

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RD-238805	Date Filed 4/1/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Cargill, Inc.		<b>2b. Address(es) of Establishment(s) Involved</b> (Street and number, city, state, ZIP code) 814 W Main, Beardstown, IL 62618	
<b>3a. Employer Representative - Name and Title</b> Dan McClenning, Plant Manager		<b>3b. Address</b> (if same as 2b - state same) same	
<b>3c. Tel. No.</b> 217-323-3333	<b>3d. Fax No.</b>	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b>

<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Grain Elevator	<b>4b. Principal product or service</b> loading and unloading grain
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<b>5a. Description of Unit Involved</b> Included: Production employees employed by the Employer's grain elevator at 814 W Main, Beardstown, IL 62618 Excluded: See Attached (Page 2)	<b>5b. City and State where unit is located:</b> Beardstown, IL
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<b>6. No. of Employees in Unit</b> 4	<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
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<b>8a. Name of Recognized or Certified Bargaining Agent</b> BCTGM Union, Local 4 Josh Camden, Chief Business Representative		<b>8b. Affiliation, if any</b>	
<b>8c. Address</b> P.O. Box 12, Carrollton, IL 62016		<b>8d. Tel. No.</b> 314-664-0536	<b>8e. Cell No.</b> 618-799-9030
		<b>8f. Fax No.</b> 314-664-0568	<b>8g. E-Mail Address</b> Local4josh@sbcglobal.net

<b>9. Date of Recognition or Certification</b>	<b>10. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) May 31, 2019
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<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>
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<b>11c. The Employer has been picketed by or on behalf of</b> (Insert Name) (Insert Address)	<b>since</b> (Month, Day, Year) a labor organization, of
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**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>

**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<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> Any day, Monday thru Friday, in April	<b>13c. Election Time(s)</b> Any time between 8:30 a and 3:00 p	<b>13d. Election Location(s)</b> At the Employer's facility
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**14. Full Name of Petitioner**  
(b) (6), (b) (7)(C)

<b>14a. Address</b> (Street and number, city, state, ZIP code) (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>

**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>		<b>15b. Title</b>	
<b>15c. Address</b> (Street and number, city, state, ZIP code)		<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</b> (Print) (b) (6), (b) (7)(C)	<b>Sign</b> (b) (6), (b) (7)(C)	<b>Title</b>	<b>Date Filed</b> 4-1-19
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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.

Attachment, Page 2

DO NOT WRITE IN THIS SPACE	
Case No. 25-RD-238805	Date Filed 4/1/19

5a. Description of Unit Involved

Excluded: Guards, grain inspectors, office and clerical employees, professional and administrative employees, merchants, managers, superintendents, and supervisors as defined in the National Labor Relations Act.

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>25-RC-239843</b>	Date Filed <b>4/17/2019</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 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> IMS Productions, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4555 W 16th Street, Indianapolis, IN 46222
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<b>3a. Employer Representative - Name and Title:</b> Kevin Sublette, President	<b>3b. Address (if same as 2b - state same):</b> Same as 2b
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<b>3c. Tel. No.</b> 317-492-8723	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ksublette@imspvtv.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Video/media production company	<b>4b. Principal Product or Service</b> Live sports and event broadcasts	<b>5a. City and State where unit is located:</b> Indianapolis, IN
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attachment <b>Excluded:</b> See Attachment	<b>6a. Number of Employees in Unit:</b> <b>110</b>	<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) 4/15/2019 and Employer declined recognition on or about (Date) 4/16/2019 (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: Mail ballots to be dispatched May 8, 2019 and commingled and counted at Region 25 on May 30, 2019 at 2:00 p.m.  
**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):!</b> May 8 - May 30, 2019	<b>11c. Election Time(s):!</b> See 11 above	<b>11d. Election Location(s):!</b> See 11 above
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<b>12a. Full Name of Petitioner (including local name and number):</b> International Alliance of Theatrical Stage Employees, AFL-CIO	<b>12b. Address (street and number, city, State and ZIP code):</b> 207 West 25th Street, Fl. 4, New York, NY 10001
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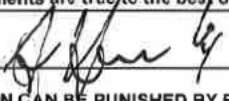
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada, AFL-CIO, CLC

<b>12d. Tel. No.</b> 212-730-1770	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 212-730-7809	<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> Adrian D. Healy, Associate Counsel	<b>13b. Address (street and number, city, State and ZIP code):</b> 207 West 25th Street, Fl. 4 New York, NY 10001

<b>13c. Tel. No.</b> 212-730-1770	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 212-730-7809	<b>13f. E-Mail Address</b> ahealy@iatse.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.

<b>Name (Print)</b> Adrian D. Healy	<b>Signature</b> 	<b>Title</b> Associate Counsel	<b>Date</b> 4/17/2019
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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**

**ATTACHMENT TO FORM NLRB-502 (RC)**  
**(IMS Productions, Inc.)**

**Included:**

All full-time and part-time broadcast technicians, including Technical Directors (TD), Audio Mixers (A1), Audio Submixers, Audio Assistants (A2), Video Controllers (V1), Assistant Video Controllers (V2, V3), Graphic Operators, Graphic Coordinators, Camera Operators (jib, stationary, mobile, robotic, and remotely operated), Capture/Playback Operators (Videotape Operators [VTR], Digital Recording Device Operators [DDR], EVS Operators), EVS Editors, Fiber Technicians, and others in similar technical positions performing work, including pre-production, production and post-production work in connection with the telecasting of live (or live-to-tape) events, including pre- and post-event shows at remote locations within the United States.

**Excluded:**

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



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RD-240184	Date Filed 4/24/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.					
2a. Name of Employer MM Transportation, LP		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 534 Mozart Street, Tell City, IN 47586			
3a. Employer Representative - Name and Title Kenneth Mulzer, Jr.		3b. Address (if same as 2b - state same) Same			
3c. Tel. No. 812-547-7921	3d. Fax No. 812-547-6757	3e. Cell No. 812-453-9711	3f. E-Mail Address Ken.MulzerJR@mulzer.com		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Barge Transportation			4b. Principal product or service Barge Transportation		
5a. Description of Unit Involved Included: Please see attached. Excluded: Please see attached.				5b. City and State where unit is located: Leavenworth, IN	
6. No. of Employees in Unit 10	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				
8a. Name of Recognized or Certified Bargaining Agent International Union of Operating Engineers, Local 181		John Flanagan, BA		8b. Affiliation, if any	
8c. Address 700 N Elm Street Henderson, KY 42419-0034		8d. Tel. No. 270-826-2704	8e. Cell No.		
		8f. Fax No. 270-827-2014	8g. E-Mail Address		
9. Date of Recognition or Certification 4/20/2018		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) None			
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? NA		
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 N/A		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) May 9 or 16, 2019		13c. Election Time(s) 3:30 p.m. to 4:00 p.m.		13d. Election Location(s) Employee Break Room at ER's Leavenworth, IN facility	
14. Full Name of Petitioner (b) (6), (b) (7)(C)					
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)		14c. Fax No.	
		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			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 and the (b) (6), (b) (7)(C) is the best of my knowledge and belief.					
Name (Print) (b) (6), (b) (7)(C)		Signature (b) (6), (b) (7)(C)		Title an individual	
				Date Filed 4-22-19	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE 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.

ATTACHMENT to FORM NLRB-502 (RD)

5a. Description of Unit Involved

- Included: All full-time and regular part-time boat pilots and deck hands employed by the Employer at its Charlestown, New Amsterdam, and Cape Sandy locations;
- Excluded: BUT EXCLUDING all office clerical employees, professional employees, managerial employees, and guards and supervisors as defined by the Act.

**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 ADM Trucking, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2501 N. Brush College Road	
3a. Employer Representative - Name and Title Craig Sullivan, Terminal Manager		3b. Address (If same as 2b - state same) 2501 N. Brush College Road	
3c. Tel. No. 217-424-5498	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking Company			4b. Principal product or service
5a. Description of Unit Involved Included: Drivers, Mechanics, Washbay employees Excluded: Non-hourly employees			5b. City and State where unit is located: Decatur, IL
6. No. of Employees in Unit 175	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		
8a. Name of Recognized or Certified Bargaining Agent Bakery, Confectionery, Tobacco Workers and Grain Millers Local 103G		8b. Affiliation, if any AFL-CIO	
8c. Address 2955 N. Woodford Street, Decatur, IL 62526		8d. Tel. No. 217-875-2400	8e. Cell No.
		8f. Fax No. (217) 875-9865	8g. E-Mail Address presjangell@yahoo.com
9. Date of Recognition or Certification.		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) February 1, 2019	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of 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) May 8, 2019	13c. Election Time(s) 6-8AM, 2-5PM. 9-11PM	13d. Election Location(s) Conference Room at the Facility	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		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		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 and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Title Individual	Date Filed 4-26-19

WILLFUL FALSE STATEMENTS OR MISFEASANCE 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.

RECEIVED  
NLRB  
SUBREGIO 130  
011 APR 26 PM 12  
PEORIA, IL



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>25-RM-240477</b>	Date Filed <b>4/30/19</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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **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/Petitioner:</b> Illinois Plumbing and Heating Supply Company, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4725 West Wabash Avenue, Springfield, IL 62711
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<b>3a. Employer/Petitioner Representative - Name and Title:</b> Richard V. Stewart, Jr.	<b>3b. Address (if same as 2b - state same):</b> 1224 Centre West Drive, Suite 200E, Springfield, IL 62704
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<b>3c. Tel. No.</b> (217) 679-0919	<b>3d. Cell No.</b> (217) 299-8116	<b>3e. Fax No.</b> (314) 682-7010	<b>3f. E-Mail Address</b> rickstewart@hessemartone.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Wholesaler	<b>4b. Principal Product or Service</b> Plumbing and Heating Supplies
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<b>5a. Description of Unit Involved:</b> <b>Included:</b> Warehousemen and Truck Drivers <b>Excluded:</b> All other employees	<b>5b. City and State where unit is located:</b> Springfield, Illinois
	<b>6. Number of Employees in Unit:</b> 5

Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable  
 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_  
 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> Teamsters Local 916	<b>8b. Affiliation, if any:</b>
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<b>8c. Address:</b> 3361 Teamster Way Springfield, Illinois 62707	<b>8d. Tel. No.</b> (217) 522-7932	<b>8e. Cell No.</b>
	<b>8f. Fax No.</b> (217) 522-9492	<b>8g. E-Mail Address</b> larry@teamsters916.org

<b>9. Date of Recognition or Certification</b> Unknown. At least since July 1976.	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 4/20/19
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**11. Is there now a strike or picketing at the Employer's establishment(s) involved?** No  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

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**  
None

<b>12a. Name and affiliation if any</b> None	<b>12b. Address</b> None	<b>12c. Tel. No.</b> None	<b>12d. Cell No.</b> None
		<b>12e. Fax No.</b> None	<b>12f. E-Mail Address</b> None

**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:  
From the standpoint of accessibility to voters, the Employer's premises are best.

**13a. Election Type:**  
 Manual  Mail  Mixed Manual/Mail


<b>13b. Election Date(s):</b> May 16, 2019	<b>13c. Election Time(s):</b> Either 7:30 a.m. or 4:30 p.m.	<b>13d. Election Location(s):</b> Employer's Premises
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**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title:</b> Richard V. Stewart, Jr. Attorney for Petitioner	<b>14b. Address (street and number, city, State and ZIP code):</b> 1224 Centre West Drive, Suite 200E Springfield, IL 62704
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<b>14c. Tel. No.</b> (217) 679-0919	<b>14d. Cell No.</b> (217) 299-8116	<b>14e. Fax No.</b> (314) 682-7010	<b>14f. E-Mail Address</b> rickstewart@hessemartone.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) Richard V. Stewart, Jr.	Signature 	Title Attorney for Petitioner	Date 4/29/2019
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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 may cause the NLRB to decline to invoke its processes.



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

DO NOT WRITE IN THIS SPACE	
Case No. <b>25-RD-240493</b>	Date Filed <b>4/30/19</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 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, Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, state, ZIP code) 534 Mozart Street, Tell City, IN 47586	
<b>3a. Employer Representative - Name and Title</b> Kenneth Mulzer, Jr.		<b>3b. Address</b> (If same as 2b - state same) 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</b> (Factory, mine, wholesaler, etc.) Mine		<b>4b. Principal product or service</b> Ag Rock	

<b>5a. Description of Unit Involved</b> <b>Included:</b> Please see attached <b>Excluded:</b> Please see attached	<b>5b. City and State where unit is located:</b> English, IN
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<b>6. No. of Employees in Unit</b> 18	<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
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<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>
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<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> 4/19/2018	<b>10. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) None
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<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
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<b>11c. The Employer has been picketed by or on behalf of</b> (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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**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> N/A	<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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>13b. Election Date(s)</b> May 20, 2019	<b>13c. Election Time(s)</b> 2:30 p.m. to 3:00 p.m.	<b>13d. Election Location(s)</b> Employee Break Room at ER's English, IN facility
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<b>14. Full Name of Petitioner</b> (b) (6), (b) (7)(C)
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<b>14a. Address</b> (Street and number, city, state, ZIP code) (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)

<b>14f. Affiliation, if any</b>
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**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</b> (Street and number, city, state, ZIP code)	<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</b> (Print) (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date Filed</b> 4-29-19
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**WILLFUL FALSE STATEMENTS BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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ATTACHMENT TO FORM NLRB-502 (RD)

5a. Description of Unit Involved

Included: All full-time and regular part-time scale house, plant people, and mechanics employed by the Employer at it's Temple location in English, Indiana.

Excluded: BUT EXCLUDING rock tester, parts person, and supervisor as defined by the Act.