

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

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-230319	Date Filed 11/1/18

**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.

<b>2a. Name of Employer:</b> Thyssenkrupp	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 857 Landmark Dr., Belvedere, IL 61008
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<b>3a. Employer Representative - Name and Title:</b> Dave Schultz, Plant Manager	<b>3b. Address (if same as 2b - state same):</b> SAME
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<b>3c. Tel. No.</b> 419-389-3552	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 779-238-0631	<b>3f. E-Mail Address</b> dave.schultz@thyssenkrupp.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Factory	<b>4b. Principal Product or Service</b> Automobile	<b>5a. City and State where unit is located:</b> Belvedere, IL
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> Production/Sequencer, Team Lead, Maint., Liason/Quality/Ship./Receiving/Drivers <b>Excluded:</b> All Supervisors, Office Personnel, Guards as defined in the Act.	<b>6a. Number of Employees in Unit:</b> 44	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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) \_\_\_\_\_ 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> NONE	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)**  
NONE

<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: Ballots in english **11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> November 14 & 15	<b>11c. Election Time(s):</b> 5 am-7 am, 6 pm - 7:30 pm, 5 am - 7 am	<b>11d. Election Location(s):</b> Recreation/Break Room
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<b>12a. Full Name of Petitioner (including local name and number):</b> International Union, United Automobile, Aerospace and Agriculture Implement Workers of America, UAW	<b>12b. Address (street and number, city, State and ZIP code):</b> 8000 E. Jefferson Avenue, Detroit, MI 48214
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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 Union, United Automobile, Aerospace and Agriculture Implement Workers of America, UAW

<b>12d. Tel. No.</b> 815-544-2111	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 815-544-0503	<b>12g. E-Mail Address</b>
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Derrick Moore, International Union Rep.	<b>13b. Address (street and number, city, State and ZIP code):</b> 1100 W. Chrysler Dr., Belvedere, IL 61008

<b>13c. Tel. No.</b>	<b>13d. Cell No.</b> 314-478-8979	<b>13e. Fax No.</b> 815-544-0503	<b>13f. E-Mail Address</b> dmoore@uaw.net
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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) Derrick Moore	Signature <i>Derrick Moore</i>	Title International Union Representative	Date 11-1-18
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RECEIVED  
NLRB  
SUBREGION 33  
DERRICK, IL  
2018 NOV -1 AM 11:52

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may 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-230715	Date Filed 11/7/2018

**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:**  
Baumgartner & Company Asphalt Services

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
15215 River Road, Noblesville, IN 46062

**3a. Employer Representative - Name and Title:**  
Craig Baumgartner, President

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

**3c. Tel. No.:** (317)296-7225

**3d. Cell No.:**

**3e. Fax No.:** (317)773-3478

**3f. E-Mail Address:** cbaumgartner@baumgartnerasphalt.com

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

**4b. Principal Product or Service:**  
Asphalt Services

**5a. City and State where unit is located:**  
Noblesville, IN

**5b. Description of Unit Involved:**  
Included: All full-time and regular part-time drivers  
Excluded: All office clerical employees, professional employees, guards and supervisors as defined in the Act, and all other employees.

**6a. Number of Employees in Unit:**  
11

**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)**  
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 and election in this matter, state your position with respect to any such election:  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):** Monday, November 26, 2018

**11c. Election Time(s):** 5:00 a.m. to 6:30 a.m. PEC 4:30 a.m.

**11d. Election Location(s):** In the employee break room at ER facility

**12a. Full Name of Petitioner (including local name and number):**  
TEAMSTERS, LOCAL 135

**12b. Address (street and number, city, State and ZIP code):**  
1233 Shelby Street, Indianapolis, IN 46203

**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.:** (317)639-3541

**12e. Cell No.:**

**12f. Fax No.:** (317)639-3580

**12g. E-Mail Address:** lballantini@local135.com

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

**13a. Name and Title:**  
Lori Ballantini

**13b. Address (street and number, city, State and ZIP code):**  
1233 Shelby Street, Indianapolis, IN 46203

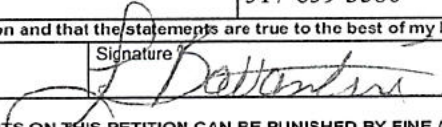
**13c. Tel. No.:** 317-639-3541

**13d. Cell No.:**

**13e. Fax No.:** 317-639-3580

**13f. E-Mail Address:** lballantini@local135.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) **Lori Ballantini** Signature  Title **Rep. of Local 135** Date **11/07/18**

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may 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-231155

Date Filed  
11/16/18

**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.

<b>2a. Name of Employer:</b> Globe Industries LLC	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 242 South Voyles Road, Pekin, Indiana 47165-7829
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<b>3a. Employer Representative - Name and Title:</b> Houston Andres, Director of Operations	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> (812) 301-2600	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> handres@globefab.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Fabrication Shop	<b>4b. Principal Product or Service</b> Pipe for petrochemical industries	<b>5a. City and State where unit is located:</b> Pekin, Indiana
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time welders, fitters, fitter-welder/tackers <b>Excluded:</b> All office/clerical employees, guards, supervisors, and all other employees	<b>6a. Number of Employees in Unit:</b> 18	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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) No demand made 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)**  
None

<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:  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> December 3, 2018	<b>11c. Election Time(s):</b> 4:30 pm to 6:30 pm	<b>11d. Election Location(s):</b> Employer's facility
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<b>12a. Full Name of Petitioner (including local name and number):</b> United Association, Local 502, AFL-CIO	<b>12b. Address (street and number, city, State and ZIP code):</b> 4330 Crittenden Drive, Louisville, KY 40209
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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 Association of Journeymen & Apprentices of the Plumbing & Pipefitting Indus. of the U.S. and Canada

<b>12d. Tel. No.</b> (502) 361-8492	<b>12e. Cell No.</b> (317) 460-5297	<b>12f. Fax No.</b> (502) 366-8459	<b>12g. E-Mail Address</b> johnkurek21@gmail.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	<b>13b. Address (street and number, city, State and ZIP code):</b>
<b>13a. Name and Title:</b> Kathleen Bichner, Esq.	5301 Wisconsin Ave, NW Suite 800, Washington, DC 20015

<b>13c. Tel. No.</b> (202) 274-2440	<b>13d. Cell No.</b> (267) 255-5363	<b>13e. Fax No.</b> (202) 362-2640	<b>13f. E-Mail Address</b> kbichner@odonoghuelaw.com
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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) Kathleen Bichner	Signature 	Title Attorney	Date 11/16/18
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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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. <b>25-RC-231375</b>	Date Filed <b>11/20/18</b>
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**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>XPO LOGISTICS</b>	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>221 South Franklin Road, Indianapolis, IN 46219</b>
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3a. Employer Representative - Name and Title: <b>Tracy Whipple, General Manager</b>	3b. Address (if same as 2b - state same): <b>same</b>
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3c. Tel. No. <b>317-829-0445</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>tracy.whipple@xpo.com</b>
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Warehouse</b>	4b. Principal Product or Service <b>soy and corn seed</b>	5a. City and State where unit is located: <b>Indianapolis, IN</b>
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5b. Description of Unit Involved:  
Included:  
**All full-time and regular part-time pickers, material handlers and pitt/forklift operators**  
Excluded:  
**All customer service representatives and temporary employees and all others**

6a. Number of Employees in Unit: <b>13</b>	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). and Employer declined recognition  
 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>None</b>	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? \_\_\_\_\_, 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
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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	11b. Election Date(s): <b>Monday, December 10, 2018</b>
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11c. Election Time(s): <b>2:00 p.m. - 3:00 p.m. (PEC 1:30 p.m.)</b>	11d. Election Location(s): <b>Breakroom at the ER Indianapolis IN facility</b>
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12a. Full Name of Petitioner (including local name and number): <b>Teamsters, Local 135</b>	12b. Address (street and number, city, State and ZIP code): <b>1233 Shelby Street, Indianapolis, IN 46203</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):  
**International Brotherhood of Teamsters**

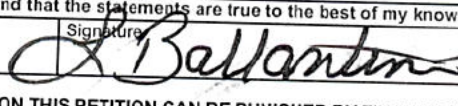
12d. Tel. No. <b>317-639-3541</b>	12e. Cell No.	12f. Fax No. <b>317-639-3580</b>	12g. E-Mail Address <b>lballantini@local135.com</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: <b>Lori Ballantini, Teamsters Representative</b>	13b. Address (street and number, city, State and ZIP code): <b>1233 Shelby Street, Indianapolis, IN 46203</b>
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13c. Tel. No. <b>317-639-3541</b>	13d. Cell No.	13e. Fax No. <b>317-639-3580</b>	13f. E-Mail Address <b>lballantini@local135.com</b>
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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) <b>Lori Ballantini</b>	Signature 	Title <b>Teamsters Rep</b>	Date <b>11/19/18</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**

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.

Case No. 25-RC-231554 Date Filed 11/26/18

**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:** Franklin Pest Solutions  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 1715 Franklin St. Michigan City, IN 46360

**3a. Employer Representative - Name and Title:** David Sloop/ Branch Number  
**3b. Address (if same as 2b - state same):** 1715 Franklin St. Michigan City, IN 46360

**3c. Tel. No.:** (219) 874-7900  
**3d. Cell No.:**  
**3e. Fax No.:** (219) 873-0128  
**3f. E-Mail Address:** d.sloop@franklinpestcontrol.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):** Pest Control Service  
**4b. Principal Product or Service:** Pest Extermination  
**5a. City and State where unit is located:** Michigan City, IN

**5b. Description of Unit Involved:**  
**Included:** All regular full-time and part-time pest management specialists  
**Excluded:** ALL customer service reps & seasonal employees & all others as defined in the act  
**6a. Number of Employees in Unit:** 5 (FIVE)  
**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:** n/a

**8c. Tel. No.:** \_\_\_\_\_  
**8d. Cell No.:** \_\_\_\_\_  
**8e. Fax No.:** \_\_\_\_\_  
**8f. E-Mail Address:** \_\_\_\_\_

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No  If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
NONE

**10a. Name:** X  
**10b. Address:** X  
**10c. Tel. No.:** X  
**10d. Cell No.:** X  
**10e. Fax No.:** X  
**10f. E-Mail Address:** X

**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):** Tuesday, December 11, 2018  
**11c. Election Time(s):** 8:00 - 8:30 a.m. PEC 7:30 a.m.  
**11d. Election Location(s):** Breakroom at the ER Michigan City IN office

**12a. Full Name of Petitioner (including local name and number):** Teamsters, Local 135  
**12b. Address (street and number, city, State and ZIP code):** 1233 Shelby St, Indianapolis, IN

**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.:** (317) 639-3541  
**12e. Cell No.:**  
**12f. Fax No.:** 317-639-3580  
**12g. E-Mail Address:** lballantini@local135.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:** Lori Ballantini, Teamsters Representative  
**13b. Address (street and number, city, State and ZIP code):** 1233 Shelby St, Indianapolis, IN 46203

**13c. Tel. No.:** 317-639-3541  
**13d. Cell No.:**  
**13e. Fax No.:** 317-639-3580  
**13f. E-Mail Address:** lballantini@local135.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):** Lori Ballantini  
**Signature:** *Lori Ballantini*  
**Title:** Teamsters Rep  
**Date:** 11/20/18

2018 NOV 23 PM 1:35  
RECEIVED  
NLRB REGION 25

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.

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. 25-RD-231438  
Date Filed 11/21/18

**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  
Smithfield Direct LLC  
2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code)  
195 N. Sherman St. Brazil, IN 47834

3a. Employer Representative - Name and Title  
Patrick Sebring, VP of Sales  
3b. Address (If same as 2b - state same)  
4225 Naperville Road. Lisle, IL 60532

3c. Tel. No. 630-993-8791  
3d. Fax No.  
3e. Cell No. 513-633-1231  
3f. E-Mail Address  
psebring@smithfield.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Wholesaler  
4b. Principal product or service  
packaged lunchmeat and deli meats

5a. Description of Unit Involved  
Included:  
All Sales Rep employees  
Excluded:  
No one  
5b. City and State where unit is located:  
Brazil, IN

6. No. of Employees in Unit 13  
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  
Robert Warnock  
8b. Affiliation, if any  
Teamsters

8c. Address  
2405 East Edison Rd. South Bend, IN 46615  
8d. Tel. No. 574-234-6031  
8e. Cell No. 574-968-5503

8f. Fax No. 514-234-6036  
8g. E-Mail Address

9. Date of Recognition or Certification  
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
May 31st, 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 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:  Manual  Mail  Mixed Manual/Mail

13b. Election Date(s)  
1-11-19  
13c. Election Time(s)  
5:30 a.m. to 7:30 a.m.  
13d. Election Location(s)  
Route Supervisors office

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

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

14d. Cell No.  
(b) (6), (b) (7)(C)  
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  
(b) (6), (b) (7)(C)  
15b. Title  
(b) (6), (b) (7)(C)

15c. Address (Street and number, city, state, ZIP code)  
(b) (6), (b) (7)(C)  
15d. Tel. No.  
(b) (6), (b) (7)(C)  
15e. Fax No.  
(b) (6), (b) (7)(C)

15f. Cell No.  
(b) (6), (b) (7)(C)  
15g. E-Mail Address  
(b) (6), (b) (7)(C)

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) (6), (b) (7)(C) Title  
(b) (6), (b) (7)(C) Date Filed  
11-19-18

WITNESSED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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