UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RC-237040	MARCH 1, 2019			

INSTRUCTIONS: Unless e-Filed usi							
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 <u>not</u> be s					RD 4012). The Si	iowing of inte	rest snoula only be filed
1. PURPOSE OF THIS PETITION: RC-CEI	RIFICATION OF REPRES	FNTATI	y Other party VF - A substant	ial number	of employees wish to	he represented	for nurnoses of collective
bargaining by Petitioner and Petitioner de requests that the National Labor Relat	sires to be certified as repre	esentativ	e of the employ	ees. The l	Petitioner alleges th	at the following	circumstances exist and
2a. Name of Employer	ions Board proceed under	2b. Ad	dress(es) of Est	tablishment	(s) involved (Street a	ind number, city.	State. ZIP code)
Exela Tehonologies					runswick, NJ 08		,,
3a. Employer Representative - Name and	Title				2b - state same)		
Joann Lee Same							
3c. Tel. No. (609) 860-9901	3d. Cell No.		3e. Fax No. (336) 299-9	200		3f. E-Mail Addre	ess xelaonline.com
4a. Type of Establishment (Factory, mine, w	tholosoler etc.) Ab Bring	inal pro	duct or service				nd State where unit is located:
plant				mail servi	ce for another comp		
5b. Description of Unit Involved	provide s	ppii.ig	, receiving and	111011 30111	ac for another comp		6a. No. of Employees in Unit:
Included: All full-time and regular part-	time shipping and receivi	ng emp	oloyees employ	ed by Exc	cela Technologies a	h .	Approximately 12
Brunswick, NJ location inclu	ding all shipping and rece	eiving a	ssociates, mail	l associate	es, and forklift opera		6b. Do a substantial number (30%
Excluded:	fossional amplayed		orde and a	unonio	ara aa dafinad		or more) of the employees in the unit wish to be represented by the
office clerical and pro	iessional employee	s, gua	arus, anu si	uperviso	ors as defined	in the Act	Petitioner? Yes V No
Check One: / 7a. Request for re	cognition as Bargaining Rep	resenta	tive was made o	on (Date) h	v.netition and	d Employer declir	ned recognition on or about
no reply	(Date) (If no reply				-,-,		-
	rrently recognized as Barga		epresentative an	nd desires o	certification under the	Act.	
8a. Name of Recognized or Certified Barg None	paining 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 Currer Contract, if any (Month, Day			ate of Current or Most Recent (Month, Day, Year)	
9. Is there now a strike or picketing at the Er	nployer's establishment(s) i	nvolved	? No ır	so, approxi	imately how many en	nployees are part	icipating?
					_		·
Organizations or individuals other than F known to have a representative interest in a none						resentatives and	other organizations and individuals
10a. Name	10b. Address		·	-	10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts any such election. 			r position with re	espect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): 3/22/19	11c. Election Tim 2:45 - 3:15 p.m. a		to 5:15 p.m.	11d. Election Location(s): break room			
12a. Full Name of Petitioner (Including Io United Steel, Paper and Forestry, Rubber, Manufacturing,	•	Norkers In	ternational Union, AF	L-CIO, CLC			ty, state, and ZIP code) Center Room 913Pittsburgh, PA 15222
12c. Full name of national or international la United Steel, Paper and Forestry, Rubber,						, AFL-CIO, CLC	
12d. Tel No. (412) 562-2529	12e. Cell No. (412) 418-4333		12f. Fax No. (412) 562-255	55		12g. E-Mail Add bmanzolillo@us	
13. Representative of the Petitioner who	will accept service of all p	apers fo	or purposes of	the repres	entation proceeding	g.	
13a. Name and Title Brad Manzolillo,	USW Organizing Coι	ınsel	i	•	f number, city, state, ve Gateway Center Rooi		x 15222
13c. Tel No. (412) 562-2529	13d. Cell No. (412) 418-4333		13e. Fax No. (412) 562-255			13f. E-Mail Add bmanzolillo@us	ress
I declare that I have read the above petiti	<u>`</u>	s are tru			ledge and belief.		
Name (Print) Sig	nature / _ /	0.0	Title	-		Date	
Brad Manzolillo	rad Manzo	lill	Organizing Co	ounsel		3/1/19	10.0505001.4004

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.	Date Fled				
22-RC-237125	MARCH 5, 2019				

」 カライスひしけつける。 ひかは33 せっとりはひ	using the Agend	cy's website, <u>w</u> v	vw.nirb.gov, submit a	n original of this	Petition	to an NLRB office in the Region
						(see 6b below) and a certificate
of service showing service on to						
(Form NLRB-505); and (3) Desci						
with the NLRB and should not b				NO TOTAL. THE SH	owing o	i interest should only be thed
1. PURPOSE OF THIS PETITION: RC-	CERTIFICATION O	EREPRESENTATI	VF - A substantial number	of employees wish to	he rennes	ented for numeras of collective
bargaining by Pelitioner and Petitions	er desires to be certif	ied as representativ	e of the employees. The l	Petitioner alleges the	at the folio	owing 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) (nvolved (Street and number, city, State, ZIP code)						
2a. Name of Employer				(s) involved (Sireet e	nd number	r, city, State, ZIP code)
	Robert Wood Johnson Bamabas Health Mobile Health Services 379 Campus Drive NJ Somersat 08873- 3a. Employer Representative Name and Title 3b. Address (If same as 2b state same)					
3a. Employer Representative - Name	and Ime	•				
James Smith 3c, Tel. No.	3d. Cell No.		379 Campus Drive NJ Somerset 0887 3e, Fax No.	3	3f. E-Mail	Addmos
(732) 937-8687	30. Cea 140.		Se. Pax No.	1		h@nvjbt.org
4a. Type of Establishment (Factory, mln	na wholesaler etc.)	4b, Principal pro	duct or condea		<u> </u>	City and State where unit is located:
Healthcare	.0, 111101000101, 010.)	10.1 map 2 pro	Providing Medical Sen	ulces	""	New Brunswick, NJ
5b. Description of Unit Involved		<u> </u>	Traditing (notices out			6a. No. of Employees in Unit:
l	dillocal details					300
Included: See Allachéd Page 2 for add	cinculat cátala					6b. Do a substantial number (30%
Excluded: See Attached Page 2 for add						or more) of the employees in the
Excluded: See Attached Page 2 for add	dillonal detalis					unit wish to be represented by the Petitioner? Yes [] No []
Check One: 7 7a. Request fo	r recognition on Box	salaina Panmeanta	live was made on (Date) o	0/47/2049 000	d Employer	r declined recognition on or about
Cireca One. A ra. Requestit			d, so state). No reply recei		a citthoye	dacing recoding out of good.
7b Petitioner			apresentative and desires		Art.	
8s. Name of Recognized or Certified I			8b. Address	TOTAL CONTRACT OF THE	,,,,,,	
8c, Tel No.	8d Cell No.		8e, Fax No.		8f. E-Mail	Address
A ASSULANCE OF THE PROPERTY OF						
8g. Affiliation, if any		1			tion Date of Current or Most Recent	
1			Contract, If any (Month, Day, Year)			
		- 1		- 1	Contract,	n any (monin, Day, Tear)
9, is there now a strike or picketing at th	ne Employer's establi	shment(s) involved	? No if so, approx	imately how many em		
9, is there now a strike or picketing at the						re participating?
(Name of labor organization)		, has pick	teted the Employer since (i	Month, Day, Year)	nployees a	re participating?
(Name of labor organization) 10. Organizations or individuals other th	an Petitioner and the	, has pick	seted the Employer since (i 8 and 8, which have claim	Month, Day, Year) ed recognition as repr	nployees a	
(Name of labor organization)	an Petitioner and the	, has pick	seted the Employer since (i 8 and 8, which have claim	Month, Day, Year) ed recognition as repr	nployees a	re participating?
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(Name of labor organization) 10. Organizations or individuals other the known to have a representative interest to any such election. 11. Election Details: If the NLRB condition any such election. 11b. Election Date(s): April 1, 2019 and April 15, 2019 1(6), (b) (7)(G)of Petitioner (Includin international Association of Fire Fighters, Local 12c. Full name of national or international international Association of Fire Fighters 12d. Tel No. 12d. Tel No. 13a. Name and Title	10b. Additioner and the in any employees in 10b. Additioner and in 11c. E 9:00 a 15204 and labor organization 12e. Cell No.	, has pick use named in items the unit described it dress its matter, state you dection Time(s):	teled the Employer since (if 8 and 8, which have claim in item 5b above. (If nane, if nane, i	Month, Day, Year) ed recognition as representation proceedings and recognition are recognition as recognition are recognition as recognition as recognition as recognition are recognition as recognition as recognition as recognition as recognition are recognition as recognition as recognition are recognition as recognition as recognition are recognition as	resentative I Man Ilon(s): Somerset, el end num ne South S	re participating?
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(Name of labor organization) 10. Organizations or individuals other the known to have a representative interest of the Name o	10b. Additioner and the in any employees in 10b. Additioner and in 11c. E 9:00 a 15204 and labor organization 12e. Cell No.	, has pick use named in items the unit described it dress its matter, state you dection Time(s):	teled the Employer since (if 8 and 8, which have claim in item 5b above. (If none, if none, if none) item 5b above. (If none) item 5b above. (If none, if none) item 5b above. (If none) item 5b above. (Month, Day, Year) ed recognition as representation proceedings and recognition are recognition as recognition are recognition as recognition as recognition as recognition are recognition as recognition as recognition as recognition as recognition are recognition as recognition as recognition are recognition as recognition as recognition are recognition as	mployees a resentative in Man Mon(s): Somerset, of and numine South S	re participating?
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(Name of labor organization) 10. Organizations or individuals other the known to have a representative interest of the Name o	lucts an election in the lucts are lucts and lucts are lucts and lucts are lucts and lucts are lucts and lucts are lucts are lucts and lucts are l	, has pick use named in items the unit described it idress its matter, state you itection Time(s): .m. umber) of which Petitioner	leted the Employer since (if 8 and 8, which have claim in item 5b above. (if nane, if nane, i	Month, Day, Year) ed recognition as representation proceedings and the second s	mployees a resentative in Man Mon(s): Somerset, of and numine South S	re participating?

S EGG. James M. Mets, Esq. Legal Counsel 03/5/2019 10:00:30
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 Lebor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Lebor 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 dedine to Invoke its processes.

	Case
Attachment	

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included EMS, EMT, Paramedics, Dispatchers, Field Training Officers, Road Supervisors

Employees Excluded
Tour Chiefs, Assistant Manager, Managers

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD PC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RC-237214	MARCH 7, 201			

		RC PETITIO	N ·			22-	RC-237	214	M	IARC	CH 7, 201
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nibprovided 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											
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires	s to be certified as	s represen	tative of t	he employees. The	Petitio	ner alleges t	hat the folio	wing circumstan	ces exig	
2a. Name of Employer: Durham School Services 2b. Address(es) of Establishment(s) involved (Street and number, City, State, 867 NJ Route 33, Freehold, NJ 07728						State, ZIP code):					
3a. Employer Representative - Nan Ralph Stuto, Manager	ne and Title:		3b. Addre Same		ne as 2b - state sai	пе):		<u> </u>			
3c. Tel. No. (732) 294-5203	3d. Cell No).	1	3e, Fax N	o .		3f. E-Mail A	ddress			
4a. Type of Establishment <i>(Factory, i</i> Bus Company	nine, wholes	saler, etc.)			pal Product or Serv Ortation	ice		5a. City and Freehol	State where unit d, NJ	is locate	d:
56. Description of Unit Involved: Included: Bus Drivers & Bus Aides		·						6a. Number 43	of Employees in (Unit:	
Excluded: Supervisory and all others								of the e	bstantial number (inployees in the un ited by the Petitio	nit wis <u>h t</u>	o be
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cur		(lf n	o reply rec	eived, so	state).	ation un		i Employer d	edined recognition	n	
Ba. Name of Recognized or Certifie Teamsters Local 97 of NJ	d Bargainir , I.B.T.	ng Agent (if none	e, so state,		^{ddress:} Central Avei	nue, C	lark, NJ	07066			
Bc. Tel. No. (732) 381-1090	8d. Cell No (732) 67			8e. Fax N (732) 3	o. 381-1230		8f. E-Mail Address pguaschino@yahoo.com				
8g. Affiliation, if any:			8h.	Date of F	Recognition or Cert	ification			rrent or Most Month, Day, Year))	
9. Is there now a strike or picketing a	the Employ	yers establishme	nt(s) invol	ved? N_0	If so, ap		•		are participating?		
(Name of Labor Organization) 10. Organizations or individuals other individuals known to have a repre						med rec	ognition as re	presentative	s and other organ		
10s. Name		10b. Address	<u>, </u>				10c. Tel. No	5 .	10d. Cell No.		
							10e. Fax N	5 .	10f. E-Mail Addre	85	
11. Election Details: If the NLRB ∞	nducts and	election in this ma	atter, state	your pos	ition with respect to	any su	ch election:	11a. Election Manua	· <u>·</u>	Mixed N	fanual/Mail
11b. Election Date(s):		11c. Election Tir	ne(s):				11d. Electic	n Location(s):		
12a. Full Name of Petitioner (includ Teamsters Local 97 of NJ	ing local nai	me and number):			12b. Address (st 136 Central						
12c. Full name of national or Internat International Brotherhood			nich Petitio	ner is an	affiliate or constitu	ent <i>(if no</i>	ne, so state)		-		
12d, Tel. No. (202) 624-6800	12e. Cell N		- {	12f. Fax f			12g. E-Mai				
13. Representative of the Petitione 13a. Name and Title: Patrick Guaschino, Vice Pre		accept service o	1	13b. Add	rposes of the repr ress (street and nu ntral Avneue,)	mber, cit	ly, State and				
13c. Tel. No. (732) 381-1090	1 '	78-8700	.	•	381-1230		1	Address ino@yah	oo.com		
I declare that I have read the above Name (Print)		nd that the state		e true to	the best of my kn	owledge Tit				11	Date
PATRICK GUASCHING)	P	Gus,	do	141		ice Presid	lent			02/20/19

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

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

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22- RC - 237756	March 15, 2019				

RC PE	TITION		22- RC	- 23775(e Mo	rch 15, 2019
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, wi				n 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 s				,		, , , , , , , , , , , , , , , , , , , ,
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTAT	VE - A substantial number	of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petitioner de	esires to be certific	ed as representativ	ve of the employees. The I	Petitioner alleges th	at the following	g circumstances exist and
requests that the National Labor Relat 2a. Name of Employer	ions Board proc		per authority pursuant to idress(es) of Establishment			
Torcon, Inc. and Grove Construction,	LLC single ea	I I			-	, State, Eir code)
3a. Employer Representative – Name and		iipioyei 020 i	3b. Address (If same as		007701	
Russell J. McEwan, Esq.	TAIC		1 3		nter 1085 Blv	d, 8th Floor, Newark, NJ 07102
3c. Tel. No.	3d, Cell No.		3e, Fax No.	,	3f. E-Mail Add	
973-848-4742	50. 00. 110.		973-741-2303		mcewan @	
4a. Type of Establishment (Factory, mine, w	vholesaler etc.)	4b. Principal pro	1			and State where unit is located;
Contractor	,	Building and			Red Ba	
5b. Description of Unit Involved	<u> </u>					6a, No. of Employees in Unit;
Included: All full time and regular par	t time Building (Construction Lab	orers employed by the	Employer in the S	tate of New	80
Jersey						6b. Do a substantial number (30%
Excluded: all other trade workers and excluding	no office clerica) emo	niovees project man:	aners project superintendents	project supervisors, sur	pervisors	or more) of the employees in the unit wish to be represented by the
guards and all other employees,	13 0 // 00 010 // 0		-g-, -, -, -, -, -, -, -, -, -, -, -, -, -	(· · ·) · · · · · · · · · · · · · · ·		Petitioner? Yes No
Check One: 7a. Request for re	cognition as Berg	zining Penresents	tive was made on (Date)	20	d Employer dec	lined recognition on or about
Ta. Request to le		If no reply receive			a Employer acc	mica readymian an er about
√ 7h Petitioner is co		, .	•	tertification under the	Act	
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						
NJ Building Construction Lbores District C			1588 Parkside	Avenue, Ewing, NJ	08638	
8c. Tel No.	8d Cell No.		8e. Fax No.	8f, E-Mail Add		ress
609-882-7080	<u> </u>		609-882-7291	0.00	ai Eurinain i	Data of Company on March Depart
8g. Affiliation, if any			8h. Date of Recognition or	Certification		Date of Current or Most Recent y (Month, Day, Year)
Laborers International Uni	on of North	n America	1970		April 30, 2019	, (, 2-2),,
9. Is there now a strike or picketing at the E	mplover's establis	hment(s) involved	? No. If so, approx	imately how many er	nployees are pa	rticipating?
(Name of labor organization)			keted the Employer since (#			· · · ·
10. Organizations or individuals other than t						d -the e-regisations and individuals
known to have a representative interest in a	Petitioner and tho: Inv employees in t	se named in items the unit described	in item 5b above. Ill none.	eo recogniuon as rep .so state)	resentatives and	Other Organizations and individuals
	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 ,		
10a. Name	10b. Add	iress		10c. Tel. No.		10d, Cell No.
	Ì					
	1			10e. Fax No.		10f. E-Mail Address
AA Et Alice Date lies (Ethical) DD conduction						
 Election Details: If the NLRB conducts any such election. 	s an election in thi	s matter, state you	ir position with respect to	11a. Election Type	: Manual [✓ Mail Mixed Manual/Mail
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Loca	tion(s):	
April 4, 2019						
12a. Full Name of Petitioner (including to		ımber)	 			city, state, and ZIP code)
NJ Building Construction Laborers District		6 15 6 6 cc	((F)) - A (A	1588 Parkside Ave	enue, Ewing, N.	06036
12c. Full name of national or international la Laborers International Union of North Ame		of which Pelitioner	is an aniliate or constituen	t (ir none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	idress
609-862-7080	120. 004 110.		609-882-7291			
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	or purposes of the repres	entation proceedin	9.	
			13b. Address (street and			
13a. Name and Title Raymond G	. nemema	an, Esq.	99 Wood Ave., South, Suite		ĺ	
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f, E-Mail Ad	dress
732-491-2104	732-266-8287		732-491-2120		rheineman@k	rollfirm.com
I declare that I have read the above petit	on and that the	statements are tr	ue to the best of my know	ledge and belief.		
	gnature	/1	Title		Date	
Raymond G. Heineman	1sa//	-	Attorney	<u> </u>	March 14,	
WILLFUL FALSE STATEME	NTSJON THIS PE		PUNISHED BY FINE AND	IMPRISONMENT (U	.s. code, titl	E 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.

Name (Print)

(1.14)								
UNITED STATE NATIONAL LABOR	S GOVERNMENT		Garable .	DO NOT WRITE IN THIS SPACE Case No. Date Filed				
	TITION	KU	Case No.	-RC-2379	1	3/18/2019		
INSTRUCTIONS: Unless e-Filed us		v's website. w	ww.nirb.gov. submit a	n original of this	Petition to an	NLRB office in the Region		
in which the employer concerned in								
of service showing service on the								
(Form NLRB-505); and (3) Descript				RB 4812). The sl	howing of inte	rest should only be filed		
with the NLRB and should not be a 1. PURPOSE OF THIS PETITION: RC-CE				of employees wish to	he represented 1	or numoses of collective		
bargaining by Petitioner and Petitioner d requests that the National Labor Relationships	esires to be certific	ed as representati eed under its pro	ve of the employees. The learning authority pursuant to	Petitioner alleges the Section 9 of the Na	at the following ational Labor Rei	circumstances exist and ations Act.		
2a. Name of Employer Maplewood Beverage			dress(es) of Establishment learview Road, Edis			State, ZIP code)		
3a. Employer Representative – Name and	Title	130 C	3b. Address (If same as		· · · · · · · · · · · · · · · · · · ·			
Warehouse Manager	. ,,,,,		, oo, 7,00,000 (ii oo,ii o oo	,				
3c. Tel. No. 732-395-6940	3d. Cell No.		3e. Fax No.		3f. E-Mail Addre	ess		
4a. Type of Establishment (Factory, mine, v Warehouse Distribution	vholesaler, etc.)	4b. Principal pro Beverage	duct or service		5a. City at Edison,	nd State where unit is located: NJ		
5b. Description of Unit Involved				<u>-</u>		6a. No. of Employees in Unit:		
Included: All forklift operator	rs, all ware	house plat	form clerks		<u> </u>	2+/- 6b. Do a substantial number (30%		
Excluded: All office clericals, all salespeople, all manage				visors and g	uards	or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No		
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) N/A. 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 Bar			8b. Address	cardication under the	ACI.			
N/A	T =		<u>, </u>	<u> </u>				
8c. Tel No.	8d Cell No.	· · · · · · · · · · · · · · · · · · ·	8e. Fax No.			Bf. E-Mail Address		
8g. Affillation, If any			6h. Date of Recognition or	of Recognition or Certification 8l. Expiration Date of Current or Most Rece Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved	? No If so, approx	imately how many er	mployees are part	icipating?		
(Name of labor organization)		, has picl	keted the Employer since (Month, Day, Year) _		,		
Organizations or individuals other than known to have a representative interest in a					presentatives and	other organizations and individuals		
10a. Name	10b. Add	iress	****	· 10c. Tel. No.		, 10d. Cell No.		
N/A				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts any such election.	an election in this	s matter, state you	r position with respect to	11a. Election Type	:: Manual _	Mail Mixed Manual/Mail		
11b. Election Date(s): April 1, 2019		ection Time(s): n to 7:30 a.m./3	:30pm to 4:30 pm	11d. Election Location(s):				
12a. Full Name of Petitioner (including in International Brotherhood of Team	cal name and nu	Imber)		12b. Address (stre 707 Summit Aver	net and number, conue, Union City	ity, state, end ZIP code) , NJ 07087		
12c. Full name of national or international la International Brothemood of Teamsters		of which Petitioner	is an affiliate or constituen	t (if none, so state)				
12d. Tel No. 201-864-0051	12e. Cell No.		12f. Fax No. 201-864-4177		12g. E-Mail Ad	dress		
13. Representative of the Petitioner who	will accept servi	ce of all papers f	<u> </u>	entation proceedin	9-			
13a. Name and Title Paul A. Mo	ntalbano	, Esq.	13b. Address (street and 669 River Drive, Suite 125, I					
13c. Tel No. 908-298-8800	13d, Cell No. 201-310-8565		13e. Fax No. 908-298-9333		13f. E-Mail Add	ress rail@yahoo.com		
I deglers that I have road the shave notify		totomonto pro tr		uladge and hellef	1			

talbano

Signature

Title
Attorney

March 15, 2019

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

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.

Stephen G Sombrotto

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RC-238086	MARCH 20, 2019			

03/20/2019 06:44:47

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. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 25 Lafayette St. 4th Floor NJ Newark 07102-Devils Arena Entertainment LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 25 Lafayette St. 4th Floor NJ Newark 07102-David Reid 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address DReid@prucenter.com (973) 757-6512 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Services **Guest Services** Newark, N.I. 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 03/06/2019 and Employer declined recognition on or about _ (Date) (If no reply received, so state). Yes 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 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? 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) 10a. Name 10b. Address 10c, Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 11b. Election Date(s): April 2 - April 30 11c. Election Time(s): 11d. Election Location(s): By Mail Ballots to be counted May 1 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 367 Long Beach Road 147 NY Island Park 11050-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Workers of America 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address sombrotto@unitedworkers.us (888) 666-1974 (516) 807-3716 (516) 706-0879 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) 13c. Tel No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. 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) Signature Title Date

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

President

Stephen G. Sombrotto

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed ,
	·

Employees Included

All Full time and Regular Part time Guest Services Employees, including Ushers, Ticket Takers, Elevator Operators and other employees providing admission type services to patrons

Employees Excluded Watchmen, Guards, Professional Employees, Uniform Room, and Statutory Supervisors.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 22-RC-238691 Date Filed
MARCH 28, 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 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1999 Avenue of the Stars - Suite 2600 CA Los Angeles 90067-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1999 Avenue of the Stars - Suite 2600 CA Los Angeles 90067-3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (213) 593-8000 (213) 593-8178 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Commuter light rail services Newark, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details 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). 8d Cell No. 8c. Tel 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. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): ASAP 11d Election Location(s): mail ballot requested - not applicable 12a. Full Name of Petitioner (Including local name and number)
Michael Carrube 12b. Address (street and number, city, state, and ZIP code) 350 State Street NY Brooklyn 11217 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) National Association of Transportation Supervisors 12g. E-Mail Address mcarrube@sssaunion.org 12d Tel No 12e, Cell No. 12f. Fax No. (718) 858-2113 (718) 858-2892 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) Howard Wien Attorney Koehler & Isaacs LLP 61 Broadway - 25th Floor NY New York 10006-13d. Cell No. 13f. E-Mail Address hwien@koehler-isaacs.com (212) 791-4115 (917) 763-4457 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) Signature Title Date Howard Wien Attorney Howard Wien 03/28/2019 16:12:32

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	

Employees Included Controller, Trainee Specialist, Clerk, Movement Clerk, and Assistant Train Master

Employees Excluded All other employees

FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No.	Date Filed
22-RD-237936	MARCH 18, 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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filled with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) Covanta 183 Raymond Blvd, Newark, NJ, 07105 3a. Employer Representative - Name and Title 3b, Address (If same as 2b - state name) Carlos Ascencio Plant Manager New Jersey 3c. Tel. No. 3d. Fax No. 3e. Cell No. 3f. E-Mail Address 973-817-7228 973-344-4999 973-722-3574 Cascencio@covanta.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Power Plant Electricity 5a. Description of Unit Involved 5b, City and State where unit Included: is located Maintenance Mechanics, I &E Technicians, Tipping Floor Operators, Plant Operators, Crane Operators Newark, New Jersey Excluded: Management, Purchasers, Administration personnel, Warehouse personnel 6. No. of Employees in Unit 53 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? X Yes □ No 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any I.U.O.E. Local 68 Andre Restrepo 8d. Tel. No. 8e. Cell No. 8c. Address 11 Fairfield Place 973-244-5800 West Caldwell, NJ 07006 8f, Fax No. 8g. E-Mail Address 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Date of Recognition or Certification May 2016 No Contract ⊠ No 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes 11b. If so, approximately how many employees are participating? a labor organization, of 11c. The Employer has been picketed by or on behalf of (insert Name) since (Month, Day, Year) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a, Name 12d Fax No. 12b. Address 12c Tel No 12e, Cell No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this 13a, Election Type: X Manual Mail Mixed Manual/Mail matter, state your position with respect to any such election. 13c. Election Time(s) 13d. Election Location(s) 13b Election Date(s) 4/10/2019, 4/17/2019 6:00am, 6:00pm Covanta Essex Facility Full Name of Petitioner (b) (6), (b) (7)(C) b) (6), (b) (7)(C) 14b, Tel. No. 14c. Fax No. 14e, E-Mail Address (b) (6), (b) (7)(C 14f. Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b. Title 15a, Name 15c. Address (Street and number, city, state, ZIP code) 15d. Tel. No. 15e. Fax No. 15f. Cell No. 15g. E-Mail Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) $\frac{1}{1+\alpha}$

NE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)