

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

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.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
MyCity Transportation

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
8998 Senate St.
TX Dallas 75228-

3a. Employer Representative - Name and Title
Angela Togo

3b. Address (If same as 2b - state same)
8998 Senate St.
TX Dallas 75228-

3c. Tel. No.
(214) 662-2430

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service
Paratransit

5a. City and State where unit is located:
Dallas, TX

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
44

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

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
Tuesday, May 26, 2020

11c. Election Time(s):
7:00 AM to 7:00 PM

11d. Election Location(s):
8998 Senate Drive

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

12b. Address (street and number, city, state, and ZIP code)
1111 Empire Central Place
TX Dallas 75247-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Amalgamated Transit Union Local 1338

12d. Tel No.
(214) 828-1641

12e. Cell No.
(463) 855-0994

12f. Fax No.
(214) 828-1809

12g. E-Mail Address
Kday1338@aol.com

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

13a. Name and Title

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

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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

Name (Print)
Kenneth Day

Signature
Mr. Kenneth Day

Title
President/ Business Agent

Date
05/5/2020 16:49:16

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

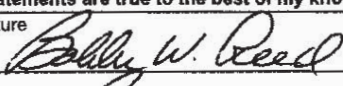
16-RC-260598

Date Filed

5/19/20

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

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

2a. Name of Employer: Oncor Electric Delivery LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1616 Woodall Rodgers Fwy Dallas, Tx. 75202	
3a. Employer Representative - Name and Title: Kyle R. Davis		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (214) 486-2491	3d. Cell No. (214) 808-7447	3e. Fax No. (214) 486-2190	3f. E-Mail Address kyle.davis3@oncor.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility		4b. Principal Product or Service Electricity	5a. City and State where unit is located: Irving/Ft. Worth
5b. Description of Unit Involved: Included: Operators/Dispatchers at EDOC and WDOC Excluded:			6a. Number of Employees in Unit: 60 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>5/19/20</u> and Employer declined recognition on or about (Date) <u>5/19/20</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) International Brotherhood of Electrical Workers LU 69		8b. Address: 1408N. Washington suite 210 Dallas, Texas 75204	
8c. Tel. No. (214) 821-4700	8d. Cell No. (972) 965-1382	8e. Fax No. (214) 821-6906	8f. E-Mail Address ibewloc69@aol.com
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most 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 <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Business Manager			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s):		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers Local 69		12b. Address (street and number, city, State and ZIP code): 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. (202) 833-7000	12e. Cell No.	12f. Fax No. (202) 728-6099	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Bobby W. Reed Business Manager/Financial Secretary		13b. Address (street and number, city, State and ZIP code): 1408 N. Washington suite 210 Dallas, Tx. 75204	
13c. Tel. No. (214) 821-4700	13d. Cell No. (972) 965-1382	13e. Fax No. (214) 821-6906	13f. E-Mail Address 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.			
Name (Print) Bobby W. Reed		Signature 	Title Business Manager/Financial Sec.
			Date 5/19/20

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-260984Date Filed
5/28/20

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

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

2a. Name of Employer: MTM Transit		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 509 Thompson Lane, Austin, TX 78742	
3a. Employer Representative - Name and Title: Ricardo Boulware, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (512) 813-5122	3d. Cell No. (757) 576-3385	3e. Fax No.	3f. E-Mail Address rboulware@mtm-inc.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Garage		4b. Principal Product or Service Transit Service	
5b. Description of Unit Involved: Included: Please see Attachment A. Excluded: Please see Attachment A.		5a. City and State where unit is located: Austin, TX	
		6a. Number of Employees in Unit: 9	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Mail ballot election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): June 8, 2020		11c. Election Time(s): N/A	
11d. Election Location(s): N/A			
12a. Full Name of Petitioner (including local name and number): Amalgamated Transit Union Local 1091		12b. Address (street and number, city, State and ZIP code): 725 Airport Boulevard, Austin, TX 78702	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Amalgamated Transit Union			
12d. Tel. No. (512) 386-6485	12e. Cell No. (512) 947-4298	12f. Fax No.	12g. E-Mail Address atupres1091@outlook.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Daniel B. Smith, Assistant General Counsel		13b. Address (street and number, city, State and ZIP code): 10000 New Hampshire Avenue, Silver Spring, MD 20903	
13c. Tel. No. (301) 431-7100	13d. Cell No. (202) 714-4219	13e. Fax No.	13f. E-Mail Address dsmith@atu.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Daniel B. Smith		Signature 	Title Assistant General Counsel
		Date 05/28/20	

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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Exhibit A

Description of Unit Involved:

Included: 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.

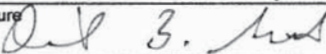
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
16-RC-260987Date Filed
5/28/20

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

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

2a. Name of Employer: MTM Transit		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 817 E. Howard Lane, Austin, TX 78706	
3a. Employer Representative - Name and Title: Christopher Westbrook, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (512) 822-7868	3d. Cell No. (850) 516-9989	3e. Fax No.	3f. E-Mail Address cpwestbrook@mtm-inc.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Garage		4b. Principal Product or Service Transit Service	5a. City and State where unit is located: Austin, TX
5b. Description of Unit Involved: Included: Please see Attachment A. Excluded: Please see Attachment A.			6a. Number of Employees in Unit: 3
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
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: Mail ballot election.			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): June 8, 2020		11c. Election Time(s): N/A	11d. Election Location(s): N/A
12a. Full Name of Petitioner (including local name and number): Amalgamated Transit Union Local 1091		12b. Address (street and number, city, State and ZIP code): 725 Airport Boulevard, Austin, TX 78702	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Amalgamated Transit Union			
12d. Tel. No. (512) 386-6485	12e. Cell No. (512) 947-4298	12f. Fax No.	12g. E-Mail Address atupres1091@outlook.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Daniel B. Smith, Assistant General Counsel		13b. Address (street and number, city, State and ZIP code): 10000 New Hampshire Avenue, Silver Spring, MD 20903	
13c. Tel. No. (301) 431-7100	13d. Cell No. (202) 714-4219	13e. Fax No.	13f. E-Mail Address dsmith@atu.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Daniel B. Smith	Signature 		Title Assistant General Counsel
			Date 05/28/20

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Exhibit A

Description of Unit Involved:

Included: 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.

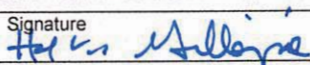
Excluded: All other employees, office clerical employees, guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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Case No. 16-RC-261038 Date Filed 5/29/2020

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2a. Name of Employer Oncor Electric Delivery, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1616 Woodall Rogers Fwy, Dallas, TX 75202	
3a. Employer Representative - Name and Title Kyle R. Davis		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (214) 486-2491	3d. Cell No. (214) 808-7447	3e. Fax No. (214) 486-2190	3f. E-Mail Address kyle.davis3@oncor.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility		4b. Principal product or service Electricity	5a. City and State where unit is located: Dallas, TX
5b. Description of Unit Involved Included: See attachment A Excluded: See attachment A			6a. No. of Employees in Unit: 60 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>May 19, 2020</u> and Employer declined recognition on or about <u>May 19, 2020</u> (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). International Brotherhood of Electrical Workers, Local 69		8b. Address 1408 N. Washington, Suite 210, Dallas, TX 75204	
8c. Tel. No. (214) 821-4700	8d. Cell No. (972) 965-1382	8e. Fax No. (214) 821-6906	8f. E-Mail Address ibewloc69@aol.com
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number) International Brotherhood of Electrical Workers, Local 69		12b. Address (street and number, city, state, and ZIP code) 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			
12d. Tel. No. (214) 821-4700	12e. Cell No. (972) 965-1382	12f. Fax No. (214) 821-6906	12g. E-Mail Address ibewloc69@aol.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Hal K. Gillespie, Attorney		13b. Address (street and number, city, state, and ZIP code) 4925 Greenville Ave., Ste. 200, Dallas, TX 75206	
13c. Tel. No. (214) 800-5111	13d. Cell No. (214) 415-7911	13e. Fax No. (214) 838-0001	13f. E-Mail Address hkg@gillespiesanford.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) Hal K. Gillespie	Signature 	Title Attorney	Date 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.

1-2743925691

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

Date Filed

5/29/2020

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

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

2a. Name of Employer Texas Democratic Party		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 314 E Highland Mall Blvd Suite 508 TX Austin 78752-	
3a. Employer Representative - Name and Title Manny Garcia		3b. Address (If same as 2b - state same) TX Austin	
3c. Tel. No. (956) 459-8498	3d. Cell No.	3e. Fax No.	3f. E-Mail Address manny@txdemocrats.org
4a. Type of Establishment (Factory, mine, wholesaler, etc) Others		4b. Principal product or service Political Party	
		5a. City and State where unit is located: 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 unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 05/22/2020 and Employer declined recognition on or about 05/29/2020 (Date) (If no reply received, so state). Yes
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

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

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

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

11b. Election Date(s): June 12, 2020	11c. Election Time(s): 3:00 to 4:00pm	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
		11d. Election Location(s): 314 E Highland Mall Blvd #508, Austin, TX 78752

12a. Full Name of Petitioner (including local name and number)
Phyllis Goines
International Brotherhood of Electrical Workers Local 220

12b. Address (street and number, city, state, and ZIP code)
2804 SE Loop 820
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

12d. Tel No. (817) 551-1885	12e. Cell No.	12f. Fax No. (817) 551-3736	12g. E-Mail Address pgoiness@ibewlu220.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Michael A Murphy Counsel IBEW Local 220	13b. Address (street and number, city, state, and ZIP code) NE 17 Lake Cherokee TX Longview 75603-
13c. Tel No. (512) 920-4114	13d. Cell No. (512) 658-6716
13e. Fax No.	13f. E-Mail Address 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.

Name (Print) Michael A Murphy	Signature Michael A Murphy	Title Counsel	Date 05/29/2020 16:50:55
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

16-RD-260803

5/26/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION. RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Exxon mobil		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2800 Dacker Drive Baytown TX 77520	
3a. Employer Representative - Name and Title Greg Ford		3b. Address (If same as 2b - state same) 5200 Bayway Dr, Baytown TX 77520	
3c. Tel. No. 832-339-3474	3d. Fax No.	3e. Cell No. 832-339-3474	3f. E-Mail Address gregory.f.ford@exxonmobil.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Refinery		4b. Principal product or service Fuels & Lubricants	
5a. Description of Unit Involved Included: Baytown Refinery Process & mechanical USW 13-2001 Excluded: Chemical/Lab USW 13-2001			5b. City and State where unit is located: Baytown, Texas

6. No. of Employees in Unit 593	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent USW 13-2001		8b. Affiliation, if any	
8c. Address 311 S. Highway 146 Baytown, Texas 77520		8d. Tel. No. 281 427 1024	8e. Cell No.
		8f. Fax No. 281-427-0029	8g. E-Mail Address usw13-2001@yahoo.com usw13-2001@comcast.net
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) May 15, 2020	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)
		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)

14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Date Filed 5-26-2020

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PRIVACY ACT STATEMENT

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