

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-228446	Date Filed 10-2-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: Central Ohio Gaming Ventures, LLC
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 200 Georgesville Road, Columbus, Ohio 43228

3a. Employer Representative - Name and Title: Jason Birney, General Manager/Endea Smith, Vice-president, Human Resources
3b. Address (if same as 2b - state same): Same

3c. Tel. No. 614-308-4485
3d. Cell No.
3e. Fax No.
3f. E-Mail Address Jason.Birney@pngaming.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino Gaming and Entertainment
4b. Principal Product or Service Gaming Cash Awards and Prizes
5a. City and State where unit is located: Columbus, Ohio

5b. Description of Unit Involved:
Included: All full-time and regular part-time licensed table game dealer supervisors and all full-time and regular licensed part-time poker game dealer supervisors employed by Central Ohio Gaming Ventures, LLC at its Columbus, Ohio Hollywood Casino facility
6a. Number of Employees in Unit: 56

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).
 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) N/A
8b. Address:

8c. Tel. No.
8d. Cell No.
8e. Fax No.
8f. E-Mail Address

8g. Affiliation, if any: N/A
8h. Date of Recognition or Certification N/A
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A

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 N/A
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): October 26-27, 2018
11c. Election Time(s): 10:00 AM-12:30 PM and 5:00 PM - 9:00 PM
11d. Election Location(s): 200 Georgesville Road, Columbus, Ohio

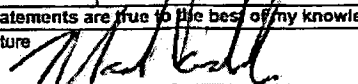
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 284
12b. Address (street and number, city, State and ZIP code): 555 E. Rich St., Columbus, Ohio 43215

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. 614-228-0727 x101
12e. Cell No. 614-719-9658
12f. Fax No. 614-228-0901
12g. E-Mail Address mvandak@teamsters284.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Mark Vandak, President, Teamsters Local Union No.284
13b. Address (street and number, city, State and ZIP code): 555 E. Rich St., Columbus, Ohio 43215

13c. Tel. No. 614-228-0727 x101
13d. Cell No. 614-719-9658
13e. Fax No. 614-228-0901
13f. E-Mail Address mvandak@teamsters284.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) Mark Vandak
Signature 
Title President
Date 10/01/18

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. 09-RC-228934	Date Filed OCTOBER 11, 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 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
Tower Automotive

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

3a. Employer Representative - Name and Title
Devon Logsdon, HR Manager

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

3c. Tel. No.
(502) 331-4123

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
logsdon.devon@towerinternational.com

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

4b. Principal product or service
auto parts production

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

5b. Description of Unit Involved

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

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

6a. No. of Employees in Unit:
Approximately 460

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):
11/2/18

11c. Election Time(s):
5 - 8 a.m. and 1 - 4 p.m.

11d. Election Location(s):
Front Cafeteria

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
bmanzollilo@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 Manzollilo, 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
bmanzollilo@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 Manzollilo

Signature
Brad Manzollilo

Title
Organizing Counsel

Date
10/10/18

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 09-RC-229936	Date Filed October 25, 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 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
OhioHealth Corporation

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
111 South Grant Ave
OH Columbus 43215

3a. Employer Representative - Name and Title
Jeffrey McMurray

3b. Address (If same as 2b - state same)
3535 Olentangy River Rd
OH Columbus 43214-3998

3c. Tel. No.
(614) 544-4542

3d. Cell No.
(614) 544-4490

3e. Fax No.
(614) 544-4490

3f. E-Mail Address
Jeffrey.McMurray@ohionhealth.com

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

4b. Principal product or service
Hospital

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

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:
25

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).

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):
11/13/18

11c. Election Time(s):
5:30 am to 6:30 am & 1:30 pm to 2:30 pm

11d. Election Location(s):
Grant Medical Center 111 South Grand Ave Columbus Ohio

12a. Full Name of Petitioner (including local name and number)
Steve Maritas
Law Enforcement Officers Security Unions LEOSU, LEOS-PBA

12b. Address (street and number, city, state, and ZIP code)
1155 F St NW Ste 1050
DC Washington 20004-1329

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

12d. Tel No.
(800) 228-7492

12e. Cell No.
(202) 486-8558

12f. Fax No.
(202) 595-3510

12g. E-Mail Address
LEOSUNIONS@GMAIL.COM

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

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) Steve Maritas	Signature Steve Maritas	Title Organizing Director	Date 10/25/2018 15:15:52
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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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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-RC-229936	October 25, 2018

Employees Included

All regular part-time and regular full-time security officers performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer at its location noted in 11d

Employees Excluded

All other employees, office clerical employees, professional employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 09-RC-230098	Date Filed October 30, 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 OhioHealth Corporation	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1010 Refugee Rd OH Pickerington 43147-9653
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3a. Employer Representative - Name and Title	3b. Address (If same as 2b - state same) 3535 Olentangy River Rd OH Columbus 43214-3998
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3c. Tel. No. (614) 544-4542	3d. Cell No. (614) 623-2141	3e. Fax No. (614) 544-4490	3f. E-Mail Address Jeffrey.McMurray@ohiohealth.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities	4b. Principal product or service Hospital	5a. City and State where unit is located: Pickerington, 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: 9 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? 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 11/16/18	11c. Election Time(s): 5:30 TO 6:30 a.m. and 1:30 to 2:30 p.m.	11d. Election Location(s): OhioHealth Pickerington Medical Campus 1010 Refugee Rd, Pickerington
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12a. Full Name of Petitioner (including local name and number) Steve Maritas Law Enforcement Officers Security Unions LEOSU, LEOS-PBA	12b. Address (street and number, city, state, and ZIP code) 1155 F St NW Ste 1050 DC Washington 20004-1329
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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) Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA
--

12d. Tel No. (202) 595-3510	12e. Cell No. (202) 486-8558	12f. Fax No. (202) 595-3510	12g. E-Mail Address LEOSUNIONS@GMAIL.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) Steve Maritas	Signature Steve Maritas	Title Organizing Director	Date 10/29/2018 21:24:15
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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-230098

Date Filed

October 30, 2018

Attachment

Employees Included

All regular part-time and regular full-time Armed Protective Service Officers & Lieutenant performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer at its location noted in 11d

Employees Excluded

All other employees, office clerical employees, professional employees and supervisors as defined by the Act.