FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE									
Case No.	Date Filed								
01-RC-226936	9-7-2018								

		KC PETITIO	14			0 1	-RC-	22693	36	<u> 9-</u> 7	-2018
INSTRUCTIONS: Unless e-Filed usemployer concerned is located. The employer and all other parties Case Procedures (Form NLRB 48)	he petition named in	must be accomp the petition of: (*	anied by 1) the per	both a stition; (2)	showing of interest (s Statement of Position	ee 6b be n form (l	low) and form NLF	a certificat RB-505); an	le of service sh d (3) Descriptio	owing se on of Rep	ervice on presentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratery	ioner desire	s to be certified a	s represe	ntative of	the employees. The Po	etitioner	alleges t	hat the foll	owing circums	tances e	
2a. Name of Employer: Sysco Foods Boston					of Establishment(s) involved in February (s) i			umber, City	, State, ZIP cod	e):	
3a. Employer Representative - Nan Chuck Frazier, President	ne and Title		3b. Addi Same		me as 2b - state same)):			······································		
3c. Tel. No. 781-422-2300	3d. Cell No) .		3e. Fax 1 1-877-	No. -239-1025	3f.	E-Mail A	ddress			
4a. Type of Establishment (Factory, i Warehouse	nine, whole	saler, etc.)			ipal Product or Service esale Food Distri			Plymp	d State where uton, MA		ited:
5b. Description of Unit Involved: Included: See Attachment A.			-					6a. Numbe 230	er of Employees	in Unit:	
Excluded: Managers, supervisors and								of the e	ubstantial numb employees in the ented by the Pet	unit wis	to be
Check One: 7a. Request for reconstruction on or about (Date)	-	(lf n	o reply re	ceived, s		on under		Employer	declined recogn	tion	
8a. Name of Recognized or Certific					Address:		2107.01				
8c. Tel. No.	8d. Cell No).		8e. Fax I	No.	8f.	8f. E-Mail Address				
8g. Affiliation, if any:			8h	h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	nt(s) invo	Ived? No	O If so, appro	•			s are participatin		0.61
(Name of Labor Organization) 10. Organizations or individuals othe individuals known to have a repre						d recogn	ition as re	presentative	er since (Month, es and other org	·	
10a. Name		10b. Address				10	c. Tel. No		10d. Cell No.		
						10	10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and	election in this ma	atter, state	e your po	sition with respect to an	ny such e	lection:	11a. Election Manua		Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tir	ne(s):			11	d. Election	n Location(s	s):		
12a. Full Name of Petitloner (include General Teamsters, Chaud Helpers of Brockton and V	ffuers, W	/arehouseme	en and		12b. Address (street 4 Hampden D					:375-1	158
12c. Full name of national or internat International Brotherhood			ich Petiti	oner is an	affiliate or constituent	(if none,	so state):				
12d. Tel. No.	12e. Cell N 202-52	8 - 3775.		12f. Fax		CI	_	teamste	r.org		
13. Representative of the Petitions 13a. Name and Title: Michael A. Feinberg, Esq.	r who will	accept service o	f all pape	13b. Add	rposes of the represe fress (street and number rg, Campbell & Z	er, city, S	tate and a	ZIP code):	eet, Boston,	MA 02	109
13c, Tel. No. 617-338-1976	13d. Cell f		-	13e. Fax No. 617-338-7070			13f. E-Mail Address maf@fczlaw.com				
I declare that I have read the abov Name (Print)	e petition a	nd that the state	ments a	re true to	the best of my knowl	ledge an Title	d belief.				Date
Michael A. Feinberg, Esq		MI	hha	o X	- In to I AIA	Atto	rney				917 18

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD PC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
01-RC-227146	9-11-18						

RC PETITION							1-RC-	22714	6	9-1	1-18
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirbigov/s, 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											
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	ioner desire	s to be certified a	s represe	entative of t	he employees. The P	etition	er alleges t	hat the foll	owing circumst	tances	
2a. Name of Employer: Republic Waste Services					Establishment(s) invo eet, Marshfield			umber, City	, Stale, ZIP code	<u>,):</u>	
3a. Employer Representative - Nan Jacob Dietz	ne and Title	:	зь. Add Same	-	ne as 2b - stale same,)) :					
3c. Tel. No. 1-800-659-1501	3d. Cell No) .		3e. Fax N	D.	7	3f. E-Mail A	ddress			·
4a. Type of Establishment (Factory, I Waste Management Servi		saler, etc.)			oal Product or Service Removal	ė			d State where un field, MA	nit is loc	cated:
5b. Description of Unit Involved: ncluded: All full time Drivers (Res	idential,	Roll-off, Fro	ont Lo	ad) Sha	kers			25	er of Employees		
Excluded: Office Clerical, Managers								of the e	ubstantial number imployees in the inted by the Peti	unit wis	sh to be
Check One: 7a. Request for reconn on or about (Date)		(if no	o reply re	eceived, so	state).			Employer	fectined recognit	non	
☐ 7b. Petitioner is cui Ba. Name of Recognized or Certific None		<u> </u>	<u> </u>		and desires certificatio ddress:	on unde	er the Act				
Bc. Tel. No.	8d. Cell No).		8e. Fax No	0.	8	8f. E-Mail Address				
g. Affiliation, if any:				h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
 Is there now a strike or picketing a (Name of Labor Organization) 	t the Employ	yer's establishmer	nt(s) invo	olved? No	If so, appro		•	, ,	s are participatin	` —	
Organizations or individuals other individuals known to have a repre						d recog	gnition as re	presentative	er since (Month, es and other orga		
0a. Name		10b. Address				7	10c, Tel, No. 10d. Cell I			Cell No.	
		ii				1	10e. Fax No		10f. E-Mail Add	ress	
1. Election Details: If the NLRB cor	nducts and			e your posi	tion with respect to an			Manua	I Mail	Mixe	d Manual/Mail
1b. Election Date(s): Any day of the week		11c. Election Tim 3:00 am- 6:0		and 2:00	-	19		1 Street,	Marshfield	, MA	
2a. Full Name of Petitioner <i>(includ</i> General Teamsters, Chauf Helpers of Brockton and V	fuers, W	/arehouseme	n and		12b. Address (street 4 Hampden Di	t and no r., S7	umber, city, ΓΕ Α, Sc	State and 2 outh East	tion, MA 02.	375-1	158
izc. Full name of national or internati International Brotherhood			ich Petiti	oner is an a	affiliate or constituent	(if none	e, so state):				
				12f. Fax N 508-23			12g. E-Mail brian.m(erslocal653	.org	
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Title: Luke G. Liacos, Esq.				lers for purposes of the representati 13b. Address (street and number, cit Feinberg, Campbell & Zack,			State and Z	IP code):	et, Boston, N	 ИА 02	2109
3c. Tel. No. 517-338-1976	13d. Cell N	lo.		13e. Fax N 617-33		13f. E-Mail Address lgl@fczlaw.com					
declare that I have read the above Name (Print)	petition a			ro true to ti	ne best of my knowle	edge a	ind belief.				Date
Luke G. Liacos, Esq.		Signature		<u> </u>			orney				09/11/18

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
01_BC_227175	9/12/18						

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.rifrb:gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: CT Light and power DBA Eversource PO Box 270 Hartford CT 06141-0270 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Angela Ruggiero 107 Selden St Berlin CT 06037-1616 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (860)665-3667 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Utility Electric and Gas Distribution Berlin CT 5b. Description of Unit Involved: All Full-time AND REGULAR PART-TIME FIELD 6a. N Included: COMMUNICATION TEST TECHNICIANS, TEST SPECIALISTS, SENIOR TEST SPECIALISTS, TECHNICAL LEADS, ASSOCIATE ENGINEERS, ENGINEERS AND SENIOR ENGINEERS EMPLOYED by the 32 6a. Number of Employees in Unit: FEMPLOYER AT ITS BERLIN, CT FACILITY THAT WORK STATEWIDE Excluded: All OTHER Employees, guidros, professional Employees AND 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes SUPERVISORS AS DEFINED IN the ACT. 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: Armor Globe into existing CL and P (Teal) Contract 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (Including local name and number): 12b. Address (street and number, city, State and ZIP code): International Brotherhood of Electrical Workers LU 550 Wolcott St Waterbury CT 06705 420 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Worker 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 2037579639 8603848010 2037579426 ibew@snet.net 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 550 Wolcott St Waterbury CT 06705 Joseph Malcarne Business Manager 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 2037579639 8603848010 2037579426 ibew@snet.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Title Date **Business Manager** Joseph Malcarne 9/10/18

Robert Baril Kobser

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
01-RC-227492	Date Filed							
01-RC-22/492	Sept. 17, 2018							

9/17/18

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a, Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 38 Talmage Avenue, East Haven CT 06512 Talmage Park 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Terrance Brennan SAME 3e. Fax No. 3f. E-Mail Address (203)467-5582 tbrennan@talmagepark.com (203)469-2316 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Nursing Home Health care East Haven . CT. 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time, regular part time and per diem Certified Nursing Aides, Housekeepers, Dietary Aides and Cooks. 6b. Do a substantial number (30% or more) of the employees in the **Excluded:** All other employees, all professional employees, all guards and supervisors as defined in the act. unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) Q/17/18 and Employer declined recognition on or about Check One: (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 NONE 8c. Tel No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO. has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a Name 10f. E-Mail Address 10e, Fax No. None 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🗸 Manual Mail [Mixed Manual/Mail any such election. 11b. Election Date(s) 11c Election Time(s): 11d Flection (ocation(s): Thursday October 4th 2018 6:30 - 8:30 am and 2:30 - 4:30 pm Employee Break room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 77 Huyshope, Ave., 1st Fl., Hartford, CT 06106 NEW ENGLAND HEALTHCARE EMPLOYEES UNION, DISTRICT 1199, SEIU 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 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. (860)549-1199 (860)251-6049 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Robert Baril, Vice President 13b. Address (street and number, city, state, and ZIP code) 77 Huyshope, Ave., 1st Fl., Hartford, CT 06106 13f. E-Mail Address 13d Cell No 13e Fax No. 13c. Tel No rbaril@seiu1199ne.org (203)915-0126 (860)251-6049 (860)251-6088 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date BAILL

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

Secretary Treasurer

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION Case No. 01-RC-227!

DO NOT WRITE IN THIS SPACE									
Case No. 01-RC-227574	9/19/2018								

NO I L	111011				1		I			
INSTRUCTIONS: Unless e-Filed us	sing the Agenc	y's website	e, <u>www</u>	.nlrb	.gov, submit a	n original of this	Petition to	an NLRB office in the Region	n	
in which the employer concerned									е	
of service showing service on the										
(Form NLRB-505); and (3) Descrip						RB 4812). The si	nowing of in	terest should only be filed		
with the NLRB and should not be						of employees wish to	be represente	ed for purposes of collective		
bargaining by Petitioner and Petitioner or requests that the National Labor Relational Labor Relations	desires to be certifi	ied as represe	entative c	of the	employees. The	Petitioner alleges th	at the following	ng circumstances exist and		
2a. Name of Employer Snow Pond Arts Academy						t(s) involved (Street a ney ME 04330	and number, cit	y, State, ZIP code)		
3a. Employer Representative – Name an	d Title					s 2b – state same)				
Deborah Emery				ame						
3c. Tel. No. 207-681-8908	3d. Cell No.		3	Be. Fa	k No.		3f. E-Mail Add Deborah.e	^{dress} emery@snowpondartsac	ad	
4a. Type of Establishment (Factory, mine, School	wholesaler, etc.)	4b. Principa Education		t or se	ervice		5a. City Sydne			
5b. Description of Unit Involved Included: All Educational Staff, in		, directors,	, teach	ers, e	educational te	chnicians, guida	nce	6a. No. of Employees in Unit:		
counselors/student sen Excluded: Superintendent, Princip		nager, Hum	nan Re	sour	ces Director,	Special Educatio	n Director	6b. Do a substantial number (30 or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	9	
Check One: 7a. Request for r 9/12/20 7b. Petitioner is o	18 (Date)	(If no reply red	ceived, s	o stat	9).	an		clined recognition on or about		
8a. Name of Recognized or Certified Ba None					8b. Address					
8c. Tel No.	8d Cell No.		8	Be. Fa	(No.	-	8f. E-Mail Add	dress		
8g. Affiliation, if any	<u> </u>	··-	8h.	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 B						imately how many en Month, Day, Year)				
10. Organizations or individuals other than known to have a representative interest in None							resentatives an	d other organizations and individua	als	
10a. Name	10b. Add	dress			_	10c. Tel. No.		10d. Cell No.		
					i	10e. Fax No.		10f. E-Mail Address		
 Election Details: If the NLRB conduct any such election. 	s an election in thi	s matter, state	e your po	osition	with respect to	11a. Election Type:	✓ Manual [Mail Mixed Manual/Mail		
11b. Election Date(s): Friday		ection Time(s oon (schools		3:15	p.m.)	11d. Election Locat Snow Pond Arts				
12a. Full Name of Petitioner (including local name and number) Snow Pond Education Association/Maine Education Association						35 Community D		city, state, and ZIP code) a ME 04330		
12c. Full name of national or international I National Education Association	abor organization	of which Petiti	ioner is a	an affil	iate or constituen	t (if none, so state)				
12d. Tel No. 207-622-4418	12e. Cell No. 207-522-3758			2f. Fa 07-62	x No. 3-2129		12g. E-Mail A cbetit@main			
13. Representative of the Petitioner who	-				-					
13a. Name and Title Charles J. I	<u> </u>	ctor of	C(3	5 Con	munity Drive, Au	f number, city, state, gusta ME 04330				
13c, Tel No. 207-622-4418	13d. Cell No. 207-522-3758		20		3-2129		13f. E-Mail Ac cbetit@main			
I declare that I have read the above petit	tion and that the	statements a			best of my know	ledge and belief.				
Name (Print) S Charles J. Betit	groty q V	70/		itle irecto	r of Collective	Bargaining	Date 9/12/2018			

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

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

Case No. 1-RC-227585 Do NOT WRITE IN THIS SPACE

Date Filed
September 19, 2018

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

(Form NLRB-505); and (3) Descript				RB 4812). The st	nowing of inte	rest 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										
1. PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de requests that the National Labor Relat	sires to be certifie	ed as representativ	ve of the employees. The I	Petitioner alleges th	at the following	circumstances exist and				
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP con Land Air Express 121 Industrial Park Road Pittsfield ME 04967										
3a. Employer Representative - Name and	Title		3b. Address (If same as	2b - state same)						
Howard Small, Terminal manag			Same as above	ŕ						
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addre	ess				
1800-639-3095 Ext 8905	207-416-316	66		ļ	howardsmal	ll@landair.com				
4a. Type of Establishment (Factory, mine, w Trucking		4b. Principal pro Freight	duct or service	•	5a. City ai Pittsfield	nd State where unit is located:				
5b. Description of Unit Involved						6a. No. of Employees in Unit:				
Included: All Class A Truck	Drivers				i	6b. Do a substantial number (30%				
Excluded: All other positions					ł	or more) of the employees in the unit wish to be represented by the Petitioner? Yes No				
Check One: 7a. Request for re	cognition as Ram	aining Represents	tive was made on (Date)	2/18/18 and		ned recognition on or about				
no reply	(Date) (If no reply receive				ico recognition on about				
8a. Name of Recognized or Certified Barg			8b. Address	ZOTATIOGRAPHIC ATTOCK ATTO	7101.					
None										
8c. Tel No.	8d Cell No.		8e. Fax No.		8f, E-Mail Addre	ess				
8g. Affiliation, if any			8h. Date of Recognition or	Certification		n Date of Current or Most Recent any (Month, Day, Year)				
Is there now a strike or picketing at the Er (Name of labor organization)					ployees are part	icipating?				
10. Organizations or individuals other than F known to have a representative interest in a					resentatives and	other organizations and individuals				
10a. Name	10b. Add	ress		10c. Tel. No.		10d. Cell No.				
				10e. Fax No.		10f. E-Mail Address				
11. Election Details: If the NLRB conducts any such election.	an election in this	s matter, state you	r position with respect to	11a. Election Type:	✓ Manual	MailMixed Manual/Mail				
11b. Election Date(s): ANy	11c. Ele ANy	ection Time(s):		11d. Election Locat Pittsfield Localtion	` '					
12a. Full Name of Petitioner (<i>including lo</i> Teamsters Union Local No. 340	cal name and nu	mber)		12b. Address (stree 27 main Street So		ty, state, and ZIP code) E. 04106				
12c. Full name of national or international la International Brotherhood of Teamsters		of which Petitioner	is an affiliate or constituent	(if none, so state)						
12d. Tel No. 207-767-2106	12e. Cell No. 207-756-5881		12f, Fax No. 207-767-7315		12g. E-Mail Add emarzano@tea	ress ımsterslocal340.org				
13. Representative of the Petitioner who	will accept service	ce of all papers fo	or purposes of the repres	entation proceeding]•					
13a. Name and Title Ed Marzano.Business Agent 13b. Address (street and number, city, state, and ZIP code) 27 main Street South Portland Maine 04106										
13c. Tel No. 207-767-2106	13d. Cell No. 207-756-5881,		13e. Fax No. 207-767-7315		13f. E-Mail Addi emarzano@tea	ress amsterslocal340.org				
I declare that I have read the above petition		tatements are tru	e to the best of my know							
	nature		Title	ta. t	Date 9-/	7-18				
El Marzano	ITS ON TUR DE	TON CAN DE O	HINICUED BY FINE AND	MADDICONMENT (II	S CODE TITLE	18 SECTION 1001)				

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 100
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.

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN THIS E	PACE
<u></u>		Date Filed
Case No.	01-RC-227961	9-25-18

(2-18)	RC PETITION	N _		الجين المستستسيسين	334	. wi pp offi	ce in the Region in w	hich the
(2-18) INSTRUCTIONS: Unless e-Filed usi employer concerned is located. The the employer and all other parties in the employer and all other parties.	") a su ala nothing of: (1	ii the pein	81001), 149 We	at the sent of	auld ant ha s	ดญอติ อม มา	a ambigan at any	
Case Procedures (Form NLRB 481)	2). The showing of interest	SHOULD DEFENT	ATIVE - A	substantial number of emi	playees wish t	o be represe	ented for purposes of o	nilective :
1. PURPOSE OF THIS PETITION. TO	oner desires to be certified a							
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Patitic requests that the National Labor Name of Employer:	r Relations Board process	T 44 A 144		Setablishment(s) involved	(Sir ce r and m	umber, City.	State, ZIP code):	
2a. Name of Employer: Brown University 2b. Address(as) in Calculation (2012) Box 1879 Providence RI 02912								
	and Title	3b. Addr	ess (if sam	e us 2b - state same):				
3e. Employer Representative - Nan Paul Mancini, Director of	Labor and	same	,					
Employee Relations		٠	Se. Fax N		31 E-Mail A	ddress		
3c. Tel. No. 401-863-3896	3d, Cell No.		401-86	3-9329	Paul_M		brown.edu nd State where unit is k	cated.
4a. Type of Establishment (Fectory, non-sectarian higher educ	mine, wholesaler, etc.)		4b. Princip educati	osi Product or Service OTI		Provid	ence RI	
6b. Description of Unit Involved:			L				or of Employees in Uni	t
Included: Catering Banquet Captair	ne					3		
Excluded:	(3)					of the s	ubstantial number (30° employees in the unit vented by the Petitioner	vish to be
Check One: 🖹 7s. Request for re-					, 2018 an		declined recognition	7 100 111
) September 17, 2018 (If urrently recognized as Barga				nder the Act.			
8s. Name of Recognized or Certifi				ddress:				
8c, Tel, No.	8d, Cell Na.		8e. Fax N	0.	er. E-Mail A	Address		
8g. Affiliation, If any:		81	n. Date of F	Recognition or Certification	8i. Expiration Recent Con	on Date of C ntract, if any	urrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing a	at the Employer's establishm	ent(s) invo	olved? No	if so, approxim	ately how man	ny employee	s ere participating?	
(Name of Labor Organization)			******		, has picketed	the Employ	er since (Month, Day	Year)
10. Organizations or individuals other individuals known to have a representation.	ir than Petitioner and those rescritative interest in any en	named in it roloyees in	tems B and the unit de	a which have white and an			es and other organizati	ons and
10a, Name	10b. Address	· 						
	(vp. nouress				10c. Tel. No) .	10d. Cell No.	
					10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and election in this n	natter, state	e your post	tion with respect to any au	sch election:	11a. Election	т Туре:	
11b. Election Date(s):	11c, Election To	(ma/a):		·····		Menue		ed Manual/Mail
September	when all th	tree are	workin	-	Brown L		y Refectory	
12a. Full Name of Petitioner (include United Service and Allied	i Workers of Rhode	: Island		12b. Address (street and 90 Printery St. Pr	number, city, ovidence	State and 2 RJ 0290	UP code): 4	
12c. Full name of national or internati	ional labor organization of w	nich Petitic	oner is an a	fillate or constituent (if no	one, so state):			
12d. Tel. No.*	12e. Cell No.		121. Fax No		·			
401-751-0500	401-440-2608		401-751	1-0555	12g. E-Mail kbmcani	noh (alaa)	.com	
13. Representative of the Petitioner 13s. Name and This:		f all paper	re for purp	oses of the representati	on proceeding	10.		
Karen McAninch, Business A	Agent		same	\$\$ (street and number, of	ty, State and 2	(IP code):		
13c. Tel. No.	13d. Cell No.		13e. Fax N	D.	13f. E-Mail A	dda		
	same	1.5	same		cama(a)a		om	
I declare that I have read the above Name (Print)	petition and that the state	plents are	true to th	s best of my knowledge	and belief.			
Karen McAninch	Signatur	101	M)/,] Tith	e Isiness Ag	ent		Date 00/19/19
···		16.1	AU	Union Com	Tources WE	geni		09/18/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUBLISHED 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 er seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES	GOVERNMENT		DO NOT WRITE IN THIS SPACE							
NATIONAL LABOR		ARD		Case No. Date Filed						
RC PE		01-RC-	228083	()/26/18					
INSTRUCTIONS: Unless e-Filed us	ing the Agend	v's website. w	ww.nlrb.	gov. submit a	an original of this	Petition to a	n 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) Descript	•				RB 4612). I ne si	nowing of int	erest snoula only de filea			
with the NLRB and should <u>not</u> be s	served on the	employer or a	ny other	party.						
1. PURPOSE OF THIS PETITION: RC-CE										
bargaining by Petitioner and Petitioner de requests that the National Labor Relat										
2a. Name of Employer	nons Board proc				it(s) involved (Street a					
Securitas Critical Infrastructure Se	envices Inc			vd, Zion, IL 6		mo mamber, en	, 5.0.0, 2.11 5555)			
3a. Employer Representative – Name and					s 2b – state same)					
Charles Rival -Area Vice Presider			1	•	Place, Salem, CT	06420				
					Tace, Salem, CT					
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		3f. E-Mail Add	ress			
860-859-1001										
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.)	4b, Principal pr	oduct or se	rvice			and State where unit is located:			
SECURITY AGENCY		SECURITY				Salem,	CT			
5b. Description of Unit Involved							6a. No. of Employees in Unit:			
Included: ALL FULL-TIME AND PAR	T-TIME ARME	D AND UNARM	IED SECL	IRITY OFFICE	RS PERFORMING	GUARD	18			
DUTIES AS DEFINED IN SECTION 9							6b. Do a substantial number (30%			
CRITICAL INFRASTRUCTURE, INC	@ 101 SHILOH	I BLVD., ZION,	IL 60099				or more) of the employees in the unit wish to be represented by the			
Excluded: ALL OFFICE CLERICAL EMPL	OVEES PROFE	SSIONAL EMPLO	YEES AND	SUPERVISORS	S AS DEFINED BY TH	IE ACT	Petitioner? Yes V No			
					·					
Check One: 7a. Request for red					an	id Employer dec	lined recognition on or about			
<u> </u>		(If no reply receiv								
					certification under the	Act				
8a. Name of Recognized or Certified Barr NONE	gaining Agent (/	rnone, so state).		8b. Address						
8c. Tel No.	8d Cell No.	. · · · · · · · · · · · · · · · · · · ·	8e. Fax	No.		8f. E-Mail Add	ress			
8g. Affiliation, if any	L		8h Data	of Recognition o	r Certification	8i Expiration	Date of Current or Most Recent			
og. Annation, if any			On. Date	o. recognición o	Contract, if any (Month, Day, Year)					
							, , , , ,			
9. Is there now a strike or picketing at the E	mplover's establis	shment(s) involve	d? NIO	If so, approx	imately how many en	nplovees are pa	rticipating?			
							•			
					Month, Day, Year)					
10. Organizations or individuals other than I						resentatives an	d other organizations and individuals			
known to have a representative interest in a	iny employees in	the unit described	in item ob	above. (ii none,	, so state)					
10a. Name	10b. Ad	droce			10c. Tel. No.		10d, Cell No.			
Toa. Name	100. 20	uiess			100. 161. 140.		104. 00. 10.			
					10e. Fax No.		10f, E-Mail Address			
							1			
11. Election Details: If the NLRB conducts	an election in th	is matter, state yo	ur position	with respect to	11a. Election Type	: Manual	✓ Mail Mixed Manual/Mail			
any such election. 11b. Election Date(s):	11c F	lection Time(s):			11d. Election Local	tion(s):				
October 16, 2018	mail				mail					
12a. Full Name of Petitioner (including lo		umber)			12b. Address (stree	et and number,	city, state, and ZIP code)			
International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Road, Roseville, MI 48066										
12c. Full name of national or international la	bor organization	of which Petitione	r is an affili	ate or constituen	nt (if none, so state)					
International Union, Security, Police and F										
12d. Tel No.	12e. Cell No. 12f. Fax No. 12g. E-Mail Address									
586-772-7250 X111	586-872-5634		586-772	2-9644		organize@spf	pa.org			
13. Representative of the Petitioner who	will accept serv	ice of all papers	for purpos	es of the repres	sentation proceeding	g.				
13a. Name and Title Gordon Grego	ory, Gener	al Counsel			d number, city, state, 727, Detroil, MI 48226	and ZIP code)				
· · · · · · · · · · · · · · · · · · ·					721, Detroit, MI 45226	126 E Mail A	drace			
13c. Tel No. 313-964-5600	13d. Cell No.		13e, Fa 313-964		1	13f. E-Mail Ad Gordon@Unic				
I declare that I have read the above petiti	on and that the	etatomonte are t			Medge and belief	Corconwonic				
<u></u>	on and that the	statements are t		Cot of the Kilov	troage and belief.					
S State	gnature 💪	D. 101.	Title	ina Disastes		Date				
	were 17	المناسلة الما	TOrganiz	ing Director		9/25/18				

Organizing Director 9/25/18

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
04 70 228228	9/28/18				

INSTRUCTIONS: Unless e-Filed u	sing the Agend	y's website, <u>w</u> ı	<u>ww.nlrb.gov</u> , submit a	an original of this	Petition to	an NLRB office in the Region		
in which the employer concerned								
of service showing service on the	e employer and	all other partie	s named in the petition	on of: (1) the petit	ion; (2) Sta	tement 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 an	y other party.		_	-		
1. PURPOSE OF THIS PETITION: RC-C	ERTIFICATION OF	REPRESENTATI	VE - A substantial number	of employees wish to	be represente	ed for purposes of collective		
bargaining by Petitioner and Petitioner								
requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)								
Allegiance Realty Corporation see attachment						,,,		
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)								
Annette Messert Property Manager 44 OI			44 Old Ridgebury F	4 Old Ridgebury Road, Danbury ,Connecticut ,06810				
3c. Tel. No.	3d. Cell No.		3e. Fax No. 3f. E-Mail Add		dress			
203-544-2994	203-240-4071 203-557-478			amessert@allegiancere.com				
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is locate								
Office Building Property Manager Danbury and Westport Conne						ary and Westport Connecticut		
5b. Description of Unit Involved		<u> </u>	• • • •	•		6a. No. of Employees in Unit:		
Included: All full time and part time Senior chief engineers, chief engineers and building engineers						3		
•		•	•	_	_	6b. Do a substantial number (30%		
Excluded:	lavone profes	sional amples	roos guarda and au	inoniiooro undor	the Act	or more) of the employees in the unit wish to be represented by the		
Excluded: All office clerical emp	ioyees, profes	ssional employ	rees, guards and st	ipervisors under	the Act	Petitioner? Yes V No		
				·		clined recognition on or about		
<u> </u>		(If no reply receive		//_//_	·p,			
7b. Petitioner is			epresentative and desires	certification under the	Act.			
8a. Name of Recognized or Certified Ba			8b. Address					
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Ad	dress		
	J	· · · · · · · · · · · · · · · · · · ·	<u></u>					
8g. Affiliation, if any					Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
				Solition, it any (month, buy, rout)		iny (monar, bay, rear)		
9. Is there now a strike or picketing at the	Employer's establis	shment(s) involved	? No. If so approx	imately how many em	plovees are p	articipating?		
				•	p , p			
(Name of labor organization)			eted the Employer since (i					
10. Organizations or individuals other than					esentatives a	nd other organizations and individuals		
known to have a representative interest in	any employees m	the dist described i	artiem 30 above. (Il none,	SU State)				
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
]				
	1			1				
	1			10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conduc	ts an election in th	is matter, state you	r position with respect to	10e. Fax No.	✓ Manual			
any such election.			r position with respect to	11a. Election Type:				
		ection Time(s):	r position with respect to		on(s):			
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (including	11c. El 8 am to	ection Time(s): 9am umber)	r position with respect to	11a. Election Type: 11d. Election Locati conference center p 12b. Address (stree	on(s): plaza level t and number	Mail Mixed Manual/Mail city, state, and ZIP code)		
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (Including International Union of Operating Engine	11c. E 8 am to local name and no ers Local 30- AFL	ection Time(s): 9 9am umber) -CIO		11a. Election Type: 11d. Election Locati conference center p 12b. Address (stree 16-16-Whitestone E	on(s): plaza level t and number	Mail Mixed Manual/Mail		
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (<i>including</i> International Union of Operating Engine 12c. Full name of national or international	11c. El 8 am to local name and no ers Local 30- AFL labor organization	ection Time(s): 9 9am umber) -CIO		11a. Election Type: 11d. Election Locati conference center p 12b. Address (stree 16-16-Whitestone E	on(s): olaza level t and number	Mail Mixed Manual/Mail city, state, and ZIP code)		
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (<i>including</i> International Union of Operating Engine 12c. Full name of national or international International Union of Operating Engine	11c. El 8 am to local name and no ers Local 30- AFL labor organization ers	ection Time(s): 9 9am umber) -CIO	is an affiliate or constituen	11a. Election Type: 11d. Election Locati conference center p 12b. Address (stree 16-16-Whitestone E	on(s): olaza level t and number, xpressway,V	Mail Mixed Manual/Mail city, state, and ZIP code) Vhitestone NY 11357		
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (<i>Including</i> International Union of Operating Engine 12c. Full name of national or international International Union of Operating Engine	11c. El 8 am to local name and no ers Local 30- AFL labor organization ers	ection Time(s): 9 9am umber) -CIO	is an affiliate or constituen	11a. Election Type: 11d. Election Locati conference center p 12b. Address (stree 16-16-Whitestone E t (if none, so state)	on(s): olaza level t and number, expressway, V	Mail Mixed Manual/Mail city, state, and ZIP code) Whitestone NY 11357		
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (<i>including</i> International Union of Operating Engine 12c. Full name of national or international International Union of Operating Engine	11c. E 8 am to local name and ne ers Local 30- AFL labor organization ers 12e. Cell No. 917-680-4291	ection Time(s): 9 9am wmber) -CIO of which Petitioner	is an affiliate or constituen 12f. Fax No. 718-805- 2172	11a. Election Type: 11d. Election Locati conference center p 12b. Address (stree 16-16-Whitestone E t (if none, so state)	on(s): olaza level t and number, expressway, V 12g. E-Mail A vincentfioren	Mail Mixed Manual/Mail city, state, and ZIP code) Vhitestone NY 11357		
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (<i>Including</i> International Union of Operating Engine 12c. Full name of national or international International Union of Operating Engine 12d. Tel No. 718-847-8484 13. Representative of the Petitioner who	11c. El 8 am to 10cal name and no ers Local 30- AFL labor organization ers 12e. Cell No. 917-680-4291 o will accept service.	ection Time(s): p 9am umber) -CIO of which Petitioner	is an affiliate or constituen 12f. Fax No. 718-805- 2172 or purposes of the repres	11a. Election Type: 11d. Election Locati conference center p 12b. Address (stree 16-16-Whitestone E t (if none, so state)	on(s): olaza level t and number, expressway, V 12g. E-Mail A vincentfioren	Mail Mixed Manual/Mail city, state, and ZIP code) Whitestone NY 11357		
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (<i>Including</i> International Union of Operating Engine 12c. Full name of national or international International Union of Operating Engine 12d. Tel No. 718-847-8484 13. Representative of the Petitioner who	11c. El 8 am to 10cal name and no ers Local 30- AFL labor organization ers 12e. Cell No. 917-680-4291 o will accept service.	ection Time(s): p 9am umber) -CIO of which Petitioner	is an affiliate or constituen 12f. Fax No. 718-805- 2172 or purposes of the repres 13b. Address (street and	11a. Election Type: 11d. Election Locati conference center p 12b. Address (stree 16-16-Whitestone E t (if none, so state) entation proceeding d number, city, state, a	on(s): olaza level t and number, expressway, V 12g. E-Mail A vincentfioren	Mail Mixed Manual/Mail city, state, and ZIP code) Whitestone NY 11357		
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (<i>including</i> International Union of Operating Engine 12c. Full name of national or international International Union of Operating Engine 12d. Tel No. 718-847-8484 13. Representative of the Petitioner who 13a. Name and Title Vincent Fio	11c. El 8 am to local name and mers Local 30- AFL labor organization ers 12e. Cell No. 917-680-4291 o will accept service rentino - C	ection Time(s): p 9am umber) -CIO of which Petitioner	is an affiliate or constituen 12f. Fax No. 718-805- 2172 or purposes of the repres 13b. Address (street and 16-16 Whitestone expressive	11a. Election Type: 11d. Election Locati conference center p 12b. Address (stree 16-16-Whitestone E t (if none, so state) entation proceeding d number, city, state, a	on(s): on(s): olaza level t and number; xpressway,V 12g. E-Mail A vincentfiorent and ZIP code)	Mail Mixed Manual/Mail city, state, and ZIP code) Whitestone NY 11357 Address ino@iuoelocal30.org		
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (<i>Including</i> International Union of Operating Engine 12c. Full name of national or international International Union of Operating Engine 12d. Tel No. 718-847-8484 13. Representative of the Petitioner who	11c. El 8 am to 10cal name and no ers Local 30- AFL labor organization ers 12e. Cell No. 917-680-4291 o will accept service.	ection Time(s): p 9am umber) -CIO of which Petitioner	is an affiliate or constituen 12f. Fax No. 718-805- 2172 or purposes of the repres 13b. Address (street and	11a. Election Type: 11d. Election Locaticonference center p 12b. Address (stree 16-16-Whitestone Et (if none, so state) entation proceeding d number, city, state, as ay, Whitestone NY 11357	on(s): olaza level t and number, xpressway,V 12g. E-Mail A vincentfiorent and ZIP code) 13f. E-Mail A	Mail Mixed Manual/Mail city, state, and ZIP code) Whitestone NY 11357 Address ino@iuoelocal30.org		
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (<i>Including</i> International Union of Operating Engine 12c. Full name of national or international International Union of Operating Engines 12d. Tel No. 718-847-8484 13. Representative of the Petitioner who 13a. Name and Title Vincent Fiorus 13c. Tel No.	11c. E 8 am to local name and me ers Local 30- AFL labor organization ers 12e. Cell No. 917-680-4291 o will accept servi rentino - C 13d. Cell No. 917-680-4291	ection Time(s): 9 9am umber) -CIO of which Petitioner ice of all papers fo	is an affiliate or constituen 12f. Fax No. 718-805- 2172 or purposes of the repres 13b. Address (street and 16-16 Whitestone expression 13e. Fax No. 718-805-2172	11a. Election Type: 11d. Election Locaticonference center p 12b. Address (stree 16-16-Whitestone Et (if none, so state) entation proceeding d number, city, state, as ay, Whitestone NY 11357	on(s): olaza level t and number, xpressway,V 12g. E-Mail A vincentfiorent and ZIP code) 13f. E-Mail A	Mail Mixed Manual/Mail city, state, and ZIP code) Vhitestone NY 11357 Address ino@iuoelocal30.org		
any such election. 11b. Election Date(s): 10/17/2018 12a. Full Name of Petitioner (<i>Including</i> International Union of Operating Engine 12c. Full name of national or international International Union of Operating Engine 12d. Tel No. 718-847-8484 13a. Name and Title Vincent Fioral 13c. Tel No. 718-847-8484 1 declare that I have read the above petitioner that I have read the above petition.	11c. E 8 am to local name and me ers Local 30- AFL labor organization ers 12e. Cell No. 917-680-4291 o will accept servi rentino - C 13d. Cell No. 917-680-4291	ection Time(s): 9 9am umber) -CIO of which Petitioner ce of all papers fo	is an affiliate or constituen 12f. Fax No. 718-805- 2172 or purposes of the repres 13b. Address (street and 16-16 Whitestone expression 13e. Fax No. 718-805-2172	11a. Election Type: 11d. Election Locaticonference center p 12b. Address (stree 16-16-Whitestone Et (if none, so state) entation proceeding d number, city, state, as ay, Whitestone NY 11357	on(s): olaza level t and number, xpressway,V 12g. E-Mail A vincentfiorent and ZIP code) 13f. E-Mail A	Mail Mixed Manual/Mail city, state, and ZIP code) Vhitestone NY 11357 Address ino@iuoelocal30.org		

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.