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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RC-252899	Dec 3, 2019			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.oirb.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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): AAK USA, Inc. 131 Marsh Street, Newark, NJ 07114 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Same as 2b Michael Kilian, Production Manager 3c Tel No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (973) 344-1300 betterwithaak@aak.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal Product or Service Newark, NJ Fat and oil refining 5b. Description of Unit Involved: 6a. Number of Employees in Unit: 48 Included: Full-time production operators, maintenance mechanics, lab technicians, warehouse operators, and chemical operators. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

☐ Yes Excluded: All other employees, including executive, managerial and confidential employees, temporary employees, relief employees, watchmen and supervisors as defined in the NLRA 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: None 8c. Tel. No. 8d. Cell No. Be. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees In the unit described in item 5b above. (If none, so state) None 10a. Name 10c. Tel. No. 10d. Cell No. 10b. Address 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail Manual Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 30 Hennessey Street, Newark NJ 07105 Local 1478-2, ILA, AFL-CIO 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 12e. Cell No. 12g. E-Mail Address 12d Tel No 121. Fax No. ilalocal14782@gmail.com (973) 344-1433 (973) 202-3165 (973) 344-1236 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: John Cuozzo, President 30 Hennessey Street, Newark, NJ 07105 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (973) 344-1433 (973) 202-3165 (973) 344-1236 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 Attorney

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

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
	Date Filed			
22-RC-252930	Dec. 5, 2019			

				<u> </u>		122-100	-232730			
INSTRUCTIONS: Unlass e-Flied using the Agency's website, [Www.nirb.gov/], submit on 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.					ervice on presentation					
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. Add	ress(es) of	Establishment(s) inv	olved (Street	and number, City	, State, ZIP code):		
ABC Supply Co.										
3a. Employer Representative - Nar	ne and Title:		3b. Add	ress (II sam	e as 2b • state same	θ):				
Andrew Capone, Director	r of Labor F	Relations	One .	Abe Parl	kway, Beloit, V	WI 53511	1-4466			
3c. Tel. No.	3d. Cell No.	_	1	3e. Fax No			Mail Address		157-34-32	
608-362-7777				608-363-0333 An			ndy.Capone@ABCSupply.com			
4a. Type of Establishment (Factory,	mine, wholesala	r, etc.)		4b. Principal Product or Service			5a. City and State where unit is located:			
Construction Supply Co. 5b. Description of Unit Involved:				Constru	action Materia	IIS		d, NJ 07063 er of Employees in Unit:		
Included:							1	er or Employees in Olin.		
All full-time and regular	part-time di	ivers and	l warel	nouse en	nployees		111			
Excluded:					•			ubstantial number (30%		
All other employees, gua						<u>.</u>	repres	employees in the unit wis ented by the Petitioner?	No De No No	
Check One: 7a. Request for recon on or about (Date)				was made		•	and Employer	declined recognition		
7b. Petitioner is cu						tion under the	Act.			
8a. Name of Recognized or Certific										
i .										
Bc. Tel. No.	8d. Cell No.			8e. Fax No.		8f. E-	8f. E-Mail Address			
8g. Affiliation, If any:			th. 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 a	t the Employer's	establishme	ent(s) invo	olved? No	If so, appr	roximately ho	w many employe	es are participating?		
(Name of Labor Organization)						, has pi	cketed the Emplo	yer since (Month, Day, Y	ear)	
Organizations or individuals other individuals known to have a representation.	r than Petitioner esentative Intere	and those no st in any emp	emed in I ployees in	tems 8 and the unit de	9, which have claims scribed in Item 5b al	ed recognition bove. (If non	n as representativ e, so state)	es and other organization	ns and	
None	Lan					1400	Tal Na =	10d. Cell No.		
10a. Name	100	o. Address		•		106.	Tel. No.	Tod. Cell No.		
						10e.	10e. Fax No. 10f. E-Mail A		,	
11. Election Details: If the NLRB co	inducts and elec	tion in this m	atter, sta	le your posi	tion with respect to a	any such elec				
т									d Manual/Mail	
11b. Election Date(s):					11d. Election Locallon(s):					
December 20, 2019 6:00 a.m 8:00 a.m. Break/lunchroom										
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 1707 Symmet Avenue, Union City, NI 07087										
IBT Local 5.60 707 Summit Avenue, Union City, NJ 07087										
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. 12e. Cell No.			1 -		eg. E-Mail Address					
201-864-0051										
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):										
Paul A. Montalbano, Esq.				669 River Drive, Suite 125, Elmw		-				
13c. Tel. No.	13d. Cell No.		-	13e. Fax I	No		E-Mail Address			
908-298-8800	201-310-8			1			montalbanoemail@yahoo.com			
I declare that I have read the abov	e polition and t			re truc to t	he best of my knov		belief.		10-1-	
Name (Print)		Signatur	e (/:	Mun	4.01	Title	1017		Date 12/5/19	
Paul A. Montalbano		1111/0/2	ماكا	1 4450	THE WARREN	Attorr	ICA		12/3/17	

PRIVACY ACT STATEMENT

Solicitation of the information 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) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-RC-252899	Dec 3, 2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: AAK USA, Inc. 131 Marsh Street, Newark, NJ 07114 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: Same as 2b Michael Kilian, Production Manager 3f. E-Mail Address 3e. Fax No. 3d. Cell No. 3c. Tel. No. betterwithaak@aak.com (973) 344-1300 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Fat and oil refining Newark, NJ 6a. Number of Employees in Unit: 48 5b. Description of Unit Involved: Included: Full-time production operators, maintenance mechanics, lab technicians, warehouse operators, and chemical operators. 6b. Do a substantial number (30% or more) Excluded: All other employees, including executive, managerial and confidential employees, temporary of the employees in the unit wish to be represented by the Petitioner? XYes employees, relief employees, watchmen and supervisors as defined in the NLRA Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) 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 8f. E-Mail Address 8e. Fax No. 8d. Cell No. 8c Tel No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10b. Address 10c. Tel. No. 10a Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail X Manual Mail 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): Local 1478-2, ILA, AFL-CIO 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 12f. Fax No. 12g. E-Mail Address 12e. Cell No. 12d. Tel. No. ilalocal 14782@gmail.com (973) 344-1236 (973) 344-1433 (973) 202-3165 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 30 Hennessey Street, Newark, NJ 07105 13a. Name and Title John Cuozzo, President 13f. E-Mail Address 13d. Cell No. 13e. Fax No 13c. Tel. No. ilalocal14782@gmail.com (973) 344-1236 (973) 202-3165 (973) 344-1433 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Name (Print) Elizabeth Alexander Attorney

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Flied			
22-RC-252948	Dec. 6, 2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.gov</u> , 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 with the NLRB and should not be se	erved on the e	emplover or a	nv other party.	•		j	
PURPOSE OF THIS PETITION: RC-CER bargaining by Petitioner and Petitioner de- requests that the National Labor Relation	sires to be certific	ed as representat	ive of the employees. The	Petitioner alleges th	at the following	circumstances exist and	
requests that the National Labor Relations Board proceed under its proper author 2a. Name of Employer 2b. Address(es) of United Methodist Communities at Bristol Glen 200 Bristol Gle				it(s) involved (Street a	nd number, city,	Slale, ZIP code)	
3a. Employer Representative - Name and Jeff Lisk- Executive Director			3b. Address (if same as Same	s 2b – state same)			
3c. Tel. No. (973) 300 5788	3d. Cell No.	45 0	3e. Fax No.		jlisk@umcor	Mali Address Pumcommunities.org	
4s. Type of Establishment (Factory, mine, wi Assisted living facility 5b. Description of Unit Involved	norasaier, etc.)	4b. Principal pro Assisted livin			Sa. City a Newton		
Included: All full time and regular part				kal therapist assist	ant speech	6a. No. of Employees in Unit:	
pathologist, exercise special Excluded: All other employees	•	• •	•	by the Act.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No	
Check One: 7a. Request for rec	ognition as Barg	aining Represent	ative was made on (Date) _	an	d Employer deci	ned recognition on or about	
	rrently recognize		tepresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified Barga None	aining Agent <i>(If</i>	none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.			. E-Mail Address	
8g. Affiliation, If any			8h. Date of Recognition or Certification 8l. Expiration Date of Current or N Contract, if any (Month, Day, Year			(Month, Day, Year)	
Is there now a strike or picketing at the Em (Name of labor organization)						ticipating?	
Organizations or individuals other than Pe known to have a representative interest in an					resentatives and	other organizations and individuals	
10a. Name	10b. Add	ress		10c. Tel. No.		10d. Cell No.	
n/a				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conducts a any such election. 	an election in this	matter, state you	ur position with respect to	11a, Election Type:	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): 11c. Election Time(s): December 20, 2019 8:00 am to 8:30 am				11d. Election Location(s): Classroom			
12a. Full Name of Petitioner (<i>including local name and number</i>) 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 <i>(if none, so state)</i> United Food and Commercial Workers International Union							
12d. Tel No. 609-704-3900			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. Lenols Rd., Building 6, Moorestown, NJ 08057							
13c. Tel No. 856-795-2181	13d. Cell No.		13e. Fax No. 856-581-4214		13f. E-Mall Add mbelland@obb	fress blaw.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. WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)				- 48 SECTION 1004)			

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef 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 R C PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be flied 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 Petilioner 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) United Methodist Communities at Bristol Glen 200 Bristol Glen Dr., Newton, NJ 07860 3s. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jeff Lisk- Executive Director Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (973) 300 5788 ilisk@umcommunities.org 4a. Type of Establishment (Factory, mine, wholeseler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Assisted living facility Assisted living Newton, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time, regular part time, and per diem therapists including occupational therapist, physical therapist 6b. Do a substantial number (30% assistant, speech pathologist, exercise specialist, respiratory therapist and physical therapist. or more) of the employees in the unit wish to be represented by the All other employees, supervisors and guards as defined by the Act. Petitioner? Yes V 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 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? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or inclividuals 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 11a. Election Type: / Manual Mall | Mixed Manual/Mall any such election 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): 8:00 am to 8:30 am Classroom January 3, 2020 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 3120 Fire Road, Suite 201 Egg Harbor Township, NJ 08234 United Food and Commercial Workers Union Local 152 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 12g. E-Mail Address 12d. Tel No. 12f. Fax No. 609-704-3900 609-625-0328 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Mark E. Belland, Esq. 509 S. Lenola Rd., Building 6, Moorestown, NJ 08057 13e. Fax No. 13c Tel No. 856-581-4214 mbelland@obbblaw.com; dwatkins@obbblaw.com 856-795-2181 i declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Titte Name (Print) 12/19/2019 Mark E. Belland, Esq. Attorney

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 illigation. 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.