

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 14-RC-197946	Date Filed 5/2/17

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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
Railcrew Xpress

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
9867 Widmer Rd, Lenexa KS 66215

3a. Employer Representative - Name and Title
Sandy Walker, Director of Human Resources

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

3c. Tel. No.
913-928-5000

3d. Cell No.

3e. Fax No.
913-928-5072

3f. E-Mail Address
sandy.walker@railcrewxpress.com

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

4b. Principal product or service
Transport employees

5a. City and State where unit is located:
Salem, IL

6b. Description of Unit Involved

Included: All full-time and regular part-time drivers employed by the Employer at the Salem, Illinois location.

Excluded: All office clerical employees, managers, temporary employees, and supervisors as defined by the "ACT".

6a. No. of Employees in Unit:
approximately 10 employees

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

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts 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):
5/19/2017 to 6/2/2017

11c. Election Time(s):
N/A

11d. Election Location(s):
Mail Ballot

12a. Full Name of Petitioner (including local name and number)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial & Service Employees International Union, (USW), AFL-CIO, CLC

12b. Address (street and number, city, state, and ZIP code)
1301 Texas St. Room 200, Gary, IN 48402

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial & Service Employees International Union, (USW), AFL-CIO, CLC

12d. Tel. No.
219-881-6202

12e. Cell No.
219-793-5348

12f. Fax No.
219-886-8686

12g. E-Mail Address
tsautter@usw.org

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

13a. Name and Title
Ted C. Sautter

13b. Address (street and number, city, state, and ZIP code)
1301 Texas St., Room 200, Gary, IN 48402

13c. Tel. No.
219-881-6202

13d. Cell No.
219-793-5348

13e. Fax No.
219-886-8686

13f. E-Mail Address
tsautter@usw.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)
Ted C. Sautter

Signature
T.C. Sautter

Title
Organizing Coordinator

Date
5/2/2017

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 the information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED
NLRB REGION 14
MAY 2 2017 PM 1:20

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 14-RC-198022	Date Filed May 3, 2017

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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
Geo Corrections & Detention, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
8607 SE Flower Mound Rd, Lawton, OK 73501

3a. Employer Representative - Name and Title
Christopher Ryan, VP

3b. Address (if same as 2b - state same)
1 Park Place, 621 NW 53rd St Ste 700, Boca Raton, FL 33487

3c. Tel. No. 561-999-7489 **3d. Cell No.**

3e. Fax No. 561-999-7738 **3f. E-Mail Address**

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

4b. Principal product or service

5a. City and State where unit is located:
Lawton, OK

5b. Description of Unit Involved
Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, SECURITY CLERKS, CASE MANAGERS & SERGEANTS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(B)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY GEO @ LAWTON CORRECTIONAL FACILITY LOCATED 8607 SE FLOWER MOUND RD, LAWTON, OK 73501.

6a. No. of Employees in Unit:
200

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

Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

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). **NONE**

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

8c. Tel No. **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address**

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

10a. Name **10b. Address** **10c. Tel. No.** **10d. Cell No.**
10e. Fax No. **10f. E-Mail Address**

11. Election Details: If the NLRB conducts 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): 5/25/17 **11c. Election Time(s):** 5-7 AM & 1-3 PM **11d. Election Location(s):** Training Building

12a. Full Name of Petitioner (including local name and number)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12b. Address (street and number, city, state, and ZIP code)
25510 Kelly Road, Roseville, MI 48066

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No. 586-772-7250 X111 **12e. Cell No.** 586-872-5634 **12f. Fax No.** 586-772-9644 **12g. E-Mail Address** organize@spfpa.org

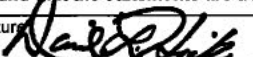
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Gordon Gregory, General Counsel

13b. Address (street and number, city, state, and ZIP code)
65 Cadillac Square, Suite 3727, Detroit, MI 48226

13c. Tel No. 313-964-5600 **13d. Cell No.** **13e. Fax No.** 313-964-2125 **13f. E-Mail Address** Gordon@UnionLaw.net

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) David L. Hickey Signature  Title International President Date 5/2/17

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 14-RC-198661	Date Filed May 12, 2017

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 5b 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 CSRA		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 77690 VICTORY DRIVE, FORT RILEY, KS 66442	
3a. Employer Representative - Name and Title MARK NAUGHTON		3b. Address (If same as 2b - state same) 3170 FAIRVIEW PARK DRIVE, FALLS CHURCH, VA 22042	
3c. Tel. No. 785-784-8168	3d. Cell No.	3e. Fax No. 785-784-8305	3f. E-Mail Address MNAUGHTON@VT-LCCS.ORG
4a. Type of Establishment (Factory, mine, wholesaler, etc.) MAINTENANCE/RANGE FACILITY		4b. Principal product or service CONVOY LINE	5a. City and State where unit is located: FORT RILEY, KS

5b. Description of Unit Involved Included: ALL FULL AND REGULAR PART TIME GENERAL MAINTENANCE WORKERS, ELECTRONIC MAINTENANCE TECHNICIAN I'S, II'S, AND III'S, TELECOMMUNICATIONS MECHANIC I'S AND II'S, COMPUTER OPERATOR I'S, II'S, III'S, IV'S, AND V.		6a. No. of Employees in Unit: 31
Excluded: OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.		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: 7a. Request for recognition as Bargaining Representative was made on **Petition will serve as request for recognition** 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 N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **N/A** 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 N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

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): 6/2/2017	11c. Election Time(s): 10:00 AM	11d. Election Location(s): BREAK ROOM - BLDG 99652 FORT RILEY, KS 66442
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12a. Full Name of Petitioner (including local name and number)
IAMAW, AFL-CIO

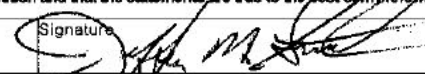
12b. Address (street and number, city, state, and ZIP code)
690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO
--

12d. Tel. No. 817-505-0100	12e. Cell No.	12f. Fax No. 817-459-0107	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Jeffery M. Smith - Chief of Staff to General Vice President Mark A. Blondin		13b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011	
13c. Tel. No. 817-505-0100	13d. Cell No. 469-766-9372	13e. Fax No. 817-459-0107	13d. E-Mail Address JSMITH@IAMAW.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) Jeffery M. Smith	Signature 	Title Chief of Staff to General Vice President Mark A. Blondin	DATE 5/12/2017
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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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INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 **Illinois Central School Bus** 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) **1111 East 9th St. West Frankfort IL 62896**

3a. Employer Representative - Name and Title **Cynthia Loyd - Contract Mgr.** 3b. Address (If same as 2b - state name)

3c. Tel. No. **618-937-6280** 3d. Fax No. **618-993-9680** 3e. Cell No. 3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) **Transportation** 4b. Principal product or service **Transportation of Children to School**

5a. Description of Unit Involved
Included: **Bus Drivers, Monitors**
Excluded: **n/a**
5b. City and State where unit is located: **West Frankfort Illinois**

6. No. of Employees in Unit **26** 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 **Teamsters Local #50** 8b. Affiliation, if any

8c. Address **1609 North Illinois
SWANSEA IL 62226** 8d. Tel. No. 8e. Cell No.
8f. Fax No. 8g. E-Mail Address

9. Date of Recognition or Certification **8-1-2014** 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) **July 31, 2017**

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) **n/a** a labor organization, of (Insert Address) 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 **n/a** 12b. Address **n/a** 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. (b) (6), (b) (7)(C) **on behalf of employees Illinois Central School Bus**

(b) (6), (b) (7)(C) 14c. Tel. No. **(b) (6), (b) (7)(C)** 14d. Fax No. **(b) (6), (b) (7)(C)**
14d. Cell No. 14e. E-Mail Address **(b) (6), (b) (7)(C)**

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b. Title **(b) (6), (b) (7)(C)**

(b) (6), (b) (7)(C) 15d. Tel. No. **(b) (6), (b) (7)(C)** 15e. Fax No. **(b) (6), (b) (7)(C)**
15f. Cell No. 15f. E-Mail Address **(b) (6), (b) (7)(C)**

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

Name (Print) **(b) (6), (b) (7)(C)** City **(b) (6), (b) (7)(C)** Title **(b) (6), (b) (7)(C)** Date Filed **05-09-2017**

WILLFUL FALSE STATEMENTS

PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 Traffic Control Company		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 601 8th Street Valley Park, MO 63088	
3a. Employer Representative - Name and Title Ron Jones - President		3b. Address (If same as 2b - state name) SAME	
3c. Tel. No. 636-225-7800	3d. Fax No.	3e. Cell No.	3f. E-Mail Address RonJ@Trafficcontrolcompany.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal product or service Construction/Traffic Control	

5a. Description of Unit Involved Included: SEE Recognition Clause in contract Excluded: office clerical employees, professional employees, guards and supervisors as defined in the Act		5b. City and State where unit is located: Valley Park, MO.
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6. No. of Employees in Unit 9	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent Int'l Brotherhood of Teamsters Local Union No. 682	8b. Affiliation, if any
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8c. Address 5730 Elizabeth Ave St. Louis, MO 63110-2802		8d. Tel. No. 314-647-8350	8e. Cell No.
		8f. Fax No. 314-647-4768	8g. E-Mail Address

9. Date of Recognition or Certification June 1982	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) July 31st 2017
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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) (Insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) June 6, 2017	13c. Election Time(s) 6:00AM	13d. Election Location(s) Breakroom
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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. (b) (6), (b) (7)(C)	14c. Fax No.
	14d. Cell No.	14e. E-Mail Address

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C)	15b. Title An Individual
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No. (b) (6), (b) (7)(C)
	15e. Fax No.
	15f. Cell 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)	Sig (b) (6), (b) (7)(C)	Title An Individual	Date Filed 5-16-17

WILLFUL FALSE STATEMENTS ON FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT