UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.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 of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should <u>not</u> be served on the employer or any other party.

Representation Case Procedures (For	m NLRB 4812). Th	e showing of i	interest should only be	filed with the NLRE	and should <u>n</u>	ot be served on the employer			
or any other party.	DTIFICATION OF D	EDDECENTATI	A	-fli-b t-	h	f			
 PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d 									
requests that the National Labor Rela									
2a. Name of Employer			dress(es) of Establishment						
Asplundh Tree Expert Co.		708 B	Blair Mill Road, Willow	v Grove, PA 19090	0-1701				
3a. Employer Representative - Name and	Title		3b. Address (If same as	s 2b - state same)					
John Dettl			SAME AS ABOVE			5-			
Labor Relations Manager									
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess			
(800)248-8733	(215)284-5816		(215)784-1371		jdettl@asplu				
4a. Type of Establishment (Factory, mine, v	wholesaler, etc.) 4	b. Principal pro	duct or service		5a. City a	and State where unit is located:			
Utility/Tree Service	1	Line Clear	ance/Tree Trimm	ning	Union C	City, PA			
5b. Description of Unit Involved						6a. No. of Employees in Unit:			
Included: All full-time and regular	nart_time_employ	ees of the En	onlover performing lin	e clearance tree to	rimming on	50			
						6b. Do a substantial number (30%			
the property of Penelec (a First Ene			rennsylvania including	g crew forepersons	s, triminers,	or more) of the employees in the			
trimmer trainees, work planners, spra					. ,	unit wish to be represented by the			
Excluded: but excluding general	and the second s		employees, professio	onal employees,	guards and	Petitioner? Yes [] No []			
supervisors as defined in the Act, and									
Check One: 7a. Request for re	ecognition as Bargair	ning Representa	tive was made on (Date) _	and	d Employer decli	ined recognition on or about			
W	(Date) (If I	no reply received	d, so state).	,					
			epresentative and desires of	certification under the	Act.				
8a. Name of Recognized or Certified Bar	gaining Agent (If no	one, so state).	8b. Address						
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Address				
	- 1		*						
8g. Affiliation, if any			8h. Date of Recognition or	Certification	The second secon	Pate of Current or Most Recent			
					Contract, if any	(Month, Day, Year)			
9. Is there now a strike or picketing at the E	mployer's establishm	nent(s) involved	?No If so, app	proximately how many	employees are	participating?			
(Name of labor organization)		has picke	ted the Employer since (M	fonth, Day, Year)					
10. Organizations or individuals other than	Petitioner and those	named in items	8 and 9, which have claime	ed recognition as repr	resentatives and	other organizations and individuals			
known to have a representative interest in a									
10a. Name	10b. Addre	ess		10c. Tel. No.		10d. Cell No.			
			10e. Fax No.			10f. E-Mail Address			
11. Election Details: If the NLRB conducts	s an election in this n	natter, state you	r position with respect to	11a. Election Type:	X Manual	Mail Mixed Manual/Mail			
any such election.	1 444 5144								
11b. Election Date(s):		tion Time(s):	II-i Ci	11d. Election Location(s):					
October 24, 2018		n – 6:00 pm –		Union City – Union City Library					
		-7:30 am - E	Bradford	Bradford - unknown					
12a. Full Name of Petitioner (including lo						and number, city, state, and ZIP code)			
International Brotherhood of Electric					oad, Pittsburg	h, PA 15220-3237			
12c. Full name of national or international la	abor organization of v	which Petitioner	is an affiliate or constituen	t (if none, so state)					
12d. Tel No.	12e. Cell No.		12g. E-Mail Address						
(412)921-5757	(412)760-0795		(412)920-1661	john.seidel@verizon.net					
13. Representative of the Petitioner who		of all papers fo		entation proceeding	3.				
13a. Name and Title			13b. Address (street and						
John E. Seidel			SAME AS ABOVE	a maniber, only, state,	and zir code)				
			SAME AS ABOVE						
VP	13d. Cell No.		13a Eav Na		13f E Mail Ada	frace			
13c. Tel No. SAME AS ABOVE	SAME AS ABO	OVE	13e. Fax No. SAME AS ABOVE		13f. E-Mail Add SAME AS A				
I declare that I have read the above petit				yledge and holief	SAIVIE AS A	BOYE			
		tements are tru		rieuge and bellet.					
	gnature	0.0	Title		Date	101-0			
John E. Seidel	Takin De	- we	VP		10	19/2018			

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							
06-RC-228976	10-10-18							

						<u> </u>					
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the petition of: (1	panied by 1) the pet	hoth a showing of interest (s tilon; (2) Statement of Position	see 6b b in form (elow) and (Form NLI	i a c ertifi ca RB-505); an	te of service nd (3) Descrip	showing service on ation of Representation		
PURPOSE OF THIS PETITION: It bargaining by Petitioner and Petit requests that the National Laboratery	ioner desire	s to be certified a	s represe	ntative of the employees. The Pe	otitione	r alleges	that the fol	lowing circus	nstances exist and		
2a. Name of Employer:				ess(es) of Establishment(s) invo			number, City	, State, ZIP c	ode):		
Lenzner Tour and Travel/Co	ach Usa	-	110 Le	enzner court, Sewickley,	Pa 151	143					
3a. Employer Representative - Nan		:	3b. Addr	ess (if same as 2b - state same)):						
Roy Hoffman, General manager same											
3c. Tel. No.	3d. Cell No), ·	<u> </u>	3e. Fax No.	3f	f. E-Mail A	ddress				
1-800-342-2349				412-741-8510		Roy.hoffn		chusa.com			
4a. Type of Establishment (Factory, I	mine, whole	saler, etc.)		4b. Principal Product or Service			I	_	e unit is located:		
Passenger Transportation 5b. Description of Unit Involved:				Transportation/maintence			Sewickie	er of Employe	er in I loit:		
included:							I	or employe	es iii Onic		
All full-time,part-time hourly en	nployees i	ncluding but no	ot limited	l to drivers mechanics bus	washe	rs wash	55				
Excluded: Office clerical employees, sup-	ervisors a	nd professions	al emplo	yees as defined in the act.			of the	employees in	nber (30% or more) the unit wish to be Petitioner? X Yes No		
Check One: X 7a. Request for rec	ognition as				petition	and		declined reco			
on or about (Date)	rently recon			ceived, so state). sentative and desires certification	on under	the Act					
8a. Name of Recognized or Certifie											
None Known											
8c, Tel, No.	8d. Cell No	J.	1	Be. Fax No.	8f. E-Mail Address						
8g. Affiliation, if any:			8h.	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 a	t the Employ	er's establishme	nt(s) invol	ved? No If so, approx	ximately	how man	y employée	s are participa	ating?		
(Name of Labor Organization)					, has	s picketed	the Employ	er since <i>(Mon</i>	th, Day, Year)		
10. Organizations or individuals other								es and other o	organizations and		
individuals known to have a repre	sentative in	terest in any emp	loyees in	the unit described in Item 5b abo	ove. (If n	none, so si	late)				
None Known	- i	405 Address			146	C. Tel. No		404 0-114			
10a, Name		10b. Addréss						10d. Cell No			
		•			10e, Fax N			o. 10f. E-Mail Address			
 Election Details: If the NLRB cor Mixed Manual/Mail 	nducts and e	election in this ma	itter, state	your position with respect to an	ny such e	election: 1					
11b. Election Date(s):		11c. Election Tim	10(5)	····	[11	ld Flection	Manua n Location(s		Mixed Manual/Mail		
11/01/18-11/8/18-11/14/18	İ			m and 3 pm though 6 pm		reakroon					
12a. Full Name of Petitioner (includ	ing local nei			12b. Address (street				ZIP code):			
General Teamsters, Chauffe IBT			Union 2						,		
12c. Full name of national or International Brotherhood of Te		rganization of wh	Ich Petitio	ner is an affiliate or constituent ((if none,	so slate):			•		
12d, Tel. No.	12e. Celi N	0.		12f, Fax No.	112	g. E-Mail	Address				
412-682-3700				412-682-3732		-	sters249.c	org			
13. Representative of the Petitions 13a. Name and Title:		•	1	13b. Address (street and numbe				VA Fac	D:+4 Al:\		
Steven E. W					1 1 1 1 1 1 1 1 1 1						
13c. Tel. No. 412-281-3850	13d. Cell N 412-802-	2653		13e, Fax No. 412-281-1985	sv	13f. E-Mail Address sw@jpilaw.com					
I declare that I have read the above Name (Print)	petition ar			true to the best of my knowle	edge an	d belief.			Date		
Steven E. Wins	wol:	Signature		N N		d nivn	f A	foruth	10)10/2018		

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						
06-RC-229353	10-16-18						

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition mus named in the p	t be accomp etition of: (panied 1) the	by bot petition	h a sh ; (2) Si	owin laten	g of interest (s nent of Position	ee 6b n forn	n below) and n (Form NLI	l o certifice(RB-505); en	le of service d (3) Descrip	showing solion of Re	ervice on presentation	
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Laboration	oner desires to t	o certified a	s repre	esentativ	ve of th	e em	ployees. The Po	etilio	ner álléges 1	that the foll	owing circui	nstances (
2a. Name of Employer: lenzner Tour and travel/C	oach USA		2b. A 110	ddress(Lenz	es) of f ener (Cou	ilshment(s) invoits, Sewickli	ey,	(Street and r PA 1514)	number, City 3	, State, ZIP c	ode):		
3a. Employer Representative - Nan Roy Hoffmann GM	amc													
3c, Tel. No. 1-800-342-2349	3d. Cell No.		<u> </u>	3e. (Fax No 2-741	-85	510		3f. E-Mail A Rov.hof		oachusa.c	com		
4a. Type of Establishment (Factory, r Passenger Transportation	l mine, wholesaler	, etc.)		4b. I	Principa	al Pro	oduct or Service Lion/Mainte			5a. City an	d State whar		ated:	
66. Description of Unit Invalved: Included: All full time, part time Dr	ivers,Mech	anics and	l clea	iners					_	6a. Numbe 50	r of Employe	es in Unit:		
Excluded: office clerical, supervisors								•		of the s	ubstantial nui imployees in inted by the f	the unit wis	h_to be	
Check One: Ta. Request for red on or about (Date) 7b. Petitloner is cui	ren(ly recognize	(If n d as Bargain	io reply	receive present	ative a	alate) nd de	sires certification	petiti on unc		t Employer (declined reco	gnilion		
8a. Name of Recognized or Certific NONC	id Bargeining A	gent (if non	e, 30 S	tate)	8b. Adı	ares	s:				ı			
Bc. Tel. No.	6d, Cell No.			8e. 6	8e. Fax No. 8f. E-Mai					ddress				
6g. Affiliation, if any:				Bh. 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 Employers	establishme	nt(a) ir	volved'	No.		If so, appro		•		s are participa			
(Name of Labor Organization) 10. Organizations or Individuals other	than Pelitionar	and those na	med li	n Items	B and 9	a, wh	ich have claime	_			er since (Mod			
individuals known to have a repre none known	sentative interes	st in any emp	oloyeet	in (he i	unil des	ecribe	ad in ilem 5b ab	ove. ((if none, so s	tale)				
10a. Name	10b	. Address						10c. Tel. No.		10d. Cell No).			
				1				10e. Fax No	10f. E-Mail A	. E-Mail Address				
11. Election Details: If the NLRB co	nducts and elect	ion in this m	alter, e	tele you	ır posili	on w	ilh respect to er	ny suc	th election:	11a. Election	·—	Mixed	Manual/Mali	
11b. Election Date(a):	11c	. Election Tir	Je(2):							ction Location(s):				
1 1/1/18 8am-12pm 3pm-6pm employees lounge 12a. Full Name of Petitioner (Including local name and number): 12b. Address (street and number, city, State and ZIP code): 420 West Merrick Rd Valley Stream N.Y 11580														
12c. Full name of national or internat	lonal labor organ	ilzation of wh	nich Pe	titioner	ia an a	ffiliati	e or constituent	(if noi	ne, so state):					
IUANPW AFL-CIO	12e. Celi No.				Fax No				12g. E-Mail					
(516) 825-1851 13. Representative of the Petitions	r who will acce	pt service o	f all pa		6) 87			ntati	angd@le		com		;	
13a. Name and Title: 13b.					13b. Address (street and number, city, State and ZIP code): 420 West Merrick rd. Valley Stream NY. 11580						.			
13c. Tel. No. (516) 825-1851	13d. Cell No.		_						angd@le	131. E-Mail Address angd@loca1298.com				
I declare that I have read the above Name (Print)	petition and th	signatur	$\overline{}$	are tru	re true to the best of my knowledge			edge Tive						
Jim Vogt				m	. V9				isiness A	gent			10/15/18	

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
06-RC-230122	10-29-18						

ABC Transit, Inc. 201 Hahn Road, Pittsburgh, PA 15209 3a. Employer Representative – Name and Title Same 3a. Tel. No. 13c. Cell No. 1412-477-5057 412-477-5057 412-477-5057 40. Principal product or service School Bus Transportation 5a. Cell No. 16c. City and State where unit is located: Stochool Bus Transportation 5a. City and State where unit is located: Pittsburgh, PA (North Hills) 5b. Description of Unit Involved 15c. Description of Unit Involved 15d. Des	RC PETITION	06-RC-			0-29-18		
of service showing service on the employer and all other parties named in the petition of (1) the petition; (2) Statement of Position form (Fram NLRB 493); and (3) Description of Representation Case Proceedures (Fram NLRB 4912). The showing of interest should only be filled with the NLRB and should not be served on the employer or any other party. 1 PURDOSE OF THIS PETITION. R. CERTIFICATION OF REPRESENTATIVE A substantial number of employees with the following interest should only be filled with the NLRB and should alloy be filled with the NLRB and should alloy feel party of the proceed as representative to the employees. The Petitioner alloges that the following circumstances exist and requests that the following circumstances exist and required to the proceed and representative to the employees. The Petitioner alloges that the following circumstances exist and required to the proceed and representative that the second of the proceedure of the proce							
With the NLRB and should not be served on the employer or any other party.							
with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETTION R. CECRIFFICATION OF PERPESENTATIVE A substantial number of employees wish to be represented for purposes of collective bargaining by Politioner and Petitioner desires to be certified as representative of the employees. The Petitioner allegaes that the following circumstances exist and requests that the National Labor Relations Board proceed under the progress underly purposes. The Petitioner allegaes that the following circumstances exist and requests and personal proceed under the progress underly provided (Street and number, on). State of the National Labor Relations Board proceed under the progress underly provided (Street and number, on). All the National Labor Relations Board proceed under the progress underly provided (Street and number, on). All the National Labor Relations Board proceed under the progress underly provided (Street and number, on). All the National Labor Relations Board proceed under the progress underly provided (Street and number, on). All the National Labor Relations Board proceed under the process and proceeds under the process of the National Labor Relations Board proceeds under the process of the National Labor Relations and the Nationa							
1. DURPOSE OF THIS PETTION. RC-CERTIFICATION OF REPRESENTATIVE: A substantial number of employees with to be represented for purposes of cellective pagaining by Petitioner and Petitioner desires to be conflicted as representative. The Petitioner alignes that the National Labor Relations Board proceed under the proper authority purposent to Section 3 of the National Labor Relations Board proceed under the proper authority purposent to Section 3 of the National Labor Relations Agent Petitions and Training Petitions (Petition 2011). The National Labor Relations Board proceed under the proper authority purposent to Section 3 of the National Labor Relations Agent Petitions (Petition 2011). The National Petitions (Petition 2011). The National Petitions (Petition 2011). The National Petition Section 3 of the National Labor Relation Agent Petition 2011. The National Petition Section 3 of the National Labor Relation Agent Petition Section 3 of the National Labor Relation Agent Petition Section 3 of the National Labor Relation Agent Petition Section 3 of the National Labor Relation Agent Petition Section 3 of the National Labor Relation Agent Petition Section 3 of the National Labor Relation Agent Petition Section 3 of the National Labor Relation Agent Petition Section 3 of the National Labor Relation Section 3 of the National Relations Section 3 of the National Relations Secti	(Form NLRB-505); and (3) Description of Representation Case I	Procedures (Form NL	RB 4812). The si	howing of inte	rest should only be filed		
berganing by Pellitioner and Pellitioner desires to be certified as representative of the entiphyses. The Petitioner alteges that the following circumstances exist and requests that the National Labor Relations Board proceed under the process units of provides (Street and number, city, State, 20° code) 20. Hahn Road, Pittsburgh, PA 15209 30. Address (if some as 20 – states same) 30. Address (if some as 20 – states same) 30. Each No. 31. Cell No. 32. Cell No. 33. Cell No. 34. Cell No. 35. Fax No. 36. Fax No. 37. Fax No. 37. Fax No. 38. Cell No. 412-821-4000 39. Fax No. 30. Fax No. 30. Fax No. 30. Fax No. 30. Fax No. 31. Fax No. 31. Fax No. 32. Tell No. 41. Popular time employees, including but not limited to Drivers, Excluded: Monitors: and Airles. Check One: 72. No. Politioner's corrections as Bagaining Representative was made on (Dels) By Petition. 74. Request for recognition as Bagaining Representative was made on (Dels) By Petition. 55. Description of Unit Involved Intellection of	with the NLRB and should not be served on the employer or an	y other party.					
requests that the National Labor Reliations Board proceed under its proper authority pursuant to Section 9 of the National Labor Reliations Act. 2a. Name of Employers 2b. Charless(e) Set Eastbainment(s) invoiced (Steret and number, cpt.) State. ZiP code) 2D1 Hahn Road, Pittsburgh, PA 15209 3a. Address (sa) Establishment (Steret and number, cpt.) State. ZiP code) 3a. Call No. 3b. Address (fase) 3c. El No. 3c. Tel No. 3c. El No. 3c. Call No. 3c. Tel No. 2d1 Hahn Road, Pittsburgh, PA (North Hills) 3c. Tel No.							
28. Name of Employer ABC Transit, Inc. 20. 1 Hahn Road, Pittsburgh, PA 15209 38. Engine Representative - Name and Title 38. Address (if same as 2b – state same) Same 39. Fax No. 11. 24.77 - 50.67 41.2-8.21 - 40.00 40. Type of Establishment (Faciby, mine, wholesalar, etc.) 40. Principal product or service School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation Sex City and State where will is located. School Bus Transportation The Patition of The Transportation of City City (Inc. Inc.) The Patition of The Transportation of City (Inc.) Sex City and State where will is located. School Bus Transportation The Patition of The Transportation of City (Inc.) Sex City and State where will is located. School Bus Transportation of City (Inc.) Sex City and State where will is located. School Bus Transportation of City (Inc.) Sex City and State where will is located. School Bus Transportation on City (Inc.) Sex City and State where will is located. School Bus Transportation on City (Inc.) Sex City and State where will							
3a. Employer Representative - Name and Title 3andy Smith, Terminal Manager 3. Tel. No. 1.2-477-5057 412-821-4000 3a. Fax No. 1.3 (E-Mail Address) info@abctransit.com 4a. Type of Establishment (Facioty, mine, wholeseler, etc.) 4a. Type of Establishment (Facioty, mine, wholeseler, etc.) 4b. Principal product or service School Bus Transportation Transportation School Bus Transportation School Bus Transportation Transportat	2a_ Name of Employer 2b. Ac	idress(es) of Establishmen	t(s) involved (Street	and number, city,			
Same 3 Tex No. 12-477-5057 412-821-4000 36 Fax No. 17-475-5057 412-821-4000 37-48 Type of Establishment (Factory, mine, wholesater, etc.) 412-821-40000 412-821-400000000000000000000000000000				15209			
3c. Fet. No. 3c. Cet. No. 12.477-5057 3d. Cet. No. 142.4821-4000 3d. Exhall Address 1nfo@abctransit.com 3d. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State where unit is located: School Bus Transportation Sa. Cyand State State vet unit which the school Bu			s 2D – state same)				
11.2-477-5057				3f F-Mail Addn	999		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Sus Garage School Bus Transportation School Bus Transportation School Bus Transportation Status (Argage) School Bus Transportation Status (Argage) School Bus Transportation Status (Argage) Sus Carage School Bus Transportation Sus Ranges Sus Carage School Bus Transportation Sus No. of Employees in Unit. Sus No. of Employees in No. of Emplo		DE. 1 dx 110.	·				
Sb. Description of Until Involved Included: All full-time/part-time employees, including but not limited to Drivers, Excluded-Monitors and Airles Excluded-Monitors and Airles Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act Check One: Office clerical, supervisors, and professional employees as defined in Act St. Evaluation under the	The state of the s	duct or service					
Included: All full-time/part-time employees, including but not limited to Drivers, Excluded: Monitors and Airles Office clerical, supervisors, and professional employees as defined in Act Check One: 7. Request for recognition as Bargaining Representative was made on (Date) By Petition. and Employer declined recognition on or about (Date) (If no reply received, so state). The Petitioner is currently recognized as Bargaining Representative was made on (Date) By Petition. and Employer declined recognition on or about (Date) (If no reply received, so state). The Petitioner is currently recognized as Bargaining Representative was made on (Date) By Petition. and Employer declined recognition on or about (Date) By Petitioner is currently recognized as Bargaining Representative was made on (Date) By Petition. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). None Known Ba. Affiliation, If any Ba. Date of Recognision or Certification under the Act. Ba. Affiliation, If any Ba. Date of Recognision or Certification Ba. Elevant or Mest Recent Contract, If any (Month, Day, Year) Sa. Tall No. Ba. Affiliation, If any Ba. Date of Recognision or Certification Ba. Elevant or Mest Recent Contract, If any (Month, Day, Year) Sa. Tall No. Ba. Affiliation, If any Ba. Date of Recognision or Certification Ba. Elevant or Individuals to their than Petitioner and those named in liems 8 and 3 which have claimed recognition as representatives and other organizations and individuals known to have a representative inferest in any employees in the unit described in liem 5 above. (If none, so state) 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 a special position and number, city, state, and ZiP code) 212/ All 18. 121/ All 18. 121/ All 18. 122/ All 18. 124/ All 18. 125/ All 18. 126/ Ba. 3700 127/ Ba. Date on a substantial mumber (SiV State, and	Bus Garage School Bu	s Transportation	n	Pittsbu	irgh, PA (North Hills)		
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Office clerical, supervisors, and professional employees as defined in Act unit wish to be represented by the Petitioner? Yes 7 to Petitioner visors 7 to	Evoluted Monitors and Aides						
Check One: 72. Request for recognition as Bargaining Representative was made on (Date) Petition 73. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 88. Name of Recognized or Certified Bargaining Agent (If nane, so state). 89. Address 80. Be. Fax No. 81. E-Mail Address 81. E-Mail Address 82. Atfillation, if any (Month, Day, Year) 83. Address 84. E-Mail Address 85. Address 86. Earn No. 87. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 98. Is there now a strike or picketing at the Employer's establishment(s) involved? No. 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 59 above. (If nane, so state) 100. Rea No. 100. Cell No. 100. Earn No. 100. Cell No. 101. E-Mail Address 11. Election Date(s): 12/3/18. 12/5/18 12/3/18. 12/5/18 13. Election Date(s): 13. Election Control(s): 13. Election Control(s): 13. Election Control(s): 13. Election Control(s): 13. Earn No. 13. Election Control(s): 13. Election Control(s): 13. Edeption Type: Manual Mail Mixed Manual/Mail 13. Edeption Type: Manual Mail Mixed Manual/Mail 13. Edeption Control(s): 13. Edeption Type: Manual Mail Mixed Manual/Mail 13. Edeption Type: Mixed Manual/Mail 13. Edeption Type: Mixed Manual/Ma	Office clerical, supervisors, and profess	sional employee	s as defined	in Act			
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7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Address 8b. Address 8b. Address 8b. Address 8c. Tel No. 8d. Cell No. 8d. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			sy Petition ar	ia Employer decil	ned recognition on or about		
86. Name of Recognized or Certificed BargsIning Agent (If nane, so state). 87. Affiliation, if any 88. Address 89. Affiliation, if any 89. Bit Date of Recognition or Certification 89. Affiliation, if any 80. Bet Fax No. 80. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 99. 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) 100. Organizations or individuals other than Patitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations are individuals whown to have a representative interest in any employees in the unit described in item 5b above. (If nane, so state) 100. Ten No. 100. Ten No. 100. Ten No. 100. Fax No. 101. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 110. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 110. Fax No. 110. Fax No. 110. Fex No. 110. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 110. Fax No. 110. Fex No. 110. Fex No. 110. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 110. Fax No. 110. Fex No. 110. Fex No. 110. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 112. Fax No. 112. Fax No. 113. Election Details: If the NLRB conducts an election in this matter, state your position with respect to a state your position with respect t		•	certification under the	e Act.			
8c. Tel No. 8d. Cell No. 8d. Cell No. 8d. E. Mail Address 8d. Affiliation, if any 8d. Date of Recognition or Certification 8d. 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) 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 name, so state) NONE KNOWN 10e. Name 10b. Address 10c. Tel. No. 10c. Fax No. 10f. E-Mail Address 10c. Tel. No. 10f. E-Mail Address 11f. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Date(s): 12d. Fax No. 11d. Election Location(s): North Hills Terminal 12a. Full Name of Petitioner (including local name and number) 12c. Full name of national or International labor or ganization of which Petitioner's an affiliate or constituent (if name, so state) 12c. Full name of national or International labor or ganization of which Petitioner's an affiliate or constituent (if name, so state) 12c. Tell No. 12d. Tel No. 12e. Cell No. 12e. Cell No. 12e. Cell No. 12e. Cell No. 12h. Cell	Ba. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address					
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9. Is there now a strike or picketing at the Employer's establishmenit(s) involved? Name of labor organization	8C. Tel No.	Be. Fax No.		Bt. E-Mail Addn	ess		
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Name of labor organizations Name	9 Is there now a strike or picketing at the Employer's establishment(s) involved	2 No. If so sonro	vimately how many o	molecular are par	Scinoting?		
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12d. Tel No. 412-682-3700 12e. Cell No. 412-682-3732 kz@teamsters249.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Steven Winslow, Union Attorney 13b. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222 13c. Tel No. 412-881-3850 412-802-2653 412-281-1985 sw@jpilaw.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) Signature 10/29/2018	International Brotherhood of Teamsters	is all alimate of consulter	it in none, so state).				
13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Steven Winslow, Union Attorney 13b. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222 13c. Tel No. 13d. Cell No. 13d. Cell No. 13e. Fex No. 13f. E-Mail Address 13e. Fex No. 13f. E-Mail Address 13e. Sex No. 13f. E-Mail Address 13e. Mail Address 13e. Mail Address 13e. Tel No. 13f. E-Mail Address 13e. Fex No. 13f. E-Mail Address 13e. Fex No. 13f. E-Mail Address 13e. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222 13e. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222 13e. Fex No. 13f. E-Mail Address 13e. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222 13e. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222 13e. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222 13e. Fex No. 13f. E-Mail Address 15f. E-Mail Address 16f. E-Mail Address 16f. E-Mail Address 17f. E-Mail Addre	12d. Tel No. 12e. Cell No.	. 12f. Fax No.		12g. E-Mall Add	fress		
13a. Name and Title Steven Winslow, Union Attorney 13b. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222 13c. Tel No. 13e. Fex No. 13f. E-Mail Address 13e. Fex No. 1412-281-3850 1 declare that I have read the above polition and that the statements are true to the best of my knowledge and belief. Name (Print) Steven Winslow 13b. Address (street and number, city, state, and ZIP code) 219 Fort Pitt Blvd, Pittsburgh, PA 15222 13e. Fex No. 13f. E-Mail Address Sw@jpilaw.com 1 Title Union Attorney 10/29/2018	412-682-3700	412-682-3/32		kz@team:	sters249.org		
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13f. E-Mail Address 12-281-3850 412-802-2653 412-281-1985 Sw@jpilaw.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) Signature Title Date 10/29/2018	· ·		•		j		
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 112-281-3850 412-802-2653 412-281-1985 Sw@jpilaw.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) Signature Title Date 10/29/2018	Steven Winslow, Union Attorney	219 Fort Pitt B	a number, city, state, Ivd Pittsburi	and ZIP code) nh PA 151	222		
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) Signeture Union Attorney 10/29/2018		13e. Fax No.		13f. E-Mail Add	ress		
Name (Print) Steven Winslow Signeture Union Attorney 10/29/2018	412-281-3850 412-802-2653	<u> 412-281-1985</u>		sw@jpilav	v.com		
Steven Winslow ユメメール Union Attorney 10/29/2018			viedge and belief.				
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		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 el seg. 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 (RD) (4-15)

> UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed	_						
06_pn_220101	10-12-19							

RD PETITION 06-RD-22 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: 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) 205 Locust Street, Williamsport, Pennsylvania 17701 Radiant Steel Products 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Shawn Sairs same as 2b 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (570) 322-7828 570-322-6838 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: fabricated metal products manufacturing Williamsport, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time factory workers employed by the Employer 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit no longer wish to be represented by the certified or All quards and supervisors as defined in the Act, and all other employees. currently recognized bargaining representative? Yes V No 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 United Steelworkers Union Local 4907 100 Maynard Street, Williamsport, PA 17701 8d Cell No. 8f. E-Mail Address 570-327-4207 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) United Steet, Paper & Forestry, Rubber, MFG, Energy, Allied Industrial & Service Workers 5 year CBA expires 12/31/18 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 those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f F-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. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 12a. Full Name of Petitioner (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12d. Tel No 12e. Cell No. 12f. Fax No. 12g F-Mail Address b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C), an individual 13f. E-Mail Address 13c. Tel No 13d. Cell No. 13e. Fax No. (b) (6), (b) (7)(C I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Name (b) (6), (b) (7)(C)

RIVACY 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

THIS PROVIDE TO COLUMN THE BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

an Individual

NLRB to decline to invoke its processes.

FORM NLRB-502 (RD) (2-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
06-RD-229543	10-19-18							

		DETITION								
INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other pai Case Procedures (Form NLRE	d. The petition in ties named in th	nust be accompa e petition of:(1)	anied by both the petition; ()	a sho 2) Stat	wing of intere ement of Pos	st (see 7 b ition form	elow) and a certific (Form NLRB-505); a	ate of : ind (3)	service showing Description of I	service on Representation
recognized bargaining represe	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 Comcast Xfinity Store US	С						(Street and number, rgh Pa 15241	city, st	ate, ZIP code)	
3a. Employer Representative - Name and Title Michael Harper 3b. Address (If same as 2b - sta 15 Summit Park Drive F							Pa 15275			
3c. Tel. No. (412) 747-6104 3d. Fax No. 3e. Cell No.							Address [arper@comcast	com		
4a. Type of Establishment (Factor) Sales equipment exchange	y, mine, wholesal e cell phones	er, etc.) store				4b. Princip TV Inte	al product or service met Home phon	e and	Cell phones	
5a. Description of Unit Involved							· · · · · · · · · · · · · · · · · · ·		5b. City and Stat	e where unit
Included: Sales, Equipment exchang	e and billing					·		\neg	is located: Pittsburgh Pe	
Excluded:										
6. No. of Employees in Unit 6	recogn	nized bargaining r				the unit no	o longer wish to be re		ted by the certific	ed or currently
8a. Name of Recognized or Certifi CWA AFL-CIO Unit 115	ed Bargaining Ag	ent					8b. Affiliation, if any	'		
8c. Address Western Region 315 Third	Ave Carneg	ie Pa 15106			8d. Tel. No. (412) 429-	9292	8e. Cell No.			
					8f. Fax No. (412) 429-	0493 CWA. Western@verizon.net				
Date of Recognition or Certificat 12/31/2015	tion		10. Expiration 12/31/201	Date 8/	of Current or N	Most Recent Contract, if any (Month, Day, Year)				
11a. Is there now a strike or picket	ing at the Employ	er's establishme	nt(s) involved?	\square	es X No	11b. If so.	approximately how n	nany er	molovees are par	ticipating?
11c. The Employer has been picker (Insert Address)										bor organization, of
12. Organizations or individuals of and individuals known to have							tatives and other org			
12a. Name n/a	12b. Addre					12c. Tel. N		12d. F	ax No.	
,						12e. Celi No. 12f		12f. E	12f. E-Mail Address	
13. Election Details: If the NLRB	conducts an ele	ction in this				13a. Election Type: X Manual [Mail Mixe	d Manual/Mail
matter, state your position with			ne(s)	<u>.</u>		13d. Election Location(s)				
13b. Election Date(s) 10/30 // 2		1PM	- 1:	20	pm	100 Siena Drive Pittsburgh Pa 15241				
(b) (6), (b) (7)(C)					•					1
14a. Address (Street and number, (b) (6), (b) (7)(C)	city, state, ZIP o	ode)				14b. Tel. (b) (6), (l	No. D) (7)(C)	14c. F	ax No.	
								4e, E-Mail Address b) (6), (b) (7)(C)		
14f. Affiliation, if any Employee										
15. Representative of the Petitio	ner who will acc	ept service of a	ll papers for p	urpos	es of the repr		proceeding.			
15a. Name b) (6), (b) (7)(C)						15b.Title				
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)					15d. Tel. No. (b) (6), (b) (7)(C)		15e. Fax No.			
						15f. Cell N (b) (6), (b	(7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)		
I declare that I have read the ab-				o the i	est of my kn					
$(6), (b), (7)(C)^{(b), (6), (6)}$	b) (7)(C)	o) (6), (b) (7))(C)		- 41		(i), (b) (7)(C)		1	the Filed 12-18
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FORM NLRB-502 (RD)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
06-RD-229591	10-19-18						

(2-18)**RD PETITION** 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 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 filed with the NLRB and should not be served on the employer or any other party. 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. 2b. Address(eş) of Establishment(s) involved (Street and number, city, state, ZIP code) 3b. Address (If same as 2b - state same) Same 3e. Celi No. 3f. E-Mail Address SShurgot Coosternacea 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Prehospital Included: Paramedics, EMTS, Van Drivers-Full Time + Part-Time Turtle Creek, PA Excluded: . 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? V Yes 8b. Affiliation, if any 8a. Name of Recognized or Certified Bargaining Agent 8e. Cell No. PO BOX 8454 8g. E-Mail Address 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) ₩No 11b. If so, approximately how many employees are participating? 11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) 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) 12d, Fax No. 12e. Cell No. 12f, E-Mail Address Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a, Election Type: Manual Mail Mixed Manual/Mail 13d, Election Location(s) 13b. Election Date(s) 13c, Election Time(s) (b) (6), (b) (7) (b) (6), (b) (7)(C) 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (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. (b) (6), (b) (7)(C) 15b.Title b) (6), (b) (7)(C) (b) (6), (b) (7)(C) e. Fax No. (b) (6), (b) (7)(C) 15f. Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) I declare that I have read the above petition and the think (b) (6), (b) (7)(C) ledge and bellef. (b) (6), (b) (7)(C) Date Filed (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)