

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 09-RC-260036	Date Filed May 6, 2020
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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 Quickway Carriers	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2827 South English Station Rd. KY Louisville 40299-
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3a. Employer Representative - Name and Title Chris Higgins	3b. Address (If same as 2b - state same) 2827 South English Station Rd. KY Louisville 40299-
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3c. Tel. No. (502) 708-1300	3d. Cell No.	3e. Fax No. (502) 708-1320	3f. E-Mail Address chrish@quickwaycarriers.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking	4b. Principal product or service grocery	5a. City and State where unit is located: Louisville, KY
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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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).	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.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 05/27/2020	11c. Election Time(s): all day	11d. Election Location(s): we are asking for a mail ballot, if manual ballot is ordered, at the employe
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12a. Full Name of Petitioner (including local name and number) Bryan Trafford International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America General Drivers.	12b. Address (street and number, city, state, and ZIP code) 3813 Taylor Blvd. KY Louisville 40215-
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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. (706) 564-7002	12e. Cell No.	12f. Fax No.	12g. E-Mail Address btrafford@teamsters89.com
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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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Bryan Trafford	Signature Bryan Trafford	Title Organizer	Date 05/6/2020 11:28:09
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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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-RC-260036	May 6, 2020

Employees Included
All full time dispatchers

Employees Excluded
all office clerical employees, temporary employees, casual employees, professional employees, guards, and supervisors as defined in the act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-260125	Date Filed May 8, 2020

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 Vistar Kentucky	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2701 Stanley Gault Pkwy KY Louisville 40223-
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3a. Employer Representative - Name and Title Mark Schwinn	3b. Address (If same as 2b - state same) 2701 Stanley Gault Pkwy KY Louisville 40223-
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3c. Tel. No. (502) 426-0898	3d. Cell No.	3e. Fax No. (502) 426-8099	3f. E-Mail Address mark.schwinn@pfgc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking	4b. Principal product or service snack foods	5a. City and State where unit is located: Louisville, KY
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 17	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 (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.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): May 29th, 2020	11c. Election Time(s): all day	11d. Election Location(s): we are requesting a mail ballot election, if a manual ballot is ordered we
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12a. Full Name of Petitioner (including local name and number) bryan trafford International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America General Drivers.	12b. Address (street and number, city, state, and ZIP code) 3813 Taylor Blvd KY Louisville 40215-
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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. (706) 564-7002	12e. Cell No.	12f. Fax No.	12g. E-Mail Address btrafford@teamsters89.com
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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	13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) bryan trafford	Signature Bryan Trafford	Title Organizer	Date 05/8/2020 09:30:55
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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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-RC-260125	May 8, 2020

Employees Included
all full time drivers

Employees Excluded
all office clerical employees, dispatchers, temporary employees, professional employees, guards, warehouse workers, janitors, and supervisors as defined in the act

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-260528	Date Filed 5-18-2020

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: Broadway Series Management Group, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 501 West Main Street Louisville, KY 40202
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3a. Employer Representative - Name and Title: Jeff Daniel, Co-Chief Executive Officer	3b. Address (if same as 2b - state same): 1619 Broadway, 9th Floor New York, NY 10019
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3c. Tel. No. 917-206-5335	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Jeff.Daniel@broadwayacrossamerica.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Performance venue	4b. Principal Product or Service Entertainment	5a. City and State where unit is located: Louisville, KY
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5b. Description of Unit Involved: Included: See attached Rider. Excluded: See attached Rider.	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) 05/04/20 and Employer declined recognition on or about (Date) None (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? 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): ASAP	11c. Election Time(s): N/A	11d. Election Location(s): N/A
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12a. Full Name of Petitioner (including local name and number): Make-Up Artists and Hair Stylists Union, Local 798, IATSE	12b. Address (street and number, city, State and ZIP code): 70 West 36th Street, Suite 4A New York, NY 10018
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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 Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada, AFL-CIO

12d. Tel. No. 212-627-0660	12e. Cell No. 914-419-6519	12f. Fax No. 212-627-0664	12g. E-Mail Address vp@local798.net
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13a. Name and Title: Nicholas J. Johnson, Counsel	13b. Address (street and number, city, State and ZIP code): Spivak Lipton LLP 1700 Broadway, 21st Floor, New York, NY 10019
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13c. Tel. No. 212-765-2100	13d. Cell No.	13e. Fax No. 212-765-8954	13f. E-Mail Address njohnson@spivaklipton.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) Nicholas J. Johnson	Signature /s/ Nicholas J. Johnson	Title Counsel	Date 05/18/20
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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.

RIDER

Question 5b

Included: All Hair Stylists and Make-Up Artists employed by the Employer at the Kentucky Center for the Performing Arts.

Excluded: All other employees, including all clerical workers, managers, guards, and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE
Case No. 09-RD-260679
Date Filed 5-21-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1 PURPOSE OF THIS PETITION RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: **PILOT CHEMICAL**
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): **3439 YANKEE ROAD, MIDDLETOWN, OH 45044**
3a. Employer Representative - Name and Title: **MIKE BIZZARDO - PLANT MANAGER**
3b. Address (if same as 2b - state same): **SAME**
3c. Tel No: **513-424-9700**
3d. Fax No:
3e. Cell No.
3f. E-Mail Address:

4a. Type of Establishment (Factory, mine, wholesaler, etc.): **FACTORY**
4b. Principal product or service: **SURFACTANT**

5a. Description of Unit Involved
Included: **OPERATIONS, MAINTENANCE, LAB, WAREHOUSE**
Excluded: **ALL OTHER**
5b. City and State where unit is located: **MIDDLETOWN, OHIO**

6. No. of Employees in Unit: **37**
7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

8a. Name of Recognized or Certified Bargaining Agent: **INTERNATIONAL ASSOCIATION OF MACHINIST**
8b. Affiliation, if any: **N/A**

8c. Address: **1100 CRAWFORD STREET, MIDDLETOWN, OH 45044**
8d. Tel. No.
8e. Cell No.
8f. Fax No.
8g. E-Mail Address:

9. Date of Recognition or Certification: **FEBRUARY 2017**
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): **FEBRUARY 7, 2021**

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

11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) **N/A** since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above (If none, so state): **NONE**

12a. Name: **N/A**
12b. Address:
12c. Tel. No.
12d. Fax No.
12e. Cell No.
12f. E-Mail Address:

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
13a. Election Type: Manual Mail Mixed Manual/Mail

13b. Election Date(s)
13c. Election Time(s)
13d. Election Location(s)

14. Full Name of Petitioner: **(b) (6), (b) (7)(C)**

14a. Address (Street and number, city, state, ZIP code): **(b) (6), (b) (7)(C)**
14b. Tel. No.: **(b) (6), (b) (7)(C)**
14c. Fax No.: **(b) (6), (b) (7)(C)**
14d. Cell No.: **(b) (6), (b) (7)(C)**
14e. E-Mail Address:

14f. Affiliation, if any: **(b) (6), (b) (7)(C) EMPLOYEE**

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

15a. Name: **N/A**
15b. Title:

15c. Address (Street and number, city, state, ZIP code):
15d. Tel. No.
15e. Fax No.
15f. Cell No.
15g. E-Mail Address:

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

Name (Print): **(b) (6), (b) (7)(C)**
Title: **(b) (6), (b) (7)(C)**
Date Filed: **5/18/20**

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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