

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	25-RC-246056	Date Filed	8/5/19
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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 Memnon INC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2719 E 10th St. IN Bloomington 47408-
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3a. Employer Representative – Name and Title Brett Scheuermann	3b. Address (If same as 2b – state same) 2719 E 10th St. IN Bloomington 47408-
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3c. Tel. No.	3d. Cell No. (908) 892-6259	3e. Fax No.	3f. E-Mail Address brett.scheuermann@memnon.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Computer Services	4b. Principal product or service Archiving and Digi zing Analog Media	5a. City and State where unit is located: Bloomington, IN
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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: 46	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) 07/24/2019 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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 9-13-2019,9-14-2019	11c. Election Time(s): 6am to 6pm	11d. Election Location(s): 3880 E 3rd St, Suite B, Bloomington, IN 47401, 2719 E 10th St., Bloomington, IN 47401
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12a. Full Name of Petitioner (including local name and number) Justin Allen Hawkins Justin Hawkins Communications Workers of America Local 4818	12b. Address (street and number, city, state, and ZIP code) 3880 E 3rd St, Suite B IN Bloomington 47401-
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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) Communications Workers of America			
12d. Tel No. (812) 333-4818	12e. Cell No. (812) 797-7345	12f. Fax No. (812) 336-5818	12g. E-Mail Address cwapres4818@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
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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) Justin Allen Hawkins	Signature Justin Allen Hawkins	Title President	Date 08/2/2019 14:38:15
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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

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
25-RC-246056	8/5/19

Employees Included

Video Digitization, Video QC, Film Operator, Film Lead Operator, Film QC, Open Reel
Audio Tape Digitization and Shipping and Handling

Employees Excluded

Department Supervisors and above

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-246120	Date Filed 8/6/19

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:
Canteen Vending Services

2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):
6357 East State Road 36 Decatur, Illinois 62521

3a. Employer Representative - Name and Title:
Tammy Hall

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

3c. Tel. No. 217-864-4570

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Vending Machine Service Company

4b. Principal Product or Service
Vending product distribution

6a. City and State where unit is located:
Decatur, Illinois / JACKSONVILLE IL.

5b. Description of Unit Involved:

Included:
Route Drivers, Maintenance, Utility, Warehouse/Delivery, Part time pickers

Excluded:
clerical

6a. Number of Employees in Unit:
21

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) August, 5 2019 and Employer declined recognition on or about (Date) no reply (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? _____, has picketed the Employer since (Month, Day, Year) _____

(Name of Labor Organization)

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, 14 2019

11c. Election Time(s): 2:00 pm

11d. Election Location(s): Decatur, Illinois

12a. Full Name of Petitioner (including local name and number):
International Brotherhood of Teamsters Local Union 916

12b. Address (street and number, city, State and ZIP code):
3361 Teamster Way Springfield, Illinois 62707

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. 217-522-7932

12e. Cell No. 217-358-8850

12f. Fax No. 217-522-9492

12g. E-Mail Address jerrime@teamsters916.org

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

13a. Name and Title:
Jerrime Hiser Business Agent

13b. Address (street and number, city, State and ZIP code):
3361 Teamster Way Springfield, Illinois 62707

13c. Tel. No. 217-522-7932


13d. Cell No. 217-358-8850

13e. Fax No. 217-522-9492

13f. E-Mail Address jerrime@teamsters916.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) Jerrime Hiser

Signature 

Title Business Agent

Date 8/6/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Disclosure of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 161 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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-246159	Date Filed 8/7/19

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
Midwest M+D Services, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
3103 North Main Street, Princeton, Illinois 61356

3a. Employer Representative - Name and Title
Doug Hamabarger - Owner

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

3c. Tel. No.
815/716-0012

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
midwestmdservicesinc@gmail.com

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

4b. Principal product or service
Excavation & railroad maintenance

5a. City and State where unit is located:
Princeton, Illinois

5b. Description of Unit Involved

Included: All full and part-time equipment operators.

Excluded: All managers, supervisors, superintendents, clericals, and guards as defined under the Act.

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 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
N/A

8c. Tel No.
N/A

8d. Cell No.
N/A

8e. Fax No.
N/A

8f. E-Mail Address
N/A

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? N/A. If so, approximately how many employees are participating? N/A.
(Name of labor organization) N/A, has picketed the Employer since (Month, Day, Year) N/A.

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
N/A

10c. Tel. No.
N/A

10d. Cell No.
N/A

10e. Fax No.
N/A

10f. E-Mail Address
N/A

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 29, 2019

11c. Election Time(s):
6:00-8:00 AM

11d. Election Location(s):
In the employer's shop.

12a. Full Name of Petitioner (including local name and number)
International Union of Operating Engineers, Local 150, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
6200 Joliet Road, Countryside, IL 60525

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No.
708/482-8800

12e. Cell No.
N/A

12f. Fax No.
708/588-1647

12g. E-Mail Address
N/A

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

13a. Name and Title
Robert A. Paszta, Associate General Counsel

13b. Address (street and number, city, state, and ZIP code)
6140 Joliet Road, Countryside, IL 60525

13c. Tel No.
708/579-6657


13d. Cell No.
N/A

13e. Fax No.
708/588-1647

13f. E-Mail Address
rpaszta@local150.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)
Robert A. Paszta

Signature


Title
Associate General Counsel

Date
08/07/2019

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 will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No 25-RC-246477	Date Filed 8/13/19

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: EASWSEALS of Metropolitan Chicago Inc. EASWSEALS Academy Machesney Park	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8301 MICHIGAN RD. MACHESNEY PARK, IL 60115
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3a. Employer Representative - Name and Title: TERRY BROWN, Principal	3b. Address (if same as 2b - state same): "same"
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3c. Tel. No. 815-423-4800	3d. Cell No.	3e. Fax No. 815-968-3247	3f. E-Mail Address academymachesneypark@eastwsealschicago.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.): School	4b. Principal Product or Service: special needs education	5a. City and State where unit is located: MACHESNEY PARK, IL
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5b. Description of Unit Involved: Included: see attached Excluded: see attached	6a. Number of Employees in Unit: 70
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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) _____ on or about (Date) _____ (If no reply received, so state) By this petition
 7b. Petitioner is currently recognized as Bargaining Representative and desired certification under the Act and Employer declined recognition

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 Annual Mail Mixed Manual/Mail

11b. Election Date(s) see attached	11c. Election Time(s) see attached	11d. Election Location(s) see attached
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12a. Full Name of Petitioner (including local name and number): AFSCME (AMERICAN FEDERATION OF STATE, COUNTY & MUNICIPAL EMPLOYEES) COUNCIL 31 AFL-CIO	12b. Address (street and number, city, State and ZIP code): 305 N. Michigan Ave Ste 2100 Chicago, IL 60601
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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):
AFSCME (American Federation of State, County & Municipal Employees) Council 31 AFL-CIO

12d. Tel. No. 312-641-6060	12e. Cell No.	12f. Fax No. 312-861-0979	12g. E-Mail Address
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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: Abigail Davis, Organizing Director	13b. Address (street and number, city, State and ZIP code): 305 N. Michigan Ave Ste 2100 Chicago, IL 60601
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13c. Tel. No. 312-641-0448 x5336	13d. Cell No. 773-744-6758	13e. Fax No. 312-861-0979	13f. E-Mail Address adavis@afscme31.org
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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) Abigail K. Davis	Signature 	Title Organizing Director	Date 8/13/2019
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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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	25-RC-246611	Date Filed	8/15/19
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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 Holiday Inn Express	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2080 Holiday Dr IA Dubuque 52002-
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3a. Employer Representative - Name and Title	3b. Address (If same as 2b - state same)
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3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotels & Motels	4b. Principal product or service	5a. City and State where unit is located: Dubuque, IA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 25
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Excluded: See Attached Page 2 for additional details	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) 08/14/2019 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? _____ 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.
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10e. Fax No.	10f. E-Mail Address
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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): 9/6/2019	11c. Election Time(s): 8am-9am & 4pm-5pm	11d. Election Location(s): Hotel
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12a. Full Name of Petitioner (including local name and number) Thomas Townsend Thomas Townsend	12b. Address (street and number, city, state, and ZIP code) 1610 Garfield Ave IA Dubuque 52001-
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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 Electrical Workers Local 704

12d. Tel No. (563) 582-5947	12e. Cell No. (563) 543-4708	12f. Fax No.	12g. E-Mail Address tom@ibew704.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) Thomas Townsend	Signature Thomas Townsend	Title Business Manager	Date 08/14/2019 13:59:10
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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
25-RC-246611	8/15/19

Employees Included

All Full-Time and Part-Time Holiday Inn Express Employees as defined by the Act

Employees Excluded

None

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-247191	Date Filed 8/27/19

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 Axalta Coating Systems, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 803 35th Street, Ft. Madison, IA 52627 Lee County	
3a. Employer Representative - Name and Title James Belson / Branch Manager		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. (319) 372-1430	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Coatings	
5b. Description of Unit Involved Included: All full-time and regular part-time production, maintenance and logistics workers who are employed by the employer at their Fort Madison, IA facility. Excluded: Managerial employees, guards, supervisors as defined in the act, and all other employees.			5a. City and State where unit is located: Ft. Madison, IA
			6a. No. of Employees in Unit: 42
			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). Petition to serve as request.
 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): September 18, 2019/September 19, 2019	11c. Election Time(s): 5:00 PM- 7:00 PM	11d. Election Location(s): Shared Conference Room	
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12a. Full Name of Petitioner (including local name and number) District Lodge 6, International Association of Machinists & Aerospace Workers AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435
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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 Association of Machinists & Aerospace Workers AFL-CIO

12d. Tel No. 815-280-6400	12e. Cell No. 815-214-4587	12f. Fax No. 815-280-6345	12g. E-Mail Address wlepinske@iamaw.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 William J. LePinske, Grand Lodge Representative		13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
13c. Tel No. 815-280-6400	13d. Cell No. 815-214-4587	13e. Fax No. 815-280-6345	13f. E-Mail Address wlepinske@iamaw.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) William J. LePinske	Signature 	Title Grand Lodge Representative	Date August 27, 2019
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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.

Case No.
25-RD-247314

Date Filed
8/28/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 PTC ALLIANCE		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1480 NW 11TH ST. RICHMOND, INDIANA 47374	
3a. Employer Representative - Name and Title RYAN BEATTY - PLANT MANAGER		3b. Address (If same as 2b - state name) 1480 NW 11TH ST RICHMOND, INDIANA 47374	
3c. Tel. No. 765-259-3334	3d. Fax No. 765-962-6602	3e. Cell No. 765-238-2072	3f. E-Mail Address RYAN.BEATTY@PTCALLIANCE.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) FACTORY		4b. Principal product or service STEEL TUBING	

5a. Description of Unit Involved Included: ALL HOURLY EMPLOYEES Excluded:	5b. City and State where unit is located: RICHMOND INDIANA
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6. No. of Employees in Unit 34 TO 36	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 UNITED STEEL WORKERS LOCAL 5163		8b. Affiliation, if any INTERNATIONAL	
8c. Address P.O. BOX 1472 RICHMOND, INDIANA 47375		8d. Tel. No.	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address

9. Date of Recognition or Certification IN THE 1990'S	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) OCTOBER 31, 2019
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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?
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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 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	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) ANY DAY MONDAY - THURSDAY	13c. Election Time(s) BETWEEN 2PM AND 4PM	13d. Election Location(s) RICHMOND, INDIANA
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(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

14f. Affiliation, if any		14b. Tel. No.	14c. Fax No.
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		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 _____ of my knowledge and belief.

(b) (6), (b) (7)(C)

Title PETITIONER	Date Filed 8/27/19
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FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) STATEMENT