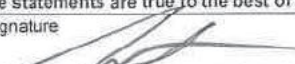


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-255764	Date Filed 2/5/20

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-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: McHenry Excavating, Inc.		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 1903 State, Rte. 31, Suite A, McHenry, IL 60050	
3a. Employer Representative - Name and Title: Matt Rogulic, Owner		3b. Address (if same as 2b - state same):	
3c. Tel. No. 815-605-9499	3d. Cell No.	3e. Fax No.	3f. E-Mail Address matt@mchenryheating.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal Product or Service Excavation	
5b. Description of Unit Involved: Included: All full time operators, laborers, and drivers Excluded: All managers, supervisors, clericals, and guards as defined under the Act.		5a. City and State where unit is located: McHenry, IL	
6a. Number of Employees in Unit: 10		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	
Check One: <input type="checkbox"/> 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). <input type="checkbox"/> 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? Yes _____ If so, approximately how many employees are participating? <u>1</u> (Name of Labor Organization) <u>IUOE, Local 150</u> , has picketed the Employer since (Month, Day, Year) <u>8/8/19</u>			
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) National Allied Workers Union, Local 831			
10a. Name Frank Stroud		10b. Address 125 Windsor Dr., Suite 118, Oak Brook, IL 60523	
10c. Tel. No. 630-974-6799		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address nawulocal831@sbcglobal.net	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Petitioned for Employer is a fiction and unit is not appropriate			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 2/19/20		11c. Election Time(s): 8:00 a.m.	
11d. Election Location(s): Employer's Shop			
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 150, AFL CIO		12b. Address (street and number, city, State and ZIP code): 6200 Joliet Road, Countryside, IL 60525	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers			
12d. Tel. No. 708-482-8800	12e. Cell No.	12f. Fax No. 708-482-7186	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Robert A. Paszta, Associate General Counsel		13b. Address (street and number, city, State and ZIP code): 6140 Joliet Road, Countryside, IL 60525	
13c. Tel. No. 708-579-6657	13d. Cell No.	13e. Fax No. 708-588-1647	13f. E-Mail Address rpaszta@local150.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Robert A. Paszta	Signature 	Title Associate General Counsel	Date 2/5/20

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-255852	Date Filed 2/5/20

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-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 MV Transportation	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 555 East Wood Street IL Decatur 62523-
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3a. Employer Representative - Name and Title John Ramonez	3b. Address (If same as 2b - state same) 555 East Wood Street IL Decatur 62523-
---	--

3c. Tel. No. (217) 424-2817	3d. Cell No. (630) 606-4708	3e. Fax No. (217) 424-2818	3f. E-Mail Address john.ramonez@mvtransit.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Transit Service	5a. City and State where unit is located: Decatur, IL
--	--	---

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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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.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
--	--------------------

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? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): February 26, 2020	11c. Election Time(s): 12:00 noon to 1:00 p.m.	11d. Election Location(s): Training room
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12a. Full Name of Petitioner (including local name and number) Nanette K. Ruffin Amalgamated Transit Union Local 859	12b. Address (street and number, city, state, and ZIP code) P.O. Box 391 IL Decatur 62525-
---	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Amalgamated Transit Union

12d. Tel No. (217) 520-2537	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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 Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION	13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790
--	--

13c. Tel No. (301) 431-7100	13d. Cell No. (202) 714-4219	13e. Fax No.	13f. E-Mail Address dsmith@atu.org
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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) Daniel B. Smith	Signature Daniel B. Smith	Title Assistant General Counsel	Date 02/5/2020 21:42:23
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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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time road supervisors, dispatchers, paratransit clerks and administrative assistants employed by the Employer at its facility currently located in Decatur, Illinois. The Petitioner is seeking a self-determination election to include the petitioned-for employees within an existing unit.

Employees Excluded

All other employees, guards, managers, and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-256341	Date Filed 2/13/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, [redacted], 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: Republic National Distributing Company	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 700 W. Morris St. Indianapolis, IN 46225
--	--

3a. Employer Representative - Name and Title: Steve Null- Operations Manager	3b. Address (if same as 2b - state same): SAME
--	--

3c. Tel. No. (317) 636-6092 ext. 381228	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Steve.null@mdc-usa.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution Facility	4b. Principal Product or Service Transportation/Shipping	5a. City and State where unit is located: Indianapolis, IN
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5b. Description of Unit Involved: Included: All full-time and regular part-time warehouse employees and dock workers, POS warehouse employees and housekeeping/janitorial staff at the employers facility in Indianapolis, Indiana. Excluded: All drivers, office, clerical, dispatchers, sale representatives, mechanics, guards and supervisors as defined in The Act and all other employees.	6a. Number of Employees in Unit: 50	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) February 13, 2020 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: X
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8c. Tel. No. X	8d. Cell No. X	8e. Fax No. X	8f. E-Mail Address X
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8g. Affiliation, if any: X	8h. Date of Recognition or Certification X	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) X
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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? No
(Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) No

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:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): March 5, 2020	11c. Election Time(s): 2:00pm until 7:00pm	11d. Election Location(s): The conference room at the employers Indianapolis facility.
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12a. Full Name of Petitioner (including local name and number): TEAMSTERS LOCAL UNION NO. 135	12b. Address (street and number, city, State and ZIP code): 1233 SHELBY ST. INDIANAPOLIS, INDIANA 46203
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS

12d. Tel. No. 317-639-3541	12e. Cell No. 317-490-5005	12f. Fax No. 317-639-3378	12g. E-Mail Address droach@local135.com
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13a. Name and Title: Dustin T. Roach Teamsters Local Union No. 135/JC 69 Organizer	13b. Address (street and number, city, State and ZIP code): Dustin T. Roach 849 S. Meridian St. Indianapolis, Indiana 46225
---	---

13c. Tel. No. 317-490-5005	13d. Cell No. 317-490-5005	13e. Fax No. 317-634-5864	13f. E-Mail Address droach@local135.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) Dustin T. Roach	Signature <i>Dustin T. Roach</i>	Title Teamsters Local Union No. 135/JC 69 Organizer	Date 2-13-2020
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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
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-256973	Date Filed 2/26/20

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-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: FCA US LLC
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 300 Chrysler Drive, Belvidere, IL 61008

3a. Employer Representative - Name and Title: Carmen McCleary, HR Manager
Javier Lara, Quality Center Manager
3b. Address (if same as 2b - state same): same

3c. Tel. No. 815-323-0216
3d. Cell No.
3e. Fax No.
3f. E-Mail Address Carmen.mccleary@fcagroup.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing Plant
4b. Principal Product or Service Automobiles
5a. City and State where unit is located: Belvidere, IL

5b. Description of Unit Involved:
Included: See attached page 2 for additional details
6a. Number of Employees in Unit: 6

Excluded: See attached page 2 for additional details
6b. Do a substantial number (80% 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)
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:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): 3/16/2020
11c. Election Time(s): 1:00 P.M. to 3:00 P.M.
11d. Election Location(s): 2nd Floor Administration Break Room

12a. Full Name of Petitioner (including local name and number): UAW Local 1761
12b. Address (street and number, city, State and ZIP code): 1100 W. Chrysler Drive, Belvidere, IL 61008

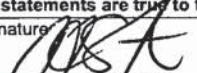
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace and Agriculture Implement Workers of America, AFL-CIO

12d. Tel. No.
12e. Cell No.
12f. Fax No.
12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Cindy Stover, Local President
13b. Address (street and number, city, State and ZIP code): 1100 W. Chrysler Drive, Belvidere, IL 61008

13c. Tel. No. 630-337-9474
13d. Cell No.
13e. Fax No.
13f. E-Mail Address s.stover7048@att.net

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) Cindy Stover
Signature 
Title Local President
Date 02/25/20

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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DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
25-RC-256973	2/26/20

Attachment

Employees Included:

A full-time and regular part-time quality process specialists and quality WCM specialists employed by the Employer in the quality department at its Belvidere Assembly Plant. The Petitioner is seeking a self-determination election to include the petitioned-for employees within an existing unit of engineering employees at the Belvidere Assembly Plant.

Employees Excluded: all managers and guards and supervisors as defined in the Act, and all other employees.

RECEIVED
NLRB
SUBREGION 33
2020 FEB 26 AM 9:16
PEORIA, IL

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-257155	Date Filed 2/28/20

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-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: Nestle USA, INC	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
---	---

3a. Employer Representative - Name and Title: Tom Devries-General Manager	3b. Address (if same as 2b - state same):
---	--

3c. Tel. No. 815-754-2550	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Tom.Devries@us.nestle.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution Center	4b. Principal Product or Service Distribution of non food products	5a. City and State where unit is located: Dekalb IL
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5b. Description of Unit Involved: Included: All full-time and regular part-time warehouse and maintenance employees. Excluded: All temps, office clerical, professional, technical employees, guards & supervisors as defined in the ac	6a. Number of Employees in Unit: 106	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
--	--	---

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 2-28-20 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)	8b. Address:
---	---------------------

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)
---------------------------------	---	--

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)

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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 3-12-20 & 3-13-20	11c. Election Time(s): 3-12th 2:30pm-4:00pm & 6:30pm-7:30pm 3-13th 2:30pm to 4:50pm	11d. Election Location(s): Training room at employees 800 Nestle Court Dekalb
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12a. Full Name of Petitioner (including local name and number): Retail Wholesale and Department Store Union	12b. Address (street and number, city, State and ZIP code):
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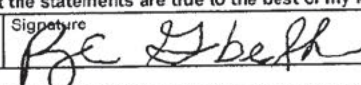
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Retail Wholesale & Department Store Union, United Food & Commercial Workers (RWDSU/UCFW)

12d. Tel. No. 319-363-4525	12e. Cell No. 319-389-4525	12f. Fax No. 319-363-2839	12g. E-Mail Address rgrobstich@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	13b. Address (street and number, city, State and ZIP code):
13a. Name and Title: Roger Grobstich/ Vice President RWDSU	

13c. Tel. No. 319-363-4525	13d. Cell No. 319-389-4525	13e. Fax No. 319-363-2839	13f. E-Mail Address rgrobstich@gmail.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) Roger Grobstich	Signature 	Title Vice President RWDSU	Date 2-28-20
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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.

FORM NLRB-502 (RD)
(8-18)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No. 25-RD-256161
Date Filed 2/11/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, 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: Wayne Combustion Systems
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 801 Glasgow Ave Fort Wayne, Ind 46803
3a. Employer Representative - Name and Title: Tim Mann Plant Manager
3b. Address (if same as 2b - state name):

3c. Tel. No.: 260-425-9200
3d. Fax No.: 1800 345 0341
3e. Cell No.:
3f. E-Mail Address:

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Factory
4b. Principal product or service: Gas and Oil Burners

5a. Description of Unit Involved
Included: Full Time Welder, Machine operators, Assemblers Utility tech and Material Handlers Packers Printer
Excluded: Managers, Supervisors and Office Personell
5b. City and State where unit is located: Fort Wayne Indiana

6. No. of Employees in Unit: 35
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: United Steel Workers 903-2 (b) (6), (b) (7)(C)
8b. Affiliation, if any: United Steel Workers 903

8c. Address: 2228 Lakeview Drive Fort Wayne Ind 46808
8d. Tel. No.: 260-484-8816
8e. Cell No.:
8f. Fax No.: 260 436-4371
8g. E-Mail Address:

9. Date of Recognition or Certification: 30-40 years
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): 4-15-2020

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: None
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. Petitioner / Voter
13a. Election Type: Manual Mail Mixed Manual/Mail

13b. Election Date(s): 3-16-2020 3-20-2020
13c. Election Time(s): 6:45 AM 7:45 AM 9:00 AM 10:00 AM
13d. Election Location(s): Wayne Combustion Systems

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.:
14e. E-Mail Address:

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: Petitioner Date Filed: 2-11-2020

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