* .e				·				
FORM NLRB-502 (RD) UN	ITED STATES OF AME	ERICA		Case N		VRITE IN THIS S	Date Filed	
	RD PETITION	*· ·· =· ·			D-238805		4/1/19	
INSTRUCTIONS: Unless o-Filed using th employer concerned is located. The pet the employer and all other parties name Case Procedures (Form NLRB 4812). Th	tition must be accompa d in the petition of:(1) (anied by both a sho the petition; (2) Stat	wing of intere tement of Posi	st (see 7 b tion form (elow) and a certific: (Form NLRB-505); a	ité of service sh nd (3) Descriptio	owing service on on of Representation	
1. PURPOSE OF THIS PETITION: RD-DEC recognized bargaining representative is no Labor Relations Board proceed under it	o longer their representa	tive. The Petitioner	alleges that th	e followin	g circumstances ex			
2a. Name of Employer	, <u></u> _, <u></u> _, <u></u> _		•	·	(Street and number,	city, state, ZIP co	de)	
Cargill, Inc. 3a. Employer Representative - Name and T	Phile -	814 W Main, E 3b. Address (If sam			18		·	
Dan McClenning, Plant Manager	we	same	e as 20 - suate,	same)				
3c. Tel. No. 217 - 323 - 3333	0.	3e. Cell No.		3f. E-Mall /	Address			
4a. Type of Establishment (Factory, mine, wh	nolesaler, etc.)				al product or service and unloading g			
Gain Elevator 5a, Description of Unit Involved			1	loading	and unioading g		d State where unit	
Included:		• • •				is toca Beardst		
Production employees employed b Excluded:	y the Employer's g	grain elevator at	814 W Mai	n, Beard	stown, IL 62618	Dearust	чн, ш,	
See Attached (Page 2)	<u></u>							
	Do a substantial number recognized bargaining n			the unit no	longer wish to be re	presented by the	certified or currently	
8a. Name of Recognized or Cettified Bargain	ing Agent				8b. Affiliation, If any			
	amden, Chief Busi	ness Representa	tive 8d. Tel. No.		8e, Cell No,			
8c. Address	11 / 2011		314-664-0	536	618-799-9030			
p.O. Box 12, Corrolfon	111 62016		8f. Fax No.		8g. E-Mail Address			
9. Date of Recognition or Certification		10. Expiration Date	314-664-0: of Current or M		Local4josh@st			
		May 31, 2019						
11a. Is there now a strike or picketing at the l	Employer's establishmen	nt(s) involved?	'es 🗙 No	11b. If so,	approximately how m	any employees	are participating?	
11c. The Employer has been picketed by or o	on behalf of (Insert Nan	ne)					a labor organization, of	
(Insert Address) 12. Organizations or individuals other those r	amod in itoms 9 and 44	c which have claim.	d monshillor -	motecat		e (Month, Day, Y	(88 1)	
and individuals known to have a represent	ntative interest in any en				(If none, so state)	12d. Fax No.	<u></u>	
128. Name 12b.	, Address							
				12e. Cell N	ło	12f. E-Mail Addr	'ess	
13. Election Details: If the NLRB conducts mátter, state your position with respect to				13a. Electi	on Type: 🗙 Manual	. Mail	Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Tin	.,	10.00	13d. Election Location(s)				
Any day, Monday thru Friday, in A	pril Any time be	tween 8:30 a an	a 3:00 p	At the L	Employer's facili	LY	<u></u>	
(b) (6), (b) (7)(C)								
14a. Address (Street and number, city, state, (b) (6), (b) (7)(C)	ZIP code)			14b. Tel. M (b) (6), (l		14c. Fax No.		
				14d Cell (b) (6), (l	b) (7)(C)	14e. E-Mail Add	iress	
14f. Affiliation, if any								
15. Representative of the Petitioner who v	vill accept service of a	Il papers for purpos	ses of the repr	esentation 15b.Title	proceeding.			
15c. Address (Street and number, city, state,	, ZIP code)			15d. Tel. I	No.	15e. Fax No.		
				15f. Cell N	lo.	15g. E-Mail Add	iress	
I declare that I have read the above petitic				wledge a	nd belief.	L		
Name (Print) (b) (6), (b) (7)(C)	sign(b) (6)	, (b) (7)(C	C)	Title	-		Date Filed	
WILLFUL FALSE STATEMEN	TS ON THIS PETITION	GAN BE PUNISHE	D BY FINE AN	DIMPRISC	NMENT (U.S. CODE	E, TITLE 18, SEC	TION 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 fitigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). 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.

DO NOT WRITE IN THIS SPACE

Case No. 25-RD-238805

Date Filed 4/1/19

Attachment, Page 2

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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.

FORM NLRB-502 (RC)	UNITE	D STATES OF A	AMERIC	A					DO NOT W	RITE IN THIS S	SPACE	
(2-18)	(2-18) NATIONAL LABOR RELATIONS BOARD						Cas	se No.			Date Fil	ed
RC PETITION								25-R	C-23984	3	4/17/2	019
INSTRUCTIONS: Unless e-Filed us employer concerned is located. T								is Petition to	an NLRB of	fice in the Reg	ion in wi	hich the
the employer and all other parties Case Procedures (Form NLRB 48)												
1. PURPOSE OF THIS PETITION: F	PC-CEPTIEI		DDESE	TATI		eubetantial numbe	ar of em	nolovees wish	to be renres	ented for purpo	ses of co	lective
bargaining by Petitioner and Petiti requests that the National Labo	ioner desires	s to be certified a	s repres	senta	tive of th	e employees. The	e Petitie	oner alleges	that the foll	owing circums	tances e	
2a. Name of Employer:			2b. Ad	dress	s(es) of l	Establishment(s) i	nvolved	(Street and	number, City	State, ZIP cod	e):	
IMS Productions, Inc.					. ,	eet. Indianapolis						
	to and Tiller											
3a. Employer Representative - Nan	ne and title:		Same			e as 2b - state sa	n o).					
Kevin Sublette, President			Jame	5 03 4	20							
3c. Tel. No. 317-492-8723	3d. Cell No			3e.	Fax No			3f, E-Mail A ksublette	ddress @imsptv.co	m		
4a. Type of Establishment (Factory, i	l mine, whole:	saler, etc.)		4b.	Princip	al Product or Serv	lice	1		d State where u	init is loca	ated:
Video/media production compar	ny			Li	ve spor	ts and event bro	oadcas	sts	Indianap	olis, IN		
5b. Description of Unit Involved:	-			_					6a. Numbe	r of Employees	in Unit:	
Included:									110			
See Attachment Excluded:									Sh Do a st	ubstantial numb	PF (30%)	or more)
See Attachment									of the e	mployees in the	a unit wis	h to be
Check One: 7 7a. Request for rec	connition as	Bargaining Repre	esentati	ve wa	is made	on (Date)	/15/2	019 an		inted by the Pet declined recogni		Yes No
on or about (Date) 7b. Petitioner is cur	4/16/	2019 (lf n	no reply	recei	ved, so s	state).				g		
8a. Name of Recognized or Certific					8b. Ad		auon a					
•			-									
None												
8c. Tel. No.	8d. Cell No			8e	Fax No	•		8f. E-Mail A	ddress			
			-		the of D		fie etter	Di Evelenti	Delta el O	and as Mart		
8g. Affiliation, if any:			ľ	sn. Da	ate of R	ecognition or Cert	incation			urrent or Most (Month, Day, Ye	ear)	
9. Is there now a strike or picketing a	t the Employ	ver's establishme	ent(s) inv	olver	12 No.	If so, ap	proxima	ately how mar	ny employee	s are participatir	na?	
(Name of Labor Organization)		or o concontraction inte			140					er since (Month,		ari
	dia Datit			14	0	which have also	-					-
 Organizations or individuals other individuals known to have a repre- 										es and other org	anization	is and
None	ESCHILDUAG III	terest in any only	ployees	in uie	s unit de	scribed in item ob	above.	(11 110/10, 30 3	state)			
		101 111-00						140 - Tel N		404 Dall No		
10a. Name		10b. Address						10c. Tel. N	0.	10d. Cell No.		
								10e. Fax N	0.	10f. E-Mail Add	dress	
							_		14. 51.	-		
11. Election Details: If the NLRB co Mail ballots to be dispatched May 8									Manua		Mixed	Manual/Mail
11b. Election Date(s):	-	11c. Election Ti			-				on Location(
May 8 - May 30, 2019		See 11 above						See 11 abo				
12a. Full Name of Petitioner (includ	ling local na	me and number):				12b. Address (st	reet and	d number, city	, State and 2	ZIP code):		
International Alliance of Theatric	cal Stage E	Employees, AF	L-CIO			207 West 25th	n Stree	et, Fl. 4, Nev	York, NY	10001		
12c. Full name of national or internat		-										
International Alliance of Theatrical Stage E			licians, Ar				Statës, It	-		-CIO, CLC		
12d. Tel. No. 212-730-1770	12e. Cell N	0.			f. Fax No 12-730-			12g. E-Mai	Address			
13. Representative of the Petitione	r who will a	ccept service o	f all pa									
13a. Name and Title: Adrian D. Healy, Associate Cou	insel					ss <i>(street and nur</i> t 25th Street, FI						
13c. Tel. No.	13d. Cell N	0.	_	13	e. Fax N	0.		13f. E-Mail	Address			
212-730-1770				2	12-730-	7809		ahealy@	iatse.net			
I declare that I have read the above	e petition a	nd that the state	ments	are to	ue to th	e best of my kno	wiedg	e and belief.				
Name (Print)		Signatur	e /	1	1	U.		tle				Date
Adrian D. Healy			A	N	An	- 4	A	ssociate Co	unsel			4/17/2019
				AL	/	1						

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 ef 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 (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.

						108 00	AALCI I E IIN	THIS SPACE	
FORM NLRB-502 (RD) - (2-18)	UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION								
INSTRUCTIONS: Unless e-Fik employer concerned is locate the employer and all other pa Case Procedures (Form NLR)	d. The petition in rties named in th	must be accomp he petition of:(1)	anied by both a she the petition; (2) Sta	owing of intere tement of Pos	st (see 7 b ition form	elow) and a certific (Form NLRB-505);	cate of serv and (3) Des	ice showing cription of	g service on Representation
1. PURPOSE OF THIS PETITIO recognized bargaining represe Labor Relations Board proce	ntative is no long	er their representation	ative. The Petitione	r alleges that th	he followin	g circumstances e			
2a. Name of Employer			2b. Address(es) of	Establishment(s) involved	(Street and number	, city, state,	ZIP code)	
MM Transportation, LP			534 Mozart St	reet, Tell Ci	ty, IN 47	586	•		
3a. Employer Representative - 1	Name and Title		3b. Address (If san	ne as 2b - state	same)				
Kenneth Mulzer, Jr.			Same						
3c. Tel. No.	3d. Fax No.		3e. Cell No.		3f. E-Mail	Address K.e	n. Mui	564 J	O MULZER, O
812-547-7921	812-547-67		812-453-9711			erjr@mulzer.e			
ta. Type of Establishment (Factor Barge Transportation	ry, mine, wnoiesa	wer, etc.)				al product or service ransportation	e		
5a. Description of Unit Involved					Darge 1	Talisportation	5b (City and Stat	te where unit
ncluded:								s located:	
Please see attached.							Lea	venworth	1, IN
Excluded:									
Please see attached.							ł		
B. No. of Employees in Unit			r (30% or more) of th		the unit no	o longer wish to be re	epresented i	by the certific	ed or currently
Ba. Name of Recognized or Certif			epresentative? X	res No		8b. Affiliation, if an			
•		-	Q1 T-1	n Flone and	D٨	ob. Amiliation, it any	у		
International Union of Op	erating Engin	leers, Local 18	J01 J01	n Flanagan, 8d. Tel. No.	, ВА	Pa Call Ma			
c. Address	-				704	8e. Cell No.			
700 N Elm Street 270-820									
Henderson, KY 42419-0034 8f. Fax No.					8g. E-Mail Address				
Henderson, KY 42419-00				270-827-21	014				
			10. Expiration Date	270-827-20		Contract, if any (M	onth. Day. Y	(ear)	
Henderson, KY 42419-00 9. Date of Recognition or Certifica 4/20/2018			10, Expiration Date None			t Contract, if any (M	onth, Day, Y	'ear)	
9. Date of Recognition or Certifica 4/20/2018	tion	over's establishme	None	of Current or M	Aost Recen				rticipating? NA
 Date of Recognition or Certificative 4/20/2018 1a. Is there now a strike or picket 	tion ting at the Emplo		None	of Current or M	Aost Recen	t Contract, if any (M approximately how i		yees are pa	rticipating? NA
9. Date of Recognition or Certifica 4/20/2018 1a. Is there now a strike or picke 1c. The Employer has been pick	tion ting at the Emplo		None	of Current or M	Aost Recen	approximately how	many emplo	yèes are pa a la	
9. Date of Recognition or Certifica 4/20/2018 11a. Is there now a strike or picke 11c. The Employer has been pick (Insert Address)	tion ting at the Emplo eted by or on beh	half of <i>(Insert Nan</i>	None nt(s) involved?	e of Current or M Yes X No	11b. If so,	approximately how i	many emplo ce (Month, I	yèes are pa a la	
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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

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- 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.

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	NATIONAL LA	STATES OF AM ABOR RELATION	NS BOARD		25-I	Case No. 25-RD-240462 Date Filed 4/29/19					
INSTRUCTIONS: Unless e-Filed us employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 481	he petition n named in th	nust be accomp e petition of:(1)	anied by both a sh the petition; (2) Sta	owing of intere atement of Pos	est (see 7 l ition form	elow) and a certific (Form NLRB-505): a	ate of service and (3) Descri	showi	ng service f Represe	e on ntation	
1. PURPOSE OF THIS PETITION: RI recognized bargaining representativ Labor Relations Board proceed u	ve is no longe	er their representation	ative. The Petitione	r alleges that the	he followir	g circumstances ex	es assert that t kist and reque	he certi	fied or cur t the Natio	rently	
2a. Name of Employer			2b. Address(es) of	Establishment(s) involved	(Street and number,	city, state, ZIF	code)			
ADM Trucking, Inc.			2501 N. Brush								
3a. Employer Representative - Name Craig Sullivan, Terminal Man			3b. Address (If san 2501 N. Brush								
	Fax No.		3e. Cell No.		3f. E-Mail	Address					
217-424-5498											
4a. Type of Establishment (Factory, min Trucking Company	ine, wholesale	er, etc.)			4b. Princip	al product or service					
5a. Description of Unit Involved							5h City	and Sta	ale where	unit	
Included:								cated;			
Drivers, Mechanics, Washbay	/ employee	es					Decat	ur, IL			
Excluded:											
Non-hourly employees							1				
6. No. of Employees in Unit 175	7. Do a su	ubstantial numbe	r (30% or more) of th		the unit no	longer wish to be re	presented by t	he certi	fied or cur	rently	
8a. Name of Recognized or Certified Ba			epresentative? X	res No		8b. Affiliation, if any					
Bakery, Confectionery, Tobac			Millers Local 1	03G		AFL-CIO					
8c. Address				8d. Tel. No.		8e. Cell No.			-		
2955 N. Woodford Street, Dec	catur, IL 6	52526		217-875-2	400						
2955 N. Woodford Street, Decatur, 12 02520 217-875-						8g. E-Mail Address					
					00/5	865 presjangell@yahoo.com					
				(217) 875-							
9. Date of Recognition or Certification.			10. Expiration Date February 1, 20	of Current or N		t Contract, if any (Mo)			
	at the Employ	ver's establishmer	February 1, 20	of Current or N 019	lost Recen	t Contract, if any (Mo	nth, Day, Year		articipating	?	
 9. Date of Recognition or Certification. 11a. Is there now a strike or picketing a 11c. The Employer has been picketed to the the the the the the the the the the			February 1, 20	of Current or N 019	lost Recen		nth, Day, Year	es are pa	articipating abor organ		
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Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et see. 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 (RM)	UNITED STATES OF	AMERICA				DO NOT V	WRITE IN THIS SPACE	
(2-18)	ARD	Ca	ase No. 25-	RM-240	477 Date 4/	Filed 30/19		
INSTRUCTIONS: Unless e-Filed employer concerned is located. following: (1) the petition; (2) Sta petition must also be accompani the employer has good faith und employees who no longer wish to	The petition must be ac atement of Position form; a ied by evidence supporting certainty about majority su	companie and (3) D the stat upport for	ed by a certificate lescription of Proce ement that a labor of an existing represe	of service s dures in Cer organization entative. Ho	howing servic tification and h has made a d	ce on all pa Decertificat lemand for	arties named in the ion Cases (Form NL recognition on the e	e petition of the LRB 4812). The employer or that
1. PURPOSE OF THIS PETITIC the Employer/Petitioner to be uncertainty about majority sup named in this petition, this sta National Labor Relations Bo	e recognized as the repre- port for an existing represent tement shall not be deem	esentative. entative. ed made oper aut	e of employees of If a charge under S a. The Petitioner al hority pursuant to	the Employ ection 8(b)(7 leges that t Section 9 o	ver/Petitioner) of the Act have been determined the following f the Nationa	or the Em as been file circumsta I Labor Re	ployer/Petitioner ha ed involving the Emp nces exist and req lations Act.	as a good faith bloyer/Petitioner
2a. Name of Employer/Petitioner: Illinois Plumbing and He Company, Inc.	eating Supply		ress(es) of Establishn West Wabash					
3a. Employer/Petitioner Represent	ative - Name and Title:	3b. Add	ress (if same as 2b - s	state same):				
Richard V. Stewart, Jr.			Centre West D		e 200E, Sp	oringfield	, IL 62704	
3c. Tel. No. (217) 679-0919	3d. Cell No. (217) 299-8116		3e. Fax No. (314) 682-7010		3f. E-Mail A rickstewa		nartone.com	
4a. Type of Establishment (Factory, Wholesaler	mine, wholesaler, etc.)		4b. Principal Product Plumbing and H		lies			
5a. Description of Unit Involved:			r runnening und rr	earing oupp	nes	5h City an	d State where unit is lo	ocated:
Included: Warehousemen and Truck Dri	vers						gfield, Illinois	valeu.
Excluded: All other employees						6. Number 5	of Employees in Unit:	
Unless a charge alleging a violation of	of Section 8/h1/71 is pending	check El	THED itom 7a or 7h	vhichovor is a	policable	5		
☐ 7a. A labor organization made a x 7b. The Employer/Petitioner has	demand for recognition on th	e Employ	er/Petitioner on (Date)				
8a. Name of Recognized or Certifie			copportion and another	groprocentai		8b. Affiliatio	on, if any:	
Teamsters Local 916								
^{8c.} Address: 3361 Teamster Way				8d. Tel. No. (217) 522	-7932	8e. Cell No		
Springfield, Illinois 6270	07			8f. Fax No. (217) 522	-9492	8g. E-Mail	Address eamsters916.org	
9. Date of Recognition or Certification	n			(4/20/10
Unknown. At least since July							(Month, Day, Year)	4/20/19
11. Is there now a strike or picketing	at the Employer's establishm	ent(s) inv	olved? No	If so, approx	imately how ma	ny employe	es are participating?	N/A
(Name of Labor Organization)		N/A	NO V				er since (Month, Day,	
 Organizations or individuals othe demanded recognition as represe above. (If none, so state) None 								
12a. Name and affiliation if any None	12b. Address None				12c. Tel. No None).	12d. Cell No. None	
None	None				12e. Fax No	D.	12f. E-Mail Address	
					None		None	
13. Election Details: If the NLRB co From the standpoint of access				spect to any s	such election:	13a. Electior X Manua		ed Manual/Mail
13b. Election Date(s):	13c. Election Tit		20		122 22	n Location(s		
May 16, 2019	Either 7:30 a					r's Premise		
14. Representative of the Employe 14a. Name and Title:	r/Petitioner who will accep	tservice	14b. Address (street				g.	
Richard V. Stewart, Jr.			1224 Centre W					
Attorney for Petitioner			Springfield, IL		Carlo 2002			
14c. Tel. No. (217) 679-0919	14d. Cell No. (217) 299-8116		14e. Fax No. (314) 682-7010		14f. E-Mail		martone.com	
I declare that I have read the above	• • • • • • • • • • • • • • • • • • • •	ments ar		my knowled		100301	in conversion	
Name (Print)	Şignatur		6		ïtle			Date
Richard V. Stewart, Jr.		(V)			Attorney for			4/29/2019
WILLELIL EALSE STA	TEMENTS ON THIS PETITI	ON CAN	BE PUNISHED BY FI	NE AND IMP	RISONMENT (U.S. CODE	TITLE 18. SECTION	1001)

SONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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.

					Γ	DO NOT	WRITE IN THIS S	SPACE
FORM NLRB-502 (RD) (2-18)					Case			Date Filed 4/30/19
INSTRUCTIONS: Unless e-File								
employer concerned is locate the employer and all other pa Case Procedures (Form NLR	rties named in th	ne petition of:(1)	the petition; (2) Sta	atement of Pos	ition form	(Form NLRB-505); a	and (3) Descripti	on of Representation
1. PURPOSE OF THIS PETITION recognized bargaining represe Labor Relations Board proce	ntative is no long	er their representa	ative. The Petitione	r alleges that t	he followi	ng circumstances ex		
2a. Name of Employer						(Street and number,	city, state, ZIP co	de)
Mulzer Crushed Stone, In			534 Mozart St			7586		
3a. Employer Representative - M Kenneth Mulzer, Jr.	Name and Title		3b. Address (If san Same	ne as 2b - state	same)			
3c. Tel. No.	3d. Fax No.		3e. Cell No.		3f. E-Mail			
812-547-7921	812-547-67		812-453-9711			llzerjr@mulzer.c		
4a. Type of Establishment (Factor Mine	y, mine, wholesa	ier, eic.)			Ag Roo	pal product or service		
5a. Description of Unit Involved included:							5b. City an is local	d State where unit
Please see attached							English	
Excluded:								
Please see attached			(000)					
6. No. of Employees in Unit 18			r (30% or more) of th epresentative? 🔀 א		n the unit h	o longer wish to be re	presented by the	cerutied or currently
8a. Name of Recognized or Certifi	ied Bargaining Ag	ent				8b. Affiliation, if any		
International Union of Op	erating Engin	eers, Local 18	B1 John F	lanagan, BA	L			
8c. Address				8d. Tel. No.	204	8e. Cell No.		
700 N. Elm Street				270-826-2	704	Re E Mail Address		
Henderson, KY 42420				8f. Fax No. 270-827-2	014	8g. E-Mail Address		
9. Date of Recognition or Certifica	tion		10. Expiration Date			nt Contract, if any (Mo	nth, Day, Year)	
4/19/2018			None					
11a. Is there now a strike or picke	ting at the Employ	yer's establishmer	nt(s) involved?	Yes 🛛 No	11b. If so	approximately how n	nany employees a	re participating? NA
11c. The Employer has been picke	eted by or on beh	alf of (Insert Nan	ne)					a labor organization, of
(Insert Address)							e (Month, Day, Y	ear)
12. Organizations or individuals ot and individuals known to have	a representative	interest in any err	c, which have claim ployees in the unit of the unit	ed recognition a described in ite	m 5 above.	(If none, so state)		
12a. Name N/A	12b. Addre	95S			12c. Tel. I	NO.	12d. Fax No.	
N/A					12e. Cell	No.	12f. E-Mail Addr	955
13. Election Details: If the NLRB	andusta en el-	tion in this	·····		13a Elas	lion Type: 🔀 Manual	Mail [Mixed Manual/Mail
matter, state your position with		uch election.						
13b. Election Date(s)		13c. Election Tin				tion Location(s)	of EDia En all	h IN families
May 20, 2019 14. Full Name of Petitioner		2:30 p.m. to	5:00 p.m.		Employ	ee Break Room	at EK's Engli	si, in facility
(b) (6), (b) (7)(C)								
14a. Address (Street and number, (b) (6), (b) (7)(C)	(b) (6),	(b) (7))(C)		14b. Tel. (b) (6), (vo. (b) (7)(C)	14c. Fax No.	
			× ,		14d. Cell (b) (6), (14e. E-Mail Addr (b) (6), (b)	ess (7)(C)
14f. Affiliation, if any								
15. Representative of the Petitio	ner who will acc	ept service of al	papers for purpos	ses of the repr	esentatior	proceeding.		
15a. Name					15b.Title			
15c. Address (Street and number,	city, state, ZIP co	ode)			15d. Tel. I	No.	15e. Fax No.	
					15f. Cell N	lo.	15g. E-Mail Addr	ess
		4 4 4 4 4 4				at halled		
I declare that I have read the abo Name (Print)	ove petition and			pest of my know	wledge a Title	na Dellet.		Date Filed
(b) (6), (b) (7)(C)	()	o) (6), (b) (7)(C)		(b) (6), (b			4-29-19
WILLFUL FALSE ST	TATEMENTS		PRIVACY ACT	BY FINE AN		DNMENT (U.S. CODE	, TITLE 18, SEC	TION 1001)

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

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.