

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

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-240603

Date Filed

5-1-19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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:**  
Fidelity House CRC, Inc

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
439 S. Union St, #401, Lawrence, MA 01843  
22 Parkside Rd, Unit D, Haverhill, MA 0185

**3a. Employer Representative - Name and Title:**  
Brad Howell

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

**3c. Tel. No.**  
978-685-9471

**3d. Cell No.**

**3e. Fax No.**  
978-687-0147

**3f. E-Mail Address**  
bhowell@crc-mass.org

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

**4b. Principal Product or Service**  
Human Services

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

**5b. Description of Unit Involved:**  
**Included:**  
See Attached

**6a. Number of Employees in Unit:**  
30

**Excluded:**  
See Attached

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

Check One: ☐ 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:

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

**11c. Election Time(s):**

**11d. Election Location(s):**

**12a. Full Name of Petitioner (including local name and number):**  
Service Employees International Union, Local 509

**12b. Address (street and number, city, State and ZIP code):**  
293 Boston Post Rd West, 4th Floor  
Marlborough, MA 01752

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Service Employees International Union

**12d. Tel. No.**  
774-843-7509

**12e. Cell No.**

**12f. Fax No.**  
508-485-8529

**12g. E-Mail Address**  
jbaptista@seiu509.org

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

**13a. Name and Title:**  
Patrick N. Bryant, 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.**

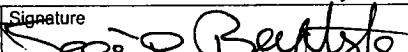
**13e. Fax No.**  
617-367-4820

**13f. E-Mail Address**  
pbryant@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)  
Joao Baptista

Signature



Title  
Organizing Director

Date  
04/30/19

**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.

Add-on voting group: All full-time and regular part-time non-professional direct care employees employed by employed in the Day Habilitation and Community-Based Day Services programs having the job title of employment specialist, case manager, carrier rep, or developmental specialist.

Excluded: All employees excluded by the existing bargaining unit.

Whether employees in the above group wish to join the bargaining unit recognized by the employer:

Current bargaining unit:

All full-time and regular part-time non-professional direct care employees employed by the Agency in its residential services program, children and family services program, and in its community residence program, including team coordinators, skills instructors, overnight employees, relief employees, recreation integrators, respite care providers, Latino parent aides, individual support providers, cooperative apartment case workers, parent trainers, but excluding all other employees including office clerical employees, guards, maintenance assistant and supervisors as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-240853

5/6/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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**  
Specialty Transportation, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
130 Hubbard Road  
CT Guilford 06437-

**3a. Employer Representative - Name and Title**  
Sheri Orobello

**3b. Address (If same as 2b - state same)**  
130 Hubbard Road  
CT Guilford 06437-

**3c. Tel. No.**  
(203) 533-7852

**3d. Cell No.**  
(860) 625-5850

**3e. Fax No.**  
(203) 689-5983

**3f. E-Mail Address**  
sheri@specialtybusco.com

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

**4b. Principal product or service**  
Student Transportation

**5a. City and State where unit is located:**  
Guilford, 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:**  
40

**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):**  
May 22, 2019

**11c. Election Time(s):**  
9:30 AM to 1:00 PM, 3:30 PM to 4:30 PM

**11d. Election Location(s):**  
Breakroom

**12a. Full Name of Petitioner (including local name and number)**  
Daniel B. Smith  
Amalgamated Transit Union

**12b. Address (street and number, city, state, and ZIP code)**  
10000 New Hampshire Ave  
MD Silver Spring 20903-1790

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Amalgamated Transit Union

**12d. Tel No.**  
(301) 431-7100

**12e. Cell No.**  
(202) 714-4219

**12f. Fax No.**  
(301) 431-7116

**12g. E-Mail Address**  
dsmith@atu.org

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

**13a. Name and Title**  
Daniel B. Smith Assistant General Counsel  
AMALGAMATED TRANSIT UNION

**13b. Address (street and number, city, state, and ZIP code)**  
10000 New Hampshire Ave  
MD Silver Spring 20903-1790

**13c. Tel No.**  
(301) 431-7100

**13d. Cell No.**  
(202) 714-4219

**13e. Fax No.**  
(301) 431-7116

**13f. E-Mail Address**  
dsmith@atu.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)**  
Daniel B. Smith

**Signature**  
Daniel B. Smith

**Title**  
Assistant General Counsel

**Date**  
05/6/2019 12:08:42

**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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All full-time and regular part-time drivers, monitors and dispatchers employed by the Employer at its facility in Guilford, Connecticut.

**Employees Excluded**

All mechanics, other employees, office clerical employees and guards, and professional employees and supervisors as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-240946

Date Filed

5-6-19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> Cambridge Eating Disorder Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3 Bow Street, Cambridge, MA 02138	
<b>3a. Employer Representative - Name and Title:</b> Seda Ebrahimi Ph.D. Director		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 617-547-2255 x222	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 617-547-0003	<b>3f. E-Mail Address</b> seda@cedcmail.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Adult/Adolescent Care Facility		<b>4b. Principal Product or Service</b> Eating disorder treatment	<b>5a. City and State where unit is located:</b> Cambridge, MA
<b>5b. Description of Unit Involved:</b> Included: admissions liason, life skills coach, academic Residential Counselor, Residential Counselor/Supervisor, Medication Coordinator, Excluded: All other employees			<b>6a. Number of Employees in Unit:</b> 45 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 5/6/2019 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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>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)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b> <b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: any such election			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 6/3/2019 or 6/10/2019		<b>11c. Election Time(s):</b> 7:30 a.m.- 10:00 a.m & 2:00 p.m.-5 p.m.	<b>11d. Election Location(s):</b> MA 02138 3 Bow Street, Cambridge
<b>12a. Full Name of Petitioner (including local name and number):</b> American Federation of State, County and Municipal Employees, AFL-CIO 93 AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 8 Beacon Street, Boston, MA 02108	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> American Federation of State, County and Municipal Employees, AFL-CIO			
<b>12d. Tel. No.</b> 617-367-6000	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 617-367-6031	<b>12g. E-Mail Address</b> info@afscme93.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> David Nagle, Membership Development Coordinator		<b>13b. Address (street and number, city, State and ZIP code):</b> 8 Beacon Street, Boston, MA 02108	
<b>13c. Tel. No.</b> 617-367-6045	<b>13d. Cell No.</b> 508-663-6000	<b>13e. Fax No.</b> 617-367-6031	<b>13f. E-Mail Address</b> dnagle@afscme93.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> David Nagle		<b>Signature</b> David Nagle	<b>Title</b> Membership Development Coord. <b>Date</b> 5/6/2019

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

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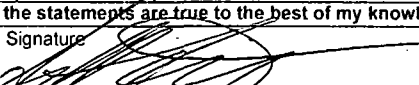
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
01-RC-241098Date Filed  
5-8-19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> Jones Lang LaSalle		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> One Post Office Square Boston, MA 02109	
<b>3a. Employer Representative - Name and Title:</b> Rob Albert		<b>3b. Address (if same as 2b - state same):</b> One Financial Center Boston, MA 02111	
<b>3c. Tel. No.</b> (617) 348 - 6729	<b>3d. Cell No.</b> (617) 426 - 9565	<b>3e. Fax No.</b> (617) 869 - 4224	<b>3f. E-Mail Address</b> rob.albert@am.jll.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Commercial Office Building		<b>4b. Principal Product or Service</b> Facility Maintenance	<b>5a. City and State where unit is located:</b> Boston, MA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> * See Attached List* <b>Excluded:</b>			<b>6a. Number of Employees in Unit:</b> 9 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 5/8/2019 <b>and Employer declined recognition</b> on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> Local 3 Fireman & Oilers (Lisa Ireson)		<b>8b. Address:</b> 10 Office Tower Park, Suite 415 Woburn, MA 01801	
<b>8c. Tel. No.</b> (781) 281 - 2877	<b>8d. Cell No.</b> (617) 257 - 5255	<b>8e. Fax No.</b> (781) 281 - 0184	<b>8f. E-Mail Address</b> lireson@local3seiu.com
<b>8g. Affiliation, if any:</b> SEIU Local 615		<b>8h. Date of Recognition or Certification</b> 05/1/2015	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 04/17/2019
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? N/A (Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) N/A			
<b>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)</b> NONE			
<b>10a. Name</b> IUOE Local 877	<b>10b. Address</b> 89 Access Rd, Unit 4 Norwood, MA 02062	<b>10c. Tel. No.</b> (781) 769-1877	<b>10d. Cell No.</b> N/A
		<b>10e. Fax No.</b> (781) 769-2165	<b>10f. E-Mail Address</b> bchristo@local877.org
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 5/14, 5/21, 5/28 2019	<b>11c. Election Time(s):</b> 3 PM	<b>11d. Election Location(s):</b> One Financial Center Boston, MA	
<b>12a. Full Name of Petitioner (including local name and number):</b> Brian Christo IUOE Local 877		<b>12b. Address (street and number, city, State and ZIP code):</b> 89 Access Rd, Unit 4 Norwood, MA 02062	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers			
<b>12d. Tel. No.</b> (781) 769-1877	<b>12e. Cell No.</b> N/A	<b>12f. Fax No.</b> (781) 769-2165	<b>12g. E-Mail Address</b> bchristo@local877.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Scott Freeman		<b>13b. Address (street and number, city, State and ZIP code):</b> 3 Floyd Rd Derry, NH 03038	
<b>13c. Tel. No.</b> N/A	<b>13d. Cell No.</b> (978) 314 - 7940	<b>13e. Fax No.</b> N/A	<b>13f. E-Mail Address</b> freeman.scott.p@gmail.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Scott Freeman	<b>Signature</b> 	<b>Title -</b> Asst Chief Engineer/ Shop Steward	<b>Date</b> 5/8/2019

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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One Financial Center Boston, MA 0211  
Attachment to RC petition, section 5b "description of Unit Involved"

All full and part-time employees covered under the following job classifications .

<b><u>Job Classification</u></b>
Chief Engineer
Asst Chief Engineer
Electrician
Operating Engineer
Carpenter
Maintenance Mechanic
HVAC Technician

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
01-RC-241183

Date Filed  
5/9/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 Saint Vincent Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 123 Summer St., Worcester, MA 01608	
3a. Employer Representative - Name and Title Ava Jo Collins, CEO		3b. Address (if same as 2b - state same) same	
3c. Tel. No. 508-363-5000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY AGENCY		4b. Principal product or service SECURITY	
5a. City and State where unit is located: Worcester, MA		5b. Description of Unit Involved <b>Included:</b> ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SPECIAL STATE POLICE OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SAINT VINCENT HOSPITAL @ 123 SUMMER ST., WORCESTER, MA 01608 <b>Excluded:</b> ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.	
6a. No. of Employees in Unit: 10		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). **NO**  
☐ 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** 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): 5/30/19	11c. Election Time(s): 6-8:00 AM & 1:30-4:30 PM	11d. Election Location(s): CONFERENCE ROOM D	
12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA)		12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA)			

12d. Tel. No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.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 Gordon Gregory, General Counsel		13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226	
13c. Tel. No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.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) David L. Hickey	Signature 	Title International President	Date 5/8/19
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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.

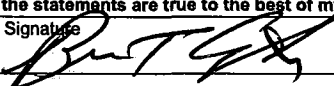
1-RC-241216

Date Filed

5/9/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> C&W Services (The Hub on Causeway)		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 80 Causeway Street, Boston, MA 02114	
<b>3a. Employer Representative - Name and Title:</b> James Canavan		<b>3b. Address (if same as 2b - state same):</b> 200 Broadacres Drive, Bloomfield, NJ 07003	
<b>3c. Tel. No.</b> 973-771-2541	<b>3d. Cell No.</b> 973-420-5143	<b>3e. Fax No.</b> 973-771-0181	<b>3f. E-Mail Address</b> james.canavan@cwservices.comj
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Office/Residential		<b>4b. Principal Product or Service</b> Facility Maintenance	
<b>5b. Description of Unit Involved:</b> Included: See attached. Excluded: All clerical employees, guards supervisors under the Act.		<b>5a. City and State where unit is located:</b> Boston, MA	
		<b>6a. Number of Employees in Unit:</b> 2	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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) 05/09/2019 and Employer declined recognition on or about (Date) NO REPLY (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> NONE		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b>		<b>11c. Election Time(s):</b>	
		<b>11d. Election Location(s):</b> Onsite	
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers Local 877		<b>12b. Address (street and number, city, State and ZIP code):</b> 89 Access Rd, Unit 4, Norwood, MA 02062	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers, AFL-CIO			
<b>12d. Tel. No.</b> 781-769-1877	<b>12e. Cell No.</b> 781-742-3220	<b>12f. Fax No.</b> 781-769-2165	<b>12g. E-Mail Address</b> bchristo@local877.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Brian Christo		<b>13b. Address (street and number, city, State and ZIP code):</b> 89 Access Rd, Unit 4, Norwood, MA 02062	
<b>13c. Tel. No.</b> 781-769-1877	<b>13d. Cell No.</b> 781-742-3220	<b>13e. Fax No.</b> 781-769-1877	<b>13f. E-Mail Address</b> bchristo@local877.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Brian Christo		<b>Signature</b> 	<b>Title</b> Business Manager
			<b>Date</b> 5-9-2019

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

All facility maintenance employees and building engineers including: Chief Engineer, Assistant Chief Engineer, Lead Building Engineer, Building Engineer, Non Licensed Building Engineer, and General Maintenance Worker.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

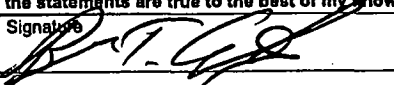
01-RC-241221

Date Filed

5/9/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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.

<b>2a. Name of Employer:</b> Wynn Resorts Ltd. Encore Boston Harbor		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1 Broadway, Everett, MA 02149	
<b>3a. Employer Representative - Name and Title:</b> James Grosso		<b>3b. Address (if same as 2b - state same):</b> 1661 Worcester Road, Suite 403, Framingham, MA 01701	
<b>3c. Tel. No.</b> (508)620-0055	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> igrosso@ogglaw.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Resort Casino		<b>4b. Principal Product or Service</b> Gaming	<b>5a. City and State where unit is located:</b> Everett, MA
<b>5b. Description of Unit Involved:</b> Included: See Attached. Excluded: All clerical employees, guards, and supervisors as defined by the Act.		<b>6a. Number of Employees in Unit:</b> 100	
<b>Check One:</b> <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.		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> Unknown		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b>		<b>11c. Election Time(s):</b> Shift Change	<b>11d. Election Location(s):</b> On Site
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers Local 877		<b>12b. Address (street and number, city, State and ZIP code):</b> 89 Access Rd, Unit 4, Norwood, MA 02062	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers, AFL-CIO			
<b>12d. Tel. No.</b> 781-769-1877	<b>12e. Cell No.</b> 781-742-3220	<b>12f. Fax No.</b> 781-769-2165	<b>12g. E-Mail Address</b> bchristo@local877.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Brian Christo, Business Manager and President		<b>13b. Address (street and number, city, State and ZIP code):</b> 89 Access Rd, Unit 4, Norwood, MA 02062	
<b>13c. Tel. No.</b> 781-769-1877	<b>13d. Cell No.</b> 781-742-3219	<b>13e. Fax No.</b> 781-769-2165	<b>13f. E-Mail Address</b> 877.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Brian Christo	<b>Signature</b> 	<b>Title</b> Business Manager & President	<b>Date</b> 5-9-2019

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

**All maintenance, general services, plant, and building trades employees, including but not limited to: Lead Employees (Lead HVAC, Lead Plumber, Lead Electrician, etc.), HVAC Technicians, Electricians, Plumbers, Plasterers, Sheet Metal Workers, Drywall Employees, Carpenters, Painters, Tilers, Laborers, Groundskeepers, Landscape Employees, Telecommunications Technicians, Instrument and Controls Technicians, HVAC General Employees, FCC Maintenance and Dispatch Employees, BAS Controls Technicians, Audiovisual Technicians, Sign makers, Licensed Steam Engineers/Firemen, Upholstery Employees, General Maintenance Mechanics, Utility Porters, Slot Machine Technicians, and Locksmiths.**


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

DO NOT WRITE IN THIS SPACE

Case No.  
**01-RC-241047**Date Filed  
**05/14/19**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.**

<b>2a. Name of Employer:</b> YMCA of Greater Springfield		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 275 Chestnut Street, Springfield, MA 01104	
<b>3a. Employer Representative - Name and Title:</b> Andre'a Lee, Executive Director		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 413-739-6951	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 413-736-4869	<b>3f. E-Mail Address</b> alee@springfieldy.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> community service organization		<b>4b. Principal Product or Service</b> child care, sports, classes	
<b>5a. City and State where unit is located:</b> Springfield, MA		<b>5b. Description of Unit Involved:</b> Included: See Attachment Excluded:	
<b>6a. Number of Employees in Unit:</b> 19		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts and 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			
<b>11a. Election Type:</b>			
<b>11b. Election Date(s):</b> June 5, 2019		<b>11c. Election Time(s):</b> 9:00 - 10:00 a.m. and 4:00 - 5:00 p.m.	
<b>11d. Election Location(s):</b> YMCA conference room			
<b>12a. Full Name of Petitioner (including local name and number):</b> UFCW, Local 1459, Transit Division		<b>12b. Address (street and number, city, State and ZIP code):</b> 33 Eastland Street Springfield, MA 01109	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Food and Commercial Workers International Union			
<b>12d. Tel. No.</b> 800-332-9699	<b>12e. Cell No.</b> 413-320-6030	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> mmay2012@gmail.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> David B. Rome, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> Pyle Rome Ehrenberg PC 2 Liberty Square, 10th Floor, Boston, MA 02109	
<b>13c. Tel. No.</b> 617-367-7200	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 617-367-4820	<b>13f. E-Mail Address</b> 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.			
<b>Name (Print)</b> David B. Rome		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 05-14-19	

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

## PRIVACY ACT STATEMENT

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**ATTACHMENT to RC PETITION**

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

**Included:** All full time, regular part-time and per diem (averaging 4 or more hours per week during the thirteen weeks preceding the election cutoff date) bus drivers and monitors.

**Excluded:** managers, confidential employees, all other employees, supervisors and guards as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-241714

Date Filed

5-17-19

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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  
Calais Regional Hospital

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
24 Hospital Lane, Calais ME 04619

3a. Employer Representative - Name and Title  
Rod Boula, CEO

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

3c. Tel. No.  
(207) 454-7521

3d. Cell No.

3e. Fax No.  
(207) 454-3616

3f. E-Mail Address  
rod.boula@calaishospital.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:  
Calais, ME

5b. Description of Unit Involved

Included: Please see Attachment A

Excluded:

6a. No. of Employees in Unit:

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)  
none

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):  
May 30, 2019

11c. Election Time(s):  
6:00 AM - 8:00 AM and 3:00 PM - 5:00 PM

11d. Election Location(s):  
OB Waiting Area at Employer's Facility

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

Maine State Nurses Association/National Nurses Organizing Committee/National Nurses United (MSNA/NNOC/NNU)

12b. Address (street and number, city, state, and ZIP code)  
155 Grand Ave., Oakland, CA 94612

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

American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)

12d. Tel. No.

510-273-2200

12e. Cell No.

12f. Fax No.

510-663-4822

12g. E-Mail Address

dwillhoite@calnurses.org

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

13a. Name and Title  
David Willhoite, Legal Counsel

13b. Address (street and number, city, state, and ZIP code)  
155 Grand Ave., Oakland, CA 94612

13c. Tel. No.  
510-273-2275

13d. Cell No.

13e. Fax No.  
510-663-4822

13f. E-Mail Address  
dwillhoite@calnurses.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)  
David Willhoite

Signature

Title  
Legal Counsel

Date  
May 17, 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 will cause the NLRB to decline to invoke its processes.

**Attachment A**

**RC Petition  
Calais Regional Hospital**

**by Maine State Nurses Association/National Nurses Organizing Committee/National  
Nurses United (MSNA/NNOC/NNU)**

**- 2b. Address(es) of Establishment(s) involved**

24 Hospital Lane,  
Calais, ME 04619

**5. Unit Involved**

**Included:**

All full-time, part-time, and per diem Registered Nurses, Home Health Nurses, Substance Abuse Counselor, and Medical Technologists (MT) employed by the Hospital.

**Excluded:**

Shift Supervisors, Staff Relief Supervisors, Directors, Chief of Physician Assistant Services, Medical Laboratory Director, Laboratory Assistants, Assistant Medical Laboratory Director, Medical Laboratory Technician (MLT), the Patient Care Coordinator, Respiratory Therapist, Physical Therapist, CRNA, guards, all other supervisors as defined in the Act, and all other employees.

**Voting Group:**

**Included:**

All Radiology Technicians, Medical Laboratory Technicians, Respiratory Technicians and Medical Assistants.

**Excluded:**

Shift Supervisors, Staff Relief Supervisors, Directors, Chief of Physician Assistant Services, Medical Laboratory Director, Assistant Medical Laboratory Director, the Patient Care Coordinator, Physical Therapist, CRNA, guards, all other supervisors as defined in the Act, and all other employees.

**Eligibility date** is pay period ending Saturday, May 18, 2019.

BOSTON, MA 02222-1072

REGION ONE

2019 MAY 17 PM 5:02

RECEIVED  
NATIONAL LABOR  
RELATIONS BOARD



**Per diem/floaters/casual RNs** are eligible if they have worked a minimum of one hundred and twenty (120) hours in either of the previous twelve (12) week periods immediately preceding the May 18, 2019 eligibility date for the election.

**Resulting Unit:**

**Included:**

All full-time, part-time, and per diem Registered Nurses, Home Health Nurses, Substance Abuse Counselors, and Medical Technologists (MT), Radiology Technicians, Medical Laboratory Technicians (MLT), Respiratory Technicians and Medical Assistants employed by the Hospital.

**Excluded:**

Shift Supervisors, Staff Relief Supervisors, Directors, Chief of Physician Assistant Services, Medical Laboratory Director, Assistant Medical Laboratory Director, the Patient Care Coordinator, Physical Therapist, CRNA, guards, all other supervisors as defined in the Act, and all other employees.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-241736

Date Filed

5/20/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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:**  
First Student Inc.

**2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):**  
1 San Antonio Way, Pawtucket, RI 02860

**3a. Employer Representative - Name and Title:**  
Frank Chauvette/ Location Manager

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

**3c. Tel. No.**  
401-724-5768

**3d. Cell No.**

**3e. Fax No.**  
401-889-4612

**3f. E-Mail Address**

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

**4b. Principal Product or Service**  
Student Bussing

**5a. City and State where unit is located:**  
Pawtucket, RI

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

Included:  
See attached

Excluded:  
see attached

**6a. Number of Employees in Unit:**  
1

**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)**  
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 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):**  
TBD

**11c. Election Time(s):**  
TBD

**11d. Election Location(s):**  
TBD

**12a. Full Name of Petitioner (including local name and number):**  
Teamsters Local 251

**12b. Address (street and number, city, State and ZIP code):**  
121 Brightbridge Avenue, East Providence, RI 02914

**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.**  
401-434-0454

**12e. Cell No.**  
401-965-2024

**12f. Fax No.**  
401-431-1893

**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:**  
Marc Gursky/ Attorney

**13b. Address (street and number, city, State and ZIP code):**  
1130 Ten Rod Rd., North Kingstown, RI 02852 (Suite C-207)

**13c. Tel. No.**  
401-294-4700

**13d. Cell No.**  
401-580-3402

**13e. Fax No.**  
401-294-4702

**13f. E-Mail Address**  
mgursky@rilaborlaw.com

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

**Name (Print)**  
Michael Simone

**Signature**

*Michael Simone*

**Title**

Organizer/ Trustee

**Date**

5/17/19

**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.

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

**Included:** All full time and regular part-time operations clerks employed by the employer at its 1 San Antonio Way, Pawtucket, RI location.

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

2020 SEP 24

20

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>01-RC-241979</b>	Date Filed <b>5-22-19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 <b>Calais Regional Hospital</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>24 Hospital Lane, Calais ME 04619</b>	
3a. Employer Representative - Name and Title <b>Rod Boula, CEO</b>		3b. Address (If same as 2b - state same) (same)	
3c. Tel. No. <b>(207) 454-7521</b>	3d. Cell No.	3e. Fax No. <b>(207) 454-3616</b>	3f. E-Mail Address <b>rod.boula@calaishospital.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Acute Care Hospital</b>		4b. Principal product or service <b>Healthcare</b>	5a. City and State where unit is located: <b>Calais, ME</b>
5b. Description of Unit Involved <b>Included: Please see Attachment A</b> <b>Excluded:</b>			6a. No. of Employees in Unit:  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? \_\_\_\_\_ 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.

11b. Election Date(s): <b>June 6, 2019</b>	11c. Election Time(s): <b>6:00 AM - 8:00 AM and 3:00 PM - 5:00 PM</b>	11d. Election Location(s): <b>OB Waiting Area at Employer's Facility</b>
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12a. Full Name of Petitioner (including local name and number) <b>Maine State Nurses Association/National Nurses Organizing Committee/National Nurses United (MSNA/NNOC/NNU)</b>	12b. Address (street and number, city, state, and ZIP code) <b>155 Grand Ave., Oakland, CA 94612</b>
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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)  
**American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)**

12d. Tel. No. <b>510-273-2200</b>	12e. Cell No.	12f. Fax No. <b>510-663-4822</b>	12g. E-Mail Address <b>dwillhoite@calnurses.org</b>
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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 <b>David Willhoite, Legal Counsel</b>	13b. Address (street and number, city, state, and ZIP code) <b>155 Grand Ave., Oakland, CA 94612</b>
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13c. Tel. No. <b>510-273-2275</b>	13d. Cell No.	13e. Fax No. <b>510-663-4822</b>	13f. E-Mail Address <b>dwillhoite@calnurses.org</b>
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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) <b>David Willhoite</b>	Signature 	Title <b>Legal Counsel</b>	Date <b>May 22, 2019</b>
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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 A**

**RC Petition  
Calais Regional Hospital**

**by Maine State Nurses Association/National Nurses Organizing Committee/National  
Nurses United (MSNA/NNOC/NNU)**

**2b. Address(es) of Establishment(s) involved**

24 Hospital Lane,  
Calais, ME 04619

**5. Unit Involved**

**Included:**

All full-time, part-time, and per diem Radiology Technicians, Medical Laboratory Technicians, Respiratory Technicians, Surgical Technicians, and Medical Assistants.

**Excluded:**

Shift Supervisors, Staff Relief Supervisors, Directors, Chief of Physician Assistant Services, Medical Laboratory Director, Assistant Medical Laboratory Director, the Patient Care Coordinator, Physical Therapist, CRNA, guards, all other supervisors as defined in the Act, and all other employees.

**Eligibility date** is pay period ending Saturday, May 18, 2019.

**Per diems** are eligible if they have worked a minimum of one hundred and twenty (120) hours in either of the previous twelve (12) week periods immediately preceding the May 18, 2019 eligibility date for the election.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
01-RC-242166	5/24/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> The Aero All-Gas Company		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3150 Main Street, Hartford, CT 06120	
<b>3a. Employer Representative - Name and Title</b> Jonathan Pollack, Assistant Vice President		<b>3b. Address (If same as 2b - state same)</b> Same	
<b>3c. Tel. No.</b> 860-278-2376	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 860-527-2376	<b>3f. E-Mail Address</b> jp@allgas.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Warehouse		<b>4b. Principal product or service</b> Supplier of various types of gas.	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All Full Time and Regular Part Time Truck Drivers, Warehousemen and platform men. <b>Excluded:</b> All executives, clerical, sales, cylinder maintenance, filling of propane cylinders and testing, office employees, professional employees and supervisory employees as defined under the Act.		<b>5a. City and State where unit is located:</b> Hartford, CT	
		<b>6a. No. of Employees in Unit:</b> 13	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 5/17/19 and Employer declined recognition on or about 5/17/19 (Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> NONE		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**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) NONE, 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)**

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

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

<b>11b. Election Date(s):</b> As soon as possible.	<b>11c. Election Time(s):</b> Morning.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11d. Election Location(s):</b> Employer's facility.
<b>12a. Full Name of Petitioner (including local name and number)</b> Teamsters Local 671		<b>12b. Address (street and number, city, state, and ZIP code)</b> 22 Britton Dr., Bloomfield, CT 06002	


**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, Chauffeurs, Warehousemen and Helpers of America Local 671

<b>12d. Tel No.</b> 860-242-3200	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 860-769-6711	<b>12g. E-Mail Address</b> dlucas@teamsters671.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Robert M. Cheverie, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> 333 East River Drive, Suite 101, East Hartford, CT 06108	
<b>13c. Tel No.</b> 860-290-9610	<b>13d. Cell No.</b> 860-305-3261	<b>13e. Fax No.</b> 860-290-9611	<b>13f. E-Mail Address</b> rcheverie@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.

<b>Name (Print)</b> Robert M. Cheverie	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 5/24/19
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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-242194

Date Filed

5/28/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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.

<b>2a. Name of Employer:</b> Riverhead Building Supply Corporation		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 38 Kingstown Rd., Richmond, RI 02898	
<b>3a. Employer Representative - Name and Title:</b> Kevin Muise/ Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 401-539-3033	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 401-539-0507	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Retail		<b>4b. Principal Product or Service:</b> Building Supplies	<b>5a. City and State where unit is located:</b> Richmond, RI 02898
<b>6b. Description of Unit Involved:</b> Included: See attached Excluded: See attached		<b>6a. Number of Employees in Unit:</b> 10  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state):</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 6/18/2019	<b>11c. Election Time(s):</b> 7-8 am	<b>11d. Election Location(s):</b> Break room	
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 251		<b>12b. Address (street and number, city, State and ZIP code):</b> 121 Brightbridge Ave., East Providence, RI 02914	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 401-434-0454	<b>12e. Cell No.</b> 401-965-2024	<b>12f. Fax No.</b> 401-431-1893	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Marc Gursky/ Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 1130 Ten Rod Rd., North Kingstown, RI 02852 Suite C-207	
<b>13c. Tel. No.</b> 401-294-4700	<b>13d. Cell No.</b> 401-580-3402	<b>13e. Fax No.</b> 401-294-4702	<b>13f. E-Mail Address</b> mgursky@rilaborlaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Michael Simone	<b>Signature</b> 	<b>Title</b> Organizer/Trustee	<b>Date</b> 5/28/19

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

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

**Included:** All full time and regular part-time truck drivers, yardmen, forklift operators, scissor hoist truck operators and customer gate checkers employed by the employer at its Richmond, RI facility.

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



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-242350

5/29/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> Apple Rehab d/b/a Waterbury Extended Care	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 35 Bunker Hill Road, Watertown, CT 06795
<b>3a. Employer Representative - Name and Title:</b> Janet Shahan / Administrator	<b>3b. Address (if same as 2b - state same):</b>

<b>3c. Tel. No.</b> 860-274-5428	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 860-945-3736	<b>3f. E-Mail Address</b> jshahan@apple-rehab.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Nursing Home	<b>4b. Principal Product or Service</b> Rehabilitation	<b>5a. City and State where unit is located:</b> Watertown, CT	
<b>5b. Description of Unit Involved:</b> Included: All regularly scheduled FT, PT & per diem Licensed Practical Nurses Excluded: All Supervisors as defined in the Act		<b>6a. Number of Employees in Unit:</b> 30	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 05/28/19 on or about (Date) NO REPLY (If no reply received, so state). and Employer declined recognition  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> NONE	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**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)**

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

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: \_\_\_\_\_  
**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> Friday, June 14, 2019	<b>11c. Election Time(s):</b> 6AM-8AM & 2PM-4PM	<b>11d. Election Location(s):</b> Employee Breakroom
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<b>12a. Full Name of Petitioner (including local name and number):</b> United Food & Commercial Worker's Local 371	<b>12b. Address (street and number, City, State and ZIP code):</b> 290 Post Road West, Westport, CT 06880
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
United Food & Commercial workers international union, AFL-CIO

<b>12d. Tel. No.</b> 203-226-4751	<b>12e. Cell No.</b> 203-260-7350	<b>12f. Fax No.</b> 203-454-0251	<b>12g. E-Mail Address</b> jespetronella@gmail.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Jessica Petronella/org Director	<b>13b. Address (street and number, city, State and ZIP code):</b> 290 Post Rd West, Westport, CT 06881

<b>13c. Tel. No.</b> 203-226-4751	<b>13d. Cell No.</b> 203-260-7350	<b>13e. Fax No.</b> 203-454-0251	<b>13f. E-Mail Address</b> jespetronella@gmail.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) Jessica Petronella Signature Jessica Petronella Title Organizing Director Date 5/29/19

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

01-RD-240731

Date Filed

5-2-19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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-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.

<b>2a. Name of Employer</b> Jones Lang LaSalle		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, state, ZIP code) One Post Office Square Boston, MA 02109	
<b>3a. Employer Representative - Name and Title</b> Rob Albert		<b>3b. Address</b> (If same as 2b - state same) One Financial Center Boston, MA 02111	
<b>3c. Tel. No.</b> (617) 348 - 6729	<b>3d. Fax No.</b> (617) 426 - 9565	<b>3e. Cell No.</b> (617) 869 - 4224	<b>3f. E-Mail Address</b> rob.albert@am.jll.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Commercial office building		<b>4b. Principal product or service</b> Facility Maintenance	
<b>5a. Description of Unit Involved</b> <b>Included:</b> * See attached sheet * <b>Excluded:</b> NONE			<b>5b. City and State where unit is located:</b> Boston, MA
<b>6. No. of Employees in Unit</b> 8	<b>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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8a. Name of Recognized or Certified Bargaining Agent</b> Local 3 Fireman and Oilers (Lisa Ireson)		<b>8b. Affiliation, if any</b> SEIU	
<b>8c. Address</b> 10 Office Tower Park, Suite 415 Woburn, MA 01801		<b>8d. Tel. No.</b> (781) 281 - 2877	<b>8e. Cell No.</b> (617) 257 - 5255
		<b>8f. Fax No.</b> (781) 281 - 0184	<b>8g. E-Mail Address</b> lireson@local3seiu.com
<b>9. Date of Recognition or Certification</b> 5/1/2015		<b>10. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) 4/17/2019	
<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>11b. If so, approximately how many employees are participating?</b> N/A	
<b>11c. The Employer has been picketed by or on behalf of</b> (Insert Name) (Insert Address) N/A		a labor organization, of since (Month, Day, Year) N/A	
<b>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.</b> (If none, so state)			
<b>12a. Name</b> IUOE Local 877 (International Union of Operating Engineers)	<b>12b. Address</b> 89 Access Rd, Unit 4 Norwood, MA 02062	<b>12c. Tel. No.</b> (781) 769 - 1877	<b>12d. Fax No.</b> (781) 769 - 2165
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b> bchristo@local877.org
<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
<b>13b. Election Date(s)</b> 5/14, 5/21, 5/28 2019	<b>13c. Election Time(s)</b> Afternoon	<b>13d. Election Location(s)</b> One Financial Center Boston, MA 02111	
<b>14. Full Name of Petitioner</b> (b) (6), (b) (7)(C)			
<b>14a. Address</b> (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		<b>14b. Tel. No.</b> N/A	<b>14c. Fax No.</b> N/A
		<b>14d. Cell No.</b> (b) (6), (b) (7)(C)	<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)
<b>14f. Affiliation, if any</b> Current member of bargaining unit			
<b>15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>15a. Name</b> (b) (6), (b) (7)(C)		<b>15b. Title</b> (b) (6), (b) (7)(C)	
<b>15c. Address</b> (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		<b>15d. Tel. No.</b> N/A	<b>15e. Fax No.</b> N/A
		<b>15f. Cell No.</b> (b) (6), (b) (7)(C)	<b>15g. E-Mail Address</b> (b) (6), (b) (7)(C)
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> (b) (6), (b) (7)(C)		<b>Title</b> (b) (6), (b) (7)(C)	<b>Date Filed</b> 5/2/2019

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

## PRIVACY ACT STATEMENT

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

One Financial Center. Boston, MA 0211  
Attachment to RD petition section 5a " Description of Unit Involved"

All full and partime employees covered under the following job titles

<u>Job Classification</u>
Chief Engineer
Asst Chief Engineer
Electrician
Operating Engineers
Carpenter
Maintenance Mechanic
Maintenance Helper

REGION ONE  
BOSTON, MA 02222-1072

2019 MAY -2 PM 2:30

RECEIVED  
NATIONAL LABOR  
RELATIONS BOARD

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

01-RD-241207

Date Filed

5/10/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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-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.

<b>1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)</b> - 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.			
<b>2a. Name of Employer</b> Amherst coffee		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 28 Amity St. Amherst, MA 01002	
<b>3a. Employer Representative - Name and Title</b> Lexy Allen		<b>3b. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)	
<b>3c. Tel. No.</b> -	<b>3d. Fax No.</b> -	<b>3e. E-mail Address</b> lexy@amherstcoffee.com	
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Coffee Shop		<b>4b. Principal product or service</b> lattes, coffee, cocktails	
<b>5a. Description of Unit Involved</b> Included: cashiers, baristas, bartenders Excluded: Managers		<b>5b. City and State where unit is located:</b> Amherst, MA	
<b>6. No. of Employees in Unit</b> 15	<b>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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8a. Name of Recognized or Certified Bargaining Agent</b> Emma Ellsworth		<b>8b. Affiliation, if any</b> Unite Here	
<b>8c. Address</b> -		<b>8d. Tel. No.</b> -	<b>8e. Cell No.</b> 617 459 5443
		<b>8f. Fax No.</b> -	<b>8g. E-Mail Address</b> Ellsworth@unitehere.org
<b>9. Date of Recognition or Certification</b> 3/28/19		<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> N/A	
<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>11b. If so, approximately how many employees are participating?</b>	
<b>11c. The Employer has been picketed by or on behalf of (Insert Name)</b> (Insert Address)		<b>11d. If so, approximately how many employees are participating?</b> a labor organization, of since (Month, Day, Year)	
<b>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)</b>			
<b>12a. Name</b> N/A	<b>12b. Address</b> N/A	<b>12c. Tel. No.</b> -	<b>12d. Fax No.</b> -
		<b>12e. Cell No.</b> -	<b>12f. E-Mail Address</b> -
<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>13a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
<b>13b. Election Date(s)</b> as soon as possible	<b>13c. Election Time(s)</b> as soon as possible	<b>13d. Election Location(s)</b>	
<b>14. Full Name of Petitioner</b> (b) (6), (b) (7)(C)			
<b>14a. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		<b>14b. Tel. No.</b> (b) (6), (b) (7)(C)	<b>14c. Fax No.</b> -
		<b>14d. Cell No.</b> (b) (6), (b) (7)(C)	<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)
<b>14f. Affiliation, if any</b>			
<b>15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>15a. Name (b) (6), (b) (7)(C)</b> (b) (6), (b) (7)(C)		<b>15b. Title</b> (b) (6), (b) (7)(C)	
<b>15c. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		<b>15d. Tel. No.</b> (b) (6), (b) (7)(C)	<b>15e. Fax No.</b> -
		<b>15f. Cell No.</b> (b) (6), (b) (7)(C)	<b>15g. E-Mail Address</b> (b) (6), (b) (7)(C)
<b>I declare that I have read the above petition and that the information is true to the best of my knowledge and belief.</b>			
<b>Name (b) (6), (b) (7)(C)</b> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date Filed</b> 5/9/19

WILLFUL FALSE STATEMENTS ON THE

AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)