

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

DO NOT WRITE IN THIS SPACE	
Case No. 08-RC-246165	Date Filed 8/7/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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:  
Schutz Container Systems

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
2105 S. Wilkinson Way, Perrysburg, OH 43551

3a. Employer Representative - Name and Title:  
Michael Miller, Plant Manager

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

3c. Tel. No.  
419-872-2477

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
perrysburg@schutz.net

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

4b. Principal Product or Service  
Containers

5a. City and State where unit is located:  
Perrysburg, Ohio

6b. Description of Unit Involved:  
Included:  
See attached p. 2  
Excluded:  
See attached p. 2

6a. Number of Employees in Unit:  
106

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)  
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 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):  
August 21, 2019

11c. Election Time(s):  
4:30A-7:30A, 12:30P-11P

11d. Election Location(s):  
HolidayInnExpress Toledo South/Perrysburg

12a. Full Name of Petitioner (including local name and number):  
Teamsters, Chauffeurs, Warehousemen & Helpers Union  
Local No. 20

12b. Address (street and number, city, State and ZIP code):  
435 S. Hawley Street, Toledo, OH 43609

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.  
419-706-1736

12e. Cell No.

12f. Fax No.

12g. E-Mail Address  
<sup>(b) (6), (b) (7)(C)</sup> @ibt20.com

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

13a. Name and Title:  
Steven C. Steel, Legal Counsel

13b. Address (street and number, city, State and ZIP code):  
2224 Centennial Rd., Toledo, OH 43617

13c. Tel. No.  
419-460-4146


13d. Cell No.

13e. Fax No.  
419-214-0809

13f. E-Mail Address  
ssteel@turley-law.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)  
Steven C. Steel

Signature  


Title  
Legal Counsel

Date  
08/05/19

**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 may cause the NLRB to decline to invoke its processes.

**Employees Included:**

All full-time hourly employees, including Shipping Clerk, Parts Room Attendant, Grid Room-2100 (Gridwelding Line Leader), Blow Mold-2200 (Line Leaders Blow Mold, Blowmold Operator/Backup Line Leader, Blow Mold Operator), MX Line-2400 (MX Line Leader, MX Assembler 2, MX Assembler 1), Maintenance-2900, Janitor, Scrap Steel Cutting-2440, MX Assembler, UL Assembly-2430, Material Handler, Shipping-2800 (Shipping/Receiving Operator, Drum Loading, Spotter), Blowmold Drums-2220, Maintenance 12 Hour Shifts-2900

**Employees Excluded:**

All employees in the following job classifications: Supervisors, Managers, Customer Service, Office Coordinator, Scheduler, BM Tech, Quality/Safety Inspector, temporary workers, and all other clerical, professional, and supervisory employees and guards excluded under the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION



DO NOT WRITE IN THIS SPACE

Case No. 08-RC-247157 Date Filed 8/26/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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:** SAV A LOT  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 2962 Sidley Ct Austinburg, Oh 44010

**3a. Employer Representative - Name and Title:** Dave Gorman  
**3b. Address (if same as 2b - state same):** same

**3c. Tel. No. (440) 275-3535** **3d. Cell No. 317281264** **3e. Fax No.** **3f. E-Mail Address dave.w.gorman@savealot.com**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Distribution Center **4b. Principal Product or Service** Grocery Products **5a. City and State where unit is located:** Austinburg, Oh

**5b. Description of Unit Involved:**  
**Included:** All Full Time Regular Hourly warehouse employees  
**Excluded:** All salaried employees, supervisors, QAI, Maintenance and confidential employees.  
**6a. Number of Employees in Unit:** 118  
**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?** 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):** 9/12/19 **11c. Election Time(s):** 6:00am- 8:00am and 2:00pm-4:00pm **11d. Election Location(s):** Game room adjacent to lunch room

**12a. Full Name of Petitioner (including local name and number):** Mike Martino United Food and Commercial Workers Union Local 880  
**12b. Address (street and number, city, State and ZIP code):** 9199 Market place Suite2 Broadview Heights, Ohio 44147

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

**12d. Tel. No. (216) 241-5930** **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address** MMartino@ufcwlocal880.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:** Mike Martino  
**13b. Address (street and number, city, State and ZIP code):** 9199 Market place Suite2 Broadview Heights, Ohio 44147

**13c. Tel. No. (216) 241-5930** **13d. Cell No. (216) 644-1274** **13e. Fax No. (440) 546-7280** **13f. E-Mail Address** MMartino@ufcwlocal880.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)** Mike Martino **Signature** **Title** Union Representative **Date** 8/26/2019

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.

# 4568



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>08-RC-247325</b>	Date Filed <b>8/28/2019</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 <b>Cedar Fair, L.P.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>One Cedar Point Drive Sandusky, Ohio 44870</b>	
3a. Employer Representative - Name and Title <b>Edmond Dangler - VP of Maintenance and Construction</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>419-627-2270</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>ed.dangler@cedarpoint.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Amusement Park</b>		4b. Principal product or service <b>Entertainment</b>	
5b. Description of Unit Involved <b>Included: All full-time, regular part-time, and seasonal ride mechanics.</b> <b>Excluded: All other employees.</b>			5a. City and State where unit is located: <b>Sandusky, Ohio</b>
			6a. No. of Employees in Unit: <b>50</b>
			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) \_\_\_\_\_ 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). <b>Laborers' International Union Local 480, AFL-CIO</b>		8b. Address <b>1205 W. Perkins Ave. Sandusky, Ohio 44870</b>	
8c. Tel No. <b>419-626-0793</b>	8d. Cell No.	8e. Fax No.	8f. E-Mail Address <b>laborers480@yahoo.com</b>
8g. Affiliation, if any <b>LIUNA</b>		8h. Date of Recognition or Certification <b>November 1, 2016</b>	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>October 31, 2021</b>	

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) <b>September 19, 2019</b>	11c. Election Time(s): <b>7am - 8am and 2pm - 4pm</b>	11d. Election Location(s): <b>One Cedar Point Drive Sandusky, Ohio - Carpenters' Shop</b>
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12a. Full Name of Petitioner (including local name and number) <b>Indiana/Kentucky/Ohio Regional Council of Carpenters</b>	12b. Address (street and number, city, state, and ZIP code) <b>2554 E. 22nd Street Cleveland, Ohio 44115</b>
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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)  
**United Brotherhood of Carpenters and Joiners of America**

12d. Tel No. <b>216-391-2828</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address <b>c/o paul@ptblaw.com</b>
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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 <b>Paul Berkowitz, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>123 West Madison Street, Suite 600, Chicago, Illinois 60602</b>	
13c. Tel No. <b>312-419-0001</b>	13d. Cell No.	13e. Fax No. <b>312-419-0002</b>	13f. E-Mail Address <b>paul@ptblaw.com</b>

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>Paul Berkowitz</b>	Signature 	Title <b>Attorney</b>	Date <b>08/28/2019</b>
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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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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. 08-RD-246057

Date Filed 8/5/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 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: Hillstone Healthcare, Inc. (aka Blossom Healthcare)  
2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code): 370 East Howard Street, Willard, OH 44890  
3a. Employer Representative - Name and Title: Melissa Wilson  
3b. Address (if same as 2b - state same):

3c. Tel. No. (419) 935-0148  
3d. Fax No.  
3e. Cell No.  
3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Nursing Home  
4b. Principal product or service: Health Care

5a. Description of Unit Involved  
Included: Nursing assistants; dietary, housekeeping, laundry, activities, maintenance and social service employees  
Excluded: Registered nurses, LPN's, Office/Clerical Employees, Guards, professional employees and supervisors  
5b. City and State where unit is located: Willard, OH

6. No. of Employees in Unit 45  
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: United Food and Commercial Workers Union, Local 75  
8b. Affiliation, if any:

8c. Address: 9919 Market Place, #2 Broadview Heights, Ohio 44147  
8d. Tel. No. 216-241-5930  
8e. Cell No.  
8f. Fax No.  
8g. E-Mail Address

9. Date of Recognition or Certification: Unknown  
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): No current contract or August 13, 2019

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) 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  
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): August 21, 2019  
13c. Election Time(s): 5:00 PM TO 7:00 PM  
13d. Election Location(s): 370 East Howard Street, Willard, OH 44890

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

14b. Tel. No. (b) (6), (b) (7)(C)  
14c. Fax No.  
14d. Cell No.  
14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name: Melvin Phillips  
15b. Title  
15c. Address (Street and number, city, state, ZIP code): 9919 Market Place, #2 Broadview Heights, Ohio 44147  
15d. Tel. No. 877-665-0075 x 1115  
15e. Fax No.  
15f. Cell No.  
15g. E-Mail Address: melvin.phillips@ufcw75.org

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

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Date Filed 08/05/19





Case No.  
08-RD-246088

Date Filed  
8/6/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 <b>ACTIVE PLUMBING SUPPLY</b>	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>216 RICHMOND ST PAINSVILLE, OH 44077</b>
3a. Employer Representative - Name and Title <b>DALE BARBER VICE PRESIDENT/DIRECTOR OF OPERATION</b>	3b. Address (if same as 2b - state same)
3c. Tel. No. <b>440-352-4411</b>	3d. Fax No. <b>440-352-6096</b>
3e. Cell No. <b>440-487-4727</b>	3f. E-Mail Address <b>DALEB@ACTIVEPLUMBING.COM</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>wholesaler</b>	4b. Principal product or service <b>KITCHEN, BATH, PLUMBING &amp; HEATING SUPPLY</b>

5a. Description of Unit Involved Included: <b>COUNTERMAN, WAREHOUSEMAN &amp; DRIVERS IN ITS PLANTS, WAREHOUSE, LOADINGS DOCKS, TERMINALS, AGENCIES OR STORES</b> Excluded: <b>GUARDS &amp; SUPERVISORS AS DEFINED BY NATIONAL LABOR RELATIONS ACT</b>	5b. City and State where unit is located: <b>PAINSVILLE, OH CLEVELAND OH WILLOUGHBY OH CINCINNATI, OH AVON OH Astakula, OH</b>
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6. No. of Employees in Unit <b>32</b>	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 <b>INTERNATIONAL BROTHERHOOD OF TEAMSTERS 507</b>	8b. Affiliation, if any
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8c. Address <b>5425 WARNER RD UNIT 7 CLEVELAND OH 44125</b>	8d. Tel. No. <b>216-328-0111</b>	8e. Cell No.
	8f. Fax No. <b>216-328-5655</b>	8g. E-Mail Address <b>CALL PECCORARO TEAMSTERS LOCAL 507.COM</b>

9. Date of Recognition or Certification <b>40 + years</b>	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>7-1-2019</b>
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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) <b>(Insert Address)</b>	a labor organization since (Month, Day, Year)
---	---

12. Organizations or individuals other 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 <b>NONE</b>	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	13d. Election Location(s) <b>ACTIVE PLUMBING PAINSVILLE LUNCHROOM</b>
13b. Election Date(s) <b>8-24, 9-7, 9-14, 9-21, 9-28</b>	13c. Election Time(s) <b>SATURDAY 2:00PM</b>

14. Full Name of Petitioner

(b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
(b) (6), (b) (7)(C)	14d. Cell No.	(b) (6), (b) (7)(C)

14f. Affiliation, if any	(b) (6), (b) (7)(C)
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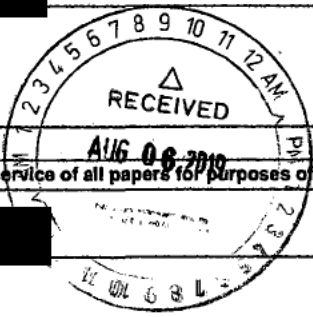
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name <b>(b) (6), (b) (7)(C)</b>	15b. Title
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<b>(b) (6), (b) (7)(C)</b>	15d. Tel. No. <b>(b) (6), (b) (7)(C)</b>	15e. Fax No.
	15f. Cell No.	<b>(b) (6), (b) (7)(C)</b>

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

<b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>	Title <b>EMPLOYEE</b>	Date Filed <b>8-6-19</b>
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FOR THIS PETITION, THERE IS A 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. § 161 of 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.