

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 09-RC-230872	Date Filed November 9, 2018
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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 CATCO-Phoenix	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 77 S High St Fl 2 OH Columbus 43215-6147
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3a. Employer Representative - Name and Title Steven Anderson	3b. Address (if same as 2b - state same) 77 S High St Fl 2 OH Columbus 43215-6147
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3c. Tel. No. (614) 453-4603	3d. Cell No.	3e. Fax No. (614) 461-8241	3f. E-Mail Address sanderson@catco.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others	4b. Principal product or service Theatrical Production	5a. City and State where unit is located: Columbus, OH
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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: 6 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) 11/08/2018 and Employer declined recognition on or about _____ (Date) (if no reply received, so state). No reply received**
 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? 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): week of 12/3	11c. Election Time(s): beginning/end of shift	11d. Election Location(s): employer's facility
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12a. Full Name of Petitioner (including local name and number) Brian Thomas International Alliance of Theatrical Stage Employees & Moving Picture Operators (IATSE) Local 12	12b. Address (street and number, city, state, and ZIP code) 566 E Rich St OH Columbus 43215-5335
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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 Operators (IATSE)

12d. Tel No. (614) 221-3753	12e. Cell No. (614) 560-0579	12f. Fax No. (614) 221-0078	12g. E-Mail Address businessagent@iatse.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 Cathrine Harshman Attorney Hunter Carnahan Shoub Byard & Harshman	13b. Address (street and number, city, state, and ZIP code) 3360 TREMONT RD SUITE 230 Ste 230 OH Columbus 43221-
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13c. Tel No. (614) 442-5626	13d. Cell No. (614) 668-3606	13e. Fax No. (614) 442-5625	13f. E-Mail Address charshman@hcands.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) Cathrine Harshman	Signature Cathrine Harshman	Title Attorney	Date 11/9/2018 14:06:36
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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.

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Case
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Date Filed
November 9, 2018

Attachment

Employees Included

carpenters, painters, stagehands, and other scene shop employees

Employees Excluded

actors, clerical and administrative employees

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No.

09-RD-231323

Date Filed

November 19, 2018

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 Solvaire Specialty LP		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1228 Muzzy Rd, Urbana, OH 43078	
3a. Employer Representative - Name and Title Frank Blenmen, Plt Mgr.		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 937.652.2101	3d. Fax No.	3e. Cell No.	3f. E-Mail Address fblenmen@solvaire.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory		4b. Principal product or service cellulose powder	

5a. Description of Unit Involved Included: All production and maintenance employees employed at 1228 Muzzy Road, Urbana OH. Excluded: All office clerical employees, professional employees, laboratory technicians, temporary employees, guards and supervisors.		5b. City and State where unit is located: Urbana, OH
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6. No. of Employees in Unit 177	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent Teamsters Local 957		8b. Affiliation, if any International Brotherhood of teamsters	
8c. Address 2719 Armstrong Ln Dayton, OH 45414		8d. Tel. No. 937-278-5781	8e. Cell No.
		8f. Fax No. 937-278-7577	8g. E-Mail Address doschal@teamsterslocal957.com
9. Date of Recognition or Certification 1997	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Feb 12, 2019		

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) _____ 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)

12a. Name None	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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s) Wed, Dec 12, 2018	13c. Election Time(s) 6:30A-7:30A; 2:30P-3:30A	13d. Election Location(s) Breakroom in Building B
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14a. Name (b) (6), (b) (7)(C)	14b. Address (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)

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

15a. Name (b) (6), (b) (7)(C)	15b. Title An Individual
15c. Address (b) (6), (b) (7)(C)	15d. Tel. No. (b) (6), (b) (7)(C)
	15e. Fax No. (b) (6), (b) (7)(C)
	15f. Cell No. (b) (6), (b) (7)(C)
15g. Signature (b) (6), (b) (7)(C)	
15h. Title None	
15i. Date Filed 11-19-2018	

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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