. Description of Unit Involved:**

**Included**: All full-time, part-time and per diem non-professional employees, including CNAs, housekeeping employees, dietary employees, and maintenance employees, but excluding office clerical employees.

**Excluded**: All professional and technical employees, office clerical employees, supervisors, managers, and guards.

FORM NLRB-502 (RC)

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

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
01-RC-242639	6/3/19						

(2-18)**RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, [WWINIDIGOV], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): National Express Transit 255 Liberty Street, Springfield, MA 01104 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Michael Hunter, General Manager 3c. Tel. No. 3f. E-Mail Address 3d, Cell No. 3e. Fax No. michael.hunter@nationalexpresstransit.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a, City and State where unit is located; Springfield, MA Transportation Transport services 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 126 SEE ATTACHMENT Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certifled Bargaining Agent (If none, so state) 8b. Address: Bc. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mall Address 8l. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, If any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election; 11a. Election Type: Manual Mall Mixed Manual/Mall 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): SEE ATTACHMENT Employee breakrooms-SEE ATTACHMENT June 20, 2019 12a. Full Name of Petitloner (Including local name and number): 12b. Address (street and number, city, State and ZIP code): United Food and Commercial Workers, Local 1459, Transit 33 Eastland Street Division Springfield, MA 01109 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 12e, Cell No. 413-320-6030 12d. Tel. No. 12f. Fax No. 12g. E-Mail Address 800-332-9699 mmay2012@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street end number, city, State and ZIP code): Pyle Rome Ehrenberg PC 13a. Name and Title: David B. Rome, Attorney 2 Liberty Square, 10th Floor, Boston, MA 02109 13c, Tel. No. 13f. E-Mall Address 13d. Cell No. 13e. Fax No. 617-367-4820 617-367-7200 drome@pylerome.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature 1 Name (Print) MAA C A St. P. Tille Date David B. Rome Komo Attorney 06/03/19

UFCW Local 1459 and National Express Transit NLRB Petition June 3, 2019

#### **ATTACHMENT**

## 5b. Description of Unit Involved:

Included: All full-time and regular part-time bus drivers and dispatchers employed by the Employer at its terminals in Springfield (255 Liberty Street) and Northampton (54 Industrial Drive), MA

**Excluded:** All other employees, managerial and confidential employees, supervisors and guards as defined in the Act

### 11c. Election Times:

June 20, 2019-4:45 AM-8:30 AM - Northampton, MA

June 20, 2019-10:00 AM-6:00 PM - Springfield, MA

#### 11d. Election Locations:

Employee Breakroom, 54 Industrial Drive, Northampton, MA 01060

Employee Breakroom, 255 Liberty Street, Springfield, MA 01104

. .

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

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
01-RC-242831	6-6-19					

									1	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Tr the employer and all other parties Case Procedures (Form NLRB 481	e petition . named in t	must be accomp he petition of: (1	panied by () the pet	both a shi	owing of interest (see t tatement of Position fo	5b below) and rm (Form NL	l a certificate RB-505); and	e of service showing so I (3) Description of Rep	rvice on resentation	
1. PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petition requests that the National Labor	oner desire:	s to be certified a	s represe	ntalive of th	e employees. The Petiti	oner alleges	that the follo	owing circumstances of		
2a. Name of Employer: Bostson Symphony Orche	stra, Inc			b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 301 Massachusetts Ave., Boston, MA 02115						
3a. Employer Representative - Nam Lynn G. Larsen, Orchestra			3b. Addr Same	o. Address (il same as 2b - stale same); ame						
3c. Tel. No. (617) 638-9320		3e. Fax No	),	31, E-Mail A llarsen@	ddress Dbso.org					
4a. Type of Establishment <i>(Factory, n</i> Symphonic Orchestra	İ	46. Principi Entertai	al Product or Service inment		5a. City an Boston	d State where unit is loca , MA	led:			
5b. Description of Unit Involved: Included: Truck loaders and spot lig	ht opera	tors					6a. Numbe 9	r of Employees in Unit:		
Excluded: All other employees							of the e represe	bstantial number (30% omployees in the unit wish need by the Petitioner?	to be	
Check One: 7a, Request for red on or about (Date) 7b, Pelitioner is cur	No F	leply (if n	o reply re	ceived, so			d Employer o	eclined recognition		
8a. Name of Recognized or Certifie None										
8c. Tel. No.	8d. Cell No	).		8e. Fax No. 8f. E-N			E-Mail Address			
8g. Affiliation, if any:			8h	h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
Is there now a strike or picketing at (Name of Labor Organization)	the Emplo	yer's establishme	nt(s) invo	lved? No	If so, approxim	•		s are participating? er since (Month, Day, Ye	Br)	
Organizations or individuals other individuals known to have a repre None	than Petitic sentative in	oner and those na terest in any emp	amed in it oloyees in	ems 8 and 9 the unit de	9, which have claimed re scribed in Ilem 5b above	cognition as r . (If none, so	epresentative state)	es and other organization	s and	
10a. Name		10b. Address	· ·		<del> </del>	10c. Tel. N	o. <sub>.</sub>	10d. Cell No.		
				10			10e. Fax No. 10f. E-Mail Add			
11. Election Details: If the NLRB cor			****	e your posit	tion with respect to any s		Manua	I Mail Mixed	Manual/Mail	
11b. Election Date(s): 15 days after DDE	-	11c. Election Tir					lion Localion(s): 1 Symphony Orchestra			
12a. Full Name of Petitioner (included International Alliance of The Local No. 11	Theatrica	al Stage Emp	ployees		12b. Address (street ar 152 Old Colony	Ave., Soi	ith Bosto			
12c. Full name of national or internal International Alliance of	ional labor o Cheatrica	organization of what Stage Emp	nich Petiti ployee:	oner is an a S	effiliate or constituent (if i	none, so siale,	):		- -	
12d. Tel. No. (617) 269-5595 12e. Cell No. (617) 448-0902					129. E-Mail Address cglynn@iatsel1.org					
13. Representative of the Petitione 13a. Name and Title: Gabriel O. Dumont, Jr., Esq.		accept service o	f all pape	pors for purposes of the representation proceeding.  13b. Address (street and number, city, State and ZIP code): Dumont, Morris And Burke, PC,  141 Tremont Street, Suite 500, Boston, MA 0			ZIP code):	111		
13c. Tel. No. (617) 227-7272		33-4804			27-7025	-	nt@dmbp	c.net		
I declare that I have read the above Name (Print) Gabriel O. Dumont, Jr.	petition a	Signatur	e		7 0	ge and bellef. Altorney			Date 6/6/2019	

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 turther explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
01-RC-242854	June 6, 2019						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Kaufman Fuel 836 Fairfield Avenue, Bridgeport, CT 06604 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Leonard J. Selezen, Jr. Same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e Fax No. iselezan@hopenergy.com 1-844-354-9453 203-368-4273 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Bridgeport, CT Fuel Delivery Service Fuel Delivery Service 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time & part-time drivers, mechanics, and source technicians 6b Do a substantial number (30% or more) of the employees in the Excluded: All office clerical employees, professional employees, guards and supervisors as defined under the Act. unit wish to be represented by the Petitioner? Yes 🗸 No \_\_\_\_ 7a. Request for recognition as Bargaining Representative was made on (Date) June 6. 2014 and Employer declined recognition on or about Check One: June 6. 2019 (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 8f F-Mail Address 8d Cell No. 8c. Tel No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10a. Name 10b. Address 10c Tel No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

Manual Mail Mixed Manual/Mail any such election. 11d Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Break Room 7:30am - 9:30am June 26, 2019 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1139 Fairfield Avenue, Bridgeport, CT, 06605 Teamsters Local 191 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address 12e. Cell No. 12d Tel No office@teamsterslocal191.com (203) 368-0231 203-308-1370 (203) 331-0348 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title John T Fussell, Attorney 333 East River Drive, Suite 101, East Hartford, CT 06108 13f. E-Mail Address 13d Cell No. 13e. Fax No. 13c. Tel No (860)290-9610 jfussell@cheverielaw.com (860)290-9610 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title gnature / 6/6/19 **Business Agent** Kevin Bavolacco

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 will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.		Date Filed					
ł	01-CA-243206	June 13	2019				

RC PETITION						1-CA-243206	5 Jun	e 13. 2019
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, sub						n original of this	Petition to an	NLRB office in the Region
in which the employer concerne	d is located.	The petition	n must be	е ассо	mpanied by b	ooth a showing o	f interest (see	6b below) and a certificate
of service showing service on to	ne employer	and all other	parties i	named	I in the petitio	n of: (1) the petit	tion; (2) Stater	ment of Position form
(Form NLRB-505); and (3) Desci	iption of Rep	resentation (	Case Pro	ocedui	res (Form NLF	RB 4812). The st	nowing of inte	rest should only be filed
with the NLRB and should not b	e served on	the employer	r or any o	other p	oarty.	·		
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner	er desires to be o	certified as repre	esentative (	of the e	mployees. The P	Petitioner alleges th	at the following	circumstances exist and
requests that the National Labor R  2a. Name of Employer	elations Board	proceed under				(s) involved (Street a		
Sprague Energy		ļ				atford, CT 0661		
3a. Employer Representative - Name	l _	_	dress (If same as	2b - state same)				
Scott Johnson, Manager				Same		<del></del>		
3c. Tel. No. (203) 336-2136 (516)779-3637			};	3e. Fax	No.		3f. E-Mail Addre	ess pragueenergy.com
4a. Type of Establishment (Factory, min			ipal produc	ct or ser	vice			nd State where unit is located:
Oil Terminal	-,, -	Oil					Stratford	
5b. Description of Unit Involved						<del></del>	١.	6a. No. of Employees in Unit:
Included: All full-time and	part-time	terminal	worke	rs.			<u> </u>	6b. Do a substantial number (30%
Excluded: All other employees, temporan	employees office	e clerical employee	es, quards, p	orofessio	nat employees and	supervisors as defined	by the Act.	or more) of the employees in the unit wish to be represented by the
Excluded: All other employees, temporary employees, office clerical employees, guards, professional employees and supervisors as defined by the Act.    Act.   Control of the employees in the employees in the employees in the employees in the employees.   Control of the employees in the employees in the employees in the employees in the employees.   Control of the employees in the employees in the employees in the employees.   Control of the employees in the employees in the employees in the employees.   Control of the employees in the employees in the employees.   Control of the employees in the employees.   Control of the employees in the employees in the employees.   Control of the employee								<u> </u>
Check One: 7a. Request for	Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 6/13/19 and Employer declined recognition on or about							
6/13/1		ate) (If no reply	-		•			
		<del> </del>	<u>-</u>	resentat		certification under the	Act.	
8a. Name of Recognized or Certified	Bargaining Age	ent (if none, so	state).		8b. Address			
8c. Tel No.	8d Cell No	).		8e. Fax No. 8f. E-Mail Addre			ess	
8g. Affiliation, if any			81	3h. Date of Recognition or Certification  8i. Expiration Date of Current or Most Re Contract, if any (Month, Day, Year)			•	
9. Is there now a strike or picketing at the	e Employer's es	tablishment(s) ii	nvolved?	No.	If so, approxi	imately how many er	nployees are part	icipating?
(Name of labor organization)						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	108	b. Address				10c. Tel. No.	10d. Cell No.	
						10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond	ucts an election	in this matter, s	tate your p	oosition	with respect to	11a. Election Type: Manual Mail Mixed Manual/M		
any such election.  11b. Election Date(s):  July 2 2019  11c. Election Time(s):  3;30pm-5;30pm						11d. Election Location(s): Conference Room		
July 2, 2019 3:30pm-5:30pm  12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers Local 478							et and number, ci	ity, state, and ZIP code) 06514
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)								
International Union of Operating Engineers  12d. Tel No. 12e. Cell No.					x No.		12g. E-Mail Add michael.gates@	
(203) 288-9261 -	(860) 227-				80-4438 es of the repres	entation proceeding		9,002,1470.019
13. Representative of the Petitioner who will accept service of all papers for 13a. Name and Title John T. Fussell, Attorney				13b. Ad	ldress (street and	d number, city, state, 101, East Hartford, CT 06	and ZIP code)	
13c, Tel No. (860)290-9610	13d. Cell I	No.		13e. Fa			13f, E-Mail Add jfussell@cheve	
I declare that I have read the above p	etition and that	the statement				ledge and belief.		
Name (Print)	Signature	11 4		Title	<del>-</del>		Date	
				Organiz	er		6/13/19	40.050700140041

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

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RC-243252	6-13-19				

RGPE	HILLON			01-KC-	-243232	6-1	3-19			
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate										
of service showing service on 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 National Express The Ride	National Express The Ride 180 Meadow Rd Hyde Park MA 02136									
3a. Employer Representative – Name a	ind Title	•		ress (If same as	2b - state same)					
Victor Herrera  3c. Tel. No.	3d. Cell No.		same 3e. Fax	No		3f. E-Mail Add	ress			
30. Tel. No.	ou. och No.		00.142	110.			ra@nationalexpresstrans	it.com		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation Company  4b. Principal pro Transportation				vice		5a. City Hyde P	and State where unit is located Park Ma	d:		
5b. Description of Unit Involved  Included: All full-time and regular part - time safety supervisors at the Hyde Park location  6a. No. of Employees in Unit: 8										
meladea.							6b. Do a substantial number			
All other employees, managers, guards, and supervisors as defined in the act. or more) of the employees in the unit wish to be represented by the Petitioner? Yes No										
Check One: 7a. Request for					an	d Employer dec	lined recognition on or about			
7b. Petitioner is	<del></del> • ′	(If no reply recei ed as Bargaining			ertification under the	e Act.				
8a. Name of Recognized or Certified B				8b. Address						
8c. Tel No.	8d Cell No.		8e. Fax	8e. Fax No. 8f. E-Mail Add			ress			
8g. Affiliation, if any			8h. Date o				Date of Current or Most Recen y (Month, Day, Year)	t		
9. Is there now a strike or picketing at the	Employer's establis	shment(s) involve	ed? no	If so, approxi	mately how many er	nployees are pa	rticipating?			
(Name of labor organization)								·		
10. Organizations or individuals other tha known to have a representative interest in						resentatives and	d other organizations and indiv	/iduals		
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.			
					10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB condu any such election.	cts an election in th	is matter, state y	our position v	vith respect to	11a. Election Type:   Manual Mail Mixed Manual/Mail					
11b. Election Date(s): 7.1.19	11c. E tbd	11d. Election Location(s): Hyde Park location								
12a. Full Name of Petitioner (including International Brotherhood of Teamsters	local name and no Local Union 25	12b. Address (street and number, city, state, and ZIP code) 544 Main St Boston Ma 02129								
12c. Full name of national or international International Brotherhood of Teamsters	l labor organization	of which Petition	ner is an affilia	ite or constituent	t (if none, so state)					
12d. Tel No. 6174.241.3989	12e. Cell No.		12f. Fax 617.242.		12g. E-Mail Address csmolinsky@teamsterslocal25.com					
13. Representative of the Petitioner wh	o will accept serv	ice of all papers	s for purpose	s of the repres	entation proceedin	g.				
13a. Name and Title Chris Smc	linsky- Org	ganizer.		dress <i>(street and</i> st Boston Ma 0212	l number, city, state, 9	and ZIP code)				
13c. Tel No. 617.241.3989	13d. Cell No.		13e. Fax 617.242.			13f. E-Mail Ad	dress			
I declare that I have read the above pe	tition and that the	statements are	true to the b	est of my know	ledge and belief.					
Name (Print)	Sjorpature X		Title	er		Date 6.12.19				

Organizer | 6.12.19
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 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 ST S OF AMERICA NATIONAL LAB RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
	Case No.	Date Filed						
	01-RC-243314	6/14/2019						

					• <b></b>	OT-KC-5	43314		0/14	/2019
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be a the petitio	accompanied in of: (1) the p	by both a sh etition; (2) S	owing of interest (se tatement of Position	e 6b below) and form (Form NL	d a certificat RB-505); an	e of service s d (3) Descrip	showing ser tion of Repr	rvica on resentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboration	tioner desire	s to be cer	rtified as repres	sentative of the contract of t	ne employees. The Per athority pursuant to S	titioner alleges lection 9 of the	that the foil National La	owing circum bor Relations	stances ex	
2a. Name of Employer:	,	•	2b. Ad	dress(es) of	Establishment(s) involved	ved (Street and	number, City	, State, ZIP oc	ode):	
Midwest Air Traffic Con	trol Serv	ice, Inc	. 10 T	`hompsor	Avenue East H	Iaven, CT	06512			
Ba. Employer Representative - Nar	ne and Title	:	3b. Ad	dress (if sam	e as 2b - state same):		· · · · · ·	·	··········	
Mr. Shane Cordes Presid	lent / CE	0	7300	00 W 129th Street Overland Park, KS 66213						
3c. Tel. No. (913) 782-7082	3e. Fax No (913) 8	97-9300	3f. E-Mail A shanelc	Address @att.net						
la. Type of Establishment (Factory,		saler, etc.)	),	1	al Product or Service			d State where	unit is locat	ed:
Air Traffic Control Servi	ces			Air Tra	ffic Control		New Hav	en, CT		
b. Description of Unit Involved:							6a. Numbe	r of Employee	es in Unit:	
ncluded:	11 (20)	11 A D					4			1
Air Traffic Control Speci	alist (Fu	II & Pai	rt lime)					bataatal a sa	haa (200) aa	·
Excluded:	A turmula	C-116					of the é	ubstantial num imployees in t	he unit wis <u>h</u>	to be
Guards, Supervisors and					(0-4-)	1/4		ented by the P		Yes No
Check One: 7a. Request for reconnection on or about (Date)	•	Bargaining		ve was mage received, so		I/A an	a Employer	declined recog	muun	1
		nized as E		• •	and desires certification	under the Act.				
la. Name of Recognized or Certifi	ed Bargainl	ng Agent	(If none, so ste	ate) 8b. Ad	ldress:			<u> </u>		
None						-		F 1000		
Sc. Tel. No.	8d. Celi No	).	,	8e. Fax No	).	8f. E-Mail A	8f. E-Mail Address			
3g. Affiliation, if any:			1	Sh. Date of R	n. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
3. Is there now a strike or picketing a	t the Emplo	yer's estat	olishment(s) inv	olved? No	if so, approx	imately how ma	ny employee	s are participa	iting?	
(Name of Labor Organization)				*	- <del></del>	, has picketed	the Employ	er since (Mon	th, Day, Yea	17)
10. Organizations or individuals othe individuals known to have a repr	r than Petiti esentative in	oner and the sterest in a	hose named in iny employees	items 8 and in the unit de	9, which have daimed scribed in item 5b abo	recognition as r	epresentativ state)	es and other o	rganizations	and
None					<del> </del>					
10a. Name		10b. Add	ress			10c. Tel. N	0.	10d. Cell No		
						10e. Fax N	10e. Fax No. 10f. E-Mail Address			
11. Election Details: If the NLRB co	onducts and	election in	this matter, st	ate your posi	tion with respect to any	such election:				
The controllers want a Tu	iesday to			וא אנו וז ג	ossidie	1444 Electi	1	al Mail	LT MIXED	Manual/Mail
11b. Election Date(s):			tion Time(s): en 12:00 d	6. 2.00 DI	Л	I	11d. Election Location(s): Break room at tower			
July 9th on Tuesday 12a. Full Name of Petitioner <i>(includ</i>	dia a lagge			x 2.00 11	12b. Address (street					
Professional Air Traffic (				Inc.	161 SW Willo				97	
12c. Full name of national or interna	tional labor	organizatio	on of which Pet	itioner is an e	I affiliate or constituent (	if none, so state	):	<del></del>		<u> </u>
Office and Professional I	Employe	es Inter	national U	nion, AF	L-CIO, CLC (	OPEIU)				
12d. Tel. No.	12e. Cell I	No.		12f. Fax N	lo.	12g. E-Mai	il Address			
13. Representative of the Petition	er who will	accept se	rvice of all pa	pers for pur	poses of the represer	ntation proceed	ling.			
13a. Name and Title: Ron Taylor, President PAT	CO			L	ess (street and number Willow Lake Tr			997		
40° Tal Na	1424 0-01	No.		13e. Fax I	No.	13f, E-Mai	Address		<del></del>	<del> </del>
13¢, Tel. No.	13d. Cell I	TO.		1	86-4154		n@bells	outh.net		i
(772 283-3369 I declare that I have read the abov	o petitios a	nd that 45	o ofstements							<del></del>
Name (Print)	e heuron a		ignature	2.0 446 (0 (		Title	<del></del>		1	Date
Ron Taylor		1	1			President			İ	6/11/2019
			1		*//		<del></del>			

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

DO NOT WRITE IN THIS SPACE

<u> </u>	 5 2 50 1
Case No.	Date Filed
ł ·	

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition named in t	must be the petit	e accomp tion of: (1	anied b () the pe	y boti tition	h a sh ; (2) S	owing of interest ( tatement of Position	see 61 on fori	b below) and m (Form NLI	l a certificat RB-505); and	e of service si d (3) Descripti	howing s ion of Re	service on epresentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire:	s to be c	ertified a	s represe	entativ	e of th	e employees. The l	Petitio	ner alleges	that the follo	wing circum	stances (	
2a. Name of Employer: Prospect Medical Holding		. 1 . 2	, ,				Establishment(s) inv Vernon, CT 0			number, City,	State, ZIP cod	le):	
Roccorle Jeurna 3a. Employer Representative - Nam			a.	3P 444	rec./	if com	e as 2b - state same	٥١٠		<del></del> .			<del></del>
Marcelino La Bella, Esq.	ie and Tilię.	•		200 High Service Avenue									
National Director of Labo	r Relatio	ons		North	ı Pro	ovide	ence, RI 02904	4 ·					
3c. Tel. No. 3d. Cell No. 401.456.3344 401.525.0203				3e, F	ax No	).		3f. E-Mail A marcelin		@chartero	care.or	g	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital					Princip altho	al Product or Service are	e		5a. City an Vernor	d State where	unit is loc	cated:	
<b>5b. Description of Unit Involved:</b> Included: All full time, Regular, par	t time, p	er die	m, LP	'Ns &	Тес	hnic	al employees			81	r of Employees		
Excluded: Registered nurses (RNs); j	·									of the e represe	ibstantial numl mployees in th nted by the Pe	e unit wis	sh to be
Check One: x 7a. Request for rec on or about (Date) 7b. Petitioner is cur	N/	/A	(lf n	o reply re	eceive	d, so	state).	18/20 tion un		d Employer o	eclined recogr	ition	
8a. Name of Recognized or Certifie					e)	8b. Ad	dress:	_					
None						N/A							
8c. Tel. No.	8d. Cell No	).	-		8e. F	ax No	).	_	8f. E-Mail A	ddress			
8g. Affiliation; if any:			81	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 a	t the Employ	yer's est	ablishme	nt(s) invo	lved?	No	If so, appr	roxima	tely how mar	y employees	are participat	ing?	
(Name of Labor Organization)	_								has picketed	the Employe	er since (Monti	ı, Day, Yı	ear)
<ol> <li>Organizations or individuals other individuals known to have a repre None</li> </ol>	than Petitic sentative in	oner and iterest in	those na any emp	imed in it	tems to	3 and 9 init de:	9, which have claim scribed in item 5b a	ed rec	ognition as re (If none, so s	epresentative tate)	s and other or	ganizatio	ons and
10a. Name n/a		10b. Ac n/a	idress						10c. Tel. No	).	10d. Cell No.		
								10e. Fax No. 10f. E-Mail Addr		idress			
11. Election Details: If the NLRB cor To cover all shifts	nducts and	election	in this ma	atter, stat	e you	r posit	ion with respect to a	any su	ch election:			Mixe	d Manual/Mail
11b. Election Date(s): 7/9/2019			ection Tim		— 00pn	n;2:	:30-6:00pm			on Location(s			
12a. Full Name of Petitioner <i>(includ</i> AFT CONNECTICUT	ing local nai	me and	number):		-		12b. Address (stre 35 Marshall I						
12c. Full name of national or internati AMERICAN FEDERATI	onal labor o ON OF	organizat TEAC	tion of wh	ich Petiti S, AFL	oner i	s an a O	ffiliate or constituen	it (if no	ne, so state)			<del></del>	
12d. Tel. No. (860) 257-9782	12e. Cell N 718-755	5-394				Fax No			1	REDI@A	AFTCT.OI	RG	
13. Representative of the Petitione 13a. Name and Title: JASMINE VENDREDI	r who will a	occept s	ervice of	f all pape	13b.	Addre	ess of the representations of the representation of the representa	ber, cit	ly, State and	ZIP code):			
13c. Tel. No. (860) 257-9782	13d. Cell N 718-755	5-394		-	13e. Fax No.			13f. E-Mail Address JVENDREDI@AFTCT.ORG					
declare that I have read the above	petition a				re tru	e to th	e best of my know						Tp-4-
Name (Print) JASMINE VENDREDI		1	Signature	Jasn	uc.	Var	che d	O]	e RGANIZ	ER	•		Date 6/19/2019

Shawn C, Stevens

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Flied				
01-RC9243688	6_21_19				

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Oak Street
Westborough 015813b. Address (If same as 2b – state same) First Student (Westborough, MA) 3a. Employer Representative - Name and Title 68 Industrial Blvd. Suite 6 MA Hanson 02341-۵ Jessica Quint 3c. Tel. No. 3f. E-Mail Address 3d Cell No 3e. Fax No. jessica,quint@firstgroup.com (339) 788-2862 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Transportation School Bus Westborough, MA 6a, No. of Employees in Unit: 5b. Description of Unit involved included: See Atteched Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [ No [ ] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargeining Representative was made on (Date) (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e, Fax No. 8f. E-Mail Address 8g. Affiliation, If any 8h. Date of Recognition or Certification 8l. 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 Patitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b, Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: [7] Manual Mail Mixed Manual/Mell any such election. 11b. Election Date(s): September 3,4, 5, or 6, 2019 11c. Election Time(s): 11d Election Location(s): 8:30 AM - 12:00 Noon & 1:00 Pm - 3:00 PM 131 Oak Street, Westborough, MA 12a. Full Name of Petitioner (including local name and number) Shawn C. Stevens Teamslers Union Local 170 12b. Address (street and number, city, state, and ZIP code) 330 Southwest Cutoff Suite 201 MA Worcester 01604 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) international Brotherhood of Teamsters 12g. E-Mail Address sstevens@teamsters170.com 12e. Cell No. 12f. Fax No. (508) 799-0551 (774) 823-5418 (508) 752-9847 13. Representative of the Politioner 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) 13f. E-Mail Address 13c, Tel No. 13d. Cell No: 13e, Fax No. I declare that I have road the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Title Date Organizer

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

06/21/2019 11:00:06

#### 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 dedine to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE

Case Date Filed

Employees Included All school bus drivers including 7-D van drivers.

Employees Excluded
All others as defined in the Act.

SEGION ONE SESTIONS ON STREET OF STR

2019 JUN 21 PM 2: 18

RECEIVED

RECEIVED

RELATIONS BOARD

# NATIONAL LABOR RELATIONS BOARD

Case No.	Date Filed
01-RC-243758	6-24-19

RC PETITION					-24375	Ω	6-24-19
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.initbigoy? , submittan 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 (3) the petition (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation (2) Statement of Position of the Served on the employer of any other party.							
bargaining by Petitioner and Peti requests that the National Lab	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: Macy's Inc.		2b: Add 450 V	ress(es) of Establishment(s) in Washington Street, Bo	volved (Street ar Ston, MA 0	d number, City 21,11	, Stale, ZIP code	i):
Sa Employer Representative - Na Patricia Lucek, Director Strategy and Negotiation	ab. Add same	Address (if same as 2b - state same): me					
3c. Tel. No. 617-352-0171	3d, Cell No:		3e. Fax No:	31. E-Ma patric	Address a lucek@	macys.com	·
4a. Type of Establishment (Factory, department store	minė, wholesaler, etc.)		4b. Principal Product or Service clothing, accessories		ls Bosto	nd State where u	nit is located:
5b, Description of Unit Involved: Included: See Attachment A  6a. Number of Employees in Unit: 80						in Unit;	
Excluded: See Attachment A	See Attachment A of the employees in the unit wish to be						unit wish to be
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state).  7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.							
8a. Name of Recognized or Certifi	ed Bargaining Agent (If none	e, so state	e) 8b. Address:				
8c. Tel. No.,	8d. Cell No.		8e. Fax∶No.	8f. E-Ma	8f. E-Mail Address		
8g. Affiliation, if any:	J.,.	8h	n. Date of Recognition or Certifi			urrent or Most (Month, Day, Ye	ar)
9. Is there now a strike or picketing a	at the Employer's establishme	nt(s) invo	lved? If so, appr			s are participatin	·
(Name of Labor Organization)  10. Organizations or individuals othe individuals known to have a repr				ied recognition a	representativ	er since (Month, es and other org	
10a Name	10b, Address		· · · · · · · · · · · · · · · · · · ·	10c. Tel.	No.	10d. Cell No.	<del></del>
-				10e, Fax	Nó.	10f. E-Mail Add	ress
11. Election Details: If the NLRB co	and election in this ma	iller, slat	e your position with respect to	any such election	11a. Electio	1 72 20 0	Mixed Manual/Mail
11b. Election Date(s): July 19, 2019	11c. Election Tin	ne(s):		11d. Ele emplo	tion Location(	s):	<del>7 - 12 - 12 - 12 - 1</del>
12a Full Name of Petitioner (including local name and number): United Food & Commercial Workers, Local 1445  12b. Address (sireet and number, city, State and ZIP code): 30 Stergis Way, Dedham, MA 02026							
12c. Full name of national or interna United Food and Comme	tional labor organization of whereigh Workers Interna	ich Pelili Itional	oner is an affiliate or constituer Union, AFL-CIO, CI	nt (il none, so ste C	(e):		
12d. Tel. No. 781-461-6775	12e. Cell No.		12f, Fax No. 781-461-0677	12g. E-N ufcw	áil Address 445@ufc	wlocal1445	.org
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Title: Alfred Gordon O'Connell, Counsel			pers for purposes of the representation proceeding.  13b. Address (street and number, city, State and ZIP code).  Pyle Rome Ehrenberg, 2 Liberty Square, 10th Floor, Boston, MA 02109				
13c. Tel. No. 617-367-7200	13d. Gell No.		13e Fax No. 617-367-4820	agord	ail Addréss on@pyler	ome.com	
Name (Print). Alfred Gordon O'Connel	Signature		e true to the best of my know	Title Counsel	d.		Date 6/24/2019
<u> </u>		yms I	Minney (1 many	<del>70.</del>			<u>i</u>

# ATTACHMENT A TO RC PETITION FILED BY UFCW, LOCAL 1445 IN RE. MACY'S INC., BOSTON, MASS.

Box 5b. Description of Unit Involved:

#### Included:

The Petitioner seeks an election in a residual unit of all eligible unrepresented full-time and regular part-time employees at the Employer's Downtown Boston store, including but not limited to cosmetics and fragrance employees, office clerical employees, gift registry, and visual department employees, and seeks to add those employees to the existing bargaining unit represented by the Petitioner at the Downtown Boston store.

#### Excluded:

Executives, managers, department managers, and executive trainees; professional employees; employees of leased departments; seasonal employees; employees subject to collective bargaining agreements between the Employer and other unions; supervisors, confidential employees, and guards as defined in the National Labor Relations Act; and employees of all other Macy's locations.

BOSTON, MA O2222-1072 KEDION ONE

2019 JUN 24 AM 11:26

HECEIVED HATIONAL LABOR RELATIONS BOARD

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RC-243806	6-25-19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 50 Linus Allain Avenue 1A Gardner 01440-3b. Address (If same as 2b – state same) First Student (Gardner, MA) 3a. Employer Representative - Name and Title 68 Industrial Blvd. Suite 6 MA Hanson 02341-Ted LeClerc 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mall Address Ted,Leclarc@flirstgroup,com (781) 447-4445 (857) 452-6506 (781) 447-2386 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Gardner, MA 5b. Description of Unit Involved 6a) No. of Employees in Unit: included: See Attached Page 2 for additional details 6b Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [7] No [7] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e, Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 17 Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): August 15, 2018 11c. Election Time(s): 150 Linus Allain Lane, Gardner, MA 7:00 AM - 12:00 Noon & 1:00 - 3:00 PM Shawn C. Stevens
12b. Address (street and number, city, state, and ZIP code)
Teamsters Union Local 170
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters 12g. E-Mall Address sstevens@teamsters170.com 12f. Fax No. 12e. Cell No 12d, Tel No. (774) 823-5418 (508) 752-9647 (508) 799-0551 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 13f. E-Mail Address 13d. Ceil No. 13e. Fax No. 13c. Tel No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Organizer Date Signature vens Stand STOR Shawn C. Stevens And Organizer O6/26/2019 08:33:07
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) Shawn C. Stevens

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.

Attachment

Employees Included All school bus drivers and 7-D van drivers.

Employees Excluded
All others as defined in the Act.

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

ROSTON, MA OSSSS-1072

SOIS TON SE VW 6: P2

RECEIVED NATIONAL LABOR RELATIONS BOARD

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RC PETITION

	DO NOT WRITE	N THIS SPACE	
Case No.	01-RC-244079	Date Filed 6-28-19	

INSTRUCTIONS: Unless e-Filed using the Agency's website, I www.nlrb.gov , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Mattapan Health and Rehabilitation Center 405 River Street Mattapan, MA 02126-2210 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: Samson Ginnay, Administrator 3c. Tel. No. Cell No. 3e. Fax No. 31, E-Mail Address 134 617-296-5585 617-296-4907 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: nursing/rehabilitation facility healthcare Boston, MA Sb. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attachment A Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? O Yes D No See Attaclunent A Check One: D 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). D 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) Be. Tel. No. Bd. Cell No. Be. Fax No. Bf. E-Mail Address Bg. Affiliation, if any: Bh. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is lhere 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 B 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 and election in this matter, state your position with respect to any such election: a. Election Type:  $^{11}$   $^{11$ 11 d. Election Location(s): 11 b. Election Date(s): 11c. Election Time(s): July 26, 2019 6a.m. - 9a.m. and 3p.m. - 7p.m. Mattapan Health and Rehabilitation Center 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): United Food and Commercial Workers Union, Local 1445 30 Stergis Way Dedham, MA 02026 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. 12e. Cell No. 121. Fax No. 12g. E-Mail Address 800-439-1445 781-461-0677 ufcw1445@ufcwlocal1445.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): Pyle Rome Ehrenberg PC 13a. Name and Title: Alfred Gordon O'Connell, Counsel 2 Libelly Square, 10th Floor, Boston, MA 02109 13e. Fax No. 617-367-4820 13c. Tel. No. 617-367-7200 Cell No. 131. E-Mail Address agordon@pylerome.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) Date Të eunsel 06/28/19 Alfred Gordon O'Connell

# **ATTACHMENT to RC PETITION**

# **5b. Description of Unit Involved:**

**Included**: All full-time, part-time and per diem non-professional employees, including CNAs, housekeeping employees, dietary employees, and maintenance employees, but excluding office clerical employees.

**Excluded**: All professional and technical employees, office clerical employees, supervisors, managers, and guards.

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Data Filed					
01-RD-243205	6/13/2019					

**RD PETITION** employer concerned is located. The patition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other panies named in the patition of:(1) the patition; (2) Statement of Position form (Form NLRB-600); and (3) Description of Representation Cose 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: RO- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assent that the confiled of currently recognized bargaining representative is no longer their representative. The Patitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2a. Name of Employer 64 Southwest Cutoff, Worcester, MA 01604 Henry Camosse & Son Inc. ROTTEY CLOSING RD CHAILTON MAR 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Henry J. Camosse Jr. same 3c, Tel, No. 3d. Fax No. 3s, Cell No. 508-755-6193 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Hardscape retail store Masonry Materials and Supplies 5a, Description of Unit involved 5b. City and State where unit is focated: included: FORK TRUCK OPERATES 966 Worcester, MA TEACH DRIVERS Excluded: B. No. of Employees in Unit 6 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the cartified or currently rocognized bargaining representative? X Yes No 8b. Affiliation, If any Sa. Name of Recognized or Certified Bargaining Agent International Brotherhood of Teamsters Local 170 Be, Cell No. Bc. Addmss Bd. Tel. No. 508-799-0551 330 Southwest Cutoff Suite 201 Worcester, MA 01604 8g. E-Mell Address SI FAY NO. kbergen@teamsters170.com 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Yesr) June 1, 2019 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? 🔲 Yee 🛛 🔀 No 11b. If so, approximately how many employees are participating? a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Day, Year) (insert Address) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative inforest in any employees in the unit described in item 5 above. (If none, so state) 12s Name 12b. Addross 12c. Tel. No. 12d. Fax No. 12c, Cell No. 12f, E-Mail Address 13, Election Details: If the NLRB conducts an election in this 13s. Election Type: 🔀 Manual 🦳 Meil is Missura Menua Mari M melter, state your position with respect to any such election work 13d. Election Location(s) 13b, Election Date(s) 13c. Election Time(a) P. M Southwest CotoFF1 4,00 June 26, 2019 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, ZIP code) 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14d. Cell No. 14e, E-Mail Address (b) (7 (6). 141. Affiliation, If any Linion Steward 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a, Name 15c, Address (Street and number, city, state, ZIP code) b) (6), (b) (7)(C) 15e. Fax No. 15f. Cell No. E-Mall Address (b) (6), (b) (7 I declare that I have read the above potition and that the statements are true to the best of my knowledge (b) (6), (b) (7)(C) Signs(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

TS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMP

NA

7

UNI	TED	STA	NΕ	5	Ú	)VŁ	ĸ	NM	ΕN	11	
TIO	NAL	LAB	OR	RE	EL	AΤ	O	N\$	BC	AR	D
_	_	_	_	_		_		_			

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
01-RD-243288	· June 14 · 2019				

	PEILLI			OT-KD-54258		une 14, 2019	
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on 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 NL	RB and should <u>not</u> i	be served on the e	nployer or any other party.				
1. PURPOSE OF THIS PETITION: RD							
recognized bargaining representative Labor Relations Board proceed und	is no longer their re	presentative. The	Petitioner alleges that the	e following circumsta Labor Relations Act	inces exist and	requests that the National	
2a. Name of Employer Greater Bridgeport Transit Access/Transc	,	2b. Ad	ddress(es) of Establishment oss St. indgeport 06610-	t(s) involved (Street ar	nd number, city,	State, ZIP code)	
3a. Employer Representative - Name a	and Title		3b. Address (If same as	2b – state same)		· · · · · · · · · · · · · · · · · · ·	
Dawn Poirier General Manager			1 Cross St. CT Bridgeport 06610-				
3c. Tel. No.	3d. Cell No.		3e. Fax No.	<del>-</del>	3f. E-Mail Addre	ess	
	-				dawn.poirier@tr	ansdev.com	
4a. Type of Establishment (Factory, mine	e, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City a	nd State where unit is located:	
Transportation			Para Transit (ADA)	)		Bridgeport, CT	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 fo	r additional detail	s			. L	5	
included:					ſ	6b. Do a substantial number (30%	
				or more) of the employees in the unit no longer wish to be			
Excluded: See Attached Page 2 fo	r additional detail	s	'			represented by the certified or	
Excitated. See / massica / age 2 io	r additional dotain	•			·	currently recognized bargaining	
representative? Yes						representative? Yes 7 No	
Check One: 7a. Request for	r recognition as Bar	gaining Représenta	ative was made on (Date)	and	Employer decli	ned recognition on or about	
	-	(If no reply receive				·	
7b. Petitioner is			epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified B			8b. Address	290 Post Road West			
United Food and Commercial Workers Un	nion Local 371		CT Westport 06881-0470				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addre	ess	
(203) 226-4751							
8g. Affiliation, if any			8h. Date of Recognition or			ate of Current or Most Recent	
International			00/05/00	i	Contract, if any (Month, Day, Year)		
			09/25/20		-1	09/24/2019	
9. Is there now a strike or picketing at the	e Employer's establi	shment(s) involved	ir so, approx	imately how many em	pioyees are par	dicipating?	
(Name of labor organization)			eted the Employer since (f				
<ol> <li>Organizations or individuals other that have a representative interest in any em Amalgamated Transit Union Local 1336</li> </ol>	an those named in it ployees in the unit d	ems 8 and 9, which lescribed in item 5b	have claimed recognition above. (If none, so state)	as representatives and	other organiza	tions and individuals known to	
10a. Name	10b. Ad	Idress		10c. Tel. No.		10d. Cell No.	
, oa. romo		necticut Ave Unit	5223	(203) 333-5544			
	CT Brid	geport 06607		10e. Fax No.		10f. E-Mail Address	
				-		atulocal1336@aol.com	
11. Election Details: If the NLRB condu	ucts an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manuai 🛄	Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s):	110 E	lection Time(s):		11d. Election Locati	n(ė):		
9/25/2019	open	nection time(s).	1 Cross St Bridgeport, CT				
12a. Full Name of Petitioner (b) (6), (b) (7)(C)			12b. Address (street and number, city, state, and ZIP code)				
12c. Full name of national or internationa (b) (6), (b) (7)(C)	I labor organization	of which Petitione	r is an affiliate or constituen	t (if none, so state) (b	) (6), (b) ( <del>7)</del> (C	(1)	
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Add	fress	
(b) (6), (b) (7)(C)					(b) (6), (b) (7)	(C)	
13. Representative of the Petitioner w	ho will accept serv	ice of all papers f	or purposes of the repres	entation proceeding	•		
13a. Name and Title			13b. Address (street and	d number, city, slate, a	nd ZIP code)		
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	ress	
I declare that I have read the above pe	tition and that the	statements are tr	ue to the best of my know	vledge and belief.			
Name (Print)	Signature	······································	Title		Date		
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)				05/26/2019	17:45:32	

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 joutine 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.

Attachment

Employees Included Dispatch/Supervisors

Employees Excluded
Operators and Office Clerical

DO NOT WRITE IN THIS SPACE							
Case	Date Filed						

NECTICUS MECTICUS