

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-255599

Date Filed

2/3/2020

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

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

**2a. Name of Employer:**  
Range Generation Next LLC (RGNext)

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
1030 South Highway A1A, Building 989, Patrick AFB, Florida 32925

**3a. Employer Representative - Name and Title:**  
Belinda Burke, H.R. Manager

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

**3c. Tel. No.**

**3d. Cell No.**

321-474-3111

**3e. Fax No.**

**3f. E-Mail Address**

Belinda.Burkey@rgnext.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Aerospace Company

**4b. Principal Product or Service**  
Government Service Contractor

**5a. City and State where unit is located:**  
Cocoa Beach, Florida

**5b. Description of Unit Involved:**

Included:

The Union is seeking an Armour-Globe Election, see attachment

Excluded:

ALL CLERICAL, SUPERVISORS, MANAGEMENT, GUARDS AND ALL OTHERS DEFINED BY THE I

**6a. Number of Employees in Unit:**

11

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

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

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

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

**8b. Address:**  
XXX

**8c. Tel. No.**  
XXX

**8d. Cell No.**  
XXX

**8e. Fax No.**  
XXX

**8f. E-Mail Address**  
XXX

**8g. Affiliation, if any:**  
XXX

**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)**  
None

**10a. Name**  
XXX

**10b. Address**  
XXX

**10c. Tel. No.**  
XXX

**10d. Cell No.**  
XXX

**10e. Fax No.**  
XXX

**10f. E-Mail Address**  
XXX

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election:  
I request a stipulated election

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
February 21st 2020

**11c. Election Time(s):**  
Mid Morning

**11d. Election Location(s):**  
Cape Canaveral Air Force Station

**12a. Full Name of Petitioner (including local name and number):**  
Shawn P Beal IBEW LU 2088 Business Manager

**12b. Address (street and number, city, State and ZIP code):**  
2395 N Courtenay Pkwy, Ste 103  
Merritt Island, FL 32953

**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

**12d. Tel. No.**  
321 459-1400

**12e. Cell No.**  
321-759-0754

**12f. Fax No.**  
321-459-1077

**12g. E-Mail Address**  
spbeal2088@aol.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Shawn P Beal IBEW LU 2088 Business Mgr

**13b. Address (street and number, city, State and ZIP code):**  
2395 N Courtenay Pkwy, Ste 103  
Merritt Island, FL 32953

**13c. Tel. No.**  
321 459-1400

**13d. Cell No.**  
321-759-0754

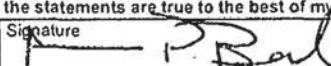
**13e. Fax No.**  
321-459-1077

**13f. E-Mail Address**  
spbeal2088@aol.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)**  
Shawn P Beal

**Signature**



**Title**  
Business Manager

**Date**

3 Feb 2020

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

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

## ATTACHMENT

The Union is seeking an Armour-Globe Election and wishes to add all full-time and part-time, "System Admin", System Analyst Sr, Principal System Analyst, System Administrator, System Administrator Senior, Senior System Administrator, System Analyst Senior, System Analyst PR employed by the employer at its Cape Canaveral Air Station and Patrick AFB to the existing unit.

These System Admins share a community of interest with the technical and plant clerical employees.

The System Admins' work locations, functions, interactions with technical and plant clerical employees, qualifications, and working conditions.

The Union represents technical and plant employees covered by a collective bargaining agreement with the employer, for the period of September 1, 2018 through August 31, 2021

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

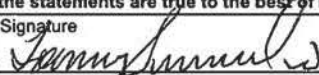
12-RC-255997

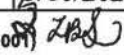
Date Filed

2/10/20

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

|   |   |   |  |
|---|---|---|--|
| <b>2a. Name of Employer:</b><br>Arkema  |   | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>4800 Hwy 60 East--Mulberry, FL 33860 |  |
| <b>3a. Employer Representative - Name and Title:</b><br>Jason Brannen--Director of Operations   |   | <b>3b. Address (if same as 2b - state same):</b><br>same  |  |
| <b>3c. Tel. No.</b><br>863-578-1206   | <b>3d. Cell No.</b><br>-----  | <b>3e. Fax No.</b><br>863-425-5389  | <b>3f. E-Mail Address</b><br>JBrannen@Arrmaz.com   |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b><br>Chemical Plant   |   | <b>4b. Principal Product or Service</b><br>Speciality Chemical  | <b>5a. City and State where unit is located:</b><br>Mulberry, FL   |
| <b>5b. Description of Unit Involved:</b><br><b>Included:</b><br>Production, Warehouse, Rail Side Workers, Maintenance & Electrical Workers.<br><b>Excluded:</b><br>Office & Clerical, Truck Drivers, Lab, Guards and Supervisors as defined in the Act.   |   |   | <b>6a. Number of Employees in Unit:</b><br>51<br><b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition<br>on or about (Date) _____ (If no reply received, so state).<br><input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. |   |   |  |
| <b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b><br>None   |   | <b>8b. Address:</b>   |  |
| <b>8c. Tel. No.</b>   | <b>8d. Cell No.</b>   | <b>8e. Fax No.</b>  | <b>8f. E-Mail Address</b>  |
| <b>8g. Affiliation, if any:</b>   |   | <b>8h. Date of Recognition or Certification</b>   | <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>   |
| <b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____<br>(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____   |   |   |  |
| <b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b><br>None  |   |   |  |
| <b>10a. Name</b>  |   | <b>10b. Address</b>   | <b>10c. Tel. No.</b><br><b>10d. Cell No.</b>   |
|   |   |   | <b>10e. Fax No.</b><br><b>10f. E-Mail Address</b>  |
| <b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:   |   |   | <b>11a. Election Type:</b><br><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail  |
| <b>11b. Election Date(s):</b> 3/5/2020 & 3/6/2020   |   | <b>11c. Election Time(s):</b> 6am-7am & 6pm-7pm   | <b>11d. Election Location(s):</b> Break Room--Building 14  |
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>International Chemical Workers Union Council of the UFCW  |   | <b>12b. Address (street and number, city, State and ZIP code):</b><br>P.O. Box 712--Mulberry, FL 33860                                  |  |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b><br>United Food & Commercial Workers International Union, AFL-CIO, CLC   |   |   |  |
| <b>12d. Tel. No.</b><br>863-255-6989  | <b>12e. Cell No.</b><br>863-255-6989  | <b>12f. Fax No.</b><br>863-583-3327   | <b>12g. E-Mail Address</b><br>TSummerlin@ICWUC.org   |
| <b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>  |   |   |  |
| <b>13a. Name and Title:</b><br>Tommy Summerlin--International Rep   |   | <b>13b. Address (street and number, city, State and ZIP code):</b><br>P.O. Box 712--Mulberry, FL 33860                                  |  |
| <b>13c. Tel. No.</b><br>863-255-6989  | <b>13d. Cell No.</b><br>863-255-6989  | <b>13e. Fax No.</b><br>863-583-3327   | <b>13f. E-Mail Address</b><br>TSummerlin@ICWUC.org   |
| <b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>   |   |   |  |
| <b>Name (Print)</b><br>Tommy Summerlin  | <b>Signature</b><br> | <b>Title</b><br>International Rep   | <b>Date</b><br>2/10/2020   |

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

| DO NOT WRITE IN THIS SPACE      |                                |
|---------------------------------|--------------------------------|
| Case No.<br><b>12-RC-256207</b> | Date Filed<br><b>2/12/2020</b> |

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

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

|   |  |
|---|--|
| 2a. Name of Employer<br><b>PETRO TAINO TRANSPORT CORP.</b>              | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)<br><b>671 CARR. 337 PENUERAS, P.R. 006249804</b> |
| 3a. Employer Representative - Name and Title<br><b>JELIXSA DE JESUS</b> | 3b. Address (If same as 2b - state same)<br><b>SAME</b>  |
| 3c. Tel. No.<br><b>787-836-8812</b>                                     | 3d. Cell No.   |
| 3e. Fax No.<br><b>787-836-3708</b>                                      | 3f. E-Mail Address<br><b>JELIXSA.DEJESUS@PETROTAINO.COM</b>  |

|   |   |  |
|---|---|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)<br><b>GASOLINE DISTRIBUTION</b> | 4b. Principal product or service<br><b>GASOLINE</b> | 5a. City and State where unit is located:<br><b>PENUERAS, P.R.</b> |
|---|---|--|

|  |  |
|--|--|
| 5b. Description of Unit Involved<br>Included: <b>TRUCK DRIVERS, MECHANICS, GENERAL HELPER, CLERICALS, MAINTENANCE</b><br>Excluded: <b>GUARDS, PURCHASE OFFICE LOGISTIC OFFICER, SAFETY MANAGERS, HR DIRECTORS, INDEPENDENT CONTRACTORS</b> | 6a. No. of Employees in Unit:<br><b>26</b><br>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|--|--|

|  |   |
|--|---|
| Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>2/12/2020</b> and Employer declined recognition on or about <b>NO REPLY RECEIVED</b> (Date) (If no reply received, so state). | <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. |
|--|---|

|  |             |
|--|-------------|
| 8a. Name of Recognized or Certified Bargaining Agent (If none, so state).<br><b>NONE</b> | 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? <input type="checkbox"/> If so, approximately how many employees are participating? <input type="checkbox"/><br>(Name of labor organization) <input type="checkbox"/> has picketed the Employer since (Month, Day, Year) <input type="checkbox"/> |
|--|

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.       |
|           |              | 10e. Fax No.  | 10f. E-Mail Address |

|   |  |
|---|--|
| 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. | 11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|---|--|

|                        |                        |                            |
|------------------------|------------------------|----------------------------|
| 11b. Election Date(s): | 11c. Election Time(s): | 11d. Election Location(s): |
|------------------------|------------------------|----------------------------|

|   |  |
|---|--|
| 12a. Full Name of Petitioner (including local name and number)<br><b>UNITED STEELWORKERS LOCAL 6135</b> | 12b. Address (street and number, city, state, and ZIP code)<br><b>P.O BOX 6828 BAYAMON P.R. 00960-5528</b> |
|---|--|

|   |
|---|
| 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)<br><b>UNITED STEELWORKERS AFL-CIO-CLC</b> |
|---|

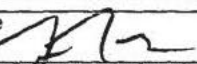
|                                      |                                      |                                     |   |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| 12d. Tel. No.<br><b>787-780-0685</b> | 12e. Cell No.<br><b>787-637-9323</b> | 12f. Fax No.<br><b>787-740-4140</b> | 12g. E-Mail Address<br><b>ytorres@usw.org</b> |
|--------------------------------------|--------------------------------------|-------------------------------------|---|

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

|  |  |
|--|--|
| 13a. Name and Title<br><b>YAPNET TORRES - STAFF REP.</b> | 13b. Address (street and number, city, state, and ZIP code)<br><b>P.O BOX 6828 BAYAMON P.R. 00960-5528</b> |
|--|--|

|                                      |                                      |                                     |   |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| 13c. Tel. No.<br><b>787-780-0885</b> | 13d. Cell No.<br><b>787-637-9323</b> | 13e. Fax No.<br><b>787-740-4140</b> | 13f. E-Mail Address<br><b>ytorres@usw.org</b> |
|--------------------------------------|--------------------------------------|-------------------------------------|---|

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)<br><b>YAPNET TORRES</b> | Signature<br> | Title<br><b>STAFF REP-USW</b> | Date<br><b>2/12/2020</b> |
|--------------------------------------|--|-------------------------------|--------------------------|

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

| DO NOT WRITE IN THIS SPACE      |                                    |
|---------------------------------|------------------------------------|
| Case No.<br><b>12-RC-256465</b> | Date Filed<br><b>Feb. 18, 2020</b> |

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|   |   |   |   |
|---|---|---|---|
| <b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. |   |   |   |
| <b>2a. Name of Employer</b><br>Coast to Coast Legal Aid of South Florida  |   | <b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code)<br>491 North State Road7, Plantation, Florida, 33317 |   |
| <b>3a. Employer Representative - Name and Title</b><br>Patrice Paldino, Executive Director  |   | <b>3b. Address</b> (If same as 2b - state same)<br>Same as 2b   |   |
| <b>3c. Tel. No.</b><br>954-736-2458   | <b>3d. Cell No.</b>   | <b>3e. Fax No.</b><br>954-736-2482  | <b>3f. E-Mail Address</b><br>patricepaldino@legalaid.org  |
| <b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.)<br>Public Interest Law Firm  |   | <b>4b. Principal product or service</b><br>Legal Services   | <b>5a. City and State where unit is located:</b><br>Plantation, Florida   |
| <b>5b. Description of Unit Involved</b><br>Included: See attached<br><br>Excluded: See Attached   |   |   | <b>6a. No. of Employees in Unit:</b><br>33<br><br><b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <b>Check One:</b> <input checked="" type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) <u>1/13/20</u> and Employer declined recognition on or about <u>No reply received</u> (Date) (If no reply received, so state).<br><input type="checkbox"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.   |   |   |   |
| <b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).  |   | <b>8b. Address</b>  |   |
| <b>8c. Tel No.</b>  | <b>8d. Cell No.</b>   | <b>8e. Fax No.</b>  | <b>8f. E-Mail Address</b>   |
| <b>8g. Affiliation, if any</b>  |   | <b>8h. Date of Recognition or Certification</b>   | <b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)  |
| <b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____<br>(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____   |   |   |   |
| <b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.</b> (If none, so state)  |   |   |   |
| <b>10a. Name</b>  |   | <b>10b. Address</b>   | <b>10c. Tel. No.</b>  |
|   |   |   | <b>10d. Cell No.</b>  |
|   |   | <b>10e. Fax No.</b>   | <b>10f. E-Mail Address</b>  |
| <b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.  |   | <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail      |   |
| <b>11b. Election Date(s):</b><br>2/21/20  | <b>11c. Election Time(s):</b><br>12:00 p.m. to 2:00 p.m.  |   | <b>11d. Election Location(s):</b><br>491 North State Road 7, Plantation, Florida 33317  |
| <b>12a. Full Name of Petitioner (Including local name and number)</b><br>NOLSW/UAW Local 2320   |   | <b>12b. Address (street and number, city, state, and ZIP code)</b><br>5102 Carmona Lane, Pearland, Texas 7758                                       |   |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state)<br>NOLSW/UAW Local 2320  |   |   |   |
| <b>12d. Tel No.</b>   | <b>12e. Cell No.</b><br>346-307-1526  | <b>12f. Fax No.</b>   | <b>12g. E-Mail Address</b><br>raeast2320@gmail.com  |
| <b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>  |   |   |   |
| <b>13a. Name and Title</b><br>Rachel A. Thomas, Regional Organizer  |   | <b>13b. Address (street and number, city, state, and ZIP code)</b><br>5102 Carmona Lane, Pearland, Texas 77584                                      |   |
| <b>13c. Tel No.</b>   | <b>13d. Cell No.</b><br>346-3071526   | <b>13e. Fax No.</b>   | <b>13f. E-Mail Address</b><br>raeast2320@gmail.com  |
| <b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>   |   |   |   |
| <b>Name (Print)</b><br>Rachel A. Thomas   | <b>Signature</b><br> | <b>Title</b><br>Regional Organizer  | <b>Date</b><br>2/14/20  |

**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.



Attachment

12-RC-256465

Feb. 18, 2020

5b. Description of Unit Involved

**Included:** attorneys, paralegals, date entry clerk, and intake specialist.

**Excluded:** supervising attorneys, program administrators, and all other supervisors as defined by the National Labor Relations Board.

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

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-256494

Date Filed

2/18/2020

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

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

**2a. Name of Employer**

Moran Environmental Recovery

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

2840 NW 16th St, Pompano Beach FL 33069

**3a. Employer Representative - Name and Title**

Kurt Roberts - Office Manager

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

2840 NW 16th St, Pompano Beach FL 33069

**3c. Tel. No.**

754-703-3600

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

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

Construction

**4b. Principal product or service**

Hydrovac Construction

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

Pompano Beach FL

**5b. Description of Unit Involved**

**Included:** ALL Full & Regular Part Time Hydrovac Operators, Industrial Cleaning Operators, Field Technicians, Mechanics, Welders, Heavy Equipment Operators & Yard Workers at the Pompano Beach FL Location

**Excluded:** All Other Employees, Professional Employees, Supervisors, & Guards As Defined By The Act.

**6a. No. of Employees in Unit:**

25

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

**Check One:**

☐

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

☐

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

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

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

3/11/2020

**11c. Election Time(s):**

6:00 am - 7:00 am

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

2840 NW 16th St, Pompano Beach FL 33069

**12a. Full Name of Petitioner (including local name and number)**

International Union of Operating Engineers Local 487

**12b. Address (street and number, city, state, and ZIP code)**

1425 NW 36th St. Miami, FL 33412

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

International Union of Operating Engineers

**12d. Tel No.**

202-429-9100

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Mark Schaunaman - Business Manager

**13b. Address (street and number, city, state, and ZIP code)**

1425 NW 36th St. Miami, FL 33412

**13c. Tel No.**

305-634-3419

**13d. Cell No.**

305-608-5444

**13e. Fax No.**

305-633-0698

**13f. E-Mail Address**

mark@iuoe487.org

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

**Name (Print)**

Mark Schaunaman

**Signature**



**Title**

Business Manager

**Date**

2/18/2020

**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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Attachment

| DO NOT WRITE IN THIS SPACE |            |
|----------------------------|------------|
| Case                       | Date Filed |
| 12-RC-256494               | 2/18/2020  |

**Employees Included**

All full & regular part time Hydrovac Operators, Industrial Cleaning Operators, Field Technicians, Mechanics, Welders, Heavy Equipment Operators, & yard workers at Pompano Beach FL location.

**Employees Excluded**

All other employees, professional employees, supervisors, guards as define in the Act.



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

| DO NOT WRITE IN THIS SPACE      |                                |
|---------------------------------|--------------------------------|
| Case No.<br><b>12-RC-256556</b> | Date Filed<br><b>2/18/2020</b> |

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

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

|  |  |
|--|--|
| <b>2a. Name of Employer</b><br>Gannett Co., Inc. dba The Palm Beach Post & Palm Beach Daily News | <b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b><br>2751 S. Dixie Highway, West Palm Beach, FL 33405 and 400 Royal Palm Way, Suite 100, Palm Beach, FL 33480 |
|--|--|

|  |   |
|--|---|
| <b>3a. Employer Representative - Name and Title</b><br>Nick Moschella - Executive Editor | <b>3b. Address (If same as 2b - state same)</b><br>2751 S. Dixie Highway, West Palm Beach, FL 33405 |
|--|---|

|                                       |                     |                    |  |
|---------------------------------------|---------------------|--------------------|--|
| <b>3c. Tel. No.</b><br>(561) 820-4441 | <b>3d. Cell No.</b> | <b>3e. Fax No.</b> | <b>3f. E-Mail Address</b><br>nmoschella@pbpost.com |
|---------------------------------------|---------------------|--------------------|--|

|  |   |   |
|--|---|---|
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Newsroom | <b>4b. Principal product or service</b><br>News Publication | <b>5a. City and State where unit is located:</b><br>Palm Beach County, FL |
|--|---|---|

|  |   |
|--|---|
| <b>5b. Description of Unit Involved</b><br><b>Included:</b> All full-time and regular part-time editorial employees of the Employer.<br><b>Excluded:</b> All other employees, including managers, guards, and supervisors as defined by the Act. | <b>6a. No. of Employees in Unit:</b><br>80<br><b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|--|---|

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **02/18/2020** and Employer declined recognition on or about **02/18/2020** (Date) (If no reply received, so state). **No reply recieved**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

|  |                    |
|--|--------------------|
| <b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b><br>None | <b>8b. Address</b> |
|--|--------------------|

|                    |                    |                    |                           |
|--------------------|--------------------|--------------------|---------------------------|
| <b>8c. Tel No.</b> | <b>8d Cell No.</b> | <b>8e. Fax No.</b> | <b>8f. E-Mail Address</b> |
|--------------------|--------------------|--------------------|---------------------------|

|                                |   |  |
|--------------------------------|---|--|
| <b>8g. Affiliation, if any</b> | <b>8h. Date of Recognition or Certification</b> | <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> |
|--------------------------------|---|--|

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

|                  |                     |                      |                            |
|------------------|---------------------|----------------------|----------------------------|
| <b>10a. Name</b> | <b>10b. Address</b> | <b>10c. Tel. No.</b> | <b>10d. Cell No.</b>       |
|                  |                     | <b>10e. Fax No.</b>  | <b>10f. E-Mail Address</b> |

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

|  |   |  |
|--|---|--|
| <b>11b. Election Date(s):</b><br>Thursday, March 5, 2020 | <b>11c. Election Time(s):</b><br>11am-1pm + 3pm-5pm | <b>11d. Election Location(s):</b><br>3rd Floor Conference Room in The Palm Beach Post Office |
|--|---|--|

|  |   |
|--|---|
| <b>12a. Full Name of Petitioner (including local name and number)</b><br>The NewsGuild - CWA | <b>12b. Address (street and number, city, state, and ZIP code)</b><br>501 3rd St., NW #6, Washington D.C. 20001 |
|--|---|

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
The NewsGuild, Communication Workers of America, AFL-CIO


|                                       |                      |                     |                            |
|---------------------------------------|----------------------|---------------------|----------------------------|
| <b>12d. Tel No.</b><br>(202) 434-7117 | <b>12e. Cell No.</b> | <b>12f. Fax No.</b> | <b>12g. E-Mail Address</b> |
|---------------------------------------|----------------------|---------------------|----------------------------|

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

|   |   |
|---|---|
| <b>13a. Name and Title</b><br>Kevin Brokt - Campaign Lead | <b>13b. Address (street and number, city, state, and ZIP code)</b><br>925 West Huron St., #526, Chicago, IL 60642 |
|---|---|

|                     |  |                     |  |
|---------------------|--|---------------------|--|
| <b>13c. Tel No.</b> | <b>13d. Cell No.</b><br>(301) 335-5754 | <b>13e. Fax No.</b> | <b>13f. E-Mail Address</b><br>Kbrokt@cwa-union.org |
|---------------------|--|---------------------|--|

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

|                                    |   |                               |                           |
|------------------------------------|---|-------------------------------|---------------------------|
| <b>Name (Print)</b><br>Kevin Brokt | <b>Signature</b><br> | <b>Title</b><br>Campaign Lead | <b>Date</b><br>02/18/2020 |
|------------------------------------|---|-------------------------------|---------------------------|

**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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**12-RC-256815**

Date Filed  
**2/21/2020**

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

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

|   |  |   |  |
|---|--|---|--|
| <b>2a. Name of Employer:</b><br>Seminole Electric Cooperative, INC  |  | <b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b><br>16313 North Dale Mabry Highway Tampa Florida 33618 |  |
| <b>3a. Employer Representative - Name and Title:</b><br>Rebecca Witherow/ Manager of HR Infrastructure and Employee Relations |  | <b>3b. Address (if same as 2b - state same):</b><br>Same As above   |  |

|                                       |                     |                    |  |
|---------------------------------------|---------------------|--------------------|--|
| <b>3c. Tel. No.</b><br>(813) 739-1371 | <b>3d. Cell No.</b> | <b>3e. Fax No.</b> | <b>3f. E-Mail Address</b><br>RWitherow@seminole-electric.com |
|---------------------------------------|---------------------|--------------------|--|

|   |  |   |
|---|--|---|
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Electric COOP | <b>4b. Principal Product or Service</b><br>Electricity | <b>5a. City and State where unit is located:</b><br>Tampa |
|---|--|---|

|   |   |   |
|---|---|---|
| <b>5b. Description of Unit Involved:</b><br>Included:<br>See attachment<br>Excluded:<br>Supervisors, Managers, Clerical, Guards and all other as defined by the ACT | <b>6a. Number of Employees in Unit:</b><br>10 | <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|---|

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) FEB 21, 2020 and Employer declined recognition on or about (Date) FEB 21, 2020 (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

|   |                     |
|---|---------------------|
| <b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> | <b>8b. Address:</b> |
|---|---------------------|

|                     |                     |                    |                           |
|---------------------|---------------------|--------------------|---------------------------|
| <b>8c. Tel. No.</b> | <b>8d. Cell No.</b> | <b>8e. Fax No.</b> | <b>8f. E-Mail Address</b> |
|---------------------|---------------------|--------------------|---------------------------|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8g. Affiliation, if any:</b> | <b>8h. Date of Recognition or Certification</b> | <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> |
|---------------------------------|---|--|

**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)**

|                  |                     |                      |                            |
|------------------|---------------------|----------------------|----------------------------|
| <b>10a. Name</b> | <b>10b. Address</b> | <b>10c. Tel. No.</b> | <b>10d. Cell No.</b>       |
|                  |                     | <b>10e. Fax No.</b>  | <b>10f. E-Mail Address</b> |

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: \_\_\_\_\_  
**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

|   |  |  |
|---|--|--|
| <b>11b. Election Date(s):</b><br>March 10th, 2020 | <b>11c. Election Time(s):</b><br>730pm-830pm | <b>11d. Election Location(s):</b><br>Systems Operations conference room 1080 |
|---|--|--|

|   |   |
|---|---|
| <b>12a. Full Name of Petitioner (including local name and number):</b><br>International Brotherhood of Electrical Workers Local Union 108 | <b>12b. Address (street and number, city, State and ZIP code):</b><br>10108 Highway 92 East Tampa Florida 33610 |
|---|---|

**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

|  |  |                                       |  |
|--|--|---------------------------------------|--|
| <b>12d. Tel. No.</b><br>(813) 621-2418 | <b>12e. Cell No.</b><br>(813) 777-2060 | <b>12f. Fax No.</b><br>(813) 621-1687 | <b>12g. E-Mail Address</b><br>Cparsels@ibew108.org |
|--|--|---------------------------------------|--|

|  |   |
|--|---|
| <b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> |   |
| <b>13a. Name and Title:</b><br>Doug Bowden / Business Manager  | <b>13b. Address (street and number, city, State and ZIP code):</b><br>10108 Highway 92 East Tampa Florida 33610 |

|  |  |                                       |   |
|--|--|---------------------------------------|---|
| <b>13c. Tel. No.</b><br>(813) 621-2418 | <b>13d. Cell No.</b><br>(813) 482-3578 | <b>13e. Fax No.</b><br>(813) 621-1687 | <b>13f. E-Mail Address</b><br>dbowden@ibew108.org |
|--|--|---------------------------------------|---|

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

|                                    |                                 |                                  |                        |
|------------------------------------|---------------------------------|----------------------------------|------------------------|
| <b>Name (Print)</b><br>Doug Bowden | <b>Signature</b><br>Doug Bowden | <b>Title</b><br>Business Manager | <b>Date</b><br>2-21-20 |
|------------------------------------|---------------------------------|----------------------------------|------------------------|

**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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Seminole Electric Unit:

Attachment

Include: All Full time System Coordinators to include Associate System Coordinator,  
System Coordinator I and System Coordinator II.



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

| DO NOT WRITE IN THIS SPACE   |                                 |
|------------------------------|---------------------------------|
| Case No. <b>12-RC-256899</b> | Date Filed <b>Feb. 24, 2020</b> |

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

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

|   |                     |   |  |
|---|---------------------|---|--|
| <b>2a. Name of Employer</b><br>Gannett Co., Inc. dba SW Florida USA Today Network (Naples Daily News & Fort Myers News-Press) |                     | <b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code)<br>See Attached Rider  |  |
| <b>3a. Employer Representative - Name and Title</b><br>Cindy McCurry-Ross - Florida Editor                                    |                     | <b>3b. Address</b> (If same as 2b - state same)<br>4415 Metro Parkway, Suite 100 and 300, Fort Myers, FL 33916  |  |
| <b>3c. Tel. No.</b><br>(239) 335-0280   | <b>3d. Cell No.</b> | <b>3e. Fax No.</b>  | <b>3f. E-Mail Address</b><br>cmcross@gannett.com |
| <b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.)<br>Newsroom  |                     | <b>4b. Principal product or service</b><br>News Publications  |  |
| <b>5a. City and State where unit is located:</b><br>Fort Myers and Naples, FL   |                     | <b>5b. Description of Unit Involved</b><br>Included: All full-time and regular part-time newsroom employees of the Employer.<br>Excluded: All other employees, including managers, guards, and supervisors as defined by the Act. |  |
| <b>6a. No. of Employees in Unit:</b><br>50  |                     | <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |  |

|   |   |
|---|---|
| <b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>02/24/2020</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <b>No reply recieved</b> | <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. |
| <b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).<br>None  | <b>8b. Address</b>  |
| <b>8c. Tel No.</b>  | <b>8d. Cell No.</b>   |
| <b>8e. Fax No.</b>  | <b>8f. E-Mail Address</b>   |
| <b>8g. Affiliation, if any</b>  | <b>8h. Date of Recognition or Certification</b>   |
| <b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)  |   |

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
None

|                  |                     |                      |                            |
|------------------|---------------------|----------------------|----------------------------|
| <b>10a. Name</b> | <b>10b. Address</b> | <b>10c. Tel. No.</b> | <b>10d. Cell No.</b>       |
|                  |                     | <b>10e. Fax No.</b>  | <b>10f. E-Mail Address</b> |

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

|  |   |  |
|--|---|--|
| <b>11b. Election Date(s):</b><br>Monday, March 9, 2020 | <b>11c. Election Time(s):</b><br>9-11am and 4-6pm | <b>11d. Election Location(s):</b><br>Fort Myers News-Press Break Room and Naples Daily News Break Room |
|--|---|--|

|  |  |
|--|--|
| <b>12a. Full Name of Petitioner</b> (including local name and number)<br>The NewsGuild - CWA | <b>12b. Address</b> (street and number, city, state, and ZIP code)<br>501 3rd St. NW, 6th Floor, Washington D.C. 20001 |
|--|--|


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Communication Workers of America

|                                       |                      |                     |                            |
|---------------------------------------|----------------------|---------------------|----------------------------|
| <b>12d. Tel No.</b><br>(202) 434-7117 | <b>12e. Cell No.</b> | <b>12f. Fax No.</b> | <b>12g. E-Mail Address</b> |
|---------------------------------------|----------------------|---------------------|----------------------------|

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

|   |  |  |   |
|---|--|--|---|
| <b>13a. Name and Title</b><br>Thomas J. Lamadrid, Attorney for Petitioner |  | <b>13b. Address</b> (street and number, city, state, and ZIP code)<br>Eisner & Dictor, P.C., 39 Broadway, Suite 1540, New York, NY 10006 |   |
| <b>13c. Tel No.</b><br>(212) 473-8700                                     | <b>13d. Cell No.</b><br>(305) 979-7129 | <b>13e. Fax No.</b><br>(212) 473-8705  | <b>13f. E-Mail Address</b><br>thomas@eisnerdictor.com |

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

|   |   |   |                           |
|---|---|---|---------------------------|
| <b>Name (Print)</b><br>Thomas J. Lamadrid | <b>Signature</b><br> | <b>Title</b><br>Attorney for Petitioner | <b>Date</b><br>02/24/2020 |
|---|---|---|---------------------------|

**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.

**RIDER  
to  
RC PETITION**

**2a. Name of Employer**

Gannet Co., Inc. dba SW Florida USA Today Network (Naples Daily News & Fort Myers News-Press)

**2b. Addresses of Establishments Involved**

Fort Myers News-Press, 4415 Metro Parkway, Suites 100 and 300, Fort Myers, FL 33916;  
and Naples Daily News, 1100 Immokalee Road, Naples, FL 34110

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

| DO NOT WRITE IN THIS SPACE |                    |
|----------------------------|--------------------|
| Case No. 12-RC-256905      | Date Filed 2-25-20 |

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

|   |  |  |   |
|---|--|--|---|
| <b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. |  |  |   |
| <b>2a. Name of Employer</b><br>Orlando Sentinel Communications Company, LLC d/b/a Orlando Sentinel  |  | <b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b><br>633 N. Orange Ave. Orlando, FL 32801         |   |
| <b>3a. Employer Representative - Name and Title</b><br>Julie Anderson, Editor-in-Chief  |  | <b>3b. Address (If same as 2b - state same)</b><br>Same  |   |
| <b>3c. Tel. No.</b><br>954-425-1685   | <b>3d. Cell No.</b>                    | <b>3e. Fax No.</b>   | <b>3f. E-Mail Address</b><br>janderson@sunsentinel.com  |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>News Organization   |  | <b>4b. Principal product or service</b><br>Print and digital news  |   |
| <b>5a. City and State where unit is located:</b><br>Orlando, FL   |  |  | <b>5b. Description of Unit Involved</b><br>Included: All full-time and regular part-time newsroom employees employed by the Employer<br><br>Excluded: All other employees, including all managers, guards, and supervisors as defined by the Act. |
| <b>6a. No. of Employees in Unit:</b><br>50  |  |  | <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| <b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/25/20 and Employer declined recognition on or about (Date) (If no reply received, so state).<br><input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.   |  |  |   |
| <b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b><br>None  |  | <b>8b. Address</b>   |   |
| <b>8c. Tel No.</b>  | <b>8d. Cell No.</b>                    | <b>8e. Fax No.</b>   | <b>8f. E-Mail Address</b>   |
| <b>8g. Affiliation, if any</b>  |  | <b>8h. Date of Recognition or Certification</b>  |   |
| <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>  |  |  |   |
| <b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)   |  |  |   |
| <b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b><br>None  |  |  |   |
| <b>10a. Name</b>  |  | <b>10b. Address</b>  |   |
| <b>10c. Tel. No.</b>  |  | <b>10d. Cell No.</b>   |   |
| <b>10e. Fax No.</b>   |  | <b>10f. E-Mail Address</b>   |   |
| <b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.  |  | <b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail |   |
| <b>11b. Election Date(s):</b><br>March 10, 2020   |  | <b>11c. Election Time(s):</b><br>9-11am and 6-8pm  |   |
| <b>11d. Election Location(s):</b><br>Employer's break room  |  |  |   |
| <b>12a. Full Name of Petitioner (Including local name and number)</b><br>The NewsGuild-CWA  |  | <b>12b. Address (street and number, city, state, and ZIP code)</b><br>501 Third St., N.W., 6th Floor, Washington, D.C. 20001                   |   |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b><br>Communications Workers of America   |  |  |   |
| <b>12d. Tel No.</b><br>(202) 434-7177   | <b>12e. Cell No.</b><br>201-787-6035   | <b>12f. Fax No.</b>  | <b>12g. E-Mail Address</b><br>sbasile@cwa-union.org   |
| <b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>  |  |  |   |
| <b>13a. Name and Title</b><br>Michael Melick, attorney  |  | <b>13b. Address (street and number, city, state, and ZIP code)</b><br>1025 Connecticut Ave., Suite 1000, Washington, D.C. 20036                |   |
| <b>13c. Tel No.</b><br>(202) 293-9222   | <b>13d. Cell No.</b><br>(443) 682-3867 | <b>13e. Fax No.</b>  | <b>13f. E-Mail Address</b><br>mmelick@barrcamens.com  |
| I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  |  |  |   |
| <b>Name (Print)</b><br>Michael Melick   | <b>Signature</b><br>/s/ Michael Melick | <b>Title</b><br>Attorney   | <b>Date</b><br>2/25/2020  |

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

**PRIVACY ACT STATEMENT**

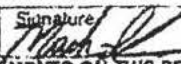
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses 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.<br><b>12-RC-257137</b> | Date Filed<br><b>2/28/2020</b> |

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

|  |   |  |  |
|--|---|--|--|
| <b>1 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. |   |  |  |
| <b>2a. Name of Employer</b><br>Moran Environmental Recovery ; Aerotek  |   | <b>2b. Address(es) of Establishment(s) involved (Street and number city, State, ZIP code)</b><br>2480 NW 16th Street, Pompano Beach FL 33069 ; 1000 Corporate Dr #500, Fort Lauderdale, FL 33334 |  |
| <b>3a. Employer Representative - Name and Title</b><br>Kirk Roberts, Business Manager ; Chris Thomas   |   | <b>3b. Address (If same as 2b - state same)</b><br>2480 NW 16th Street Pompano Beach, FL 33069 ; 1000 Corporate Dr #500, Fort Lauderdale, FL 33334   |  |
| <b>3c. Tel. No.</b><br>754.703.7606 ;  | <b>3d. Cell No.</b><br>954.218.7026 ; 954.717.3516  | <b>3e. Fax No.</b>   | <b>3f. E-Mail Address</b><br>kroberts@MoranEnvironmental.com ;                           |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Construction   |   | <b>4b. Principal product or service</b><br>Hydrovac Construction   |  |
| <b>5a. City and State where unit is located:</b><br>Pompano Beach, FL  |   | <b>6a. No. of Employees in Unit:</b><br>28   |  |
| <b>5b. Description of Unit Involved</b><br>Included: All full-time and regular part-time vacuum truck operators, environmental field technicians and mechanics who work out of the Employer's Pompano Beach, Florida facility.<br>Excluded: All other employees, office clerical employees, professional employees, guards and supervisors as defined in the Act.  |   | <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>      |  |
| <b>Check One:</b> <input type="checkbox"/> <b>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).</b><br><input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>  |   |  |  |
| <b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>   |   | <b>8b. Address</b>   |  |
| <b>8c. Tel. No.</b>  | <b>8d. Cell No.</b>   | <b>8e. Fax No.</b>   | <b>8f. E-Mail Address</b>  |
| <b>8g. Affiliation, if any</b>   |   | <b>8h. Date of Recognition or Certification</b>  | <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> |
| <b>9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____</b><br>(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____   |   |  |  |
| <b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>   |   |  |  |
| <b>10a. Name</b>   | <b>10b. Address</b>   | <b>10c. Tel. No.</b>   | <b>10d. Cell No.</b>   |
|  |   | <b>10e. Fax No.</b>  | <b>10f. E-Mail Address</b>   |
| <b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election</b>  |   | <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail   |  |
| <b>11b. Election Date(s):</b><br>March 19, 2020  | <b>11c. Election Time(s):</b><br>6:00 a.m. to 7:00 a.m.   | <b>11d. Election Location(s):</b><br>The Employer's facility Second Floor Training Room 2480 NW 16th Street, Pompano Beach, Florida  |  |
| <b>12a. Full Name of Petitioner (Including local name and number)</b><br>International Union of Operating Engineers, Local 487   |   | <b>12b. Address (street and number city state, and ZIP code)</b><br>1425 NW 36th ST Miami, FL 33412  |  |
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b><br>International Union of Operating Engineers   |   |  |  |
| <b>12d. Tel. No.</b><br>202.429.9100   | <b>12e. Cell No.</b>  | <b>12f. Fax No.</b>  | <b>12g. E-Mail Address</b>   |
| <b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>   |   |  |  |
| <b>13a. Name and Title</b><br>Mark Schaunaman - Business Manager   |   | <b>13b. Address (street and number, city, state, and ZIP code)</b><br>1425 NW 36th ST Miami, FL 33412  |  |
| <b>13c. Tel. No.</b><br>305.634.3419   | <b>13d. Cell No.</b><br>305.608.5444  | <b>13e. Fax No.</b><br>305.633.0698  | <b>13f. E-Mail Address</b><br>mark@iuoe487.org   |
| I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.   |   |  |  |
| <b>Name (Print)</b><br>Mark Schaunaman   | <b>Signature</b><br> | <b>Title</b><br>Business Manager   | <b>Date</b><br>2/28/2020   |

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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RD-255760

Date Filed

FEB 5, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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.

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<br>Longo En-Tech Puerto Rico, LLC                 |             | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)<br>100 Carretera 165 Suite 608 |                                       |
| 3a. Employer Representative - Name and Title<br>Jose Saavedra, Manager |             | 3b. Address (If same as 2b - state same)<br>Guaynabo, PR 00968-8053  |                                       |
| 3c. Tel. No.<br>787-780-0885   | 3d. Fax No. | 3e. Cell No.<br>787-637-9323   | 3f. E-Mail Address<br>boiro@coqui.net |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.)<br>company |             | 4b. Principal product or service<br>manufacture, repair and construction of sanitary pipeline                          |                                       |

|   |  |
|---|--|
| 5a. Description of Unit Involved<br><b>Included:</b><br>All regular full-time and part-time production and maintenance employees employed by Respondent PR<br><b>Excluded:</b><br>All other employees, managers and supervisors as defined in the Act | 5b. City and State where unit is located:<br>Cataño, Puerto Rico |
|---|--|

6. No. of Employees in Unit 14 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? ☒ Yes ☐ No

|   |   |
|---|---|
| 8a. Name of Recognized or Certified Bargaining Agent<br>United Steelworkers, Local 6871, AFL-CIO, CLC | 8b. Affiliation, if any<br>AFL-CIO, CLC |
|---|---|

|   |                              |                                       |
|---|------------------------------|---------------------------------------|
| 8c. Address<br>PO Box 6828 Bayamon, PR 00960-5828 | 8d. Tel. No.<br>787-780-0885 | 8e. Cell No.<br>787-637-9323          |
|   | 8f. Fax No.                  | 8g. E-Mail Address<br>ytorres@usw.org |

|   |   |
|---|---|
| 9. Date of Recognition or Certification | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)<br>October 16, 2017 |
|---|---|

|  |   |
|--|---|
| 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 11b. If so, approximately how many employees are participating? |
| 11c. The Employer has been picketed by or on behalf of (Insert Name)<br>(Insert Address)   | a labor organization, of<br>since (Month, Day, Year)            |

12. Organizations or individuals other than 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 | 12b. Address | 12c. Tel. No. | 12d. Fax No.        |
|           |              | 12e. Cell No. | 12f. E-Mail Address |

13. **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

|                       |                       |                           |
|-----------------------|-----------------------|---------------------------|
| 13b. Election Date(s) | 13c. Election Time(s) | 13d. Election Location(s) |
|-----------------------|-----------------------|---------------------------|

14. Full Name of Petitioner

(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

14b. Tel. No.

14c. Fax No.

14d. Cell No.

14e. E-Mail Address

(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.

15a. Name

15b. Title

15c. Address (Street and number, city, state, ZIP code)

15d. Tel. No.

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

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

Name (Print)

(b) (6), (b) (7)(C)

Signature

(b) (6), (b) (7)(C)

Title

An Individual

Date Filed

1/27/20

WILLFUL FALSE STATEMENTS ON THIS PETITION ARE A VIOLATION OF THE NATIONAL LABOR RELATIONS ACT AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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