


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
16-RC-258863Date Filed
4/7/2020

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: T-Mobile		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2400 Veterans Blvd., Ste. 14, Del Rio, TX 78840	
3a. Employer Representative - Name and Title: Luis Gamez		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 830-778-1661	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Luis.gamez@t-mobile.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) retail store		4b. Principal Product or Service cellular service and products	
5a. City and State where unit is located: Del Rio, TX		5b. Description of Unit Involved: Included: retail sales associates Excluded: Supervisors, confidential employees, security guards, others excluded under the Act.	
6a. Number of Employees in Unit: 8		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>March 30, 2020</u> and Employer declined recognition on or about (Date) <u>No response</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) None		8b. Address: NA	
8c. Tel. No. NA	8d. Cell No. NA	8e. Fax No. NA	8f. E-Mail Address NA
8g. Affiliation, if any: NA		8h. Date of Recognition or Certification NA	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? <u>NA</u> (Name of Labor Organization) <u>NA</u> , has picketed the Employer since (Month, Day, Year) <u>NA</u>			
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 NA		10b. Address NA	
10c. Tel. No. NA		10d. Cell No. NA	
10e. Fax No. NA		10f. E-Mail Address NA	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: <u>Manual at work location, but amenable to mail ballots due to current circumstances.</u>			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): April 21, 2020		11c. Election Time(s): 11 am to 1 pm	
11d. Election Location(s): 2400 Veterans Blvd., Ste. 14, Del Rio, TX			
12a. Full Name of Petitioner (including local name and number): Communications Workers of America, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 4801 Southwest Parkway, Ste. 145, Austin, TX 78735	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Communications Workers of America, AFL-CIO			
12d. Tel. No. 512-330-0871	12e. Cell No.	12f. Fax No. 512-330-0892	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: Matt Holder, Attorney		13b. Address (street and number, city, State and ZIP code): 8626 Tesoro Drive, Ste. 510, San Antonio, TX 78217	
13c. Tel. No. 210-824-2653	13d. Cell No.	13e. Fax No. 210-824-3333	13f. E-Mail Address matt@vanoslaw.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) Matt Holder		Signature 	Title Attorney
			Date 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 (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


16-RC-259069

Date Filed

4/13/2020

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: Durham School Services		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5501 M.L.K Jr Blvd, Lubbock, TX 79404	
3a. Employer Representative Name and Title: Laura Cortez		3b. Address (if same as 2b state same): Same	
3c. Tel. No. 806-620-5852	3d. Cell No.	3e. Fax No.	3f. E-Mail Address LCortez@durhamschoolservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Services		4b. Principal Product or Service Transporting Students	
5a. City and State where unit is located: Lubbock, TX		5b. Description of Unit Involved: Included: Bus Drives and Monitors (Aid) Excluded: Supervisors, clerical, mechanics and any other workers who are not drivers and monito	
6a. Number of Employees in Unit: 185		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? 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 and election in this matter, state your position with respect to any such election: CWA is okay with a mail election			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): May 11th through May 19th		11c. Election Time(s):	
		11d. Election Location(s): Lubbock, TX	
12a. Full Name of Petitioner (including local name and number): Tammera Chaffee		12b. Address (street and number, city, State and ZIP code): 5821 N Anderson RD, Newton, KS 67114	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Communications Workers of America			
12d. Tel. No.	12e. Cell No. 316-734-6616	12f. Fax No.	12g. E Mail Address tchaffee@cwa-union.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Tammera Chaffee		13b. Address (street and number, city, State and ZIP code): 5821 N Anderson RD, Newton, KS 67114	
13c. Tel. No.	13d. Cell No. 316-734-6616	13e. Fax No.	13f. E Mail Address tchaffee@cwa-union.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) Tammera Chaffee		Signature 	Title District Organizing Coordinator
		Date 4/13/2020	

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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FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

16-RC-259227

Date Filed

4/16/2020

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

ISS Action

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)

Laredo Texas

3a. Employer Representative - Name and Title

Pamela Newman

3b. Address (if same as 2b - state same)

158-12 Rockaway Blvd Queens, NY 11434

3c. Tel. No.

718-978-3000

3c. Cell No.

3e. Fax No.

718-978-3001

3f. E-Mail Address

pnewman@issaction.com

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

Federal Building

4b. Principal product or service

security

5a. City and State where unit is located:

5b. Description of Unit Involved

Included: all fulltime and part time armed and unarmed security officers employed by the employer

Excluded:

clerical, managerial, salaried, and supervisory personnel as defined by the act

6a. No. of Employees in Unit:

30

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)

NA

(Date) (If no reply received, so state).

NA

and Employer declined recognition on or about



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).

SPFPA

8b. Address

25510 KELLY RD ROSEVILLE MI 48068

8c. Tel No.

586-772-7250

8c. Cell No.

NA

8e. Fax No.

586-772-9644

8f. E-Mail Address

spfpapros@spfpa.org

8g. Affiliation, if any

SPFPA

8h. Date of Recognition or Certification

NA

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

05/20/21

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? NA(Name of labor organization) NAhas 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

NA

10b. Address

NA

10c. Tel. No.

NA

10d. Cell No.

NA

10e. Fax No.

NA

10f. E-Mail Address

NA

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): first available (4/24)

11c. Election Time(s):

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 21112b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 0253812c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Government Security Officers of America International Union

12d. Tel No.

617-620-7225

12e. Cell No.

617-620-7225

12f. Fax No.

NA

12g. E-Mail Address

Mieblanc@ugsoa.com

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

13a. Name and Title Mike LeBlanc DHS Vice President UGSOA International Union

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

2879 Cranberry Highway East Wareham, MA 02538

13c. Tel No.

617-620-7225

13d. Cell No.

617-620-7225

13e. Fax No.

774-678-4658

13f. E-Mail Address

Mieblanc@ugsoa.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)

Mike LeBlanc

Signature



Title

Treasurer UGSOA International Union

Date

04/16/2020

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

16-RC-259365

Date Filed

4/21/2020

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 Rheem		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1875 Waters Ridge #300 TX Lewisville 75057-	
3a. Employer Representative - Name and Title Michael Larcade		3b. Address (If same as 2b - state same) 1875 Waters Ridge #300 TX Lewisville 75057-	
3c. Tel. No. (214) 488-2315	3d. Cell No. (469) 455-9653	3e. Fax No.	3f. E-Mail Address michael.larcade@rheem.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Appliance & Tool		4b. Principal product or service Air Conditioner Parts	
5a. City and State where unit is located: Lewisville, TX		5b. Description of Unit Involved	
Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 25	
Excluded: 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"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 04/20/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year).

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

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): May 7 and 8, 2020		11c. Election Time(s): 5/7:3:50-5:00 pm; 5/8:4:35-5:20 pm.		11d. Election Location(s): Breakroom			
12a. Full Name of Petitioner (including local name and number) Carlos Mendez International Brotherhood of Teamsters Local 745				12b. Address (street and number, city, state, and ZIP code) 1007 Jonelle Avenue TX Dallas 75217-			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters							
12d. Tel No. (214) 398-0661		12e. Cell No. (214) 675-4899		12f. Fax No. (214) 398-3216		12g. E-Mail Address camendez745@gmail.com	

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

13a. Name and Title David Watsky Attorney Lyon, Gorsky & Gilbert, L.L.P.		13b. Address (street and number, city, state, and ZIP code) 12001 North Central Expressway Suite 650 TX Dallas 75243-	
13c. Tel No. (214) 965-0090	13d. Cell No. (214) 415-7913	13e. Fax No. (214) 965-0097	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.

Name (Print) David Watsky	Signature David K. Watsky	Title Attorney	Date 04/21/2020 12:11:58
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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-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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION


DO NOT WRITE IN THIS SPACE

Case No
16-RC-259638

Date Filed
4/27/20

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: Kerry Inc		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 401 Will Rogers Blvd. Fort Worth, TX 76140	
3a. Employer Representative - Name and Title: Estella Garza- HR Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 817-615-4586	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Estella.garza@kerry.com
4a. Type of Establishment (Factory mine wholesaler etc) Production Facility		4b. Principal Product or Service Food Processing	5a. City and State where unit is located: Fort Worth, TX
5b. Description of Unit Involved: Included: All full time and regular part time employees at the facility, production, line leads, QA's, maintenance, warehouse, shipping and receiving. Excluded: All other employees, temporary employees, guards, office clerical, and supervisors as defined in the act.			6a. Number of Employees in Unit: 190
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>4/27/2020</u> and Employer declined recognition on or about (Date) <u>N/A</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) 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) 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 and 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) 5/18/2020	11c. Election Time(s) NA- Mail in vote	11d. Election Location(s) NA- Mail in vote	
12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Local 540		12b. Address (street and number, city, State and ZIP code): 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			
12d. Tel. No. 214-328-3515	12e. Cell No. 214-519-3709	12f. Fax No. 214-327-6614	12g. E-Mail Address 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 Gonzalo Reyes- Organizing Director		13b. Address (street and number city State and ZIP code): 17780 Preston Rd. Dallas, TX 75252	
13c. Tel. No. 214-328-3515	13d. Cell No. 214-519-3709	13e. Fax No. 214-327-6614	13f. E-Mail Address 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 	Title Organizing Director
			Date 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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