UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE							
NATIONAL LABOR F	^{Case} №2-R(C-228892	Date F OC	^{iled} 10, 2018			
INSTRUCTIONS: Unless e-Filed us	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 s				· · · · · · · · · · · · · · · · · · ·			
1. PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de	esires to be certified as rep	presentative of the e	employees. The	Petitioner alleges th	at 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.							
Fox Sports Net Florida, Inc. 500 E. Broward Blvd., Suite 1300 Ft. Lauderdale, FL 33394							
3a. Employer Representative – Name and Michael Campolo, Senior Vice Pres	ident; Steven Moy, I				0 Los An <mark>ge</mark> le	es, CA 90067-5010	
3c, Tel. No.	3d, Cell No.	3e Fax	c No.		3f. E-Mail Addr		
310-369-2626						lo@fox.com; Steve.Moy@fox.com	
4a. Type of Establishment (Factory, mine. w Cable television network		ncipal product or se s / entertainme			,	nd State where unit is located ard, Palm Beach Counties, State of Florida	
5b. Description of Unit Involved						6a. No. of Employees in Unit: Approx. 100+	
Included: See Attachment A	L Contraction of the second seco					6b. Do a substantial number (30%) or more) of the employees in the	
See Attachment A						unit wish to be represented by the Petitioner? Yes V No	
Check One: 7a. Request for re	cognition as Bargaining R	epresentative was r	made on (Date)	10/9/2018_ an	d Employer decli	ned recognition on or about	
	(Date) (If no replaced as Bar)				Act		
8a. Name of Recognized or Certified Barg			8b. Address		Aci.	and the second of the second o	
None				.			
Bc. Tel No.	8d Cell No.	8e. Fa)	cNo.	e na na il a	8f, E-Mail Addr	ÐSS	
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9.1s there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?							
(Name of labor organization) has picketed the Employer since (Month, Day, Year)							
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals							
known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)							
None 10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f, E-Mail Address	
any such election.					Mail Mixed Manuel/Mail		
11b. Election Date(s):	neriod	11d, Election Location(s): d Mail ballots					
Ballots meiled 10/23/18; Ballots returned by 11/13/18 Mail ballots - three-week balloting period Mail ballots 12a, Full Name of Petitioner (<i>Including local name and number</i>) 12b, Address (<i>street and number, city, state, and ZIP code</i>) International Alliance of Theatrical Stage Employees (IATSE) 207 W. 25th St., 4th Fl., New York, NY 10001							
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the U.S. Its Territories and Canada, AFL-CIO, CLC							
International Alliance of Theatrical Stage E 12d, Tel No.	12e, Cell No.	re Technicians, Ar		Jratis of the U.S. its	12g E-Mail Add		
212-730-1770	120,000 110.	212-73			ahealy@iatse.r		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a, Name and Title Adrian D. Healy, Associate Counsel 13b. Address (street and number, city, state, and ZIP code) 207 W. 25th St., 4th FL, New York, NY 10001							
13c. Tel No.	13d. Cell No.	13e. Fr	ax No.	an a	13f. E-Mail Add ahealy@iatse.r		
212-730-1770 I declare that I have read the above petiti	on and that the statemen	212-73		vledge and belief.	aneany@iaise.f		
		1 Tille	Managering and a straight		Date	ayan ayaa ayaa ayaa ayaa ayaa ayaa ayaa	
Adrian D. Healy	NINI	Associa	ate Counsel		10/10/2018	and a second state of the second	
WILLFUL FALSE STATEME	NTS ON THIS PETITION	CAN BE PUNISHE	D BY EINE AND	IMPRISONMENT (U	S. CODE. TITLE	13: 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 A NLRB Form 502 (RC) Fox Sports Net Florida, Inc.

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INCLUDED:

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All freelance broadcast technicians, including Technical Managers, Technical Directors (TD), Audio Mixers (A1), Audio Assistants (A2), Video Controllers (V1), Assistant Video Controllers (V2), Graphic Operators, Graphic Coordinators, Camera Operators (jib, stationary, mobile, and remotely operated cameras), Capture/Playback Operators (Videotape Operators [VTR], Digital Recording Device Operators [DDR], EVS Operators), Score Box Operators, Utility Technicians, Stage Managers, Statisticians, Runners, and others in similar technical positions performing work, including pre-production, production and post-production work in connection with the telecasting of events at remote locations in Dade, Broward, and Palm Beach counties, Florida.

EXCLUDED:

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

FORM NLRB-502 (RC) (4-15)

UNITED STAT	ES GOVERNMEN	г	1		DO NO	WRITE IN THIS	SPACE	
	R RELATIONS BO	ARD		Case No. Date Filed				
RC PETITION					-228910		-10-18	
INSTRUCTIONS: Unless e-Filed u	ising the Agend	y's website, <u>w</u>	ww.nlrb.	qov, submit a	n original of this	Petition to a	n NLRB office in the Region	
in which the employer concerned								
of service showing service on the								
(Form NLRB-505); and (3) Descri								
with the NLRB and should not be								
1, PURPOSE OF THIS PETITION: RC-C	CERTIFICATION O	F REPRESENTAT	IVE - A sul	ostantial number	of employees wish t	o be represented	i for purposes of collective	
bargaining by Petitioner and Petitioner	r desires to be certif	ied as representat	ive of the e	mployees. The	Petitioner alleges t	hat the following	g circumstances exist and	
requests that the National Labor Re	lations Board pro							
2a. Name of Employer Program Productions, Inc.			• •		t(s) involved (Street and and, IL 60148	and number, city	, State, ZIP CODB)	
3a. Employer Representative - Name a	ad Title							
Robert Carzoli	no me		same	iress (ir same as	2b – state same)			
3c. Tel. No.	2d Call Na			bla		3f, E-Mail Add		
630-792-7900	3d, Cell No.		3e. Fax	NO. 92-9900				
4a. Type of Establishment (Factory, mine	L.						ogramproductions.com	
Television broadcast labor provid		4b. Principal pro Entertainmer			luction)	1 1	and State where unit is located: vard, Palm Beach Countles, State of Florida	
5b. Description of Unit Involved						1 2300, 5100		
							6a, No. of Employees in Unit: Approx. 100+	
Included: See Attachment	A						6b. Do a substantial number (30%	
Excluded:							or more) of the employees in the	
See Attachment A	4						unit wish to be represented by the	
							Petitioner? Yes 🖌 No	
Check One: 7a. Request for	recognition as Ben	gaining Represent	ative was n	nade on (Date)	0/9/2018_ ar	nd Employer dec	lined recognition on or about	
	(Date)							
				المرار والمحمد مستشاد بالما الشعب مثلة المعاد مساورتهم	certification under the	e Act.		
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8b. Address								
8c. Tel No,	8d Cell No.		8e. Fax	No,		8f, E-Mail Add	ress	
							· · · ·	
8g, Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent								
Contract, if any (Month, Day, Year)								
9, is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?								
(Name of labor organization) has picketed the Employer since (Month, Day, Year)								
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals								
known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)								
10a. Name	10b. Ac	Idress			10c, Tel. No.		10d. Cell No.	
					10e, Fax No.		10f. E-Mail Address	
11, Election Details: If the NLRB condu	icts an election in th	is matter, state yo	ur position	with respect to	11a. Election Type	e: Manual 🗌	Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s): 11c. Election Time(s): 11b. Election Location(s): 11c. Election Time(s):						······································		
Ballots mailed 10/23/18; Ballots returned by 11/13/18 Mail ballots - three-week balloting per								
						12b. Address (street and number, city, state, and ZIP code)		
International Alliance of Theatrical Stage Employees (IATSE) 207 W. 25th St., 4th Fl., New York, NY 10001 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>)								
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the U.S. Its Territories and Canada, AFL-CIO, CLC								
12d. Tel No. 12f. Fa. 212-730-1770 212-730					12g, E-Mail Ac ahealy@iatse.			
	1 No will accent serv	vice of all papers			entation proceedin			
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Address (street and number, city, state, and ZIP code)								
13a. Name and Title Adrian D. Healy, As	ssociate Counsel			Idress (<i>street an</i> 1916 St., 4th Fl., Nev		, ana zi n coae)		
13c. Tel No.	13d, Cell No.	Y 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	13e, Fa			13f. E-Mail Ad	dress	
212-730-1770			212-730			ahealy@iatse.		
I declare that I have read the above per	tition and that the	statements are to	ue to the l	best of my know	vledge and belief.			
Name (Print)	Signature AM	<u>, A</u>	Title			Date	and a second	
Adrian D. Healy	<u> </u>	Nh	1	te Counsel		10/10/2018	8	
WILLFUL FALSE STATEN	MENTS ON THIS P	ETITION CAN BE			IMPRISONMENT (L			

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 A NLRB Form 502 (RC) Program Productions, Inc. (Florida)

INCLUDED:

All freelance broadcast technicians, including Technical Directors (TD), Audio Mixers (A1), Audio Assistants (A2), Specialty Microphone Operators (A3), Video Controllers (V1), Assistant Video Controllers (V2), Graphic Operators, Graphic Coordinators, Camera Operators (jib, stationary, mobile, and remotely operated cameras), Capture/Playback Operators (Videotape Operators [VTR], Digital Recording Device Operators [DDR], EVS Operators), Score Box Operators, Utility Technicians, Stage Managers, Statisticians, Runners, and others in similar technical positions performing work, including preproduction, production and post-production work in connection with the telecasting of events at remote locations in Dade, Broward, and Palm Beach counties, Florida.

EXCLUDED:

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

(p.18) NATIONAL LAGOR RELATIONS BOARD Case No. 12 - RC - 229189 Due Filed 10/15/18 INSTRUCTIONS: Unless = Filed uning the Agency's website. Service of the petition of the service of the service and the service service of the service and the service and the service of the service and the service of the service							·				DAOR	
employer concerned is based on the second added by and a entitient of second backing exercises on the second added on the second backing exercises on the second added on the second backing exercises on the second added on the second backing exercises on the second added on the second exercises of the second exercis of the second exercises of the second exer	FORM NLR8-502 (RG) (2-18)		NAL LABOR RELATIONS BOARD			Case N	ase No. Data Filed			ied /15/18		
beginning by Petitioner and Petitioner dealers to be certified as representative of the employees. The Petitioner and the file in power and index is power authority presentation at least the following declamaticnes exist and memory of presentational Lawy Relations 2. 2b. Name of Sergiory: 2b. Address (#) of Exasilibrating hypowing (#) provided (#) (#) and the analysis of Exasilibrating hypowing (#) provided (#) (#) and the analysis of Exasilibrating (#) provided (#) (#) and the analysis of Exasilibrating (#) provided (#) (#) and the analysis of Exasilibrating (#) provided (#) (#) and the analysis of Exasilibrating (#) (#) (#) (#) (#) (#) (#) (#) (#) (#)	employer concerned is located. T the employer and all other partic Case Procedures (Form NLR8 40	'ha patition 5 named in 12), The sh	must be accom the pelition of: (owing of interes	panied b (1) the pe st should	y both a sh atition; (2) S only be file	iowing at interast (s Gatement of Positio ad with the NLRB ar	see 6b b on form (nd shou	elow) and (Form NL R Id not be s	a certificat B-505); an erved on t	е of service shi d (3) Descriptio he emplayer or	owing s n of Rej any oth	ervice on presentation let party.
FANATICS, INC. 5245 Commonwealth Ave, Jacksonville, FL 32254 ab. Employer Representative - Neine and Title: 3b. Address of some as 25 - state some): Same Same See Tel. No. 3c. Call No. See Tel. No. 3c. Far. No. (904) 552-5695 3cl. Call No. See Tel. No. 3c. Far. No. Marchouse Sportswear See Note of Elabilithman (Factory, mine, wholesaler, etc.) Sportswear Sportswear Sportswear Be. Number of Elabilithman (Factory, mine, wholesaler, etc.) Sportswear Sportswear Sportswear Be. Number of Employees in Unit: Sportswear Be. Number of Employees in Unit: State State Name of Recognition as Barg aining Representative was made on (Cash) Internet of Note (Internet State Name of Recognition as Dang aining Representative was made on (Cash) Interpretentative Name of Recognition are the Name of Recognition are the Name of Recognition or Caritical on Units, I say (Note), Cash (Internet or Note) Re. Trake Be. Cash (No. Se. Fax No. Be. Address State of Recognition or Caritical an Employee facility of Carine or Model Noce. Internet or Nodel State of Note (Internet or Model Name or Caritical Bargening Agent (Internet or Mode	bargaining by Peillioner and Peti	tioner desire	a to be certified a	esiqer ze	nistive of it	ne employees. The P	ethione	r alleges ti	nat the foll	owing circumst	ances e	llective :Xist and
Riley Keys, General Manager Same 26. Tel, No. (904) 352-6695 34. Call No. 3e, Fax No. (904) 352-6695 3d. Call No. (904) 352-6695 4b. The officialization of Unit Involved: Included: Marchouse 5p. Official State Anger unit is located: Sportswear 5p. City and State Anger unit is located: Sportswear 5b. Description of Unit Involved: Included: Marchouse 6p. Number of Employees in Unit Official Sportswear 6p. Number of Employees in Unit Sportswear Check One: 7a. Required for accophilon as Bangahing Regression/browsen mede on (Oute) and Employer dealised recognilion of the employees in the unit With the the propersitive of the employees in the unit With the the official Spreaming recognized or Cartified Bargehing Regression/browsen mede on (Oute) and Employer dealised recognilion 1 The Determinity recognized or Cartified Bargehing Regression/browsen mede on (Oute) and Employer dealised recognilion 1 The Determinity recognized or Cartified Bargehing Regression/browsen de delative certification (B, Explosion Date of Current or Medi Reserver Contract (B, Ward) 2 None. 6e. Fax No. 6f. EMail Address 3 1 atom now a strike or picketing at the Employer's estabilishmen(c) Involved? No No 4 1 atom now a strike or picketing at the Employer's estabilishmen(c) Involved? No Intellected in Head Address 4 1 atom now	FANATICS, INC. 5245 Commonwealth Ave, Jacksonville, FL 32254											
(904) 552-6695 TKeys@finatics.com 4. Type of Establishment (Pactory, Mr/m, wholesaler, stat.) 4b. Phicipal Product or Service Sp. City and State wryces unit is localed; Br. Description of Unit Invalved: Sp. Ort stowart Sp. City and State wryces unit is localed; Br. Description of Unit Invalved: Sp. Ort stowart Sp. City and State wryces unit is localed; Mcchanics 6b. Do a subbandial number of Employees in Unit Sp. Number of Employees in Unit Check One: 7a. Request for Accountion as Bangabiling Representative was made on (Cate) in a Employee declined for coopilion Sp. Or nor by to Cate the comployees in Unit Check One: 7a. Request for Accountion as Bangabiling Representative on disting coefficiation under me Acc. Sp. Employee declined for coopilion The map of the cognitical as Bangabiling Representative on disting coefficiation of the cognitical or Notest Sc. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Addrese 8g. Affiliation, # any: (bh. Date of Recognition or Centification or Centification or Centification (bhe man between the Employeer size (Morth, Day, Vear) 10. Organization or individuals from the patiburse state and in terms 6 and 9, which have at representative and other or patibulation and there of patibulation and manual (bhe mate or patibulation and there of patib	32. Employer Representative - Name and Tille: Riley Keys, General Manager Same											
Watchouse Sportswear Jacksonville, Florida Ber Description of Unit Involved: a. Number of Employees in Unit Ber Description of Unit Involved: a. Number of Employees in Unit Bechdad: Gb. Do a matching symbol Check One: 7.8. Requeal for recognition as Bargaining Representative and distree certification under the Act. Bechded: Gb. Do a matching symbol Check One: 7.8. Requeal for recognition as Bargaining Representative and distree certification under the Act. Se. Name of Recognition at the Employee's association of Certification of Cerification of Certification of Certification of Certification of C		3d, Cell No).	<u>↓</u>	3e. Fax No).				om		
Included: Mechanics Excluded:	4a. Type of Establishment (Rectory, Warchouse	mine, whole	seler, etc.)				l 9					zled:
	Included:				<u> </u>					r of Employees i	n Unit	
Check One: 7a. Request for recognition as Bargahing Representative was made on (Cate) and Employer declined recognition orn or about (Dates) (If no new) received case is about. if and Employer declined recognition a. Name of Recognized or Certified Bargahing Agent (If none, so state) 9b. Address: 9b. Address: NODE. 9d. Cell No. 9d. Fax No. 9f. E-Mail Address Bg. Affiliation, If any: (Bh. Date of Recognition or Certification Under the Act. Bg. Affiliation, If any: (Bh. Date of Recognition or Certification II Recent Contract. If any (Monh, Day, Year) I. Is there now a strike or picketing at the Employer's estabilishment(a) involved? NO If ao. approximately how many employees are participating? (Name of Labor Organization) 10b. Address 10c. Tel. No. 10f. E-Mail Address 10. Organization or Individual show to have a representative Interest in any employees in the unit described in item 8 and 9, which have aland recognition are presentatives and after organizations and other organizations in any employees in the unit described in item 8b above. (If none, so state) 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 110. Election Details: If the NARB conducts and allocon in this matter, state your position with respect to any such election: 114f. Election ToeQuer's Location 110a. Name 10b. Address<	Excluded:							ľ	of the e	mployees in the	unit wis	h to be
Is, Name of Recognized or Cardified Bargshing Agent (f none, so state) Db. Address; None. Db. Address; Bo. Tet. No. Bd. Cell No. Db. Address; Bg. Affiliation, if any: (Dh. Date of Recognition or Certification Dl. Expination Date of Current or Most Recent Contract, If any (Month, Day, Year) B. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If as, approx/methy how many employees are participating? (Name of Labor Organization) If as, approx/methy how many employees are participating? (Name of Labor Organization) If as, approx/methy how many employees are participating? (Name of Labor Organization) If as, approx/methy how many employees are participating? (Name of Labor Organization) If as, approx/methy how many employees are participating? (Name 100. Address If as, approx/methy how many employees are participations and individuals how to have a representative interest in any employees in the unit described in Rem 5b above. (If none, so state) None. 100. Address 100. Address If as, Election Type; []] []] If as Election Type; []] []] []] It as any employees and anther organizations and anneal data mather and the set of participation of the mather and anneal data mather; []]] []]] []]]	🗌 on or about (Dete)		(if r	to reply ri	eceived, eo :	etato).		1				
8g. Affilialion, If any: 8h. Date of Recognition or Certification 8l. Explaining of Current or Meet Recent Contrad. If any (Month, Day, Year) 8. La 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 pickaled the Employer since (Month, Day, Year) 10. Organization) . has pickaled the Employer eince (Month, Day, Year) 10. Organization) . has pickaled the Employer eince (Month, Day, Year) 10. Organization) . has pickaled the Employer eince (Month, Day, Year) 10. Organization) . has pickaled the Employer eince (Month, Day, Year) 10. Organization) . has pickaled the Employer eince (Month, Day, Year) 10. Call State of Provide the einterest in any employees in the unit described in item 5b above. (If none, so state) . as representative interval in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address . 10c. Tel, No. . 10f. E-Mail Address 11b. Election Details: If the NLRB conducts and election in this matter, state your poellion with respect to any such election: . 11f. Election Type: 12b. Address . 11d. Election Localion(b):	Ba. Name of Recognized or Certified Bargaining Agent (fringer, so state) Bb. Address:											
Recent Contract, If any (Month, Day, Year) 8. Is there now a strike or picketing at the Employer's establishment(s) involved? No If ao, approximately how many employees are participating? (Name of Labor Organization) , has pickeled the Employer ince (Month, Day, Year) 10. Organizations or individuals other than Pathloner and those named in items 6 and 9, which have dalined recognition as representatives and ather organizations and individuals known to have a representative Interest in any employees in the unit described in item 5 above. (If none, so state) 10a. Name 10b. Address 11. Election Detaile: If the NLRB conducts and election in this matter, state your position with respect to any such election: 118. Election Type: [X] Manual [] Malt [] Molt [] Molt [] Molt [] Molt [] Mixed Manual/Mall 11b. Election Data(s): October 22-26, 2018 11c. Election Time(s): Businness hours 11d. Election Location(s): Businness hours 12a. Full Name of Pathloner (including local name and number): International Brothershood of Tearnsters, Local 947 12b. Address (strear and number, of yours): 10947 North Main Street, Jacksonville, Florida 32218 12c. Full name of national Brothershood of Tearnsters 12r. Full Nome of the representation of which Petitioner les on atfiliet or constituent (if none, so state): 10947 North Main Street, Jacksonville, Florida 32218 12c. Full name of relitioner line with accept service of all papers for purposes of the representation processing. (904) 764-7756 12e. Cell No. 12r. Fax No. 12g. E-Mail Address	8c. Tel. No.	8d, Cell No).	<u> </u>	8e. Fax No),	er	₿ř. 5-Mall Addreas				
(Name of Labor Organization) , has pickeled the Employer since (Month, Dey, Yoor) 10. Organizations or individuals other than Pathloner 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. 100. Address 10a. Name 10b. Address 11. Election Details: If the NLRB conducts and election in this matter, siste your position with respect to any such election: 11a. Election Type: It. Election Date(s): 11c. Election Time(s): I1d. Election Type: October 22-26, 2018 Business hours Employer's location 12a, Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and 2lP code): 12c, Full name of national or international labor organization of which Petitioner is an animeters 12c. Cell No. 12c, Full name of national or international labor organization of which Petitioner is an animeters 12d. Fax No. 12d. Tel. No. 12d. Fax No. 12d. E-Mail Address 12d. Tel. No. 12d. Fax No. 12d. E-Mail Address 12d. Tel. No. 12d. Fax No. 12d. E-Mail Address 12d. Tel. No. 12d. Fax No. 12d. E-Mail Address 12d. Tel. No. 12	Bg. Affiliation, if any:											
10. Organizations or individuals other than Patitioner and those named in items 8 and 9, which have dalmad 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 11. Election Details: If the NLRB conducts and election in this matter, siste your position with respect to any such election: 11a. Election Type: 10a. Tel. No. 10c. F-Mail Address 11b. Election Details: If the NLRB conducts and election in this matter, siste your position with respect to any such election: 11a. Election Type: IX Manual I Mait Mixed Manuel/Mail 11b. Election Details: If the NLRB conducts and election Time(s): 11d. Election Location(s): Manual I Mixed Manuel/Mail 12b. Full Name of Petitioner (including local name and number): 11c. Election Time(s): 11d. Election Location(s): Employer's location 12c. Full name of netionel or International Boot organization of Teamsters, Local 947 12b. Address (street and number, elf), State and ZIP code): 11d. Election Location(s): 12c. Full name of netionel or International libbor organization of the Petitioner team streng to purpose of the representation proceeding. 12e. Full Name, elf), State and ZIP code): 12e. Cell No. 12c. Full No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13b. Address of The Petitioner who will accept service of all papers for purposes of the representatio												
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11. Election Details: If the NLRB conducts and election in this matter, siele your position with respect to any such election: 118. Election Type: [X] Manual [] Mail [] Mixed Manual/Mail 11b. Election Data(e): October 22-26, 2018 11c. Election Time(s): Business hours 11d. Election Localion(s): Employer's location 12s. Full Name of Petitioner (Including local name and number): International Brotherhood of Teamsters, Local 947 12b. Address (street and number, city, State and 21P code): 10947 North Main Street, Jacksonville, Florida 32218 12c. Full name of national or international Brotherhood of Teamsters 12r. Full name of national or International Brotherhood of Teamsters 12d. Tal. No. 12e. Cell Ne. 12f. Fax No. 12d. Tal. No. 12e. Cell Ne. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 10947 North Main Street, Jacksonville, Florida 32218 13c. Tel. No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cell No. 13d. Cel			10b. Address				10c. Tel. No. 10d. Cell No.		10d. Cell No,		·····	
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130. Name and Title: 13b. Address (street and number, city, State and ZiP code): Donald Ray Connell, Principal Officer, IBT Local 947 13b. Address (street and number, city, State and ZiP code): 10947 North Main Street, Jacksonville, Florida 32218 13c. Tel. No. 13d. Cell No. (904) 764-7756 13d. Cell No. 13e. Fax No. 13f. E-Mail Address donnyconnell947@concast.net	(904) 764-7756			121. Fax No. 12g. E-Mail Address								
(904) 764-7756 (904) 803-9804 donnyconnell947@conicast.net	13s. Name and Title:				13b. Address (street and number, city, State and ZIP code);			32218				
I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.	(904) 764-7756	(904) 8	03-9804				ď	lonnycoi		7@comcast	net	
Name (Print) Signature R Clip Tille Donald Ray Connell Signature R Clip Tille	Nama (Print)	e petition a			re trua to ll	ne best of my know	TYlle		fficer, II	BT Local 94	7	Date/12/18

WILLFUL FALSE STATEMENTS ON THIS PETITION GAN 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 at seq. The prindpal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or Illigation. The fournation are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; howaver, failure to supply the information may cause the NLRB to decline to invoke its processes.

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	S GOVERNMENT	~~		DO NO	TWRITE IN THIS		
	RELATIONS BOAF	2D)	Case No. 12-RC	-229343	Date F	nied 10/16/18	
INSTRUCTIONS: Unless e-Filed us		's website. w					
in which the employer concerned	is located. The	petition must	be accompanied by	both a showing	of interest (se	e 6b below) and a certificate	
of service showing service on the							
(Form NLRB-505); and (3) Descrip	tion of Represe	ntation Case I	Procedures (Form NL	RB 4812). The s	howing of inte	erest should only be filed	
with the NLRB and should not be	served on the e	mployer or an	y other party.		-		
1. PURPOSE OF THIS PETTION: RC-CE bargaining by Petitioner and Publication requests that the National Labor Reli	iostes to be vertifia	istnecerais az b	ve of the employees. The	Petitioner alleges t	hat the following	circumstances exist and	
2n. Name of Employer Supervalu/UNFI		25. AC	dress(cs) of Establishmen Pat Thomas Pkw	it(s) involved (Street	and number, city,	State, ZIP code)	
3a. Employer Representative - Name an	d Tale		3b. Address (if same as				
Danny Ward-Plant Mgr			same				
3: Tel No. 850-875-2600	3d. Cell No. 334-268-998	20	3e. Fax No. 850-875-2600		drdrward@		
4a. Type of Establishment (Factory, mine,		4b, Principa) pro		_			
Warehouse		Grocery	India of Service		Quincy	nd State where unit is located:	
Sb. Description of Unit Involved						6a. No. of Employees In Unit:	
Included: See attached list					-	120	
Excluded: Admin clerks, Aut	litors, profe	ssional ee	's, guards and a	supervisors.		60, Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No	
Client One: 1/ 76 Request for r	ecogniãon as Barga	ning Representa	utive was made on (Date)	0/15/18	nd Employer dach	ned recognition on or about	
ano reph		no reply receive	_		• •	C .	
			epresentative and desires	certification under th	e Act	<u>.</u>	
Bz. Name of Recorported or Contilled Ba	rgaining Agent (If i	none, so state).	8b. Address				
None Station	8d Cell No.		8e. Fax No.		8f, E-Mail Addr		
	do cas No.				01, E-Mail A001	898	
Br. Alleson, Ferry	· · · · · · · · · · · · · · · · · · ·		Sh. Date of Recognition o	r Certification		ate of Current or Most Recent (Month, Day, Year)	
9. It there now a salle or picketing at the Employer's establishment(s) involved? No							
Plenne of labor organization) has pickeled the Employer since (Month, Day, Year)							
10. Organizations or and vice is other than Petitioner and these named in items 6 and 9, which have claimed recognition as representatives and other organizations and individuals							
kaona io have a representative interest in a None					J¢381189463 6118		
tual Name	10b. Add			10c, Tel. No.		10d. Cell No.	
				10e. Fax No.	· · · · · · · · · · · · · · · · · · ·	10f. E-Mail Address	
11. Election Details. If the MLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election.							
11b-Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 11/3/18 P-730-930am,530-730pm,G-230-430pm Perishable -Breakroom & Grocery-Conference room							
122. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Food & Commerical Workers Local 1625 705 E Orange St., Lakeland, FL 33801							
12c. Full name of national or international k	abor organization of	which Petitioner	is an affiliate or constituen				
United Food & Commercial Workers In 12d. Tel No.	12e. Cell No.		121. Fax No.		12g. E-Mail Ad	dress	
13. Representative of the Petitioner who	will accept service	e of all papers fo	purposes of the repres	entation proceedin	a.		
138- Name and Title Nancy A W		-	13b. Address (street and 705 E Orange St, Lakeland,	i number, city, state,	-		
13c. Tel No. 407-590-4150	13d. Cell No. 407-590-4150		13e, Fax No. 863-583-3327		13f. E-Mail Add NWallace@ufd		
13c. Tel No. 407-590-4150 I declare that I have read the above petit	13d. Call No. 407-590-4150 Ion and that the st		863-583-3327	ledge and bellef.	13f. E-Mail Add NWallace@ufc		
13c. Tel No. 407-590-4150 I declare that I have read the above petit	13d. Cell No. 407-590-4150 Jon and that the st grature	atoments are tru	1863-583-3327 ie to the best of my know Title Duff K	20	Date	NW.org	

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

MLRB to decline to invoke its processes.

Included in unit:

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All Full Time and Regular part employees to include—Sanitation, Loaders, Selectors, Forklift Operators, Shuttle Drivers, Inventory and Shipping clerks, Equipment and Building Maintenance employees.

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UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
	NATIONAL LABOR RELATIONS BOARD			Case No. Date Filed 12-RD-228712 October 5, 2018			
R D	PETITIC	ETITION				October 5, 2018	
INSTRUCTIONS: Unless e-Filed using t	he Agency's website,	www.nlrb.gov, sub	mit an original of this P	etition to an NLRB offic	ce in the	e 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							
1. PURPOSE OF THIS PETITION: RI	D- DECERTIFICATIO	N (REMOVAL OF R	EPRESENTATIVE) - A	substantial number of	employ	ees assert that the certified or currently	
recognized bargaining representative	e is no longer their rep	presentative. The P	Petitioner alleges that t	the following circums	tances	exist and requests that the National	
Labor Relations Board proceed un	nder its proper autho						
2a. Name of Employer	Co. Inc. Duorto Dico	Brook PO Br	dress(es) of Establishm	ent(s) involved (Street	and nur	mber, city, State, ZIP code)	
McCallister Towing and Transportation (-	Brann PR Sa	ox 9023923 an Juan 00902-3923				
3a. Employer Representative – Name	and Title		3b. Address (If same	as 2b – state same)			
Jaime Santiago General Manager			PO Box 9023923 PR San Juan 00902-3	072			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	923	3f F-	Mail Address	
(787) 721-8888	ou. commo		(787) 724-7687			ago@mccallistertowing.com	
4a. Type of Establishment (Factory, min	ne wholesaler etc.)	4b. Principal prod	· · · ·		Joanna	5a. City and State where unit is located:	
	ic, wholesaler, etc.)					•	
Transportation			Maritme towing and trai	nsporation		San Juan, PR	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 f	or additional details	S				8	
						6b. Do a substantial number (30%	
						or more) of the employees in he	
						unit no longer wish to be	
Excluded: See Attached Page 2 f	or additional details	5				represented by the cer ified or	
						currently recognized bargaining	
						representative? Yes 🔽 No	
Check One: 7a. Request f	or recognition as Barg	aining Representat	tive was made on (Date) ar	nd Empl	loyer declined recognition on or about	
	(Date)	(If no reply received	l, so state).				
7b. Petitioner	is curren ly recognize	d as Bargaining Re	presenta ive and desire	es certification under the	e Act.		
8a. Name of Recognized or Certified		<u> </u>	8b. Address				
International Organization of Master, Ma	ites and Pilots, ILA-AF	L-CIO Gabriel Terr	asa Attor	MD Linthicum Heigh		0-1953	
8c. Tel No.	8d Cell No.		8e. Fax No.	,		Mail Address	
(410) 609-3953	ou oon no.		(410) 609-3957			assa@bridgedeck.org	
8g. Affiliation, if any							
or bate of Recognition of Certification of Certification of Certification Date of Current of Most Recent Contract, if any (Month, Day, Year)							
ILA-AFL-CIO 04/30/2017							
9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating?							
9. Is there now a surke or picketing at the Employer's establishment(s) involved? it so, approximately now many employees are participating?							
(Name of labor organization), has picketed the Employer since (Month, Day, Year) 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							
					nd othe	er 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. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond	ducts an election in th	is matter, state your	r position with respect to	11a. Election Type	e: 🔽 🛽	Manual 🔲 Mail 🔲 Mixed Manual/Mail	
any such election.		-	-				
11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Loca			
October 20, 2018		ss hours		Employer's place	of busir	ness	
12a. Full Name of Petitioner (b) (6), (b) (7)(C) N/A 12b. Address (street and number, city, state, and ZIP code) N/A							
N/A (D) (O), (D) (T) (C)							
12c. Full name of national or internation International Organization of Master, Ma	nal labor organization ites	of which Petitioner i	is an affiliate or constitu	ent (if none, so state)	b) (6),	(b) (7)(C)	
12d. Tel No.	12e. Cell No.		12f. Fax No.		12a	E-Mail Address	
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)					b), (b) (7)(C)	
13. Representative of the Petitioner		ice of all papers fo	r purposes of the repr	esentation proceedin			
	-	and the property in		and number, city, state,	-	P code)	
13a. Name and Title Alcides Alexander Re	eyes Attorney		PO Box 195036			,	
ARG Law Office			PR San Juan 00919-5	5036			
13c. Tel No.	13d. Cell No.		13e. Fax No.	13f. E-Mail Address			
(787) 998-0600	(787) 309-7295		(787) 763-5215		areye	es@arglaw.net	
I declare that I have read the above p	etition and that the	statements are tru	e to the best of my kn	owledge and belief.			
Name (Print)	Signature		Title		D	Date	
Alcides Alexander Reves	Alcides A. Reyes	5	Attorney		10)/5/2018 13:59:15	
Alcides Alexander Reyes						0/5/2018 13:59:15 DE, 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.

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Attachment

Employees Included

All unlicensed personnel employeed on all vessels owned, operated or chartered by the Employer and subsidiaries, Puerto Rico operations.

Employees Excluded

All other employees, guards, and supervisores as defined in the Act