

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
09-RC-240695

Date Filed
MAY 2, 2019

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
GIVAUDAN FLAVORS CORP.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
110 E 69TH ST, CINCINNATI, OH 45216

3a. Employer Representative - Name and Title
Tom Grant
Operations Manager

3b. Address (If same as 2b - state same)
SAME AS ABOVE

3c. Tel. No.
(513)948-8000

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
thomas.grant@givaudan.com

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

4b. Principal product or service
SEASONING PRODUCTS

5a. City and State where unit is located:
Cincinnati, OH

5b. Description of Unit Involved
Included: All full-time and part-time employees of the Employer, including spray dry, liquids, warehouse, maintenance chemical manufacturers, shipping and receiving, and trial orders.
Excluded: All office clerical employees, all professional employees, all other employees, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:
165

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] 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).

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):
X 5-20-19

11c. Election Time(s):
X 5am-7:30am 1-4pm

11d. Election Location(s):
X Learning Center

12a. Full Name of Petitioner (including local name and number)
International Union, United Automobile, Aerospace & Agricultural Implement Workers of America (UAW), Region 2B

12b. Address (street and number, city, state, and ZIP code)
1691 Woodlands Dr, Maumee, OH 43537-4013

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, United Automobile, Aerospace & Agricultural Implement Workers of America (UAW), Region 2B

12d. Tel No.
(419)893-4677

12e. Cell No.
(937)725-2656

12f. Fax No.
(419)893-4073

12g. E-Mail Address
bcole@uaw.net

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

13a. Name and Title
Brian Cole, International Service Rep.

13b. Address (street and number, city, state, and ZIP code)
SAME AS ABOVE

13c. Tel No.
SAME AS ABOVE

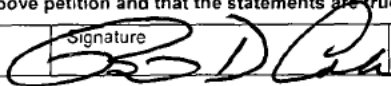
13d. Cell No.
SAME AS ABOVE

13e. Fax No.
SAME AS ABOVE

13f. E-Mail Address
SAME AS ABOVE

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)
Brian Cole

Signature


Title
International Service Rep.

Date
X 5/2/19

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 will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
09-RC-241284

Date Filed
MAY 13, 2019

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
Sazerac of Indiana

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
707 Pillsbury Lane
IN New Albany 47150-

3a. Employer Representative - Name and Title
Kathy Thelen

3b. Address (If same as 2b - state same)
IN

3c. Tel. No.
(502) 320-6615

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
kthelen@sazerac.com

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

4b. Principal product or service
Alcoholic beverages

5a. City and State where unit is located:
New Albany, IN

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
50

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

Excluded: See Attached Page 2 for additional details

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

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? _____ 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):
05/30/2019

11c. Election Time(s):
6:00 PM EDT - 8:00 PM EDT

11d. Election Location(s):
At the plant

12a. Full Name of Petitioner (including local name and number)
Paul L. Whiteley Jr.
United Food & Commercial Workers Union, Local 227

12b. Address (street and number, city, state, and ZIP code)
3330 Pinecroft Drive
KY Louisville 40219-3011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food & Commercial Workers International Union

12d. Tel No.
(502) 582-3508

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
pwhiteley@ufcw22.org

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

13a. Name and Title
Jonathan Karmel Attorney
Karmel Law Firm

13b. Address (street and number, city, state, and ZIP code)
221 N. LaSalle Street Suite 1550
IL Chicago 60601-

13c. Tel No.
(312) 641-2910

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
Jon@karmellawfirm.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)
Paul L. Whiteley Jr.

Signature
Paul L. Whiteley Jr.

Title

Date
05/10/2019 16:46:05

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.

DO NOT WRITE IN THIS SPACE

Attachment

Case

098RC-241284

Date Filed

MAY 13, 2019

Employees Included

Bottling Tech, Bottling Line Leads, Processing, Warehouse, Maintenance, Janitor

Employees Excluded

Managers, Supervisors, Support Staff, Office/Clerical, Security, Temporaries,
Employees of another employer

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 09-RC-241561	Date Filed MAY 16, 2019
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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 Badger Daylighting Corp.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8930 Mororsports Way IN Brownsburg 46112-	
3a. Employer Representative - Name and Title Liz Peterson		3b. Address (If same as 2b - state same) 8930 Mororsports Way IN Brownsburg 46112-	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal product or service Excavation	
5a. City and State where unit is located: Huntington, WV			6a. No. of Employees in Unit: 15
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			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 (Date) 03/25/2019 and Employer declined recognition on or about 05/10/2019 (Date) (If no reply received, so state). Yes
 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	
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): May 28 **11c. Election Time(s):** 7:00 - 8:00 a.m. **11d. Election Location(s):** Facility at Kyle Lane, Huntington, WV

12a. Full Name of Petitioner (including local name and number)
Neil Huffman
International Union of Operating Engineers AFL-CIO, Local Union No. 132 **12b. Address (street and number, city, state, and ZIP code)**
606 Tennessee Avenue PO Box 6770
WV Charleston 25302-0770

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. (304) 343-7731	12e. Cell No. (304) 638-2234	12f. Fax No. (304) 529-6179	12g. E-Mail Address nhuffman@iuoe132.org
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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 Lawrence B. Lowry Esq. Legal Counsel IUOE Local 132 Legal Office		13b. Address (street and number, city, state, and ZIP code) 636 4th Avenue 2nd Floor WV Huntington 25701-	
13c. Tel No. (304) 529-2434	13d. Cell No. (304) 544-9138	13e. Fax No. (304) 529-6179	13f. E-Mail Address lblowry@iuoe132.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) Lawrence B. Lowry Esq.	Signature Lawrence B. Lowry	Title Legal Counsel	Date 05/10/2019 13:44:06
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE

Case
09-RC-241561

Date Filed
MAY 16, 2019

Attachment

Employees Included
Operators

Employees Excluded
Supervisors, office clericals

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-241815	Date Filed May 20, 2019

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: Petermann Ltd/Scioto County Bus Terminal
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2623 Gallia Street, Portsmouth, OH 45662

3a. Employer Representative - Name and Title: June Whisman, General Manager
3b. Address (if same as 2b - state same): Same

3c. Tel. No. 740-353-0667
3d. Cell No.
3e. Fax No.
3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Bus Transportation Terminal
4b. Principal Product or Service Transporting students by bus
5a. City and State where unit is located: Portsmouth, OH

5b. Description of Unit Involved:
Included: Please See Attachment
Excluded: Please See Attachment
6a. Number of Employees in Unit: 13
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)** April 18, 2019 **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)

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: This is an Armour-Globe Petition. Union represents other classifications at shop
11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): June/July 2019
11c. Election Time(s):
11d. Election Location(s):

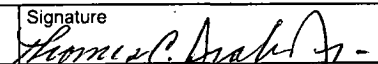
12a. Full Name of Petitioner (including local name and number): Ohio Association of Public School Employee (OAPSE)
12b. Address (street and number, city, State and ZIP code): 6805 Oak Creek Drive, Columbus, OH 43229

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): OAPSE/AFSCME Local 4, AFL-CIO

12d. Tel. No. 614-890-4770
12e. Cell No. 614-332-9472
12f. Fax No. 614-980-3540
12g. E-Mail Address tdrabick@oapse.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Thomas C. Drabick, Jr., OAPSE Director of Legal Srv.
13b. Address (street and number, city, State and ZIP code): 6805 Oak Creek Drive, Columbus, OH 43229

13c. Tel. No. 614-890-4770
13d. Cell No. 614-332-9472
13e. Fax No. 614-890-3540
13f. E-Mail Address tdrabick@oapse.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) Thomas C. Drabick, Jr.
Signature 
Title OAPSE Director of Legal Services
Date 05/15/19

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

Attachment to RC Petition, OAPSE/AFSCME Local 4, AFL-CIO and Petermann Ltd/Scioto County Bus Terminal:

5. Unit involved:

This is an *Armour-Globe* Petition. Pursuant to a collective bargaining agreement, the Union currently represents the following described employee classifications at the facility: All regular full-time and part-time employee bus drivers.

The Union seeks to add other employees employed at the facility: "All Bus Aides/Monitors employed by the Employer at its 2623 Gallia Street, Portsmouth, Ohio facility."

The result would be a unit described as follows:

Included: "All regular full-time and part-time employee Bus Drivers and all Bus Aides/Monitors employed by the Employer at its 2623 Gallia Street, Portsmouth, Ohio facility."

Excluded: "All other employees and all professional employees, guards, and supervisors as defined in the Act."

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-241949	Date Filed May 22, 2019

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.

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2a. Name of Employer: Gravy Keg LLC	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2511 Essex Place #129 Cincinnati Ohio 45206
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3a. Employer Representative - Name and Title: Darin Overholser/Employer	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 513-882-3604	3d. Cell No. 859-466-3946	3e. Fax No. none	3f. E-Mail Address darin@cincyshirts.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) T-Shirt Design and Printing	4b. Principal Product or Service T-Shirt Design and Printing	5a. City and State where unit is located: Cincinnati Ohio
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5b. Description of Unit Involved: Included: All workers involved in design and printing of shirts Excluded: All workers working in retail stores	6a. Number of Employees in Unit: 7	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) January 2019 on or about (Date) January 2019 (If no reply received, so state). and Employer declined recognition
 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) Communications Workers Of America Local 4400	8b. Address: 2300 Montana Ave Suite 101 Cincinnati Ohio 45211
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8c. Tel. No. 513-681-4400	8d. Cell No. 513-484-4212	8e. Fax No. 513-681-8976	8f. E-Mail Address president@cwa4400.org
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8g. Affiliation, if any: Communications Workers of America	8h. Date of Recognition or Certification 5/21/19	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) none
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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

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):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Communications Workers of America, Local 4400	12b. Address (street and number, city, State and ZIP code): 2300 Montana Ave., Suite 101, Cincinnati, OH 45211
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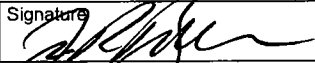
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Communications Workers of America

12d. Tel. No.	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: Jason Ballman, President	13b. Address (street and number, city, State and ZIP code): 2300 Montana Ave, Suite 101, Cincinnati, Ohio 45211

13c. Tel. No. 513-681-4400	13d. Cell No. 513-484-4212	13e. Fax No. 513-681-8976	13f. E-Mail Address president@cwa440.org
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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) Jason Ballman	Signature 	Title President CWA 4400	Date 5/21/19
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-242306	Date Filed May 29, 2019

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
Strong Spirits

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
999 Withrow Court Bardstown, KY 40004

3a. Employer Representative - Name and Title
Shirley Boyd, Plant Manager

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

3c. Tel. No.
(502) 558-5696

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
sboyd@strongspirits.com

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

4b. Principal product or service
bottling and mixing alcohol

5a. City and State where unit is located:
Bardstown, KY

5b. Description of Unit Involved

Included: All full-time and regular part-time production, warehouse and maintenance employees at the Employer's facility in Bardstown, KY

Excluded: All temporary employees, office clerical and professional employees, guards, and supervisors as defined in the Act

6a. No. of Employees in Unit:
Approximately 40

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) by petition and Employer declined recognition on or about no reply (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
6/19/19

11c. Election Time(s):
12 -2 p.m.

11d. Election Location(s):
employee break room

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

12b. Address (street and number, city, state, and ZIP code)
60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222

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

12d. Tel No.
(412) 562-2529

12e. Cell No.
(412) 418-4333

12f. Fax No.
(412) 562-2555

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

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

13a. Name and Title
Brad Manzolillo, USW Organizing Counsel

13b. Address (street and number, city, state, and ZIP code)
60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222

13c. Tel No.
(412) 562-2529

13d. Cell No.
(412) 418-4333

13e. Fax No.
(412) 562-2555

13f. E-Mail Address
bmanzolino@usw.org

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

Name (Print) Brad Manzolillo	Signature <i>Brad Manzolillo</i>	Title Organizing Counsel	Date 5/29/19
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