


Case No  
**16-RC-255832**

Date Filed  
**2/6/2020**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, 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><br><b>Moonstone LLC Barbershop</b>  |   | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br><b>740 Avenue H Sheppard AFB, TX 76311<br/>220 Community Center Dr Sheppard AFB, TX 76311</b> |   |
| <b>3a. Employer Representative - Name and Title:</b><br><b>Moon Stone- Owner<br/>Jonathan Mendez- Co-owner/General Manager</b>   |   | <b>3b. Address (if same as 2b - state same):</b><br><b>Same</b>  |   |
| <b>3c. Telephone</b><br><b>Transportation Central Division</b>   | <b>3d. Cell No.</b><br><b>1-907-888-2009<br/>1-325-301-0123</b>   | <b>3e. Fax No.</b>   | <b>3f. E-Mail Address</b><br><b>gaelthaiz@icloud.com<br/>2993oiwr44umo@hpeprint.com</b> |
| <b>4a. Type of Establishment (Factory mine wholesaler etc)</b><br><b>Barbershop</b>  |   | <b>4b. Principal Product or Service</b><br><b>Haircare</b>   |   |
| <b>5b. Description of Unit Involved:</b><br><b>Included:</b> All full time and regular part time barbers and shop managers employed at these facilities.<br><b>Excluded:</b> All other employees, general/region manager, office clerical, and supervisors as defined in the act.  |   | <b>5a. City and State where unit is located:</b><br><b>Wichita Falls, TX</b>   |   |
| <b>6a. Number of Employees in Unit:</b><br><b>11</b>   |   | <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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>2/05/2020</b> and Employer declined recognition on or about (Date) <b>N/A</b> (If no reply received, so state).<br><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><br><b>None</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> <b>No</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><br><b>None</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  |   | <b>11a. Election Type:</b><br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail  |   |
| <b>11b. Election Date(s)</b><br><b>2/19/2020</b>   | <b>11c. Election Time(s)</b><br><b>12PM- 2PM</b>  | <b>11d. Election Location(s)</b> <b>Main Shop- 220 Community Center Dr Sheppard AFB, TX</b>  |   |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br><b>United Food &amp; Commercial Workers Local 540</b>  |   | <b>12b. Address (street and number, city, State and ZIP code):</b><br><b>17780 Preston Rd Dallas, TX 75252</b>   |   |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none so state):</b><br><b>United Food &amp; Commercial Workers International Union AFL-CIO, CLC</b>   |   |  |   |
| <b>12d. Tel. No.</b><br><b>214-328-3515</b>  | <b>12e. Cell No.</b><br><b>214-519-3709</b>   | <b>12f. Fax No.</b><br><b>214-327-6614</b>   | <b>12g. E-Mail Address</b><br><b>Gonzalo@ufcw540.org</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><br><b>Gonzalo Reyes- Organizing Director</b>  |   | <b>13b. Address (street and number city State and ZIP code):</b><br><b>17780 Preston Rd. Dallas, TX 75252</b>  |   |
| <b>13c. Tel. No.</b><br><b>214-328-3515</b>  | <b>13d. Cell No.</b><br><b>214-519-3709</b>   | <b>13e. Fax No.</b><br><b>214-327-6614</b>   | <b>13f. E-Mail Address</b><br><b>Gonzalo@ufcw540.org</b>                                |
| <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><br><b>Gonzalo Reyes</b>  | <b>Signature</b><br> | <b>Title</b><br><b>Organizing Director</b>   | <b>Date</b><br><b>2/05/2020</b>   |

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

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

16-RC-256920

Date Filed

2/25/2020

**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><br>Day & Zimmerman  |                     | <b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code)<br>6322 North FM 56<br>TX Glen Rose 76043-   |  |
| <b>3a. Employer Representative - Name and Title</b><br>Kevin Crabtree   |                     | <b>3b. Address</b> (If same as 2b - state same)<br>6322 North FM 56<br>TX Glen Rose 76043-  |  |
| <b>3c. Tel. No.</b><br>(254) 897-5878   | <b>3d. Cell No.</b> | <b>3e. Fax No.</b>  | <b>3f. E-Mail Address</b><br>kevin.crabtree@luminant.com |
| <b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.)<br>Energy Industry Group   |                     | <b>4b. Principal product or service</b><br>Plant Maintenance  |  |
| <b>5b. Description of Unit Involved</b><br><b>Included:</b> See Attached Page 2 for additional details<br><b>Excluded:</b> See Attached Page 2 for additional details |                     | <b>5a. City and State where unit is located:</b><br>Glen Rose, TX   |  |
|   |                     | <b>6a. No. of Employees in Unit:</b><br>63  |  |
|   |                     | <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) \_\_\_\_\_ 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.

|  |                    |  |                           |
|--|--------------------|--|---------------------------|
| <b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). |                    | <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</b> (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)**

|                  |                     |                      |                            |
|------------------|---------------------|----------------------|----------------------------|
| <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><br>03/11/2020  | <b>11c. Election Time(s):</b><br>4:00 pm to 5:00 pm | <b>11d. Election Location(s):</b><br>Building 32G Comanche Peak Site   |
| <b>12a. Full Name of Petitioner (including local name and number)</b><br>Phyllis Goines<br>International Brotherhood of Electrical Workers Local 220 |   | <b>12b. Address (street and number, city, state, and ZIP code)</b><br>2804 SE Loop 820<br>TX Fort Worth 76140- |

**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 Workers, AFL-CIO, CLC

|                                       |                      |                                       |  |
|---------------------------------------|----------------------|---------------------------------------|--|
| <b>12d. Tel No.</b><br>(817) 551-1885 | <b>12e. Cell No.</b> | <b>12f. Fax No.</b><br>(817) 551-3736 | <b>12g. E-Mail Address</b><br>pgoiness@ibewlu220.org |
|---------------------------------------|----------------------|---------------------------------------|--|

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

|  |  |   |   |
|--|--|---|---|
| <b>13a. Name and Title</b><br>Michael A Murphy Counsel<br>International Brotherhood of Electrical Workers, Local 220 |  | <b>13b. Address (street and number, city, state, and ZIP code)</b><br>NE 17 Lake Cherokee<br>TX Longview 75603- |   |
| <b>13c. Tel No.</b><br>(512) 920-4114  | <b>13d. Cell No.</b><br>(512) 920-4114 | <b>13e. Fax No.</b>   | <b>13f. E-Mail Address</b><br>michael_murphy@ibew.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><br>Michael A Murphy | <b>Signature</b><br>Michael A Murphy | <b>Title</b><br>Counsel | <b>Date</b><br>02/25/2020 13:12:23 |
|---|--------------------------------------|-------------------------|------------------------------------|

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

**Included:** All full time and regular part time employees employed by the employer at Comanche Peak in the following departments: Decon, Electrical, Insulator/Scaffold, Lake, Mechanic, Mechanical, Operations, Paint, Radiation Detection, Scaffold, Site Facilities, and Utility.

**Excluded:** All other employees, including office, clerical, Document Control Center, Mailroom, Planning, Guards, and Supervisors within the meaning of the National Labor Relations Act.



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

DO NOT WRITE IN THIS SPACE

Case No.  
**16-RC-256972**

Date Filed  
**2/26/20**

**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**  
Johnson Controls, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
5692 FM 1346, San Antonio, Texas 78220

**3a. Employer Representative - Name and Title**  
Gwen Gaal, Plant Manager

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

**3c. Tel. No.**  
210-622-5700

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

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

**4b. Principal product or service**  
HVAC Chillers

**5a. City and State where unit is located:**  
San Antonio, Texas

**5b. Description of Unit Involved**

**Included:** All production and maintenance employees employed by the Employer.

**Excluded:** All other employees, office clericals, guards, and supervisors, as defined in the Act.

**6a. No. of Employees in Unit:**  
118

**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**  
none

**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):**  
Thursday, March 26, 2020

**11c. Election Time(s):**  
1:30 p.m. to 5:30 p.m.

**11d. Election Location(s):**  
Main lunch room in white building

**12a. Full Name of Petitioner (including local name and number)**  
SMART-Southwest Gulf Coast Regional Council

**12b. Address (street and number, city, state, and ZIP code)**  
7551 Callaghan Rd, STE 320, San Antonio TX 78229

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Sheet Metal, Air, Rail & Transportation Workers, AFL-CIO and CLC

**12d. Tel No.**  
210-202-3335

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
bkenyon@smart-swgcrc.org

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

**13a. Name and Title**  
Patrick M. Flynn, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
1225 North Loop West, Suite 1000, Houston, Texas 77008-1775

**13c. Tel No.**  
713-861-6163

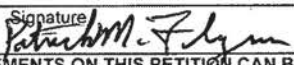
**13d. Cell No.**

**13e. Fax No.**  
713-961-5566

**13f. E-Mail Address**  
pat@pmfpc.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)**  
Patrick M. Flynn

**Signature**  


**Title**  
Attorney

**Date**  
2/25/2020

**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


16-RC-257188

Date Filed

2/28/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, , 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><br>Don Miguel Mexican Food,<br>MegaMex- Hormel   |  | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>9650 Chartwell Drive Dallas, TX 75243 |   |
| <b>3a. Employer Representative - Name and Title:</b><br>Ryan Gaynor/General Manager   |  | <b>3b. Address (if same as 2b - state same):</b><br>Same   |   |
| <b>3c. Tel. No.</b><br>214-221-7936   | <b>3d. Cell No.</b>  | <b>3e. Fax No.</b><br>214-221-9165   | <b>3f. E-Mail Address</b>   |
| <b>4a. Type of Establishment (Factory mine wholesaler etc )</b><br>Production Facility  |  | <b>4b. Principal Product or Service</b><br>Produce Mexican food items  | <b>5a. City and State where unit is located:</b><br>Dallas, TX  |
| <b>5b. Description of Unit Involved:</b><br><b>Included:</b> All full time and regular part time employees at the facilities, production, line leads, QA's, maintenance, warehouse, shipping and receiving.<br><b>Excluded:</b> All other employees, part-time employees, guards, office clerical, and supervisors as defined in the act.                                       |  |  | <b>6a. Number of Employees in Unit:</b><br>500  |
| <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) 2/28/2020 and Employer declined recognition on or about (Date) N/A (If no reply received, so state).<br><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><br>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 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><br>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 and election in this matter state your position with respect to any such election   |  |  | <b>11a. Election Type:</b><br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
| <b>11b. Election Date(s)</b><br>3/23/2020   | <b>11c. Election Time(s)</b><br>8:00AM- 11:00AM and 5:30PM- 8:30PM |  | <b>11d. Election Location(s)</b><br>Employee breakroom  |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>United Food & Commercial Workers Local 540  |  | <b>12b. Address (street and number, city, State and ZIP code):</b><br>17780 Preston Rd Dallas, TX 75252                                  |   |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none so state):</b><br>United Food & Commercial Workers International Union AFL-CIO, CLC   |  |  |   |
| <b>12d. Tel. No.</b><br>214-328-3515  | <b>12e. Cell No.</b><br>214-519-3709                               | <b>12f. Fax No.</b><br>214-327-6614  | <b>12g. E-Mail Address</b><br>Gonzalo@ufcw540.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><br>Gonzalo Reyes- Organizing Director  |  | <b>13b. Address (street and number city State and ZIP code):</b><br>17780 Preston Rd. Dallas, TX 75252                                   |   |
| <b>13c. Tel. No.</b><br>214-328-3515  | <b>13d. Cell No.</b><br>214-519-3709                               | <b>13e. Fax No.</b><br>214-327-6614  | <b>13f. E-Mail Address</b><br>Gonzalo@ufcw540.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><br>Gonzalo Reyes  |  | <b>Signature</b><br>                                  | <b>Title</b><br>Organizing Director   |
|   |  |  | <b>Date</b><br>2/28/2020  |

**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.