UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

C				

DO NOT WRITE IN THIS SPACE					
Case No. 16-RC-260092	Date Filed 5/7/2020				

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 representa ive 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 8998 Senate St. TX Dallas 75228 MyCity Transportation 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 8998 Senate St. TX Dallas 75228 Angela Togo 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f F-Mail Address (214) 662-2430 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Paratransit Dallas, TX 5b. Description of Unit Involved 6a. No. of Employees in Unit: 44 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 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 curren ly 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 8q. 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 recogni ion 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. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🔽 Manual 🦳 Mail Mixed Manual/Mail any such election. 11b. Election Date(s): Tuesday, May 26,2020 11c. Election Time(s): 11d. Election Location(s): 7:00 AM to 7:00 PM 8998 Senate Drive 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1111 Empire Central Place IX Dallas 75247 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Amalgamated Transit Union Local 1338 12g. E-Mail Address Kdav1338@aol.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (463) 855-0994 (214) 828-1809 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date President/ Business Agent Mr. Kenneth Day 05/5/2020 16:49:16 Kenneth Day

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

PRIVACY ACT STATEMENT

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

Attachment

Employees Included Full time driver, Part time driver,

Employees Excluded
Managers, office staff, clerical staff

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
16-RC-260598	5/19/20				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 1616 Woodall Rodgers Fwy Dallas, Tx. 75202 Oncor Electric Delivery LLC 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Kyle R. Davis Same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (214) 486-2190 kyle.davis3@oncor.com (214) 486-2491 (214) 808-7447 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Irving/Ft. Worth Utility Electricity 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 60 Operators/Dispatchers at EDOC and WDOC 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

X
Yes Excluded: Check One: 🗵 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) 5//9/20 (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) 1408N. Washington suite 210 Dallas, Texas 75204 International Brotherhood of Electrical Workers LU 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. ibewloc69@aol.com (214) 821-4700 (972) 965-1382 (214) 821-6906 8i. Expiration Date of Current or Most 8h. Date of Recognition or Certification 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 10/25/22 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10d Cell No. 10a, Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual X Mail Mixed Manual/Mail **Business Manager** 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(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 Local 69 1408 N. Washington suite 210 Dallas, Tx. 75204 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 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (202) 833-7000 (202) 728-6099 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 1408 N. Washington suite 210 Dallas, Tx. 75204 Bobby W. Reed Business Manager/Financial Secretary 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (214) 821-4700 (972) 965-1382 (214) 821-6906 ibewloc69@aol.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Business Manager/Financial Sec. 5/19/20 Bobby W. Reed

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

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 16-RC-260984	Date Filed 5/28/20				

	250		.65			1	. 110 2	00701		- , -	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must in the period	be accomp tition of: (1,	panied by 1) the peti	both a sition; (2)	howing of interest (s Statement of Positio	see 6b on form	below) and (Form NL	d a certificat RB-505); an	te of service show d (3) Description	ving s of Re	ervice on presentation
PURPOSE OF THIS PETITION: If bargaining by Petitioner and Petiti requests that the National Laboratory	ioner desires to be	e certified as	s represen	ntative of t	the employees. The P	Petition	ner alleges	that the foll	owing circumstar	nces e	
2a. Name of Employer: MTM Transit					f Establishment(s) invo on Lane, Austin			number, City	, State, ZIP code):		
3a. Employer Representative - Nan Ricardo Boulware, Genera			3b. Addre Same	ess (if san	me as 2b - state same	e):		estate i collisso seo			
3c. Tel. No. (512) 813-5122	3d. Cell No. (757) 576-3.	385		3e. Fax N	lo.		3f. E-Mail A rboulwa	Address are@mtm	ı-inc.net		
4a. Type of Establishment (Factory, I Garage	mine, wholesaler, o	etc.)			pal Product or Service t Service	e		5a. City an Austin	d State where unit	is loc	ated:
5b. Description of Unit Involved: Included: Please see Attachment A.								9	er of Employees in		
Excluded: Please see Attachment A.								of the e	ubstantial number of employees in the un ented by the Petitio	nit wis	h to be
Check One: 7a. Request for reconnection on about (Date) 7b. Petitioner is cui		(If no	o reply rec	ceived, so	state).	ion unde	-	d Employer o	declined recognition	n	
8a. Name of Recognized or Certifie None					ddress:						
8c. Tel. No.	8d. Cell No.		1	8e. Fax N	lo.	1	8f. E-Mail A	Address			
8g. Affiliation, if any:	100000		8h.	Date of R	Recognition or Certific				urrent or Most (Month, Day, Year))	
9. Is there now a strike or picketing a	t the Employer's e	stablishmen	nt(s) involv	ved? No	If so, appro				s are participating?		
(Name of Labor Organization) Organizations or individuals other individuals known to have a representation.						ed recog	gnition as re	epresentative	er since (Month, Da es and other organi		
10a. Name	10b. A	Address				1	10c. Tel. No	0.	10d. Cell No.	-	-
						1	10e. Fax N	0.	10f. E-Mail Addres	SS	
11. Election Details: If the NLRB co Mail ballot election.	nducts and election	n in this mat	tter, state	your posi	ition with respect to an	iny such	election:	11a. Election Manua		Mixed	Manual/Mail
11b. Election Date(s): June 8, 2020	11c. E N/A	Election Time	e(s):	s): 11d. Election N/A				on Location(s):			
12a. Full Name of Petitioner (includ Amalgamated Transit Uni					12b. Address (stree 725 Airport B	et and no Boulev	umber, city vard, Au	, State and Z Istin, TX	78702		
12c. Full name of national or internati Amalgamated Transit Uni		ation of which	ch Petition	ner is an a	affiliate or constituent	t (if none	e, so state)	:			
12d. Tel. No. (512) 386-6485	12e. Cell No. (512) 947-42			12f. Fax N		a	and the same of the same of	1091@ou	tlook.com		
13. Representative of the Petitione 13a. Name and Title: Daniel B. Smith, Assistant G			1	13b. Addn	rposes of the represe ress (street and number New Hampshire	ber, city,	State and	ZIP code):	MD 20903		
13c. Tel. No. (301) 431-7100	13d. Cell No. (202) 714-42	219	1	13e. Fax N	No.		13f. E-Mail dsmith@	Address Datu.org			
I declare that I have read the above Name (Print)	petition and that	T	-	true to t	he best of my knowl	ritle					Date
Daniel B. Smith		Signature	Lui	0	1. As			General C	ounsel		05/28/20

Exhibit A

Description of Unit Involved:

<u>Included:</u> All full-time and regular part-time road supervisors, shop foremen, facilities foremen and resolution specialists employed by the Employer at the South garage in Austin, TX. The union seeks an Armour-Globe election.

Excluded: All other employees, office clerical employees, guards and supervisors as defined by the Act.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No. 16-RC-260987	Date Filed 5/28/20				

		RC PEIIII	ON				10	-KC-20	0987		5	/28/20
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition s named in 112). The sh	must be accor the petition of: owing of intere	npanied i (1) the post st should	by both a etition; (2 d only be	she 2) Si file	owing of interest (s tatement of Position of with the NLRB an	ee 6t n form nd sh	below) and m (Form NL ould not be	d a certifica RB-505); an served on	te of service sho d (3) Descriptio the employer or	owing and of Re any of	service on epresentation ther party.
 PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratory 	tioner desire	es to be certified	as repres	entative of	of th	e employees. The P	etitio	ner alleges	that the fol	lowing circumst	tances	
2a. Name of Employer: MTM Transit						Establishment(s) invo d Lane, Austin			number, City	, State, ZIP code):	
3a. Employer Representative - Name and Title: Christopher Westbrook, General Manager			Same		same	e as 2b - state same)):					
3c. Tel. No. (512) 822-7868	3d. Cell No (850) 5	16-9989		3e. Fax No.				3f. E-Mail A		ntm-inc.net		
4a. Type of Establishment (Factory, Garage	mine, whole	saler, etc.)				al Product or Service Service		<u> </u>	5a. City ar Austin	nd State where u	nit is lo	cated:
5b. Description of Unit Involved: Included: Please see Attachment A.									6a. Number	er of Employees	n Unit:	
Excluded: Please see Attachment A.									of the	ubstantial number employees in the ented by the Petit	unit wi	sh to be
Check One: 7a. Request for recon or about (Date)	ognition as		resentativ no reply r				-	an	d Employer	declined recognit	ion	
7b. Petitioner is cui 8a. Name of Recognized or Certifie None						nd desires certification dress:	on und	der the Act.				
8c. Tel. No.	8d. Cell No	D.		8e. Fax No. 8			8f. E-Mail Address					
8g. Affiliation, if any:			8	8h. Date of Recognition or Certification			ition	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing a	t the Employ	yer's establishm	ent(s) invo	olved? N	lo	If so, approx				s are participating		
(Name of Labor Organization) Organizations or individuals other individuals known to have a representation.							d reco	ognition as re	epresentative	er since (Month, es and other orga		
10a. Name		10b. Address						10c. Tel. No	D.	10d. Cell No.		
					10e. Fax No. 10f. E-N			10f. E-Mail Add	E-Mail Address			
 Election Details: If the NLRB con Mail ballot election. 	nducts and	election in this n	natter, sta	te your po	ositio	on with respect to an	y suc	h election:	11a. Election Manua] Mixe	d Manual/Mail
11b. Election Date(s): June 8, 2020		11c. Election T N/A	ime(s):					11d. Electio N/A	n Location(s):		
12a. Full Name of Petitioner (includ Amalgamated Transit Uni):			12b. Address (street 725 Airport Bo						
12c. Full name of national or internati Amalgamated Transit Uni		organization of w	hich Petit	ioner is ar	n afl	filiate or constituent (if nor	ne, so state):				
12d. Tel. No. (512) 386-6485	12e. Cell N (512) 94	47-4298		12f. Fax				the state of the state of the state of	091@ou	tlook.com		
13. Representative of the Petitione 13a. Name and Title: Daniel B. Smith, Assistant G			of all pape	13b. Add	dres	oses of the represent is (street and number iew Hampshire A	r, city	, State and	ZIP code):	MD 20903		
13c. Tel. No. (301) 431-7100	13d. Cell N (202) 7			13e. Fax	x No).		13f. E-Mail / dsmith@				
I declare that I have read the above	petition ar			re true to	the	best of my knowle	_					Data
Name (<i>Print</i>) Daniel B. Smith		Signatu		1	3	. And	As	sistant G	eneral C	ounsel		Date 05/28/20

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.

Exhibit A

Description of Unit Involved:

<u>Included:</u> All full-time and regular part-time road supervisors employed by the Employer at the North garage in Austin, TX. The union seeks an Armour-Globe election.

Excluded: All other employees, office clerical employees, guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 16-RC-261038	Date Filed 5/29/2020				

INSTRUCTIONS: Unless e-Filed	using the Agency	y's website, <u>wv</u>	ww.nirb.	gov, submit a	n original of this i	Petition to ai	NLRB office in the Region		
in which the employer concerne	ed is located. The	e petition must	be acco	ompanied by b	ooth a showing of	interest (see	e 6b below) and a certificate		
of service showing service on the	he employer and	all other partie	s name	d in the petitio	n of: (1) the petiti	on; (2) State	ment of Position form		
(Form NLRB-505); and (3) Descri	ription of Represe	entation Case F	Procedu	res (Form NLF	RB 4812). The she	owing of inte	erest should only be filed		
with the NI PR and should not h	e served on the	employer or an	v other	party.			The state of the s		
A DUDDOCE OF THE DETITION DC	CERTIFICATION OF	DEDDESENTATI	VF - A SII	hstantial number	of employees wish to	be represented	for purposes of collective		
bargaining by Detitioner and Detitions	or deciree to be certifie	ed as representativ	ve of the 6	employees. The F	etitioner alleges tha	it the following	Circumstances exist and		
requests that the National Labor R	elations Board proce	eed under its pro	per autho	ority pursuant to	(s) involved (Street ar	ional Labor Re	lations Act.		
2a. Name of Employer							State, ZIF code)		
Oncor Electric Delivery, LLC		1616			y, Dallas, TX 75	202			
3a. Employer Representative - Name	and Title		A RESERVE VOCABLISHED		2b – state same)				
Kyle R. Davis	T 04 0-11N-		3e. Fax	E AS ABOVE		3f. E-Mail Addr	229		
3c. Tel. No.	3d. Cell No. (214) 808-74	147		486-2190		kyle.davis3			
(214) 486-2491 4a. Type of Establishment (Factory, min		4b. Principal pro				5a. City a	and State where unit is located:		
Utility	e, wholesaler, etc.)	Electricity	duct of 3c			Dallas,			
5b. Description of Unit Involved		Liceticity					6a. No. of Employees in Unit:		
							60		
Included: See attachment A							6b. Do a substantial number (30%		
						1	or more) of the employees in the		
Excluded: See attachment A						1	unit wish to be represented by the		
							Petitioner? Yes [X] No [
Check One: X 7a. Request f	or recognition as Barg	gaining Represent	ative was	made on (Date) N	May 19, 2020 and E	mployer decline	ed recognition on or about		
	2020 (Date) (If no re								
7b. Petitioner	is currently recognize	d as Bargaining R	epresenta	tive and desires of	certification under the	Act.			
8a. Name of Recognized or Certified				8b. Address		D II TV	75204		
International Brotherhood of Elec		ocal 69			shington, Suite 210				
8c. Tel No.	8d Cell No.		8e. Fax No.			8f. E-Mail Address ibewloc69@aol.com			
(214) 821-4700	(972) 965-13	382	(214) 821-6906			8i. Expiration Date of Current or Most Recent			
8g. Affiliation, if any							act, if any (Month, Day, Year)		
					4	Contract, ir arry	(month, bay, real)		
	=		2 No	If on ann	revimetely how many	employees are	narticinating?		
9. Is there now a strike or picketing at the	ie Employer's establis	inment(s) involved	! NO	ir so, app	lenth Day Year	employees are	participating?		
(Name of labor organization)		nas picke	eted the E	imployer since (IVI	onth, Day, Year)				
10. Organizations or individuals other th	an Petitioner and thos	se named in items	8 and 9,	which have claime	ed recognition as repr	esentatives and	other organizations and individuals		
known to have a representative interest	in any employees in t	the unit described	in item 50	above. (If none,	so state)				
None	10b Add	deana			10c. Tel. No.		10d. Cell No.		
10a. Name	10b. Add	uress			100. 161. 140.		100. 00. 110.		
	1				10e. Fax No.		10f. E-Mail Address		
	1				100.1 0.110.				
11. Election Details: If the NLRB cond	lucts an election in thi	s matter state voi	ır position	with respect to	11a. Election Type:	Manual	X Mail Mixed Manual/Mail		
any such election.	acto an election in an	o matter, etato yet							
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Location(s):					
				^					
12a. Full Name of Petitioner (including					12b. Address (stree	t and number, o	city, state, and ZIP code)		
International Brotherhood of Elec	ctrical Workers, Lo	ocal 69				gton, Suite 2	10, Dallas, TX 75204		
12c. Full name of national or internation		of which Petitioner	r is an affi	liate or constituen	t (if none, so state)				
International Brotherhood of Elec			1			40- F M-11 A	ld-s-s-		
2d. Tel No. 12e. Cell No.			12f. Fa			12g. E-Mail Ad ibewloc69@			
(214) 821-4700	(972) 965-13	382		821-6906	antation proceeding		Jaoi.com		
13. Representative of the Petitioner v	vho will accept servi	ce of all papers f							
13a. Name and Title			13b. A	ddress (street and	d number, city, state, a	and ZIP code)			
Hal K. Gillespie, Attorney					e., Ste. 200, Dallas,		drong		
13c. Tel No.	13d. Cell No.	• •	13e. F			13f. E-Mail Add	iesanford.com		
(214) 800-5111	(214) 415-79	II		838-0001	dodge and bolief	nkg@gmesp	resamora.com		
I declare that I have read the above p		statements are tr		Dest of my know	rieuge and beller.		Latin Latin		
Name (Print)	Signature	1 10	Title			Date	2020		
Hal K. Gillespie	Heles N	- UVA- 20	Attor	nev		May 29,	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 will cause the NLRB to decline to invoke its processes.

Attachment A

5b. Description of Unit Involved

Included: All full-time and regular part-time employees in the classifications of Field Service Representative, Distribution System Operator, and Distribution System Operator Sr. at either the East Distribution Operation Center or the West Distribution Operation Center. The Union seeks an *Armour-Globe* election so that if the above employees vote to be represented by the Union, they will be included in the existing bargaining unit(s), which were certified in NLRB Case Nos. 16-RC-951, 16-RC-1078, 16-RC-1079, 16-RC-010746.

Excluded: All other employees, including office clerical employees; professional employees; and all guards and supervisors as defined by the National Labor Relations Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 16-RC-261039	DB75912020				

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 representa ive 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) 314 E Highland Mall Blvd Suite 508 Texas Democratic Party 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Manny Garcia TX Austin 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address manny@txdemocrats org (956) 459-8498 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Political Party Austin, TX 5b. Description of Unit Involved 6a. No. of Employees in Unit: 20 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 05/22/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly 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 8q. 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 recogni ion 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. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): June 12, 2020 314 E Highland Mall Blvd #508, Austin, TX 78752 3:00 to 4:00pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Phyllis Goines International Brotherhood of Electrical Workers Local 220 2804 SE Loop 820 TX Fort Worth 76140 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Electrical Workers, AFL-CIO, CLC 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. (817) 551-3736 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) Michael A Murphy Counsel IBEW Local 220 NE 17 Lake Cherokee TX longview 75603-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address michael murphy@ibew.org (512) 658-6716 (512) 920-4114 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) Signature Title Date Michael A Murphy Counsel 05/29/2020 16:50:55 Michael A Murphy

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

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se 16-RC-261039	Date Filed 5/29/20				

Employees Included All Organizers and Regional Organizing Directors

Employees Excluded All other employees, including office clerical, guards, and supervisors within the meaning of the Act

Case

FORM NLRB-502 (RD)

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

Case No. 16-RD-260803

DO NOT WRITE IN THIS SPACE

Date Filed 5/26/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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.

Name (Print) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)			Date Filed 5 - 26 - 2020	
I declare that I have read the above p	petition and that the statements a	re true to the	best of my kn			Tog. L		
15c. Address (Street and number, city, state, ZIP code)							15e. Fax No.	
15a. Name		3				1.0		
15. Representative of the Petitioner v	who will accept service of all pap	ers for purpo	ses of the repr	15b.Title	proceeding.			
14f. Affiliation, if any			****			*		
b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)		14e. E-Mail Address (b) (6), (b) (7)(C)		
14a. Address (Street and number, city, state, ZIP code)							14c. Fax No.	
(b) (6), (b) (7)(C)				14b. Tel. No. 14c. Fax No.				
14. Full Name of Petitioner		- 289	TYTT				AND THE RESERVE	
13b. Election Date(s)	13c. Election Time(s)		13d. Elect			The second		
Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				13a. Election Type: Manual Mail Mixed Manual/Mail				
				12e. Cell No. 12			Mail Address	
and individuals known to have a representative interest in any employees in the unit described 12a. Name 12b. Address								
(Insert Address) 12. Organizations or individuals other	those named in items 8 and 11c. wi	hich have clair	med recognition	as represen			h, Day, Year)	
11c. The Employer has been picketed	by or on behalf of (Insert Name)			11111			a labor organization, o	
11a. Is there now a strike or picketing	at the Employer's establishment(s)		_	11b. If so,	approximately how	v many em	ployees are participating?	
Date of Recognition or Certification	10.	May 15		wost recen	Contract, if any (worth, Day	(, 1 ± at)	
281-				17-009 USW 13-2001 @comcastinet			ncast het	
			281 427 8f. Fax No.	1024	8g. E-Mail Addre	8g. E-Mail Address USW 13_2401@ Yahou.com		
					Be. Cell No.			
USW 13-2001								
8a. Name of Recognized or Certified 8		Semanyer	Yes No		8b. Affiliation, if a	any		
6. No. of Employees in Unit	Do a substantial number (30 recognized bargaining repre	% or more) of	the employees	in the unit n	o longer wish to be	represent	led by the certified or currently	
Excluded: Chemical/Lab USW 13-2001							Baytown, Texas	
Baytown Refiner	ry Process & mecha	nical	V5~ 13-	2001			is located:	
Sa. Description of Unit Involved Included: Baytown Refinery Process & mechanical USW 13				5b. City and State where unit				
				Fuels + Lubricants				
832-339-3414 4a. Type of Establishment (Factory, mine, wholesaler, etc.)				orcgory, f, for Leexxonmobil, com				
		3e. Cell No. Bayway Dr. Baytown TX 7						
Greg Ford	2.34							
3a. Employer Representative - Name	e and Title 3h	Soo De	scher br	ive F	xy town	TX 7	1520	
2a. Name of Employer	2b.	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)						
PURPOSE OF THIS PETITION. R recognized bargaining representati Labor Relations Board proceed of	ive is no longer their representative	The Petition	er alleges that	the followi	ng circumstance	s exist and	d requests that the National	
recognized bargaining representati	ive is no longer their representative	The Petition	ner alleges that	the follows	na circumstance	s exist and	d requests that the National	