

**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: MV Transportation, Inc.  
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
200 Abbott Park Road  
Lake Bluff, IL 60044

3a. Employer Representative - Name and Title: Patrick Domboldt  
Director of Labor Relations  
3b. Address (if same as 2b - state same):  
Same

3c. Tel. No. 702-299-9883  
3d. Cell No.  
3e. Fax No. 702-973-4487  
3f. E-Mail Address patrick.domboldt@mvtransit.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation  
4b. Principal Product or Service Transportation Services  
5a. City and State where unit is located:

5b. Description of Unit Involved:  
Included: All fulltime and regular parttime, shuttle drivers in the division 257 & division 158 serving Abbott Labs.  
Excluded: All other employees, office clerical employees, guards & professional employees.  
6a. Number of Employees in Unit: 31

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) w/ petition 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 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): 9/18, or 9/25  
11c. Election Time(s): 6am-11am & 2pm-4pm  
11d. Election Location(s): Holiday Inn  
611 Lakehurst Road, Waukegan, IL

12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 301  
12b. Address (street and number, city, State and ZIP code):  
36990 North Green Bay Rd.  
Waukegan, IL 60087

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. 847-623-5430  
12e. Cell No. -  
12f. Fax No. -  
12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title: Michael Haffner, Secretary-Treasurer  
13b. Address (street and number, city, State and ZIP code):  
36990 N. Green Bay Rd.  
Waukegan, Illinois 60087

13c. Tel. No. 847-623-5430  
13d. Cell No. 847-343-0434  
13e. Fax No.  
13f. E-Mail Address mth@teamsters301.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) Michael Haffner  
Signature [Signature]  
Title Secretary-Treasurer  
Date 9/4/19

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-248092</b>	Date Filed <b>9/12/19</b>

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

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

<b>2a. Name of Employer:</b> Civitas Education Partners (and see attached)	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> See attached
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<b>3a. Employer Representative - Name and Title:</b> Donald Evans, Director of Human Resources	<b>3b. Address (if same as 2b - state same):</b> 1006 S. Michigan Ave., Suite 301, Chicago, IL 60605
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<b>3c. Tel. No.</b> 312-733-6790	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> devans@civitasedpartners.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> charter school	<b>4b. Principal Product or Service</b> education	<b>5a. City and State where unit is located:</b> Chicago, IL
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached <b>Excluded:</b> See attached	<b>6a. Number of Employees in Unit:</b> 17	<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
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 5/21/19 and Employer declined recognition on or about (Date) 7/8/19 (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> None	<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?** 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

<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: \_\_\_\_\_  
**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 10/1/19 and 10/2/19	<b>11c. Election Time(s):</b> 7:30am-9:30am and 11:00am-1:00pm	<b>11d. Election Location(s):</b> See attached
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<b>12a. Full Name of Petitioner (including local name and number):</b> Chicago Teachers Union, Local 1, IFT, AFT, AFL-CIO	<b>12b. Address (street and number, city, State and ZIP code):</b> 1901 W. Carroll Ave., Chicago, IL 60612
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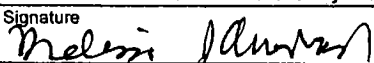
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
American Federation of Teachers, AFL-CIO

<b>12d. Tel. No.</b> 312-329-9100	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 312-329-6200	<b>12g. E-Mail Address</b> leadership@ctulocal1.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>	
<b>13a. Name and Title:</b> Melissa Auerbach	<b>13b. Address (street and number, city, State and ZIP code):</b> 8 S. Michigan Ave., 19th Floor, Chicago, IL 60603

<b>13c. Tel. No.</b> 312-372-1361	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 312-372-6599	<b>13f. E-Mail Address</b> mauerbach@laboradvocates.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.

<b>Name (Print)</b> Melissa J. Auerbach	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 9/12/19
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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.

## ATTACHMENT TO RC PETITION

### CIVITAS EDUCATION PARTNERS, CIVITAS SCHOOLS, LLC, AND QUEST MANAGEMENT

2a. Name of Employer:

Civitas Education Partners, Civitas Schools, LLC, and Quest Management

2b. Addresses of Establishments Involved:

CICS Wrightwood Elementary School, 8130 S. California Ave., Chicago, IL 60652  
CICS Ralph Ellison High School, 1817 W. 80th St., Chicago, IL 60620  
CICS Northtown Academy, 3900 W. Peterson Ave., Chicago, IL 60659  
CICS ChicagoQuest, 1443 N. Ogden Ave., Chicago, IL 60610

5b. Description of Unit Involved:

**Included:** All full-time and regular part-time Receptionists, Assistant Office Managers, Office Managers (at CICS Wrightwood Elementary School, CICS Ralph Ellison High School, and CICS Northtown Academy), School Nurses, Associate Deans, and Deans employed by the Employer at the CICS Wrightwood Elementary School, currently located at 8130 S. California Ave., Chicago, IL 60652; CICS Ralph Ellison High School, currently located at 1817 W. 80th St., Chicago, IL 60620; CICS Northtown Academy, currently located at 3900 W. Peterson Ave., Chicago, IL 60659; and CICS ChicagoQuest, currently located at 1443 N. Ogden Ave., Chicago, IL 60610.

**Excluded:** Deans at CICS Wrightwood Elementary School, supervisors and guards as defined by the Act, and all other employees.

11. Election Details:

10/1/19: 7:30 am - 9:30 am at CICS Northtown Academy, Dean's Door #2  
10/1/19: 11:00 am - 1:00 pm at CICS ChicagoQuest, Room 209  
10/2/19: 7:30 am - 9:30 am at CICS Wrightwood Elementary School, Staff Lounge  
10/2/19: 11:00 am - 1:00 pm at CICS Ralph Ellison High School, Room 205

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RM-248104</b>	Date Filed <b>9/12/19</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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner:</b> Steiner Electric Company	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1250 Touhy Ave., Elk Grove Village, IL 60007
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<b>3a. Employer/Petitioner Representative - Name and Title:</b> Richard Hamer, Vice President	<b>3b. Address (if same as 2b - state same):</b> 1250 Touhy Ave., Elk Grove Village, IL 60007
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<b>3c. Tel. No.</b> (847) 956-3032	<b>3d. Cell No.</b> (847) 980-7855	<b>3e. Fax No.</b> (847) 956-3150	<b>3f. E-Mail Address</b> rhamer@stnr.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Generator Sales and Service	<b>4b. Principal Product or Service</b> Power Generator Service
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<b>5a. Description of Unit Involved:</b> Included: See attached Excluded: See attached	<b>5b. City and State where unit is located:</b> Elk Grove Village, IL
	<b>6. Number of Employees in Unit:</b> 13

Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable

7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_

7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> Operating Engineers Local 150	<b>8b. Affiliation, if any:</b> AFL-CIO
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<b>8c. Address:</b> Stanley A. Simrayh, Director Operating Engineers Local 150 6200 Joliet Road, Countryside, IL 60525	<b>8d. Tel. No.</b> 708-482-8800	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b> 708-588-1629	<b>8g. E-Mail Address</b> SSimrayh@local150.org

<b>9. Date of Recognition or Certification</b> July 26, 2018	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) n/a</b>
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**11. 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) \_\_\_\_\_

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**  
n/a

<b>12a. Name and affiliation if any</b> n/a	<b>12b. Address</b> n/a	<b>12c. Tel. No.</b> n/a	<b>12d. Cell No.</b> n/a
		<b>12e. Fax No.</b> n/a	<b>12f. E-Mail Address</b> n/a

**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:  
See attached for election details

**13a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>13b. Election Date(s):</b>	<b>13c. Election Time(s):</b>	<b>13d. Election Location(s):</b>
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**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title:</b> Richard H. Wessels Attorney for Petitioner	<b>14b. Address (street and number, city, State and ZIP code):</b> Wessels Sherman, 2035 Foxfield Rd., St. Charles, IL 60174
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<b>14c. Tel. No.</b> (630) 377-1554	<b>14d. Cell No.</b> (312) 401-7444	<b>14e. Fax No.</b> (630) 377-1653	<b>14f. E-Mail Address</b> riwessels@wessels Sherman.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.

<b>Name (Print)</b> Richard H. Wessels	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 09/12/19
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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.

# Description of Unit Involved

- Included:** All Full-time and regular part-time generator service technicians employed by the Employer at its facility currently located at 1275 Touhy Avenue, Elk Grove Village, Illinois 60007.
- Excluded:** All other employees, parts and warehouse employees, general office employees, managerial employees, office clerical employees and guards, professional employees and supervisors as defined in the Act.

# Election Details

- Date of Election:** Friday, September 27, 2019
- Time:** 8:00 – 8:30 a.m.
- Place:** Dealer Training Room, 1275 Touhy Avenue, Elk Grove Village, IL



FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

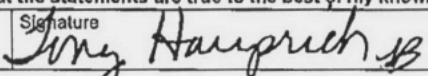
13-RC-248217

Date Filed

9/13/19

**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: Vanguard Vault		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5100 Industrial Hwy., Gary, Indiana 46406	
3a. Employer Representative - Name and Title: Robert Williams, Owner		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 219-949-7723	3d. Cell No. 219-746-0333	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Vaults		4b. Principal Product or Service Vault Service	5a. City and State where unit is located: Gary, Indiana
5b. Description of Unit Involved: Included: All laborers/vault manufacturing workers Excluded:		6a. Number of Employees in Unit: 8	
		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	
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.			
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? <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): September 27, 2019	11c. Election Time(s): 2:00 p.m.-3:00 p.m.	11d. Election Location(s): Employees' site	
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 142		12b. Address (street and number, city, State and ZIP code): 1300 Clark Road, Gary, Indiana 46404	
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, Local Union No. 142			
12d. Tel. No. 219-949-1550	12e. Cell No. 219-743-1236	12f. Fax No. 219-944-6278	12g. E-Mail Address tony@teamsters142.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Tony Hauprich, Business Agent/Trustee		13b. Address (street and number, city, State and ZIP code): 1300 Clark Road, Gary, Indiana 46404	
13c. Tel. No. 219-949-1550 ext. 306	13d. Cell No. 219-743-1236	13e. Fax No. 219-944-6278	13f. E-Mail Address tony@teamsters142.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) Tony Hauprich	Signature 	Title Business Agent/Trustee	Date 9-13-19

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  
**RM PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RM-248439</b>	Date Filed <b>9/18/19</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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner:</b> Meiko America, Inc.	<b>2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):</b> 888 A.E.C. Drive, Wood Dale, IL 60191
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<b>3a. Employer/Petitioner Representative - Name and Title:</b> Alan M. Kaplan, Attorney	<b>3b. Address (if same as 2b - state same):</b> Masuda, Funai, et al., 200 N. Martingale, Suite 800, Schaumburg, IL 60173
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<b>3c. Tel. No.</b> 847.734.8811	<b>3d. Cell No.</b> 630.939.5807	<b>3e. Fax No.</b> 847.734.1089	<b>3f. E-Mail Address</b> akaplan@masudafunai.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Warehouse	<b>4b. Principal Product or Service:</b> Warehousing and shipping services
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<b>5a. Description of Unit Involved:</b> <b>Included:</b> hourly paid warehouse employees of the Company's Wood Dale, Illinois warehouse <b>Excluded:</b> all office clerical employees, professional employees, supervisors, watchmen and guard	<b>5b. City and State where unit is located:</b> Wood Dale, IL	<b>6. Number of Employees in Unit:</b> 4
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Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable

7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_

7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Name of Recognized or Certified Bargaining Agent - Name:</b> Misc Warehousemen, Local 781	<b>8b. Affiliation, if any:</b> Int'l Brotherhood Teamsters
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<b>8c. Address:</b> 747 Church Road, Building D, Elmhurst, IL 60126	<b>8d. Tel. No.</b> 847.298.9999	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b>

<b>9. Date of Recognition or Certification:</b> Unknown	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):</b> 11/30/2019
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**11. 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) \_\_\_\_\_

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**  
none

<b>12a. Name and affiliation if any</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Cell No.</b>
		<b>12e. Fax No.</b>	<b>12f. E-Mail Address</b>

**13. Election Details:** if the NLRB conducts an election in this matter, state your position with respect to any such election: There is a sufficient showing of interest to support the RM Petition.

**13a. Election Type:**  
 Manual  Mail  Mixed Manual/Mail

<b>13b. Election Date(s):</b> October 4, 2019	<b>13c. Election Time(s):</b> Noon	<b>13d. Election Location(s):</b> Locker Room
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**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title:</b> Alan M. Kaplan, Attorney	<b>14b. Address (street and number, city, State and ZIP code):</b> 200 N. Martingale, Suite 800, Schaumburg, IL 60173
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<b>14c. Tel. No.</b> 847.734.8811	<b>14d. Cell No.</b> 630.939.5807	<b>14e. Fax No.</b> 847.734.1089	<b>14f. E-Mail Address</b> akaplan@masudafunai.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) Alan M. Kaplan	Signature 	Title Attorney	Date 11/17/19
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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



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

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-248955</b>	Date Filed <b>9/27/19</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**  
Illinois Central School Bus

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
640 Kimberly Drive, Carol Stream, IL 60188 DuPage County

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

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

**3c. Tel. No.**  
(630) 260-7645

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
v.ramirez@illinois-central.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
School Bus Mechanic's Garage

**4b. Principal product or service**  
Service of School Buses

**5a. City and State where unit is located:**  
Carol Stream, IL

**5b. Description of Unit Involved**  
**Included:** All full-time and regular part-time bus technicians, including Journeyman, apprentices, and semi-skilled technicians who are employed by the employer whose facility is currently located at 640 Kimberly Dr. in Carol Stream, IL.  
**Excluded:** All other employees including drivers, monitors, parts employees, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.

**6a. No. of Employees in Unit:**  
3

**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). Petition to serve as request.  
 **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):**  
10/16/2019

**11c. Election Time(s):**  
11:00 a.m. - 11:30 a.m.

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

**12a. Full Name of Petitioner (including local name and number)**  
Local Lodge 701, International Association of Machinists & Aerospace Workers AFL-CIO

**12b. Address (street and number, city, state, and ZIP code)**  
113 Republic Avenue, Ste. 100, Joliet, IL 60435

**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 & Aerospace Workers AFL-CIO

**12d. Tel No.**  
815-280-6400

**12e. Cell No.**  
815-214-4587

**12f. Fax No.**  
815-280-6345

**12g. E-Mail Address**  
wlpinske@iamaw.org

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

**13a. Name and Title**  
William J. LePinske, Grand Lodge Representative

**13b. Address (street and number, city, state, and ZIP code)**  
113 Republic Avenue, Ste. 100, Joliet, IL 60435

**13c. Tel No.**  
815-280-6400

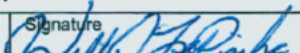
**13d. Cell No.**  
815-214-4587

**13e. Fax No.**  
815-280-6345

**13f. E-Mail Address**  
wlpinske@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)**  
William J. LePinske

**Signature**  


**Title**  
Grand Lodge Representative/TOL

**Date**  
September 27, 2019

**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.