

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


01-RC-244079

Date Filed

6-28-19

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.

2a. Name of Employer: Mattapan Health and Rehabilitation Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 405 River Street Mattapan, MA 02126-2210	
3a. Employer Representative - Name and Title: Samson Girmay, Administrator		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 617-296-5585	3d. Cell No.	3e. Fax No. 617-296-4907	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) nursing/rehabilitation facility		4b. Principal Product or Service healthcare	5a. City and State where unit is located: Boston, MA
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A		6a. Number of Employees in Unit: 77 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____. (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): July 26, 2019		11c. Election Time(s): 6a.m. - 9a.m. and 3p.m. - 7p.m.	11d. Election Location(s): Mattapan Health and Rehabilitation Center
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			
12d. Tel. No. 800-439-1445	12e. Cell No.	12f. Fax No. 781-461-0677	12g. E-Mail Address ufcw1445@ufcwlocal1445.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Alfred Gordon O'Connell, Counsel		13b. Address (street and number, city, State and ZIP code): Pyle Rome Ehrenberg PC 2 Liberty Square, 10th Floor, Boston, MA 02109	
13c. Tel. No. 617-367-7200	13d. Cell No.	13e. Fax No. 617-367-4820	13f. 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) Alfred Gordon O'Connell		Signature 	Title Counsel Date 06/28/19

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 may cause the NLRB to decline to invoke its processes.

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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-242639

Date Filed

6/3/19

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 8b 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 Transit

2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):
255 Liberty Street, Springfield, MA 01104

3a. Employer Representative - Name and Title:
Michael Hunter, General Manager

3b. Address (if same as 2b - state same):
same

3c. Tel. No.

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

michael.hunter@nationalexpresstransit.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Transportation

4b. Principal Product or Service
Transport services

5a. City and State where unit is located:
Springfield, MA

5b. Description of Unit Involved:

Included:

SEE ATTACHMENT

Excluded:

6a. Number of Employees in Unit:
126

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

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
June 20, 2019

11c. Election Time(s):
SEE ATTACHMENT

11d. Election Location(s):
Employee breakrooms-SEE ATTACHMENT

12a. Full Name of Petitioner (including local name and number):

United Food and Commercial Workers, Local 1459, Transit Division

12b. Address (street and number, city, State and ZIP code):

33 Eastland Street
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

12d. Tel. No.

800-332-9699

12e. Cell No.

413-320-6030

12f. Fax No.

12g. E-Mail Address

mmay2012@gmail.com

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

13a. Name and Title:

David B. Rome, Attorney

13b. Address (street and number, city, State and ZIP code):

Pyle Rome Ehrenberg PC
2 Liberty Square, 10th Floor, Boston, MA 02109

13c. Tel. No.

617-367-7200

13d. Cell No.

13e. Fax No.

617-367-4820

13f. E-Mail Address

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.

Name (Print)

David B. Rome

Signature

David B. Rome

Title

Attorney

Date

06/03/19

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 may cause the NLRB to decline to invoke its processes.

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.

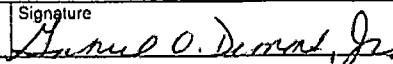
01-RC-242831

Date Filed

6-6-19

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.

2a. Name of Employer: Bostson Symphony Orchestra, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 301 Massachusetts Ave., Boston, MA 02115	
3a. Employer Representative - Name and Title: Lynn G. Larsen, Orchestra Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (617) 638-9320	3d. Cell No. (508) 358-5060	3e. Fax No.	3f. E-Mail Address llarsen@bso.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Symphonic Orchestra		4b. Principal Product or Service Entertainment	
5a. City and State where unit is located: Boston, MA		5b. Description of Unit Involved: Included: Truck loaders and spot light operators Excluded: All other employees	
6a. Number of Employees in Unit: 9		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>5/15/2019</u> on or about (Date) <u>No Reply</u> (If no reply received, so state). and Employer declined recognition. <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 15 days after DDE		11c. Election Time(s):	
11d. Election Location(s): Boston Symphony Orchestra			
12a. Full Name of Petitioner (including local name and number): International Alliance of Theatrical Stage Employees, Local No. 11		12b. Address (street and number, city, State and ZIP code): 152 Old Colony Ave., South Boston, MA 02127	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical Stage Employees			
12d. Tel. No. (617) 269-5595	12e. Cell No. (617) 448-0902	12f. Fax No. (617) 269-6252	12g. E-Mail Address cglynn@iatse11.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Gabriel O. Dumont, Jr., Esq.		13b. Address (street and number, city, State and ZIP code): Dumont, Morris And Burke, PC, 141 Tremont Street, Suite 500, Boston, MA 02111	
13c. Tel. No. (617) 227-7272	13d. Cell No. (617) 733-4804	13e. Fax No. (617) 227-7025	13f. E-Mail Address gdumont@dmbpc.net
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) Gabriel O. Dumont, Jr.		Signature 	Title Attorney
		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 further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-242854

Date Filed

June 6, 2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining 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
Kaufman Fuel

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
836 Fairfield Avenue, Bridgeport, CT 06604

3a. Employer Representative - Name and Title
Leonard J. Selezan, Jr.

3b. Address (if same as 2b - state same)
Same

3c. Tel. No.
1-844-354-9453

3d. Cell No.
203-368-4273

3e. Fax No.

3f. E-Mail Address
lselezan@hopenergy.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Fuel Delivery Service

4b. Principal product or service
Fuel Delivery Service

5a. City and State where unit is located:
Bridgeport, CT

5b. Description of Unit Involved

Included: All full-time & part-time drivers, mechanics, and source technicians

Excluded: All office clerical employees, professional employees, guards and supervisors as defined under the Act.

6a. No. of Employees in Unit:
16

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

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** June 6, 2019 **and Employer declined recognition on or about** 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

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.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
June 26, 2019

11c. Election Time(s):
7:30am - 9:30am

11d. Election Location(s):
Break Room

12a. Full Name of Petitioner (including local name and number)
Teamsters Local 191

12b. Address (street and number, city, state, and ZIP code)
1139 Fairfield Avenue, Bridgeport, CT, 06605

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

12d. Tel. No.
(203) 368-0231

12e. Cell No.
203-308-1370

12f. Fax No.
(203) 331-0348

12g. E-Mail Address
office@teamsterslocal191.com

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

13a. Name and Title
John T Fussell, Attorney

13b. Address (street and number, city, state, and ZIP code)
333 East River Drive, Suite 101, East Hartford, CT 06108

13c. Tel. No.
(860)290-9610

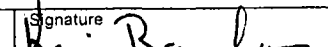
13d. Cell No.

13e. Fax No.
(860)290-9610

13f. E-Mail Address
jfussell@cheverielaw.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)
Kevin Bavalacco

Signature


Title
Business Agent

Date
6/6/19

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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

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2a. Name of Employer Sprague Energy		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 250 Eagles Nest Road, Stratford, CT 06615	
3a. Employer Representative - Name and Title Scott Johnson, Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (203) 336-2136	3d. Cell No. (516)779-3637	3e. Fax No.	3f. E-Mail Address sjohnson@spragueenergy.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Oil Terminal		4b. Principal product or service Oil	5a. City and State where unit is located: Stratford, CT
5b. Description of Unit Involved Included: All full-time and part-time terminal workers. Excluded: All other employees, temporary employees, office clerical employees, guards, professional employees and supervisors as defined by the Act.			6a. No. of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 6/13/19 and Employer declined recognition on or about 6/13/19 (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		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.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): July 2, 2019	11c. Election Time(s): 3:30pm-5:30pm	11d. Election Location(s): Conference Room
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12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers Local 478	12b. Address (street and number, city, state, and ZIP code) 1965 Dixwell Avenue, Hamden, CT 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

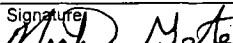
12d. Tel. No. (203) 288-9261	12e. Cell No. (860) 227-6200	12f. Fax No. (203) 230-4438	12g. E-Mail Address michael.gates@local478.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title John T. Fussell, Attorney	13b. Address (street and number, city, state, and ZIP code) 333 East River Drive, Suite 101, East Hartford, CT 06108
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13c. Tel. No. (860)290-9610	13d. Cell No.	13e. Fax No. (860) 290-9611	13f. E-Mail Address jfussell@cheverielaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Michael Gates	Signature 	Title Organizer	Date 6/13/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-243252	Date Filed 6-13-19
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer National Express The Ride		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 180 Meadow Rd Hyde Park MA 02136	
3a. Employer Representative - Name and Title Victor Herrera		3b. Address (If same as 2b - state same) same	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Victor.Herrera@nationalexpresstransit.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation Company		4b. Principal product or service Transportation	5a. City and State where unit is located: Hyde Park Ma
5b. Description of Unit Involved Included: All full-time and regular part - time safety supervisors at the Hyde Park location Excluded: All other employees, managers, guards, and supervisors as defined in the act.			6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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).		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.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 7.1.19	11c. Election Time(s): tbd	11d. Election Location(s): Hyde Park location
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12a. Full Name of Petitioner (including local name and number) International Brotherhood of Teamsters Local Union 25	12b. Address (street and number, city, state, and ZIP code) 544 Main St Boston Ma 02129
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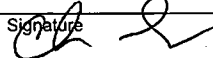
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters Local Union 25

12d. Tel No. 617.241.3989	12e. Cell No.	12f. Fax No. 617.242.4284	12g. E-Mail Address csmolinsky@teamsterslocal25.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Chris Smolinsky- Organizer.	13b. Address (street and number, city, state, and ZIP code) 544 Main st Boston Ma 02129
13c. Tel No. 617.241.3989	13d. Cell No.
13e. Fax No. 617.242.4284	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Chris Smolinsky	Signature 	Title Organizer	Date 6.12.19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

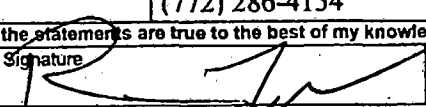
01-RC-243314

Date Filed

6/14/2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining 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: Midwest Air Traffic Control Service, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 10 Thompson Avenue East Haven, CT 06512	
3a. Employer Representative - Name and Title: Mr. Shane Cordes President / CEO		3b. Address (if same as 2b - state same): 7300 W 129th Street Overland Park, KS 66213	
3c. Tel. No. (913) 782-7082	3d. Cell No.	3e. Fax No. (913) 897-9300	3f. E-Mail Address shanelc@att.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Air Traffic Control Services		4b. Principal Product or Service Air Traffic Control	5a. City and State where unit is located: New Haven, CT
5b. Description of Unit Involved: Included: Air Traffic Control Specialist (Full & Part Time) Excluded: Guards, Supervisors and Air Traffic Manager			6a. Number of Employees in Unit: 4
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ N/A and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____ (Name of Labor Organization)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: The controllers want a Tuesday for the election, July 9th if possible			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): July 9th on Tuesday		11c. Election Time(s): Between 12:00 & 2:00 PM	11d. Election Location(s): Break room at tower
12a. Full Name of Petitioner (including local name and number): Professional Air Traffic Controllers Organization, Inc.		12b. Address (street and number, city, State and ZIP code): 161 SW Willow Lake Trail Stuart, FL 34997	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Office and Professional Employees International Union, AFL-CIO, CLC (OPEIU)			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Ron Taylor, President PATCO		13b. Address (street and number, city, State and ZIP code): 161 SW Willow Lake Trail Stuart, Florida 34997	
13c. Tel. No. (772) 283-3369	13d. Cell No.	13e. Fax No. (772) 286-4154	13f. E-Mail Address patcoron@bellsouth.net
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) Ron Taylor	Signature 	Title President	Date 6/11/2019

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-243548

6/19/19

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

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

2a. Name of Employer: Prospect Medical Holdings, Inc <i>Rockville General Hospital</i>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 31 Union St, Vernon, CT 06066	
3a. Employer Representative - Name and Title: Marcelino La Bella, Esq. National Director of Labor Relations		3b. Address (if same as 2b - state same): 200 High Service Avenue North Providence, RI 02904	
3c. Tel. No. 401.456.3344	3d. Cell No. 401.525.0203	3e. Fax No.	3f. E-Mail Address marcelino.labella@chartercare.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital		4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Vernon
5b. Description of Unit Involved: Included: All full time, Regular, part time, per diem, LPNs & Technical employees Excluded: Registered nurses (RNs); physicians; all other professionals, etc (See addendum)			6a. Number of Employees in Unit: 81 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 6/18/2019 and Employer declined recognition on or about (Date) N/A (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address: N/A	
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) None			
10a. Name n/a	10b. Address n/a	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: To cover all shifts			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 7/9/2019		11c. Election Time(s): 6-8am ; 10:00-1:00pm ; 2:30-6:00pm	
		11d. Election Location(s): RGH Board Room	
12a. Full Name of Petitioner (including local name and number): AFT CONNECTICUT		12b. Address (street and number, city, State and ZIP code): 35 Marshall Rd, Rocky Hill, CT 06067	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): AMERICAN FEDERATION OF TEACHERS, AFL-CIO			
12d. Tel. No. (860) 257-9782	12e. Cell No. 718-755-3941	12f. Fax No.	12g. E-Mail Address JVENDREDI@AFTCT.ORG
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: JASMINE VENDREDI		13b. Address (street and number, city, State and ZIP code): 35 Marshall Rd, Rocky Hill, CT 06067	
13c. Tel. No. (860) 257-9782	13d. Cell No. 718-755-3941	13e. Fax No.	13f. E-Mail Address JVENDREDI@AFTCT.ORG
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) JASMINE VENDREDI	Signature <i>Jasmine Vendredi</i>		Title ORGANIZER
			Date 6/19/2019

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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 01-RC-243688	Date Filed 6-21-19

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

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

2a. Name of Employer First Student (Westborough, MA)	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 131 Oak Street MA Westborough 01581
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3a. Employer Representative - Name and Title Jessica Quint	3b. Address (If same as 2b - state same) 88 Industrial Blvd, Suite 6 MA Hanson 02341
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3c. Tel. No.	3d. Cell No. (339) 788-2882	3e. Fax No.	3f. E-Mail Address jessica.quint@firstgroup.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service School Bus	6a. City and State where unit is located: Westborough, MA
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6b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 40 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☒ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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 6b above: (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): September 3, 4, 5, or 6, 2019	11c. Election Time(s): 8:30 AM - 12:00 Noon & 1:00 PM - 3:00 PM	11d. Election Location(s): 131 Oak Street, Westborough, MA
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12a. Full Name of Petitioner (Including local name and number) Shawn C. Stevens Teamsters 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

12d. Tel. No. (508) 789-0551	12e. Cell No. (774) 823-5418	12f. Fax No. (508) 752-9847	12g. E-Mail Address sstevens@teamsters170.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
--	--

13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Shawn C. Stevens	Signature Shawn C. Stevens	Title Organizer	Date 06/21/2019 11:00:08
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

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

Employees Excluded
All others as defined in the Act.

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

RECEIVED
NATIONAL LABOR
RELATIONS BOARD
2019 JUN 21 PM 2:18
REGION ONE
BOSTON, MA 02222-1072

NATIONAL LABOR RELATIONS BOARD
RC PETITION

Case No.

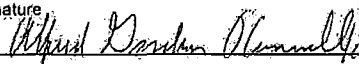
01-RC-243758

Date Filed

6-24-19

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.

2a. Name of Employer: Macy's Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 450 Washington Street, Boston, MA 02111	
3a. Employer Representative - Name and Title: Patricia Lucek, Director of Labor Relations Strategy and Negotiations		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 617-352-0171	3d. Cell No.	3e. Fax No.	3f. E-Mail Address patricia.lucek@macys.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): department store		4b. Principal Product or Service: clothing, accessories, home goods	5a. City and State where unit is located: Boston, MA
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A			6a. Number of Employees in Unit: 80 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): July 19, 2019	11c. Election Time(s): TBD	11d. Election Location(s): employee break room	
12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers, 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			
12d. Tel. No. 781-461-6775	12e. Cell No.	12f. Fax No. 781-461-0677	12g. E-Mail Address ufcw1445@ufcwlocal1445.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Alfred Gordon O'Connell, Counsel		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. Cell No.	13e. Fax No. 617-367-4820	13f. 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): Alfred Gordon O'Connell		Signature: 	Title: Counsel
			Date: 6/24/2019

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

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.

REGION ONE
BOSTON, MA 02222-1072

2019 JUN 24 AM 11:26

RECEIVED
NATIONAL LABOR
RELATIONS BOARD

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
01-RC-243806

Date Filed
6-25-19

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

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

2a. Name of Employer First Student (Gardner, MA)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 150 Linus Allain Avenue MA Gardner 01440	
3a. Employer Representative - Name and Title Ted LeClerc		3b. Address (If same as 2b - state same) 88 Industrial Blvd, Suite 8 MA Hanson 02341	
3c. Tel. No. (781) 447-4445	3d. Cell No. (857) 452-6506	3e. Fax No. (781) 447-2386	3f. E-Mail Address Ted.Leclerc@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service School Bus	
5a. City and State where unit is located: Gardner, MA		5b. Description of Unit Involved	
Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 33	
Excluded: 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 Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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).		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 6b above. (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

11b. Election Date(s): August 15, 2018	11c. Election Time(s): 7:00 AM - 12:00 Noon & 1:00 - 3:00 PM	11d. Election Location(s): 150 Linus Allain Lane, Gardner, MA
--	--	---

12a. Full Name of Petitioner (including local name and number)
Shawn C. Stevens
Teamsters 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

12d. Tel No. (508) 799-0551	12e. Cell No. (774) 823-5418	12f. Fax No. (508) 752-9647	12g. E-Mail Address sstevens@teamsters170.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Shawn C. Stevens	Signature <i>Shawn C. Stevens</i>	Title Organizer	Date 06/25/2019 08:33:07
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

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

BOSTON, MA 02222-1072
REGION ONE

2019 JUN 25 AM 9:45

RECEIVED
NATIONAL LABOR
RELATIONS BOARD

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-244079

Date Filed
6-28-19

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

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

2a. Name of Employer: Mattapan Health and Rehabilitation Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 405 River Street Mattapan, MA 02126-2210	
3a. Employer Representative - Name and Title: Samson Ginnay, Administrator		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 617-296-5585	13d. Cell No.	3e. Fax No. 617-296-4907	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) nursing/rehabilitation facility		4b. Principal Product or Service healthcare	5a. City and State where unit is located: Boston, MA
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A		6a. Number of Employees in Unit: 77 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Check One: <input checked="" type="radio"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input checked="" type="radio"/> 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:	
9a. Tel. No.	9b. Cell No.	9c. Fax No.	9d. E-Mail Address
10a. Affiliation, if any:		10b. Date of Recognition or Certification	10c. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 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: <input checked="" type="radio"/> a. Election Type: <input checked="" type="radio"/> Manual <input type="radio"/> Mail <input type="radio"/> Mixed Manual/Mail			
11b. Election Date(s): July 26, 2019	11c. Election Time(s): 6a.m. - 9a.m. and 3p.m. - 7p.m.	11d. Election Location(s): Mattapan Health and Rehabilitation Center	
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			
12d. Tel. No. 800-439-1445	12e. Cell No.	12f. Fax No. 781-461-0677	12g. E-Mail Address ufcw1445@ufcwlocal1445.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Alfred Gordon O'Connell, Counsel		13b. Address (street and number, city, State and ZIP code): Pyle Rome Ehrenberg PC 2 Liberty Square, 10th Floor, Boston, MA 02109	
13c. Tel. No. 617-367-7200	13d. Cell No.	13e. Fax No. 617-367-4820	13f. 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) Alfred Gordon O'Connell		Title Counsel	
		Date 06/28/19	

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 may cause the NLRB to decline to invoke its processes.

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
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RD-243205

Date Filed

6/13/2019

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 7 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-506); 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: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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

Henry Camosse & Son Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)

64 Southwest Cutoff, Worcester, MA 01604

3a. Employer Representative - Name and Title

Henry J. Camosse Jr.

3b. Address (if same as 2b - state same)

same

3c. Tel. No.

508-755-6193

3d. Fax No.

3e. Cell No.

3f. E-Mail Address

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

Hardscape retail store

4b. Principal product or service

Masonry Materials and Supplies

5a. Description of Unit Involved

Included:

ALL FORK TRUCK OPERATORS AND
TRUCK DRIVERS

Excluded:

5b. City and State where unit is located:

Worcester, MA

6. 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 certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent

International Brotherhood of Teamsters Local 170

8b. Affiliation, if any

8c. Address

330 Southwest Cutoff Suite 201 Worcester, MA 01604

8d. Tel. No.

508-799-0551

8e. Cell No.

8f. Fax No.

8g. E-Mail Address

kbergen@teamsters170.com

9. Date of Recognition or Certification

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

June 1, 2019

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name)

a labor organization, of

(Insert Address)

since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)

June 26, 2019

13c. Election Time(s)

4:00 P.M.

13d. Election Location(s)

64 Southwest Cutoff, Worcester, MA 01604

14. Full Name of Petitioner

(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

14b. Tel. No.

(b) (6), (b) (7)(C)

14c. Fax No.

14d. Cell No.

14e. E-Mail Address

(b) (6), (b) (7)(C)

14f. Affiliation, if any Union Steward

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

15a. Name

(b) (6), (b) (7)(C)

15b. Title

15c. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

15d. Tel. No.

(b) (6), (b) (7)(C)

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

(b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (b) (6), (b) (7)(C)

Signed (b) (6), (b) (7)(C)

Title (b) (6), (b) (7)(C)

Filed

7/2/19

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

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

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

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 Greater Bridgeport Transit Access/Transdev Services, Inc		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1 Cross St. CT Bridgeport 06610	
3a. Employer Representative - Name and Title Dawn Poirier General Manager		3b. Address (If same as 2b - state same) 1 Cross St. CT Bridgeport 06610	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dawn.poirier@transdev.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Para Transit (ADA)	
4c. City and State where unit is located: Bridgeport, CT		5a. City and State where unit is located: Bridgeport, CT	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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 United Food and Commercial Workers Union Local 371		8b. Address 290 Post Road West P.O.Box 470 CT Westport 06881-0470	
8c. Tel No. (203) 226-4751	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any International		8h. Date of Recognition or Certification 09/25/2015	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 09/24/2019

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 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)
Amalgamated Transit Union Local 1336

10a. Name	10b. Address 955 Connecticut Ave Unit 5223 CT Bridgeport 06607-_____	10c. Tel. No. (203) 333-5544	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address atulocal1336@aol.com

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11b. Election Date(s): 9/25/2019
11c. Election Time(s): open
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail
11d. Election Location(s): 1 Cross St Bridgeport, CT 06610

12a. Full Name of Petitioner (b) (6), (b) (7)(C)
12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C)

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title	Date 05/26/2019 17:45:32
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

1001001
1001001

Attachment

Employees Included
Dispatch/Supervisors

Employees Excluded
Operators and Office Clerical

DO NOT WRITE IN THIS SPACE

Case

Date Filed

SEP 10 1985
FBI - NEW YORK
RECEIVED
SECTION 34