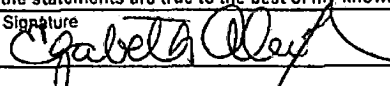


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
22-RC-252899Date Filed  
Dec 3, 2019

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

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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: AAK USA, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 131 Marsh Street, Newark, NJ 07114	
3a. Employer Representative - Name and Title: Michael Kilian, Production Manager		3b. Address (if same as 2b - state same): Same as 2b	
3c. Tel. No. (973) 344-1300	3d. Cell No.	3e. Fax No.	3f. E-Mail Address betterwithaak@aak.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Refinery		4b. Principal Product or Service Fat and oil refining	5a. City and State where unit is located: Newark, NJ
5b. Description of Unit Involved: Included: Full-time production operators, maintenance mechanics, lab technicians, warehouse operators, and chemical operators. Excluded: All other employees, including executive, managerial and confidential employees, temporary employees, relief employees, watchmen and supervisors as defined in the NLRRA.			6a. Number of Employees in Unit: 48
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.			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
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 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):		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): Local 1478-2, ILA, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 30 Hennessey Street, Newark NJ 07105	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Longshoremen's Association, AFL-CIO			
12d. Tel. No. (973) 344-1433	12e. Cell No. (973) 202-3165	12f. Fax No. (973) 344-1236	12g. E-Mail Address ilalocal14782@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: John Cuozzo, President		13b. Address (street and number, city, State and ZIP code): 30 Hennessey Street, Newark, NJ 07105	
13c. Tel. No. (973) 344-1433	13d. Cell No. (973) 202-3165	13e. Fax No. (973) 344-1236	13f. E-Mail Address ilalocal14782@gmail.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) Elizabeth Alexander		Signature 	Title Attorney
			Date 12/3/19

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.

22-RC-252930

Date Filed

Dec. 5, 2019

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

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

<b>2a. Name of Employer:</b> ABC Supply Co.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 700 South Second Street, Plainfield, NJ 07063	
<b>3a. Employer Representative - Name and Title:</b> Andrew Capone, Director of Labor Relations.		<b>3b. Address (if same as 2b - state same):</b> One Abe Parkway, Beloit, WI 53511-4466	
<b>3c. Tel. No.</b> 608-362-7777	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 608-363-0333	<b>3f. E-Mail Address</b> Andy.Capone@ABCSupply.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Construction Supply Co.		<b>4b. Principal Product or Service</b> Construction Materials	<b>5a. City and State where unit is located:</b> Plainfield, NJ 07063
<b>5b. Description of Unit Involved:</b> Included: All full-time and regular part-time drivers and warehouse employees Excluded: All other employees, guards and supervisors			<b>6a. Number of Employees in Unit:</b> 11
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Check One:</b> <input 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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> 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) _____			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> December 20, 2019	<b>11c. Election Time(s):</b> 6:00 a.m. - 8:00 a.m.		<b>11d. Election Location(s):</b> Break/lunchroom
<b>12a. Full Name of Petitioner (including local name and number):</b> IBT Local 560		<b>12b. Address (street and number, city, State and ZIP code):</b> 707 Summit Avenue, Union City, NJ 07087	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 201-864-0051	<b>12e. Cell No.</b> 908-416-2133	<b>12f. Fax No.</b> 201-864-4177	<b>12g. E-Mail Address</b> harold1230@aol.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Paul A. Montalbano, Esq.		<b>13b. Address (street and number, city, State and ZIP code):</b> 669 River Drive, Suite 125, Elmwood Park, NJ 07407	
<b>13c. Tel. No.</b> 908-298-8800	<b>13d. Cell No.</b> 201-310-8565	<b>13e. Fax No.</b> 908-298-9333	<b>13f. E-Mail Address</b> montalbanoemail@yahoo.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Paul A. Montalbano		<b>Signature</b> 	<b>Title</b> Attorney
			<b>Date</b> 12/5/19

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.  
22-RC-252899Date Filed  
Dec 3, 2019

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

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

2a. Name of Employer: AAK USA, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 131 Marsh Street, Newark, NJ 07114	
3a. Employer Representative - Name and Title: Michael Kilian, Production Manager		3b. Address (if same as 2b - state same): Same as 2b	
3c. Tel. No. (973) 344-1300	3d. Cell No.	3e. Fax No.	3f. E-Mail Address betterwithaak@aak.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Refinery		4b. Principal Product or Service Fat and oil refining	
5a. City and State where unit is located: Newark, NJ		5b. Description of Unit Involved: Included: Full-time production operators, maintenance mechanics, lab technicians, warehouse operators, and chemical operators. Excluded: All other employees, including executive, managerial and confidential employees, temporary employees, relief employees, watchmen and supervisors as defined in the NLRA.	
6a. Number of Employees in Unit: 48		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) 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 checked="" type="checkbox"/> Manual <input 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): Local 1478-2, ILA, AFL-CIO	
12b. Address (street and number, city, State and ZIP code): 30 Hennessey Street, Newark NJ 07105		12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Longshoremen's Association, AFL-CIO	
12d. Tel. No. (973) 344-1433	12e. Cell No. (973) 202-3165	12f. Fax No. (973) 344-1236	12g. E-Mail Address ilalocal14782@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: John Cuozzo, President		13b. Address (street and number, city, State and ZIP code): 30 Hennessey Street, Newark, NJ 07105	
13c. Tel. No. (973) 344-1433	13d. Cell No. (973) 202-3165	13e. Fax No. (973) 344-1236	13f. E-Mail Address ilalocal14782@gmail.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) Elizabeth Alexander		Signature 	
Title Attorney		Date 12/3/19	

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

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

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

DO NOT WRITE IN THIS SPACE

Case No.  
**22-RC-252948**

Date Filed  
**Dec. 6, 2019**

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

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

2a. Name of Employer  
**United Methodist Communities at Bristol Glen**

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
**200 Bristol Glen Dr., Newton, NJ 07860**

3a. Employer Representative - Name and Title  
**Jeff Lisk- Executive Director**

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

3c. Tel. No.  
**(973) 300 5788**

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
**jlisk@umcommunities.org**

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

4b. Principal product or service  
**Assisted living**

5a. City and State where unit is located:  
**Newton, NJ**

5b. Description of Unit Involved

**Included:** All full time and regular part time therapists including occupational therapist, physical therapist assistant, speech pathologist, exercise specialist, respiratory therapist and physical therapist.

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

6a. No. of Employees in Unit:

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

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

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ 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.

**n/a**

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):  
**December 20, 2019**

11c. Election Time(s):  
**8:00 am to 8:30 am**

11d. Election Location(s):  
**Classroom**

12a. Full Name of Petitioner (including local name and number)  
**United Food and Commercial Workers Union Local 152**

12b. Address (street and number, city, state, and ZIP code)  
**3120 Fire Road, Suite 201 Egg Harbor Township, NJ 08234**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**United Food and Commercial Workers International Union**

12d. Tel No.  
**609-704-3900**

12e. Cell No.

12f. Fax No.  
**609-625-0328**

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  
**Mark E. Belland, Esq.**

13b. Address (street and number, city, state, and ZIP code)  
**509 S. Lenola Rd., Building 6, Moorestown, NJ 08057**

13c. Tel No.  
**856-795-2181**

13d. Cell No.

13e. Fax No.  
**856-581-4214**

13f. E-Mail Address  
**mbelland@obbblaw.com; dwatkins@obbblaw.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)  
**Mark E. Belland, Esq.**

Signature

Title  
**Attorney**

Date  
**12/6/19**

**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.



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

DO NOT WRITE IN THIS SPACE	
Case No. <b>22-RC-253632</b>	Date Filed <b>Dec 19, 2019</b>

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

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

2a. Name of Employer <b>United Methodist Communities at Bristol Glen</b>	2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) <b>200 Bristol Glen Dr., Newton, NJ 07860</b>
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3a. Employer Representative - Name and Title <b>Jeff Lisk- Executive Director</b>	3b. Address (If same as 2b - state same) <b>Same</b>
--	---

3c. Tel. No. <b>(973) 300 5788</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>jlisk@umcommunities.org</b>
---------------------------------------	--------------	-------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Assisted living facility</b>	4b. Principal product or service <b>Assisted living</b>	5a. City and State where unit is located: <b>Newton, NJ</b>
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5b. Description of Unit Involved <b>Included: All full time, regular part time, and per diem therapists including occupational therapist, physical therapist assistant, speech pathologist, exercise specialist, respiratory therapist and physical therapist.</b> <b>Excluded: All other employees, supervisors and guards as defined by the Act.</b>	6a. No. of Employees in Unit: <b>13</b> 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) \_\_\_\_\_ 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). <b>None</b>	8b. Address
--	-------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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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 <b>n/a</b>	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
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11b. Election Date(s): <b>January 3, 2020</b>	11c. Election Time(s): <b>8:00 am to 8:30 am</b>	11d. Election Location(s): <b>Classroom</b>
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12a. Full Name of Petitioner (Including local name and number) <b>United Food and Commercial Workers Union Local 152</b>	12b. Address (street and number, city, state, and ZIP code) <b>3120 Fire Road, Suite 201 Egg Harbor Township, NJ 08234</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) <b>United Food and Commercial Workers International Union</b>	
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12d. Tel. No. <b>609-704-3900</b>	12e. Cell No.	12f. Fax No. <b>609-625-0328</b>	12g. E-Mail Address
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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 <b>Mark E. Belland, Esq.</b>	13b. Address (street and number, city, state, and ZIP code) <b>509 S. Lenola Rd., Building 6, Moorestown, NJ 08057</b>
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13c. Tel. No. <b>856-795-2181</b>	13d. Cell No.	13e. Fax No. <b>856-581-4214</b>	13f. E-Mail Address <b>mbelland@obblaw.com; dwatkins@obblaw.com</b>
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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>Mark E. Belland, Esq.</b>	Signature 	Title <b>Attorney</b>	Date <b>12/19/2019</b>
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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**

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.