### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No. 06-RC-257293	Date Filed 3-2-20			

RC PETITION

in which the of service sh (Form NLRB-	emplo owing 505);	yer concerned i	s located. The employer and ion of Represe	e petition mus all other partie entation Case	t be accompanied by b es named in the petitio Procedures (Form NLF	ooth a showing of in of: (1) the petiti	interest (s on; (2) Stat	an NLRB office in the Region ee 6b below) and a certificate tement of Position form terest should only be filed
1. PURPOSE Of	F THIS	PETITION: RC-CE	RTIFICATION OF	REPRESENTAT ed as representat eed under its pro	TVE - A substantial number ive of the employees. The loper authority pursuant to	Petitioner alleges that Section 9 of the Nat	it the following the contract of the contract	ed for purposes of collective ng circumstances exist and Relations Act.
	trobe	Specialty Meta			ddress(es) of Establishment Debence Dr. Franklir	n 16323	nd number, cil	y, State, ZIP code)
Robert Hicks		ntative – Name and			3b. Address (If same as Same		05 F M-0 Ad	days
3c. Tel. No. (814) 432-85		4	3d. Cell No.		3e. Fax No. (814) 437-4765			rtech.com
factory		ent (Factory, mine, v	vholesaler, etc.)	produce stee	el bars		Frank	
5b. Description Included: All			t-time production	on and maintena	ance employees at the E	mployer's facility in	Franklin,	6a. No. of Employees in Unit: Approximately 85 6b. Do a substantial number (30%
Excluded: All		rary employees, o	ffice clerical and	professional en	nployees, guards, and su	pervisors as defined	in the Act	or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
Check One:	<b>√</b>	no reply 7b. Petitioner is o	(Date)	(If no reply received as Bargaining F	ed, so state). Representative and desires			eclined recognition on or about
8a. Name of Re None	ecogniz	ed or Certified Bar	gaining Agent (I	f none, so state).	8b. Address			
8c. Tel No.			8d Cell No.		8e. Fax No.		8f. E-Mail Ad	dress
8g. Affiliation, if	any				8h. Date of Recognition of	r Certification		n Date of Current or Most Recent any (Month, Day, Year)
9. Is there now (Name of lab		or picketing at the E	mployer's establis		d? No If so, approx exeted the Employer since (i	dimately how many em	ployees are p	participating?
10 Organizatio	ns or in	dividuals other than	Petitioner and tho any employees in	se named in item		ed recognition as repr	esentatives a	nd other organizations and individuals
10a, Name			10b. Ad	dress		10c. Tel. No.		10d. Cell No.
						10e. Fax No.		10f. E-Mail Address
11. Election De any such ele		If the NLRB conduct	s an election in th	is matter, state yo	our position with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 3/19/20 5 - 7 a.m. and 1 -3 p.m.				11d. Election Location(s): main break room  12b. Address (street and number, city, state, and ZIP code)				
United Steel, Paper a	and Fores		, Energy, Allied & Indu	strial Service Workers	International Union, AFL-CIO, CLC	60 Boulevard of the Al	lies, Five Gate	r, city, state, and ZIP code) way Center Room 913Pittsburgh, PA 15222
United Steel, Pa	of national	nal or international land Forestry, Rubbe	, Manufacturing,	Energy, Allied &	er is an affiliate or constituer Industrial Service Worker	s International Union		
12d. Tel No. (412) 562-2529	)		12e. Cell No. (412) 418-433		12f. Fax No. (412) 562-2555		12g. E-Mail bmanzolillo(	
The State of the State of the		the Petitioner who Brad Manzolillo			for purposes of the repres 13b. Address (street an 60 Boulevard of the Allies, F	d number, city, state,	and ZIP code	
13c. Tel No. (412) 562-2529			13d. Cell No. (412) 418-433		13e. Fax No. (412) 562-2555		13f. E-Mail / bmanzolillo(	
	l have			statements are f	true to the best of my know	wledge and belief.	Data	
Name (Print) Brad Manzolillo	0	B	rad M	anzolile	Title Organizing Counsel	-	3/2/20	

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.

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

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

DO NOT WRITE I	THIS SPACE		
Cese No.	Date Filed		
06-RC-257382	3-3-20		

INSTRUCTIONS: Unless e-Filed using the Agency's website, [reswith pow], 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 or 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: 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 atleges that the following circumstances extent 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): 3805 Field St. Erie, PA 16511 Twinbrook Healthcare & Rehabilitation Cnt 3a. Employer Representative - Name and Title: 3b. Address (If same as 2b - state same): same as 2h Thomas Foster, Administrator 3c, Tel. No. 3d Cell No. 3e Fax No. 3f. F-Mail Address 814-265-1796 (814) 898-5600 4b. Principal Product or Service 4e. Type of Establishment (Fectory, mine, wholesaler, etc.) 5a. City and State where unit is located: Long Term Care Nursing Facility Erie, PA Long Term Care 6a. Number of Employees in Unit 5b. Description of Unit Involved: Included: 18 All full time and regular part time Licensed Practical Nurses (LPNs) Excluded: All other Employees, including RNS, Professionals, Service + Maintenno, Supervisors and Guards, as defined 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 

No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition 3/3/20 on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8s. Name of Recognized or Certified Bargaining Agent (if none, so state) NONE 8f, E-Mail Address Se. Fax No. Bc. Tel. No. 8d. Cell No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affilation, 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 Patitioner 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) 10c, Tel. No. 10d. Cell No. 10b. Address 10a Nama 10f. E-Mali Address 10e. Fex 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: Menual Mail Mixed Manual/Mail On site, multiple shift times 11d. Election Location(s): 11b Flection Date(s): 11c, Election Time(s): 6:15am-7:45am, 2pm-4:15pm, 630-730pm | In facility 3/11/20 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Patitioner (including local name and number): 1500 N. 2nd Street, Harrisburg, PA 17102 SEIU Healthcare Pennsylvania 12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 12d. Tel. No. iesse.wilderman@seiuhcpa.org 717-775-9986 717-238-8354 717-238-3030 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: 1500 N 2nd Street, Harrisburg, PA, 17102 Jesse Wilderman, Secretary Treasurer 13f. E-Mail Address 13d. Cell No. 13e Fax No. 13c. Tel. No. jesse.wilderman@seiuhopa.org 717-238-8354 717-775-9986 717-775-9986 I declare that I have read the above petition and that the statements are true to the best of my knowledge and hellef. Date Title meture Name (Print) 3/3/20 Secretary Treasurer Jesse Wilderman

WILLFUL FALSE STATEMENTS ON THIS ACTITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1801)
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 seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or Rigation. 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.

3/3/20

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

Jesse Wilderman

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. 06-RC-257392 3-3-20

RC PETITION INSTRUCTIONS: Unless a-Filed using the Agency's website, \*\*verwithingov/\*\*, submit an original of this Patition to an NLRB office in the Region in which the employer concerned is located. The patition must be accompatied 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 patition of: (1) the patition; (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): Twinbrook Healthcare & Rehabilitation Cnt 3805 Field St, Erie, PA 16511 3a. Employer Representative - Name and Title: 3b. Address (If same as 2b - state same): Thomas Foster, Administrator same as 2b 3c, Tel. No. 3d. Cell No. 3e Fax No 3f, E-Mall Address (814) 898-5600 814-265-1796 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Long Term Care Nursing Facility Long Term Care Erie, PA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: All full time and regular part time Service and Maintenace Employees Excluded: All other employees including professional employees, RNs, LPNs, Supervisors and Guerls as defined 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 

No Check One: 7a. Request for recognition as Bergaining Representative was made on (Data) and Employer declined recognition on or about (Data) (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 8d. Cell No. 8f. E-Mall Address Bc. Tel. No. 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No if so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: On site, multiple shift times Manual Mail Mixed Manual/Mall 11d. Election Location(a): 11b. Election Date(s): 11c. Election Time(s): 6:15am-7:45am, 2pm-4:15pm, 630-730pm In facility 3/11/20 12s. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): SEIU Healthcare Pennsylvania 1500 N. 2nd Street, Harrisburg, PA 17102 12c, Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union 12d, Tel, No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 717-238-3030 717-775-9986 717-238-8354 jesse.wilderman@seiuhcpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code); 1500 N 2nd Street, Harrisburg, PA, 17102 Jesse Wilderman, Secretary Treasurer 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 717-775-9986 717-775-9986 717-238-8354 jesse.wilderman@seiuhcpa.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature

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

Secretary Treasurer

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seç. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or titigation. 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.

Name (Print)

Brian T Kadlubek

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
06-RC-257435	3-4-20			

03/4/2020 10:41:46

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) 2862 William Penn Avenue PA Johnstown 15909-**NAES Corporation** 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2862 William Penn Avenue PA Johnstown 15909-Robert Burchfield 3d. Cell No. 3f. E-Mail Address 3c Tel No 3e. Fax No. burchfield@cpvfairview.com (814) 924-0334 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Electric Utilities Electrical Power generation** Johnstown, PA 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) 03/04/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 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 Mail Mixed Manual/Mail any such election. 11b. Election Date(s): Three Weeks from today 11d. Election Location(s): 11c. Election Time(s): any convenient times for workers Plant 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Paul Cameron International Brotherhood of Electrical Workers, Local 459 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers, AFL-CIO 12g. E-Mail Address paulibew459@gmail.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (814) 535-7657 (814) 535-7655 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 The Benedum Trees Bldg., 10th Floor 223 Fourth Avenue PA Pittsburgh 15222-Brian T Kadlubek Attorney Gilardi, Oliver & Lomupo 13f. E-Mail Address 13d. Cell No. 13c. Tel No. 13e. Fax No. btkadlubek@lawgol.com (412) 391-9770 (412) 391-9780

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

#### PRIVACY ACT STATEMENT

Title

Attorney

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

Signature Brian T. Kadlubek

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

DO NOT WRI	TE IN THIS SPACE
Case 06-RC-257435	Date Filed 3-4-20

Attachment

Employees Included
All Production and Maintenance employees

Employees Excluded

All office, clerical, guards, professional employees and supervisors as defined by the Act.

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.	
06-RC-257937	

DO NOT WRITE IN THIS SPACE

Date Filed

3-12-20

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) 409 Reighard Ave Williamsport PA 17701 General Cable 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 409 Reighard Ave Williamsport PA 17701 Barry Hill 3f. E-Mail Address General Cable. Com 3c. Tel. No. 3d. Cell No. bhill@geneab.etm (570) 326-3771 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Factory/Manufacturing Wire/Cable Williamsport, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full and part time regular employees in the Utility Laborer, Shipping, Material Handling, Shift Tech, Electrician, 6b. Do a substantial number (30% Maintenance, Drawing, Stranding, Cabling, Rigid Frame, Extruder, and West Mill Groups or more) of the employees in the Excluded: unit wish to be represented by the Managers, Supervisors, Coordinators and Guards as defined in the act Petitioner? Yes V No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_ Check One: (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. 8e. Fax No. 8f. E-Mail Address 8c Tel No 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 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) 10c. Tel. No. 10d Cell No. 10a, Name 10b. Address 10e. Fax No. 10f F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type: V Manual Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): April 6, 2020 & April 7, 2020 5:30AM-9:30AM & 5:30PM-9:30PM both days Training Rooms 1, 2 & 3 12a, Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 500 Jordan Ave, Montoursville, PA 17754 International Brotherhood of Electrical Workers Local 812 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood Of Electrical Workers 12d. Tel No. 12e. Cell No. 12q. E-Mail Address 12f. Fax No. 518-703-2365 518-703-2365 maria vooris@ibew.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Maria L. Vooris 13b. Address (street and number, city, state, and ZIP code) 4 Clerview Terrace Rensselaer NY 12144 13c Tel No 13d. Cell No. 13f. E-Mail Address 518-703-2365 maria\_vooris@ibew.org N/A 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) Date Maria L. Vooris International Lead Organizer March 12, 2020

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

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	PANAL STATE OF THE PARAL STATE O	Date Filed		
	06-RC-258518	3/27/20		

INSTRUCTIONS: Unless e-Filed	using the Agency's water		Andrew Marie		06-RC-258518	3/27/20
INSTRUCTIONS: Unless e-Filed is employer concerned is located. the employer and all other partie Cese Procedures (Form NLRB 48)  1. PURPOSE OF THIS PETITION:	112). The showing of inte	or. (1) the permit	n; (2) Statement of P	osition form (Form N	LRB-505); and (3) Description	on of Bonnes
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Pe	RC-CERTIFICATION OF	REPRESENTAT	IVE - A substantial nur	mber of employees wit	sh to be represented for sure	any outer party.
48. Name of Employer:						
			quois Avenue, Ha	borcreek, PA 16	I number, City, State, ZIP code	9).
3a. Employer Representative - Na	me and Title:	3b. Address	(if same as 2b - state	enmel.		
John Petulia, CEO		Same	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	same).		•
3c. Tel. No. 814-899-7664	3d. Cell No.	3e.	Fax No.	3f. E-Mail	Address	
VENEZI (SVENIZI SENIZI			4-899-3075	jpetulla@	Dhys-erie.org	
4a. Type of Establishment (Factory, Child and Family Social Service)	mine, wholesaler, etc.)		4b. Principal Product or Service 5a. City and State where unit is			nit is located:
6b. Description of Unit Involved:	ce Agency	So	cial Services		Harborcreek, PA	
Included:					6a. Number of Employees in	n Unit:
Maintenance and Housekeepl	ng				7	
Excluded:					6b. Do a substantial number	(30% or mam)
Check One: 🔀 7a. Request for re-					of the employees in the crepresented by the Petiti	init wish to he
on or about (Date)	cognition as Bargaining Re 2/27/2020			2/25/2020 an	d Employer declined recognition	oner? X Yes N
7b. Petitioner is cu	mently recognized as Barr	(If no reply receive gaining Represent	ed, so state). lative and desires certif	ication under the Act		
8a. Name of Recognized or Certifi	ed Bargaining Agent (If r	none, so state)	8b. Address:	roadion direct the ACE		
8c. Tel. No.	8d. Cell No.	8e. I	Fax No.	8f. E-Mail A	ddress	
8g. Affiliation, if any:		8h. Dat	e of Recognition or Cer		n Date of Current or Most tract, if any (Month, Day, Year,	,
<ol><li>Is there now a strike or picketing a (Name of Labor Organization)</li></ol>	at the Employer's establish	ment(s) involved?	No If so, a		y employees are participating? the Employer since (Month, Da	
10. Organizations or individuals other	r than Petitioner and those	e named in items 8	3 and 9, which have cla	imed reconsition as an		ay, Year)
individuals known to have a reprint	esentative interest in any e	employees in the u	unit described in item 51	above. (If none, so si	ate)	zadons and
10a. Name	Lan Au		167	and the same of the same of		58
IVa. Name	10b. Address			10c. Tel. No	10d. Cell No.	
				10e. Fax No	100 5 10-10-10	
				IOS. PAX NO	10f. E-Mail Addres	18
11. Election Details: If the NLRB co	nducts and election in this	matter, state your	position with respect t	o any such election:	1a. Election Type:	-
Schedule the election two (2)						Mixed Manual/Mail
11b. Election Date(s): March 31 - April 1, 2020	11c. Election 12 p.m 1			Contract and the contra	Location(s):	
12a. Full Name of Petitioner (includ			12h Address (at	reet and number, city.	ek Youth Services	
John Thompson	ing local hamo and hambo	,,	The Contraction		400, Pitttsburgh, PA 152	22
12c. Full name of national or internati United Electrical, Radio and Ma			an affiliate or constitue	ent (if none, so state):		
12d. Tel. No.	12e. Cell No.	12f. F	ax No.	12g. E-Mail /	Address	T <sub>m</sub>
412-471-8919	724-630-0878	1.0	471-8999		oson@ueunion.org	
13. Representative of the Petitioner 13a. Name and Title:	who will accept service		purposes of the repre- Address (street and nur			
John Thompson, UE Internat	ional Representative	One	Gateway Center,			
13c. Tel. No.	13d. Cell No.	13e. F	ax No.	13f. E-Mail A	ddress	
412-471-8919	724-630-0878	4/2-	471-8999	john.thomp	son@ueunion.org	
declare that I have read the above		tements are true		wledge and belief.		with the same
Name (Print)	Signatu	THE STATE OF THE S		Title	16	Date
John Thompson	John '	Thompson	10	UE Internation	al Representative	3/18/2020