FORM NURB-502 (RC) (2-18)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

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

		1101 211110	44			09-	-RC-22	8446	_	10-	2-2018
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the petition of: {	panied b 1) the pe	y both a s tition; (2)	howing of interest (s Statement of Positio	see 6b on form	below) and (Form NLI	l a certificat RB-505); an	te of service sho d (3) Description	wing s of Re	ervice on oresentation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petit     requests that the National Laboratory	lioner desire	s to be certified a	s represe	nlative of	the employees. The F	Petition	rer alleges	that the foll	owing circumsta	nces e	
2a. Name of Employer: Central Ohio Gaming Ver	ntures, L	TC			Establishment(s) inviville Road, Col				, State, ZIP code)	•	
3a. Employer Representative - Nar Jason Birney, General Ma Vice-president, Human R	mager/E	ndea Smith,	3b. Add Same	ress (if sar	ne as 2b - state same	e):					
3c. Tel. No. 614-308-4485	3d. Cell N	o.		3e. Fax N	o.		3f. E-Mail A Jason.Bi		ngaming.cor	n.	
4a. Type of Establishment (Factory, a Casino Gaming and Enter					pal Product or Service g Cash Awards		Prizes		d State where uni bus, Ohio	t is loc	aled:
5b. Description of Unit Involved: included: All full-time and regular part-ti game dealer supervisors emp Excluded: All dealers, slot department e department employees, cust	oloyed by Cer comployees, co comer service	stral Onio Gaming Ve age cashiers and sup department employe	entures, LL pervisors, f pes office c	C at its Colo ood and bev lerical emple	imbus, Ohio Hollywood erage department emplo pyees, professional empl	Casino i cyees, E	facility EVS	56 6b. Do a si of the e	er of Employees in ubstantial number employees in the u	(30% (	to be
employees, all guards and su Check One:	rently reco	Bargaining Repre (If no Inized as Bargaini	sentative o reply re ing Repre	was made ceived, so esentative	on (Date)	on und	<del></del>	represe	ented by the Petitic declined recognition	oner? [	x Yes No
Sc. Tel. No.	8d. Cell No	D		8e. Fax N	0.	1	Bf. E-Mail A	ddress	·		
Bg. Affiliation, if any: N/A		···	8h. Dade of Recognition or Certification N/A			ation 4	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A				Α .
9. Is there now a strike or picketing a	( the Emplo	yer's establishmer	at(s) invo	ved? No	If so, appro	ximale	ly how man	y employee:	s are participating	?	
(Name of Labor Organization) 10. Organizations or individuats other	dhan Dair		man of In 24	2 and	Q which have eleimo				er since (Month, C		
individuals known to have a repre									out out		s and
0a, Name N/A	-	10b. Address					10c. Tel. No		10d. Cell No.		
				10e. Fa			10e. Fax No	No. 10f. E-Mail Address		SS	
1. Election Details: If the NLRB cor	nducts and	election in this ma	tler, state	your posi	tion with respect to ar	ny such	election: 1	1a. Election Manua		Mixed	Manual/Mail
th: Election Date(s): October 26-27, 2018			• •				11d. Election Location(s): 200 Georges ville Road, Columbus, Ohio				, Ohio
2a. Full Name of Petitioner (include Ceamsters Local Union No		me and number):			12b. Address (stree 555 E. Rich S	t and n t., Co	umber, city, olumbus	State and 2 , Ohio 4:	MP code): 32.15		
2c. Full name of national or internati nternational Brotherhood			ich Petitic	ner is an a	filiate or constituent	(if none	e, so slate):				
2d. Tel. No. 514-228-0727 x 101	12e, Cell N 614-719			121. Fax N 614-22		i	12g. E-Mail / mvandak	Address :@teams	ters284.org		
<ol> <li>Representative of the Petitione 13a. Name and Title: Mark Vandak, President, Tea</li> </ol>				13b. Addr	ess (street and number	er, city,	State and 2	IP code):			
3c. Tel. No. 514-228-0727 x 101	13d. Cell N 614-71	9-9658	l	13e. Fax 1 614-22	8-0901	1			ters284.org		
declare that I have read the above	petition a		-	e true to p	e best offny knowl		nd belief.				Date
<sub>lame (<i>Print</i>) Mark Vandak</sub>		Signature		and b	call	Pre:	sident				10/01/18

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
09-RC-228934	OCTOBER 11, 2018				

RC PETITION 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 <u>not</u> 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		850 V	Withrow Court Bardst	own, KY 40004					
3a. Employer Representative – Name and	Title		3b. Address (If same as	s 2b – state same)					
Devon Logsdon, HR Manager			Same						
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f, E-Mail Add	ress			
(502) 331-4123					logsdon.dev	von@towerinternational.com			
4a. Type of Establishment (Factory, mine, w factory	rholesaler, etc.)	4b. Principal pro auto parts pr			,	and State where unit is located: own, KY			
5b. Description of Unit Involved		·				6a. No. of Employees in Unit:			
Included: All full-time and regular par	t-time producti	on and maintena	ince employees at the E	Employer's facility i	n Bardstown,	Approximately 460			
KY Excluded: All temporary, office cleric	eal and profes	sional emnlove	es quards and supen	visors as defined	in the Act	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the			
7 in temperary, embe cienc	ar and protoc	olollar ollipioyo	oo, gaarao, ana oapor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Petitioner? Yes 🗸 No			
Check One: 7a. Request for re		gaining Representa (If no reply receive		by petition ar	nd Employer dec	lined recognition on or about			
	. ,	<u> </u>	epresentative and desires	certification under the	e Act.				
8a. Name of Recognized or Certified Baro None	gaining Agent <i>(l</i>	f 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 Recen Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing at the El									
			keted the Employer since (						
10. Organizations or individuals other than I known to have a representative interest in a	etitioner and the	se named in items the unit described	s 8 and 9, wnich have claim in item 5b above. <i>(If none</i>	ed recognition as rep . <i>so state</i> )	oresentatives and	d other organizations and individuals			
none	,			,,					
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>			ur position with respect to	11a. Election Type		Mail Mixed Manual/Mail			
11b. Election Date(s): 11/2/18		lection Time(s): m. and 1 - 4 p.m.		11d. Election Loca Front Cafeteria					
12a. Full Name of Petitioner (including lo United Steel, Paper and Forestry, Rubber, Manufacturing,		12b. Address (street and number, city, state, and ZIP code)							
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.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	ddress			
(412) 562-2529	(412) 418-4333		(412) 562-2555	contation proceeding	bmanzolillo@u	asw.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	3	13e. Fax No. (412) 562-2555	,	13f. E-Mail Ad	dress			
I declare that I have read the above petiti				vledge and belief.	2				
			7 Title	• • • • • • • • • • • • • • • • • • • •	Date				
Brad Manzolillo	inature M	anzolill	Organizing Counsel		10/10/18				

lo Brad Manzolillo Organizing Counsel 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

Case No. 09-RC-

DO NOT WRITE IN THIS SPACE							
		Date Filed					
-229936		October	25,	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

with the NLRB and should not l	•		•	KB 4012). THE SHO	wing or inte	rest snould only be illed	
1. PURPOSE OF THIS PETITION: RC	-CERTIFICATION	OF REPRESENTAT	IVE - A substantial number	of employees wish to be	e represented	for purposes of collective	
bargaining by Petitioner and Petition	er desires to be c	ertified as representati	ve of the employees. The	Petitioner alleges that	the following	circumstances exist and	
requests that the National Labor R  2a. Name of Employer	lelations Board		oper authority pursuant to ddress(es) of Establishmen				
OhioHealth Corporation		1	11 South Grant Ave	i(3) illivolved (elifect and	namber, ony,	olate, 211 dode,	
3a. Employer Representative - Name	and Title		H Columbus 43215- 3b. Address (If same as	2b – state same)			
Jeffrey McMurray			3535 Olentangy R OH Columbus 432				
3c. Tel. No.	3d. Cell No	•	3e. Fax No.		f. E-Mail Addre	ess	
(614) 544-4542	(614) 544-4	490	(614) 544-4490	J	effrey.McMurray	@ohionhealth.com	
4a. Type of Establishment (Factory, mir	ne, wholesaler, etc	c.) 4b. Principal pro	duct or service		5a. City a	nd State where unit is located:	
Healthcare			Hospital			Columbus, OH	
5b. Description of Unit Involved						6a. No. of Employees in Unit: 25	
Included: See Attached Page 2 for ad	ditional details				}	6b. Do a substantial number (30%	
						or more) of the employees in the	
Excluded: See Attached Page 2 for ad	ditional details					unit wish to be represented by the	
0.10						Petitioner? Yes [ ] No [ ]	
Check One: 7a. Request for	-	sargaining Representa e) <i>(If no reply receive</i>		and E	:mployer decili	ned recognition on or about .	
7b Petitioner			epresentative and desires	certification under the Ad	rit .		
8a. Name of Recognized or Certified			8b. Address	Seranoadon dider die 74	<u>,                                     </u>		
_							
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Addre	ess	
8g. Affiliation, if any			8h. Date of Recognition or			ate 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)							
·		<u> </u>		···			
10a. Name	10b.	Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
				100.10.			
11. Election Details: If the NLRB conc any such election.	fucts an election i	this matter, state you	ur position with respect to	11a. Election Type: I	Manual	Mail Mixed Manual/Mail	
11b. Election Dafe(s): 11/13/18		c. Election Time(s): 0 am to 6:30 am & 1:3	0 pm to 2:30 pm	pm to 2:30 pm 11d. Election Location(s): Grant Medical Center 111 South Grand Ave Columbus O			
12a. Full Name of Petitioner (including	g local name an		- p to allow p	12b. Address (street a	and number, ci	ity, state, and ZIP code)	
Steve Maritas Law Enforcement Officers Security Unions LEC	SU, LEOS-PBA			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. 12e. Cell No. (800) 228-7492 (202) 486-8558			12f. Fax No. 12g. E-Mail Address LEOSUNIONS@GMAIL.C			dress DGMAIL.COM	
	13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.						
13a. Name and Title	<del></del>	d number, city, state, and	d ZIP code)				
42a Tal Na	130 Fay No	- 1 a	3f. E-Mail Add	roce			
13c. Tel No.   13d. Cell No.   13e. Fax No.   13f. E-N					3i. ⊏-iviali A00		
I declare that I have read the above p	etition and that	he statements are tr	ue to the best of my know	ledge and belief.			
Name (Print)	Signature		Title		Date		
Steve Maritas Steve Maritas		Organizing Director 10/25/2018 15:15:52			15:15:52		

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				
	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 R C PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
09-RC-230098	October 30, 2018				

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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 <u>not</u> be served on the employer or any other party.

(i offi NERO-300), and (3) Description of Representation Case Frocedures (i offi NERO-3012). The showing of interest should only be incu								
with the NLRB and should not I				-4		for a superior of a sile ation		
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 F								
2a. Name of Employer		2b. A	ddress(es) of Establishment	(s) involved (Street and	d number, city,	State, ZIP code)		
OhioHealth Corporation		1 C	010 Refugee Rd )H Pickerington 43147-9653	10 Refugee Rd 1 Pickerington 43147-9653				
3a. Employer Representative - Name	and Title		3b. Address (If same as 3535 Olentangy Ri OH Columbus 432	2b – state same)				
3c. Tel. No.	3d. Cell No.	····	3e. Fax No.		Bf. E-Mail Addre	ess		
(614) 544-4542	(614) 623-214	1	(614) 544-4490		Jeffrey.McMurray			
4a. Type of Establishment (Factory, mir	<del> </del>	4b. Principal pro	_ <del></del>			nd State where unit is located:		
• • • • • • • • • • • • • • • • • • • •	•	40. Fillicipal pic			Ja. Ony a	Pickerington, OH		
Healthcare Facilities			Hospital		<del>.   </del>	<del></del>		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
Included: See Attached Page 2 for ad	ditional details				}	6b. Do a substantial number (30%		
						or more) of the employees in the		
Excluded: See Attached Page 2 for ad	ditional details					unit wish to be represented by the		
						Petitioner? Yes [ ] No [ ]		
Check One: 7a. Request for	or recognition as Bar	gaining Represent	ative was made on (Date)	and E	Employer decli	ned recognition on or about		
		(If no reply receive						
7b. Petitioner			Representative and desires of	ertification under the A	ct.			
8a. Name of Recognized or Certified				<u></u>				
•								
8c. Tel No.	8d Cell No.	-	8e. Fax No.	8	f, E-Mail Addre	ess		
On Affiliation if any		····	8h. Date of Recognition or	Certification 8	i Expiration D	ate of Current or Most Recent		
8g. Affiliation, if any			on. Date of Necognition of		(Month, Day, Year)			
O to the company of the consideration at the	- Employer's establ	iahmant(a) invalvas	12 NO If so approvi	imataly how many empl	lovees are part	icinating?		
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 the known to have a representative interest	nan Petitioner and the in any employees in	ose named in items the unit described	s 8 and 9, which have claime in item 5b above. (If none,	ed recognition as represso state)	sentatives and	other organizations and individuals		
10a. Name	10b. Ad	ddress		10c. Tel. No.		10d. Cell No.		
				10e: Fax No.		10f. E-Mail Address		
				ide: i ax ivo.		TOIL E-IVIDII Addi C33		
11. Election Details: If the NLRB cond any such election.	lucts an election in the	nis matter, state yo	ur position with respect to	11a. Election Type: <u>∫</u>	/) Manual	Mail Mixed Manual/Mail		
11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Location	` '			
11/16/18	5:30 T	O 6:30 a.m. and 1:	30 to 2:30 p.m.			mpus 1010 Refugee Rd, Pickeringto		
12a. Full Name of Petitioner (includir Steve Maritas Law Enforcement Officers Security Unions LEC	ng local name and n	number)		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 internation Law Enforcement Officers Security & Po	nal labor organization	of which Petitione	r is an affiliate or constituen	t (if none, so state)	-1525			
12d. Tel No.	12e. Cell No.		12f. Fax No.	· · · · · · · · · · · · · · · · · · ·	2g. E-Mail Add	Iress		
(202) 595-3510	(202) 486-855	3	(202) 595-3510	إن	EOSUNIONS	DGMAIL.COM		
13. Representative of the Petitioner v				entation proceeding.				
13a. Name and Title			13b. Address (street and		nd ZIP code)	l		
					•			
13c Tel No	13d. Cell No.		13e. Fax No.	I 1	13f. E-Mail Add	ress		
13c. Tel No.	100. Cell 140.		100.100.100.	'				
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.								
1	euuon and mat me	statements are u	ue to the best of my know	neuge and benen.				
Name (Print)	Signature Steve Maritas	statements are u	Title Organizing Director	neuge and benet.	Date	· · ·		

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-230098	October 30, 2018			

## 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.