

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

DO NOT WRITE IN THIS SPACE	
Case No 10-RC-237161	Date Filed 03/06/2019

**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 <b>TECHNICA LLC</b>		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) <b>2702 MICHIGAN AVENUE, FT. CAMPBELL, KY 42223</b>	
3a. Employer Representative - Name and Title <b>BRENDA MALICK - TRANSPORTATION MANAGER</b>		3b. Address (if same as 2b - state same) <b>(SAME AS ABOVE)</b>	
3c. Tel. No. <b>270-956-1418</b>	3d. Cell No.	3e. Fax No.	3d. E-Mail Address <b>BRENDA.G.MALICK.CTR@MAIL.MIL</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>TRANSPORTATION AND LOGISTICS</b>		4b. Principal product or service <b>TRANSPORTATION AND FREIGHT</b>	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>TRANSPORTATION AND LOGISTICS</b>		5a. City and State where unit is located: <b>FT. CAMPBELL, KY</b>	
5b. Description of Unit Involved Included: <b>ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE: ALL INSTALLATION TRANSPORTATION DIVISION MATERIAL EXPEDITER AND COMPUTER OPERATOR II.</b> Excluded: <b>OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.</b>			6a. No. of Employees in Unit: <b>4</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"/>

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). <b>NONE</b>		8b. Address <b>N/A</b>	
8c. Tel. No. <b>N/A</b>	8d. Cell No. <b>N/A</b>	8e. Fax No. <b>N/A</b>	8f. E-Mail Address <b>N/A</b>
8g. Affiliation, if any <b>N/A</b>		8h. Date of Recognition or Certification <b>N/A</b>	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>N/A</b>

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 <b>N/A</b>	10b. Address <b>N/A</b>	10c. Tel. No. <b>N/A</b>	10d. Cell No. <b>N/A</b>
		10e. Fax No. <b>N/A</b>	10f. E-Mail Address <b>N/A</b>

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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>MARCH 27, 2019</b>	11c. Election Time(s): <b>9:00 AM - 10:00 AM</b>		
11d. Election Location(s): <b>BRIEFING ROOM #200 7162 HEDGEROW ROAD, FT. CAMPBELL, KY 42223</b>			

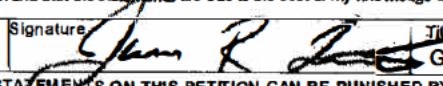
12a. Full Name of Petitioner (including local name and number) <b>IAMAW, AFL-CIO</b>	12b. Address (street and number, city, state, and ZIP code) <b>690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011</b>
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12c. Full name of national or international labor 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. <b>817-505-0100</b>	12e. Cell No.	12f. Fax No. <b>817-459-0107</b>	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 <b>JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE</b>		13b. Address (street and number, city, state, and ZIP code) <b>690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011</b>	
13c. Tel. No. <b>817-505-0100</b>	13d. Cell No. <b>682-401-7835</b>	13e. Fax No. <b>817-459-0107</b>	13d. E-Mail Address <b>JLITTLE@IAMAW.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) <b>JAMES R. LITTLE</b>	Signature 	Title <b>GRAND LODGE REPRESENTATIVE</b>	DATE <b>3/06/2019</b>
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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**

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. 10-RC-237852	Date Filed 03/18/2019

**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:**  
United Campus Workers-Communications  
Workers of America Local 3865

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
P.O. Box 3814  
Knoxville, TN 37927

**3a. Employer Representative - Name and Title:**  
Edward McDaniel, President

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

**3c. Tel. No.**  
865-329-0085

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
president@ucw-cwa.org

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

**4b. Principal Product or Service**  
Representing campus workers

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

**5b. Description of Unit Involved:**  
**Included:**  
All full time and regular part time employees  
**Excluded:**  
Guards and supervisors as defined in the Act

**6a. Number of Employees in Unit:**  
4

**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) 03/08/19 and Employer declined recognition on or about (Date) no reply (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 and 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):**  
04/01/2019

**11c. Election Time(s):**  
n/a

**11d. Election Location(s):**  
n/a

**12a. Full Name of Petitioner (including local name and number):**  
Southern Organizers United

**12b. Address (street and number, city, State and ZIP code):**  
PO Box 121436  
Nashville, TN 37212

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

**12d. Tel. No.**

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
southernorganizersunited@gmail.com

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

**13a. Name and Title:**  
Dana Smith

**13b. Address (street and number, city, State and ZIP code):**  
2005A Ashwood Ave, Nashville, TN 37212

**13c. Tel. No.**

**13d. Cell No.**  
248-470-5572

**13e. Fax No.**

**13f. E-Mail Address**  
dcs9304@gmail.com / dana@ucw-cwa.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)**  
Dana Smith

**Signature**  
*Dana Smith*

**Title**  
Organizer

**Date**  
3/18/19

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-238289	Date Filed 03/25/2019

**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> Sysco Foods of Central Alabama	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1000 Sysco Drive AL Calera 35040-
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<b>3a. Employer Representative - Name and Title</b> Frank Schuster	<b>3b. Address (If same as 2b - state same)</b> 1000 Sysco Drive AL Calera 35040-
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<b>3c. Tel. No.</b> (205) 668-0001	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> f.schuster@sysco.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Food Processing	<b>4b. Principal product or service</b> Food transportation	<b>5a. City and State where unit is located:</b> Calera, AL
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 68
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<b>Excluded:</b> See Attached Page 2 for additional details	<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>
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**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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<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>
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**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>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 4/12/19	<b>11c. Election Time(s):</b> 3 pm - 7 pm	<b>11d. Election Location(s):</b> MP1,2 and 3 Conference room
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<b>12a. Full Name of Petitioner (including local name and number)</b> Ricardo Hernandez Teamsters Local 612	<b>12b. Address (street and number, city, state, and ZIP code)</b> 25 Louisiana Ave. DC Washington 20001-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

<b>12d. Tel No.</b> (202) 624-6800	<b>12e. Cell No.</b> (202) 497-1796	<b>12f. Fax No.</b> (205) 945-9454	<b>12g. E-Mail Address</b> rhernandez@teamster.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>
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<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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**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> Ricardo Hernandez	<b>Signature</b> Ricardo Hernandez	<b>Title</b> International Organizer	<b>Date</b> 03/22/2019 17:01:16
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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**

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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
10-RC-238289	03/25/2019

Employees Included  
All full time and part time warehouse workers

Employees Excluded  
All other workers and security guards as defined by the act.

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

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-238326	Date Filed 03/25/2019

**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:**  
Center Stage Entertainment LLC

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
1374 W. Peachtree Street, NW  
Atlanta, GA 30309

**3a. Employer Representative - Name and Title:**  
Josh Antonucci, Senior Partner

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

**3c. Tel. No.** 404-885-1365      **3d. Cell No.**      **3e. Fax No.** 404-885-1919      **3f. E-Mail Address**

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

**4b. Principal Product or Service**  
music and entertainment

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

**5b. Description of Unit Involved:**  
**Included:** All full-time and regular part-time stagehands, riggers, sound and light board operators, truckloaders, pushers, forklift operators  
**Excluded:** All supervisors and guards as defined by the Act, managerial and clerical employees

**6a. Number 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)** 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)**

**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):** April 12, 2019      **11c. Election Time(s):** Ballots received by 5:00 p.m.      **11d. Election Location(s):** mail ballot

**12a. Full Name of Petitioner (including local name and number):**  
International Alliance of Theatrical and Stage Employees, Local 927

**12b. Address (street and number, city, State and ZIP code):**  
449 and 1/2, Moreland Avenue, NE, Suite 215  
Atlanta, GA 30307

**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 and Stage Employees (IATSE)

**12d. Tel. No.** 404-870-9911      **12e. Cell No.**      **12f. Fax No.**      **12g. E-Mail Address** ba@iatse927.org

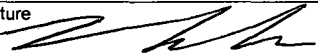
**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Nicolas M. Stanojevich

**13b. Address (street and number, city, State and ZIP code):**  
Quinn, Connor, Weaver, Davies & Rouco LLP  
3516 Covington Highway, Decatur, GA 30032

**13c. Tel. No.** 404-299-1211, ext 121      **13d. Cell No.**      **13e. Fax No.** 404-299-1288      **13f. E-Mail Address** nstanojevich@qcwdr.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)** Nicolas M. Stanojevich      **Signature**       **Title** Attorney      **Date** 3/25/19

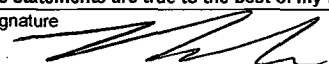
**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

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

DO NOT WRITE IN THIS SPACE	
Case No. 10-RC-238340	Date Filed 03/25/2019

**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.

<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> Rival Entertainment LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1374 W. Peachtree Street, NW Atlanta, GA 30309	
<b>3a. Employer Representative - Name and Title:</b> Josh Antonucci, Senior Partner		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 404-885-1365	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 404-885-1919	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Music, entertainment and festivals		<b>4b. Principal Product or Service</b> music, entertainment and festivals	<b>5a. City and State where unit is located:</b> Atlanta, GA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time stagehands, riggers, sound & light board operators, trucklders, pushers, forklft, site ops <b>Excluded:</b> All supervisors and guards as defined by the Act, managerial and clerical employees			<b>6a. Number of Employees in Unit:</b> 25  <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: <input type="checkbox"/> 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). <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> 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> <u>No</u> 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>			
<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 checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> April 12, 2019		<b>11c. Election Time(s):</b> Ballots received by 5:00 p.m.	
<b>11d. Election Location(s):</b> mail ballot			
<b>12a. Full Name of Petitioner (including local name and number):</b> International Alliance of Theatrical and Stage Employees, Local 927		<b>12b. Address (street and number, city, State and ZIP code):</b> 449 and 1/2, Moreland Avenue, NE, Suite 215 Atlanta, GA 30307	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Alliance of Theatrical and Stage Employees (IATSE)			
<b>12d. Tel. No.</b> 404-870-9911	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> ba@iatse927.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> Nicolas M. Stanojevich		<b>13b. Address (street and number, city, State and ZIP code):</b> Quinn, Connor, Weaver, Davies & Rouco LLP 3516 Covington Highway, Decatur, GA 30032	
<b>13c. Tel. No.</b> 404-299-1211, ext 121	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 404-299-1288	<b>13f. E-Mail Address</b> nstanojevich@qcwdr.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> Nicolas M. Stanojevich	<b>Signature</b> 		<b>Title</b> Attorney
			<b>Date</b> 3/25/19

**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.

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

DO NOT WRITE IN THIS SPACE	
Case No <b>10-RC-238373</b>	Date Filed <b>03/26/2019</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 <b>TECHNICA LLC</b>	2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) <b>5210 8<sup>TH</sup> AND DESERT STORM, FT. CAMPBELL, KY 42223</b>
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3a. Employer Representative - Name and Title <b>LARRY BASDEN</b>	3b. Address (If same as 2b - state same) <b>(SAME AS ABOVE)</b>
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3c. Tel. No. <b>270-798-6754</b>	3d. Cell No.	3e. Fax No.	3d. E-Mail Address <b>LARRY.D.BASDEN.CTR@MAIL.MIL</b>
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>SUPPLY AND LOGISTICS</b>	4b. Principal product or service <b>SUPPLY MILITARY GEAR</b>	5a. City and State where unit is located: <b>FT. CAMPBELL, KY</b>
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5b. Description of Unit Involved Included: <b>ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE: ALL INSTALLATION SUPPLY DIVISION SUPPLY TECHNICIANS.</b> Excluded: <b>OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.</b>	6a. No. of Employees in Unit: <b>3</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"/>
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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). <b>NONE</b>	8b. Address <b>N/A</b>
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8c. Tel. No. <b>N/A</b>	8d. Cell No. <b>N/A</b>	8e. Fax No. <b>N/A</b>	8f. E-Mail Address <b>N/A</b>
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8g. Affiliation, if any <b>N/A</b>	8h. Date of Recognition or Certification <b>N/A</b>	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>N/A</b>
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9. Is there now a strike or picketing at the Employers 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 <b>N/A</b>	10b. Address <b>N/A</b>	10c. Tel. No. <b>N/A</b>	10d. Cell No. <b>N/A</b>
		10e. Fax No. <b>N/A</b>	10f. E-Mail Address <b>N/A</b>

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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): <b>APRIL 22, 2019</b>	11c. Election Time(s): <b>9:00 AM – 10:00 AM</b>	11d. Election Location(s): <b>COMPUTER ROOM BUILDING 5210 8<sup>TH</sup> AND DESERT STORM, FT. CAMPBELL, KY 42223</b>
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12a. Full Name of Petitioner (including local name and number) <b>IAMAW, AFL-CIO</b>	12b. Address (street and number, city, state, and ZIP code) <b>690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011</b>
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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. <b>817-505-0100</b>	12e. Cell No.	12f. Fax No. <b>817-459-0107</b>	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 <b>JAMES R. LITTLE – GRAND LODGE SPECIAL REPRESENTATIVE</b>	13b. Address (street and number, city, state, and ZIP code) <b>690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011</b>
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13c. Tel. No. <b>817-505-0100</b>	13d. Cell No. <b>682-401-7835</b>	13e. Fax No. <b>817-459-0107</b>	13d. E-Mail Address <b>JLITTLE@IAMAW.ORG</b>
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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>JAMES R. LITTLE</b>	Signature 	Title <b>GRAND LODGE REPRESENTATIVE</b>	DATE <b>3/26/2019</b>
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PRIVACY ACT STATEMENT

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