

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. 25-RC-228626	Date Filed 10/4/18
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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.**

<b>2a. Name of Employer</b> Stafford-Smith, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1721 N Home St IN Mishawaka 46545-7236
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<b>3a. Employer Representative - Name and Title</b> David J. Stafford	<b>3b. Address (If same as 2b - state same)</b> 3414 S Burdick St MI Kalamazoo 49001-4888
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<b>3c. Tel. No.</b> (269) 343-1240	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (269) 343-2509	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Services	<b>4b. Principal product or service</b> and service of heating, ventilation, air-conditioning and refrigeration	<b>5a. City and State where unit is located:</b> Mishawaka, IN
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 3	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
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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>	<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? \_\_\_\_\_ 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.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> As soon as possible	<b>11c. Election Time(s):</b> Morning	<b>11d. Election Location(s):</b> Neutral location
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<b>12a. Full Name of Petitioner (including local name and number)</b> Kurt Meade Plumbers and Pipefitters Local No. 172 U.A.	<b>12b. Address (street and number, city, state, and ZIP code)</b> 4172 Ralph Jones Ct IN South Bend 46628-9793
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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 and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada (UA), AFL-CIO

<b>12d. Tel No.</b> (574) 273-0300	<b>12e. Cell No.</b> (574) 302-7668	<b>12f. Fax No.</b> (574) 273-1300	<b>12g. E-Mail Address</b> kmeade@ua172.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> William Patrick Callinan Attorney Johnson & Krol, LLC	<b>13b. Address (street and number, city, state, and ZIP code)</b> 311 South Wacker Drive Suite 1050 IL Chicago 60606-
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<b>13c. Tel No.</b> (312) 757-5464	<b>13d. Cell No.</b> (312) 860-6001	<b>13e. Fax No.</b> (312) 255-0449	<b>13f. E-Mail Address</b> william@johnsonkrol.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.**

<b>Name (Print)</b> William Patrick Callinan	<b>Signature</b> William Patrick Callinan	<b>Title</b> Attorney	<b>Date</b> 10/3/2018 16:59:34
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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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
25-RC-228626	10/4/18

**Employees Included**

All full-time and regular part-time plumbers, pipefitters, welders, service employees and tradesmen employed by the Employer at its facility located at 1721 N. Home St., Mishawaka, Indiana

**Employees Excluded**

All office clerical employees, guards and supervisors as defined in the Act.

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-228843 Date Filed 10/9/18

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-503); 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: ATM Trucking 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 11551 N. State Road 49 Wheatfield IN 46392

3a. Employer Representative - Name and Title: Linda Kingsma, President 3b. Address (if same as 2b - state same): same

3c. Tel. No. 219-956-3964 3d. Cell No. 3e. Fax No. 219-956-4960 3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Transportation 4b. Principal Product or Service: Waste Hauling and Removal 5a. City and State where unit is located: Wheatfield, IN

5b. Description of Unit Involved: Included: All full-time and regular part-time drivers employed by the Employer at its 11551 N. State Road 49, Facility. Excluded: All office clerical employees, professional employees, guards and supervisors as defined in the Act. 6a. Number of Employees in Unit: 33

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? [X] Yes [ ] No

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): 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 an election in this matter, state your position with respect to any such election: 11a. Election Type: [X] Manual [ ] Mail [ ] Mixed Manual/Mail

11b. Election Date(s): Friday October 26, 2018 11c. Election Time(s): 8:00 a.m. - 9:00 a.m. ( PEC 7:30 - 8:00 a.m.) 11d. Election Location(s): In break room at Employer 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. 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, Local 135 Representative 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 [Signature] Title Rep Local 135 Date 10/9/18

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 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

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

DO NOT WRITE IN THIS SPACE

Case No. 25-RC-229459 Date Filed 10/18/18

**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 Illinois Central School Bus		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 751 Eastgate Industrial Pkwy, Kankakee, IL 60901	
3a. Employer Representative - Name and Title Tim Stieber, Facility Manager		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. (815) 295-8231	3d. Cell No. N/A	3e. Fax No. (815) 295-8232	3f. E-Mail Address t.stieber@illinois-central.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Bus Transportation		4b. Principal product or service Transportation	
5a. City and State where unit is located: Kankakee, IL		5b. No. of Employees in Unit: 93	
5c. Description of Unit Involved Included: All full-time and regular part-time drivers and monitors employed by the Employer at its facility currently located at 751 Eastgate Industrial Pkwy, Kankakee, IL 60901. Excluded: All other employees, mechanics, managerial employees, office clerical employees and guards, professional employees and supervisors as defined by the Act.		5d. 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) by this petition 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 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): November 9, 2018	11c. Election Time(s): 6:00 AM - 12:00 PM AND 2:00 PM - 5:00 PM	11d. Election Location(s): Drivers Break Room
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12a. Full Name of Petitioner (including local name and number)  
Teamsters Local 179

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. 815-741-2200	12e. Cell No. (815) 530-5243	12f. Fax No. 815-741-2278	12g. E-Mail Address teamsterty179@yahoo.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
 13a. Name and Title **Anthony Seminary, Organizer**

13c. Tel No. 815-741-2200	13d. Cell No. (815) 530-5243	13e. Fax No. 815-741-2278	13f. E-Mail Address teamsterty179@yahoo.com
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13b. Address (street and number, city, state, and ZIP code)  
1000 NE Frontage Road, Joliet, IL 60431

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) Anthony Seminary	Signature 	Title Organizer	Date October 18, 2018
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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. § 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 will 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.

**2a. Name of Employer:** MPI PRODUCTS, LLC  
**2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code):** 1200 KLOECKNER DR. KNOX IN 46534

**3a. Employer Representative - Name and Title:** NANCY KOVALS - HUMAN RESOURCE  
**3b. Address (if same as 2b - state name):** SAME AS 2b

**3c. Tel. No.:** (574) 772-3350  
**3d. Fax No.:** (574) 772-0601  
**3e. Cell No.:**  
**3f. E-Mail Address:** NKOVALS@MPIPRODUCTS.COM

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):** FACTORY  
**4b. Principal product or service:** TRANSMISSION PARTS

**5a. Description of Unit Involved:** ALL BARGAINING UNIT EMPLOYEES  
**Included:** ALL BARGAINING UNIT EMPLOYEES  
**Excluded:** NON-BARGAINING UNIT EMPLOYEES  
**5b. City and State where unit is located:** KNOX, IN

**6. No. of Employees in Unit:** 167  
**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:** USW LOCAL 9551 KAREN BRYAN  
**8b. Affiliation, if any:**

**8c. Address:** 548 N. OAK DR. PLYMOUTH IN 46563  
**8d. Tel. No.:** (317) 928-6435  
**8e. Cell No.:**  
**8f. Fax No.:**  
**8g. E-Mail Address:**

**9. Date of Recognition or Certification:** 12/14/2015  
**10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):** December 14, 2018

**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):**  
**(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):** NONE

**12a. Name:**  
**12b. Address:**  
**12c. Tel. No.:**  
**12d. Fax No.:**  
**12e. Cell No.:**  
**12f. E-Mail Address:**

**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. ASAP  
**13a. Election Type:**  Manual  Mail  Mixed Manual/Mail  
**13b. Election Date(s):** ASAP  
**13c. Election Time(s):** ASAP  
**13d. Election Location(s):** MPI PRODUCTS LLC

**14. Full (b) (6), (b) (7)(C)**

**14a. Address:** (b) (6), (b) (7)(C)  
**14b. Tel. No.:** (b) (6), (b) (7)(C)  
**14c. Fax No.:** (b) (6), (b) (7)(C)

**14f. Affiliation, if any:** NONE

**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. E-Mail Address:** (b) (6), (b) (7)(C)  
**15e. Fax No.:**

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

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Date Filed 10/03/2018

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

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