

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-230511	Date Filed 11/6/18

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: CBRE, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3100 Sanders Rd, Northbrook, IL 60062
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3a. Employer Representative - Name and Title: John McDonagh, Director of Engineering	3b. Address (if same as 2b - state same): 312 N Clark St #3400, Chicago, IL 60654
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3c. Tel. No. 847-706-4924	3d. Cell No.	3e. Fax No.	3f. E-Mail Address john.mcdonagh@cbre.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Office Building	4b. Principal Product or Service Maintenance	5a. City and State where unit is located: Northbrook, IL
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5b. Description of Unit involved: Included: All full-time and regular part-time skilled maintenance workers working for CBRE, Inc at 3100 Sanders Rd, Northbrook, IL 60062	6a. Number of Employees in Unit: 2
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Excluded:
Office clerical, professional employees, managers, guards and supervisors as defined in 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).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)

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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 11/26/2018	11c. Election Time(s): 7:00 AM - 7:15 AM	11d. Election Location(s): 3100 Sanders Rd, Northbrook, IL 60062
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12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 399	12b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616
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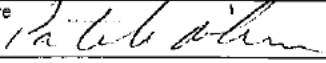
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Operating Engineers, AFL-CIO

12d. Tel. No. 312-372-9870	12e. Cell No.	12f. Fax No. 312-842-1565	12g. E-Mail Address
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13a. Name and Title: Pat O'Gorman, Organizer	13b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616
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13c. Tel. No. 312-980-6156	13d. Cell No. 773-502-7425	13e. Fax No. 312-842-1565	13f. E-Mail Address pogorman@iuoe399.com
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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) Pat O'Gorman	Signature 	Title Organizer	Date 11/06/18
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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 may 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. **13-RC-231665** Date Filed **11/26/18**

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: WBBM-AM
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Entercom Communications Corp, 180 N. Stetson Avenue, Suite 1000 Chicago, Illinois 60601

3a. Employer Representative - Name and Title: Mike Dash, Vice President, Senior Counsel
3b. Address (if same as 2b - state same): 401 City Avenue, Suite 809, Bala Cynwyd, PA 19004

3c. Tel. No.: 610-660-5602
3d. Cell No.:
3e. Fax No.:
3f. E-Mail Address: Michael.Dash@entercom.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Radio Station
4b. Principal Product or Service: Radio News
5a. City and State where unit is located: Chicago Illinois

5b. Description of Unit Involved:
Included:
All Digital Content Producers working regularly for WBBM-AM.
* Note - Petitioner seeks an *Armour-Globe* election to include these individuals in broader unit
Excluded:
Guards and Supervisors, as defined by the Act
6a. Number of Employees in Unit: 5
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)** 9/4/2018 **and Employer declined recognition** on or about (Date) 9/12/2018 (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): December 17, 2018
11c. Election Time(s): 4:30PM- 6:30 PM
11d. Election Location(s): 11th floor conference room

12a. Full Name of Petitioner (including local name and number): Screen Actors Guild - American Federation of Television And Radio Artists (SAG-AFTRA)
12b. Address (street and number, city, State and ZIP code): 1 East Eerie, Suite 650, Chicago, Ill 60611

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

12d. Tel. No.: 847-962-9788
12e. Cell No.:
12f. Fax No.:
12g. E-Mail Address: Sheryl.Beck@sagaftra.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Joshua Mendelsohn, Sr. Labor Counsel
13b. Address (street and number, city, State and ZIP code): 1900 Broadway, 5th Floor, New York, NY 10023

13c. Tel. No.: 212-863-4292
13d. Cell No.:
13e. Fax No.:
13f. E-Mail Address: Joshua.Mendelsohn@sagaftra.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): Sheryl Beck
Signature: 
Title: Broadcast Representative
Date: 11/26/2018

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 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: PPC FLEXIBLE PACKAGING	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1111 BUSCH PARKWAY
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3a. Employer Representative - Name and Title: CHRIS CLEMENT PLANT MANAGER	3b. Address (if same as 2b - state same): SAME
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3c. Tel. No. 847-541-0000	3d. Cell No.	3e. Fax No. 847-541-0075	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) MANUFACTURING	4b. Principal Product or Service FLEXIBLE PACKAGING MANUFACTUR	5a. City and State where unit is located: BUFFALO GROVE ILLINOIS
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5b. Description of Unit Involved: Included: ALL FULL TIME MANUFACTURING AND PRODUCTION EMPLOYEES, MAINTENANCE EMPLOYEE Excluded: SUPERVISORS, MANAGEMENT, SECURITY GUARDS AND PROFESSIONALS AS STATED IN THE	6a. Number of Employees in Unit: 63 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) NONE	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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)

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: _____
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): DEC. 17,, 19,20,21 2018	11c. Election Time(s): 5:00AM-6:00AM 4:00PM-5:00PM	11d. Election Location(s): SECOND FLOOR EMPLOYEES LUNCH ROOM,NOR
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12a. Full Name of Petitioner (including local name and number): TEAMSTERS LOCAL 781	12b. Address (street and number, city, State and ZIP code): 747 CHURCH RD SUITE D ELMHURST ILLINOIS 60126
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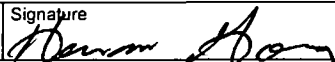
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
INTERNATIONAL BROTHERHOOD OF TEAMSTERS

12d. Tel. No. 202-624-6800	12e. Cell No.	12f. Fax No.	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: TRACY L. TREADWELL, SECRETARY TREASURER	13b. Address (street and number, city, State and ZIP code): 747 CHURCH RD BUILDING D ELMHURST ILLINOIS 60126

13c. Tel. No. 1-847-298-9999 EXT. 115	13d. Cell No. 630-880-5112	13e. Fax No. 847-824-0781	13f. E-Mail Address truck781@att.net
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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) HERNAN GOMEZ	Signature 	Title VICE PRESIDENT	Date 11-29-2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
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