

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>25-RD-240826</b>	Date Filed <b>5/3/19</b>

**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.

<b>2a. Name of Employer</b> RAYTHEON COMPANY	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 1010 PRODUCTION RD, FORT WAYNE IN, 46808
<b>3a. Employer Representative - Name and Title</b> JAMES RAMSEY SAS HUMAN RESOURCES	<b>3b. Address (if same as 2b - state same)</b> SAME

<b>3c. Tel. No.</b> 260-429-6173	<b>3d. Fax No.</b> N/A	<b>3e. Cell No.</b> 260-403-7174	<b>3f. E-Mail Address</b> James.A.Ramsey@raytheon.com
-------------------------------------	---------------------------	-------------------------------------	--

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Engineering and Design Center	<b>4b. Principal product or service</b> defense contractor
---	---

<b>5a. Description of Unit Involved</b> Included: USW Local 7-0254 (3 members: 2 Special Projects Associates and 1 Electrician)  Excluded:	<b>5b. City and State where unit is located:</b> Fort Wayne, IN
--	--

<b>6. No. of Employees in Unit</b> 3	<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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	---

<b>8a. Name of Recognized or Certified Bargaining Agent</b> United Steelworkers International (Union Local 7-0254)	<b>8b. Affiliation, if any</b> USW
---	---------------------------------------

<b>8c. Address</b> 60 BOULEVARD OF THE ALLIES PITTSBURG, PA 15222	<b>8d. Tel. No.</b> 412-562-2400	<b>8e. Cell No.</b> N/A
	<b>8f. Fax No.</b> N/A	<b>8g. E-Mail Address</b> www.usw.org

<b>9. Date of Recognition or Certification</b> original date unknown, current CBA April 23, 2016	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> April 19, 2020 12:01 a. m.
---	--

<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>11b. If so, approximately how many employees are participating?</b>
---	--

<b>11c. The Employer has been picketed by or on behalf of (insert Name)</b> (insert Address)	<b>a labor organization, of</b>  <b>since (Month, Day, Year)</b>
---	--

**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)**

<b>12a. Name</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b>

<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>13a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--	---

<b>13b. Election Date(s)</b> May 16, 2019	<b>13c. Election Time(s)</b> 11:30-12:00 p. m.	<b>13d. Election Location(s)</b> A3 Union office
--	---	---

<b>14. Full Name of Petitioner</b> (b) (6), (b) (7)(C)
---

<b>14a. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)	<b>14b. Tel. No.</b> N/A	<b>14c. Fax No.</b> N/A
	<b>14d. Cell No.</b> (b) (6), (b) (7)(C)	<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)

<b>14f. Affiliation, if any Member of Local 7-0254 and</b> (b) (6), (b) (7)(C)
--

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

<b>15a. Name</b>	<b>15b. Title</b>
<b>15c. Address (Street and number, city, state, ZIP code)</b>	<b>15d. Tel. No.</b>
	<b>15e. Fax No.</b>
	<b>15f. Cell No.</b>
	<b>15g. E-Mail Address</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>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Address</b> (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	<b>City</b> (b) (6), (b) (7)(C)	<b>Date Filed</b> 05/02/2019
--	---	------------------------------------	---------------------------------

WILLFUL FALSE STATEMENTS IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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.

**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.

<b>2a. Name of Employer</b> Mulzer Crushed Stone		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> 534Mozart Street, Tell City In. 47586	
<b>3a. Employer Representative - Name and Title</b> Kenneth Mulzer, Jr. President		<b>3b. Address (If same as 2b - state same)</b> Same	
<b>3c. Tel. No.</b> 812-547-7921	<b>3d. Fax No.</b> 812-547-6757	<b>3e. Cell No.</b> 812-453-9711	<b>3f. E-Mail Address</b> ken.mulzerjr@mulzer.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Rock Quarry		<b>4b. Principal product or service</b> Rock and Stone	

<b>5a. Description of Unit Involved</b> <b>Included:</b> All full time and regular part time production, maintenance employees <b>Excluded:</b> Office clerical employees, professional employees, managerial employees, rock testers gaurds, supervisors	<b>5b. City and State where unit is located:</b> Leavenworth In.
---	---

<b>6. No. of Employees in Unit</b> 100	<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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

<b>8a. Name of Recognized or Certified Bargaining Agent</b> International Union of Operating Engineers, Local 181 John Flanagan, Ba		<b>8b. Affiliation, if any</b>	
<b>8c. Address</b> 700 N Elm Street Henderson, Ky 42420		<b>8d. Tel. No.</b> 270-826-2704	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b> 270-827-2014	<b>8g. E-Mail Address</b>

<b>9. Date of Recognition or Certification</b> 05/02/2018	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> None
--	--

<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>11b. If so, approximately how many employees are participating?</b> NA
---	---

<b>11c. The Employer has been picketed by or on behalf of (Insert Name)</b> (Insert Address)	<b>11d. since (Month, Day, Year)</b> a labor organization, of
---	--

**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)**

<b>12a. Name</b>	<b>12b. Address</b>	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b>

<b>13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</b>	<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--	--

<b>13b. Election Date(s)</b> 06/06/2019	<b>13c. Election Time(s)</b> 3:30P.M.	<b>13d. Election Location(s)</b> Cape Sandy conference room
--	--	--

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

<b>14a. Address (Street and number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)	<b>14b. Tel. No.</b> (b) (6), (b) (7)(C)	<b>14c. Fax No.</b>
	<b>14d. Cell No.</b> (b) (6), (b) (7)(C)	<b>14e. E-Mail Address</b> (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.**

<b>15a. Name</b> same as of above		<b>15b. Title</b>	
<b>15c. Address (Street and number, city, state, ZIP code)</b> same as of above		<b>15d. Tel. No.</b>	<b>15e. Fax No.</b>
		<b>15f. Cell No.</b>	<b>15g. E-Mail Address</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>Name (Print)</b> (b) (6), (b) (7)(C)	<b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>	<b>Date Filed</b> 5-9-19
--	----------------------------	----------------------------	-----------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S.C. SECTION 1001)

PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-241252	Date Filed 5/10/19

**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**  
Allied Universal

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2200 W War Memorial Dr., Peoria, IL 61613

**3a. Employer Representative - Name and Title**  
Dave Chapla, Director Labor Relations

**3b. Address (If same as 2b - state same)**  
161 Washington St., Suite 600, Conshohocken, PA 19428

**3c. Tel. No.** 484-351-1418

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address** david.chapla@aus.com

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

**4b. Principal product or service**  
SECURITY

**5a. City and State where unit is located:**  
Peoria, IL

**5b. Description of Unit Involved**  
**Included:** ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ALLIED UNIVERSAL @ 2200 W. WAR MEMORIAL DR., PEORIA, IL 61613  
**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

**6a. No. of Employees in Unit:**  
8

**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) NO 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)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**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):** 6/3/19

**11c. Election Time(s):** 12:30 PM -2:30 PM

**11d. Election Location(s):** BREAKROOM

**12a. Full Name of Petitioner (including local name and number)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

**12b. Address (street and number, city, state, and ZIP code)**  
25510 Kelly Road, Roseville, MI 48066

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

**12d. Tel No.** 586-772-7250 X111

**12e. Cell No.** 586-872-5634

**12f. Fax No.** 586-772-9644

**12g. E-Mail Address** organize@spfpa.org

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

**13a. Name and Title** Gordon Gregory, General Counsel

**13b. Address (street and number, city, state, and ZIP code)**  
65 Cadillac Square, Suite 3727, Detroit, MI 48226

**13c. Tel No.** 313-964-5600

**13d. Cell No.**

**13e. Fax No.** 313-964-2125

**13f. E-Mail Address** Gordon@UnionLaw.net

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

<b>Name (Print)</b> David L. Hickey	<b>Signature</b> 	<b>Title</b> International President	<b>Date</b> 5/9/19
--	----------------------	---	-----------------------

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 will cause the NLRB to decline to invoke its processes.

RECEIVED  
 NLRB  
 SUPERVISOR  
 2019 MAY 10  
 PEORIA, ILL.

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>25-RC-242242</b>	Date Filed <b>5/28/19</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**  
IKEA

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
501 International Pkwy., Minooka, IL 60447 and 625 Emerald Dr., Joliet, IL 60433

**3a. Employer Representative - Name and Title**  
Eric Poli, Site Manager

**3b. Address (If same as 2b - state same)**  
SAME

**3c. Tel. No.** 815-467-1843      **3d. Cell No.**      **3e. Fax No.**      **3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Warehouse/Distribution Center      **4b. Principal product or service** IKEA Products Distribution Center      **5a. City and State where unit is located:** Minooka and Joliet, IL

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time employees employed by the Employer at its facilities located at 501 International Parkway, Minooka, IL 60447 and 650 Emerald Drive, Joliet, IL 60433, including warehouse co-workers, stock controllers and supply quality coordinators.

**Excluded:** All Safety & Security coordinators, office clerical employees, professional employees, managerial employees, guards and supervisors as defined by the Act, and all other employees.

**6a. No. of Employees in Unit:** 146

**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). 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):** June 19-20, 2019      **11c. Election Time(s):** 3:00 PM - 5:00 PM (both days)      **11d. Election Location(s):** Minooka Conference Room/Joliet Conference Room

**12a. Full Name of Petitioner (including local name and number)** Local Lodge 701, 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

**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

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

**13a. Name and Title** William LePinske, Grand Lodge Representative/TOL      **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 LePinske      **Signature**       **Title** Grand Lodge Representative/TOL      **Date** May 28, 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.