FORM NLRB-502 (RC)	UNITED ST	ATES OF AMER	ICA			DO NOT V	VRITE IN THIS SPACE			
(2-18)	NATIONAL LABO			OARD Ca		58863	Date 4/	Filed 7/2020		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 48	he petition must l named in the pe	be accompanie tition of: (1) the	d by both a she petition; (2) S	owing of interest (se tatement of Position	ee 6b below) and n form (Form NL	l a certificate .RB-505); an	e of service showing s nd (3) Description of F	service on epresentation		
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Peti requests that the National Labo	ioner desires to be	certified as repr	resentative of th	e employees. The P	etitioner alleges	that the fol	lowing circumstances			
2a. Name of Employer:		2b. /	Address(es) of	ddress(es) of Establishment(s) involved (Street and number, City, State, ZIP code):						
T-Mobile 2400				s Blvd., Ste. 14		TX 78840)			
3a. Employer Representative - Name and Title: 3b.			b. Address (if same as 2b - state same):							
Luis Gamez Sa										
3c. Tel. No.	3d. Cell No.		3e. Fax No	3e. Fax No.		3f. E-Mail Address Luis.gamez@t-mobile.com				
830-778-1661	mine wheleester		th Drinein	al Draduat as Capilas	0	<u> </u>				
4a. Type of Establishment (Factory, I	mine, wholesaler,	etc)		al Product or Service		-	nd State where unit is lo	ocated:		
retail store 5b. Description of Unit Involved:			centual	service and p	loducts	Del Rio,	(() () () () () () () () () (
Included:						6a. Numbe	er of Employees in Unit	2		
retail sales associates						8				
Excluded:						6h Do a s	ubstantial number (30%	(or more)		
Supervisors, confidential	employees s	ecurity oua	rds others	excluded unde	r the Act	of the	employees in the unit w	ish to be		
				and the second se	and the second second second		ented by the Petitioner	Yes No		
Check One: A Request for recognition as Bargaining Representative was made on (Date) on or about (Date) No response. (If no reply received, so state). And Employer declined recognition on about (Date) on response. (If no reply received, so state).										
8a. Name of Recognized or Certifie	ed Bargaining Ag	ent (If none, so	state) 8b. Ad	dress:						
None			NA							
8c. Tel. No.	8d. Cell No.		8e. Fax No).	8f. E-Mail	Address				
NA NA			NA		NA					
8g. Affiliation, if any: 8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most NA NA Recent Contract, if any (Month, Day, Year)						A				
9. Is there now a strike or picketing a	t the Employer's e	stablishment(s) i	nvolved? No	If so, approxim	nately how many	employeesa	re par icipating?	NA		
(Name of Labor Organization) NA , has picketed the Employer since (Month, Day, Year) NA										
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)										
NA										
10a. Name 10b. Address					10c. Tel. N	0.	10d. Cell No.			
NA	NA				NA		NA			
				10e. Fa		lo.	10f. E-Mail Address			
					NA		NA			
11. Election Details: If the NLRB co						11a. Electio	n Type:			
Manual at work location,				current circur		× Manua		ed Manual/Mail		
11b. Election Date(s):		Election Time(s)				on Location(
April 21, 2020 11 am to 1 pm							Blvd., Ste. 14, D	el Rio, TX		
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code):										
Communications Workers of America, AFL-CIO 4801 Southwest Parkway, Ste. 145, Austin, TX 78735										
12c. Full name of national or internat			etitioner is an a	ffiliate or constituent	(if none, so state,):				
Communications Worker	s of America	, AFL-CIO								
12d. Tel. No. 12e. Cell No.				12f. Fax No. 12g. E-Mail Address						
512-330-0871		100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	512-33		1926	10				
13. Representative of the Petitioner who will accept service of all papers for										
13a. Name and Title: Matt Holder, Attorney			1222 - CARDINES	13b. Address (street and number, city, State and ZIP code): 8626 Tesoro Drive, Ste. 510, San Antonio, TX 78217			78217			
13c. Tel. No.	13d. Cell No.		13e Fax N	0	13f. E-Mail	Address				
13d. Cell No. 210-824-2653			1 2 0 C C C C C C C C C C C C C C C C C C	A Star Star Star Star Star Star Star Star			t@vanoslaw.com			
I declare that I have read the above	e petition and that	t the statement								
Name (Print)	- person and the	Signature	0		Title			Date		
Matt Holder		and the second second	Malt	Her	Attorney			4-7-2020		

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

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.

FORM NLRB-502 (RC)	UNITE	STATES OF AME	RICA	DO NOT WRITE IN THIS SPACE				
(2-18)		LABOR RELATION	S BOARD		Case No. 16-RC-259069			Date Filed 4/13/2020
INSTRUCTIONS: Unless e- employer concerned is loc the employer and all other Case Procedures (Form NL	ated. The petition n parties named in th	nust be accompanie petition of: (1) th	ied by both a sl ne petition; (2) S	howing of interest (see 6 Statement of Position for	b below) and m (Form NL	d a certifica RB-505); ar	te of service sl nd (3) Description	howing service on on of Representation
1. PURPOSE OF THIS PETI bargaining by Petitioner an requests that the Nationa	nd Petitioner desires	to be certified as re	presentative of the	he employees. The Petitic	oner alleges	that the fol	lowing circums	stances exist and
2a. Name of Employer: Durham School Serv	vices	2b 5.	Address(es) of 501 M.L.K	Establishment(s) involved Jr Blvd, Lubbock,	(Street and TX 794(number, City)4	y, State, ZIP coo	de):
3a. Employer Representativ Laura Cortez	e Name and Title:		. Address <i>(if san</i> ame	ne as 2b state same):				
^{3c. Tel. No.} 806-620-5852	3d. Cell No.		3e. Fax No	0.	3f. E-Mail A LCorte	ddress z@durha	amschoolse	rvices.com
4a. Type of Establishment (Fa School Services	actory, mine, wholes	aler, etc.)	4b. Princip Transp	oal Product or Service Orting Students		5a. City and State where unit is loca LUDDOCK, TX		unit is located:
5b. Description of Unit Invo Included: Bus Drives and Mor		100				6a. Numb 185	er of Employees	s in Unit:
Excluded: Supervisors, clerical						of the repres	employees in the ented by the Pet	e unit wish to be titioner? 🗵 Yes
Check One: 7a. Reques on or about 7b. Petitiono 8a. Name of Recognized or None	(Date) er is currently recogn	(If no re ized as Bargaining	ply received, so Representative a	state). and desires certification un			declined recogn	
8c. Tel. No.	8d. Cell No.	and the second	8e. Fax No	D.	8f. E Mail Address			
8g. Affiliation, if any:	-	1000	8h. Date of R	lecognition or Certification			Current or Most (Month, Day, Yo	'ear)
9. Is there now a strike or pick (Name of Labor Organization		er's establishment(s) involved? No	the second se			es are participation ver since (Month	
10. Organizations or individual individuals known to have				9, which have claimed rec escribed in item 5b above.			es and other org	ganizations and
10a. Name		10b. Address		Section States	10c. Tel. N	0.	10d. Cell No.	
	1				10e. Fax N	0.	10f. E Mail Ad	ldress
11. Election Details: If the N CWA is okay with a	LRB conducts and e mail election	lection in this matter	, state your posi	tion with respect to any su	ch election:	11a. Electio		Mixed Manual/Ma
11b. Election Date(s): 11c. Election Time(s) May 11th through May 19th 11c. Election Time(s)			Lubbock, TX					
12a. Full Name of Petitioner Tammera Chaffee	r (including local nam	e and number):		12b. Address (street and 5821 N Anderson	number, city n RD, Ne	wton, K	ZIP code): S 67114	
12c. Full name of national or Communications We	international labor or orkers of Amer	ganization of which ICa	Petitioner is an a	affiliate or constituent (if no	one, so state,):		
12d. Tel. No.	12e. Cell No 316-734		12f. Fax No.		12g. E Mail Address tchaffee@cwa-union.org			
13. Representative of the Pe 13a. Name and Title: Tammera Chaffee	etitioner who will ac	cept service of all	13b. Addr	poses of the representat ess (street and number, ci Anderson RD, New	ty, State and	ZIP code):		

No No

Date 4/13/2020

13f. E Mail Address tchaffee@cwa-union.org

District Organizing Coordinator

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.

13e. Fax No.

13d. Cell No. 316-734-6616

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

Signature an

13c. Tel. No.

Name (Print) Tammera Chaffee

4/16/2020	16:57	77467	84658	6	UGS04	۹		PAGE 02/
FORM NLRB-502 (RC) (4-15)						8		
8			/ERNMENT				NOT WRITE IN TH	
	RC	PETI				RC-259227	4/	Filed /16/2020
n which the emp of service show Form NLRB-505 with the NLRB a PURPOSE OF TH bargaining by Pet requests that the a. Name of Employ S Action a. Employer Repre amela Newmai c. Tel. No. 18-978-3000 a. Type of Establish ederal Building b. Description of Uncluded: all full valuded:	bioyer conce ing service of b); and (3) De nd should n. TIS PETITION: Itionor and Petit A National Labo yer esontative - Ne ment (Factory, Unit Involved itime and p cal, mana	erned is lo on the emp escription of be serv RC-CERTIF tioner desire or Relations ame and Title ame and Title ame, whole part time gerial, s	armed an alaried,	e petition m all other pa intation Ca mployer on REPRESENT d as represent and sup 4b. Principa security d unarme and sup	aust be accompanied infies named in the pe se Procedures (Form r any other party. ATIVE - A substantial num mative of the employees. To proper authority pursuan b. Address(es) of Establishin irredo Texas 3b. Addross (If sam 158–12 Rockaw. 3e. Fax No. 718–978–3001 Product or service ed security officers ervisory persone	by both a shown titifon of: (1) the NLRB 4812). The observed of employees of the Petitioner alleg in to Section 9 of t ment(s) involved (Si the as 2b - state sam ay Bivd Queens employed by as defined	Ing of interest (si petition; (2) Stat he showing of in vish to be represente set that the followin he National Labor F freet end number, cit 5, NY 11434 3f. E-Mail Add pnewman@ 5e. City the employer by the act	y, State, ZIP code)
Name of Recogn	7b. Petitio	ner is curre	(Date) (/	f no reply rec as Bergeinin		res certification und	er the Act	clined recognition on or about
C. Tol No.		8	Cell No.		80. Fax No.	LT RD ROSEVILL	Bf. E-Mail Add	iross
6-772-7250	3.9.9	N/		586-772-9644 spfpapres@spfpa.org		ofpa.org		
PFPA			_		8h. Date of Recognitio	n or Certification 8I. Expiration Date of Current or Most F Contract, if any (Month, Day, Year) 05/20/21		
Is there now a stril (Name of labor on		-	/or's establish		ved? NA If so, app picketed the Employer sind		ny employees are pa	articipating? NA
0. Organizations or	Individuals othe	r than Petil		e named in Ite		almed recognition a		d other organizations and individuals
Name			1 tob Add			10c, Tol. No.		10d. Cell No.
70, WAINE			10b. Address		NA		NA	
NA		NA		10e, Fax No. NA		NA 10f. E-Mail Address		
		onducts an 9	lection in this	matter, state	your position with respect t		Type: Manual	11.011
any such efection. 11b. Election Date(s): 11c. Election Time(s): 11c. Election Time(s): NA				11d. Election NA	11d. Election Location(s): NA			
12a. Full Name of Petitioner (Including local name and number United Government Security Officers of America and its Local			its Local 211			12b. Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538		
c. Full name of nati					ner is an affiliate or constitu	ient (if none, so sta	te) .	
d, Tel No. 7-620-7225	10 N. 10		. Coll No. 620-7225		12f. Fax No. NA		12g. E-Mail Ac Mieblanc@ugs	
	of the Petitione			of all paper	B for purposes of the rep	resentation proces		
a, Name and Title					(SNS) (1)	and number, city, si	lete, and ZIP code)	
c. Tel No.			Cell No.		13e. Fax No.		13f. E-Mail Ad	
7-620-7225 leclare that I have	road the show		620-7225 d that the str	temonte are	774-678-4658 true to the best of my kn	owindee and balls	Mieblanc@ugs	08.00M
	Sau me above			and and and		comouge and belle		
ame <i>(Print)</i> ke LeBlanc		Signat in	110	La	Title Treasurer UGSOA In	ternational Union	Date 04/16/2020	
	UL FALSE STA	TEMENTS O	IN THIS PET		E PUNISHED BY FINE AN RIVACY ACT STATEMEN	IMPRISONMEN		

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 Illigation. The nuttine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain hese 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.

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UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR RELATIONS BOARD			Case No. Date Filed				
RC PETITION			16-RC-259	9365	4	/21/2020	
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 e							
(Form NLRB-505); and (3) Descripti							
with the NLRB and should not be s							,
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)							
Bheem 1875 Waters Ridge #300							, otate, 21 oodey
TX Lewisville 75057- 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)							
Michael Larcarde TX Lewisville 75057-							
3c. Tel. No.	3d. Cell No.		3e. Fax		<i>n</i> -	3f. E-Mail Add	ress
(214) 488-2315	(469) 455-9653					michael.larcade	@rheem.com
4a. Type of Establishment (Factory, mine, w	holesaler, etc)	4b. Principal pro	duct or ser	rvice		5a. City	and State where unit is located:
Appliance & Tool			Air	Conditioner Parl	ts		Lewisville, TX
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	al details						25 Ch. Do a substantial sumbar (200)
2							6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attached Page 2 for addition	al details						unit wish to be represented by the
							Petitioner? Yes [🖌 No [🔄
Check One: 7a. Request for re-						d Employer dec	lined recognition on or about
		(If no reply received					
			epresentat	the second se	certification under the	Act.	
sa. Name of Recognized of Certified Barg	Ba. 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 Add	ress
Og Affiliation if any							
8g. Affiliation, if any 8h. Date of				of Recognition or	Ceruncation		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the Er	nployer's establis	hment(s) involved	?	If so, approxi	imately how many en	nployees are pa	irticipating?
(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)							
				2.000 201			
10a. Name	10b. Ad	aress			10c. Tel. No.		10d. Cell No.
					10e. Fax No. 1		10f. E-Mail Address
					ibb. i datito.		
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 Mixed Manual/Mail		
any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s):							
May 7 and 8, 2020 5/7:3:50-5:00 pm; 5/8:4:35-5:20 pm			5-5:20 pm.		Breakroom		
12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Carlos Mendez International Brotherhood of Teamsters Local 745 1007 Jonelle Avenue					city, state, and ZIP code)		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state) International Brotherhood of Teamsters							
12d. Tel No.	12e. Cell No.		12f. Fax	No.		12g. E-Mail Ad	
(214) 398-0661 (214) 675-4899 (214) 398-3216 camendez745@gmail.com						@gmail.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) David Watsky Attorney 12001 North Central Expressway Suite 650							
David Watsky Attorney Lyon, Gorsky & Gilbert, L.L.P.	101 0-11 11-		TX Dall	as 75243-	locondy cano coo		1
13c. Tel No. (214) 965-0090	13d. Cell No. (214) 415-7913			Fax No. 13f. E-Mail Address dwatsky@lyongorsky.com			
	I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.						
	nature		Title		aa ahaa 🗮 maanaa yoo dhariyo madada 50	Date	
	vid K. Watsky		Attorney	(04/21/2020	0 12:11:58
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.

DO NOT WRITE IN THIS SPACE

Attachment

Case 16-RC-259365

Date Filed 4/21/2020

Employees Included

Forklift Operators and Warehouse Associates

Employees Excluded

Managers, Supervisors, Human Resources, Guards, and Watchmen as defined by the Act.

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

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

DO NOT WRITE IN THIS SPACE

Date Filed

250	9638	
-208	10.00	

Case No

4/27/20 16-RC-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. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Kerry Inc 401 Will Rogers Blvd. Fort Worth, TX 76140 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Estella Garza- HR Manager Same 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. 817-615-4586 Estella.garza@kerry.com 4a Type of Establishment (Factory mine wholesaler etc) 4b Principal Product or Service 5a. City and State where unit is located: Food Processing Fort Worth, TX Production Facility 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full time and regular part time employees at the facility, production, line leads, QA's, maintenance, warehouse, shipping and receiving. 190 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Peti ioner? X Yes Excluded: All other employees, temporary employees, guards, office clerical, and supervisors as defined in the act. No No $\begin{array}{c} \hline \mbox{Check One:} & \fbox{7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) N/A (If no reply received, so state). } \end{array}$ 4/27/2020 and Employer declined recognition 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 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) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: f the NLRB conducts and election in this matter state your position with respect to any such election 11a. Election Type: Manual Mail Mixed Manual/Mail 11b Election Date(s) 11c Election Time(s) 11d Election Location(s) 5/18/2020 NA- Mail in vote NA- Mail in vote 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): United Food & Commercial Workers Local 540 17780 Preston Rd Dallas, TX 75252 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none so state): United Food & Commercial Workers International Union AFL-CIO, CLC ^{12e. Cell No.} 214-519-3709 ^{12f. Fax No.} 214-327-6614 12d. Tel. No. 12g. E-Mail Address 214-328-3515 Gonzalo@ufcw540.org 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): Gonzalo Reyes- Organizing Director 17780 Preston Rd. Dallas, TX 75252 ^{13e. Fax No.} 214-327-6614 13d. Cell No. 13f. E-Mail Address 13c. Tel. No. 214-328-3515 214-519-3709 Gonzalo@ufcw540.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) Gonzalo Reyes Signature Date Title **Organizing Director** 4/27/2020

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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