

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

DO NOT WRITE IN THIS SPACE

Case No.

25-RC-244145

Date Filed

7/1/19

**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 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: Opportunity House INC.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 357 N. California Street, Sycamore, IL 60178
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3a. Employer Representative - Name and Title: Bob Shipman, Executive Director	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 815-895-5108	3d. Cell No. 815-762-6315	3e. Fax No. 815-895-9840	3f. E-Mail Address bshipman@ohinc.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Human Services	4b. Principal Product or Service Assisted Living	5a. City and State where unit is located: Sycamore, IL
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5b. Description of Unit Involved: <b>Included:</b> Please See Attached. <b>Excluded:</b> Please See Attached.	6a. Number of Employees in Unit: 63  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) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ 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 and election in this matter, state your position with respect to any such election: \_\_\_\_\_ 11a. Election Type:  
 Manual  Mail  Mixed Manual/Mail

11b. Election Date(s): July 17th, 2019	11c. Election Time(s): 9AM to 1PM and 5PM to <del>6PM</del> 7PM	11d. Election Location(s): CLF Living Room and Main Building
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12a. Full Name of Petitioner (including local name and number): RWDSU	12b. Address (street and number, city, State and ZIP code): 3181 Eastern Ave S.E. Grand Rapids, MI 49508
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
RWDSU-UFCW

12d. Tel. No. 616-241-4357	12e. Cell No. 774-282-0959	12f. Fax No. 616-241-1310	12g. E-Mail Address chennigar@rwdsu.org
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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: Colin Hennigar	13b. Address (street and number, city, State and ZIP code): 5181 Zenith Pkwy #3 Machesney Park, IL 61115
--	--

13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Colin Hennigar	Signature <i>Colin Hennigar</i>	Title Organizer	Date 07/01/19
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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.

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-244145	Date Filed 7/1/19

Included:

All full time and part time Residential Trainers employed at the employers CILA Homes and Community Living Facilities which include; Alden House, Center Cross House, Maplewood House, Brian House, Linden House, Manor House, Rich Road House, Sacramento Street House, CLF and Hudson Home.

Excluded:

All other employees, including but not limited to, Program Director, Director of Residential Services, House Manager, House Manager Assistant, Residential Case Manager(QIDP), Social Worker, Food Service Director, RN Trainer, Janitor, Behavior Consultant, Psychologist, Nutrition Consultant, Pharmacist Consultant, and Volunteers/Interns. All employees employed by the employer at the main building.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
25-RC-244227

Date Filed  
7/2/19

**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 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:**  
The Kelly Group

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
2454 N. 27th St.  
Decatur, IL 62526

**3a. Employer Representative - Name and Title:**  
Brian Marshall, President of The Kelly Group Decatur IL

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

**3c. Tel. No.**  
217-422-1800

**3d. Cell No.**

**3e. Fax No.**  
217-422-9635

**3f. E-Mail Address**  
Brian.Marshall@thekellygroup.com

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

**4b. Principal Product or Service**  
Mechanical Insulation

**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. Number of Employees in Unit:**  
9

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

Check One:  **7a. Request for recognition as Bargaining Representative was made on (Date)** 07/02/19 **and Employer declined recognition** on or about (Date) none (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:

**11a. Election Type:**  
 Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):**  
7-26-19

**11c. Election Time(s):**  
4pm to 6pm

**11d. Election Location(s):**  
3390 N. Woodford St., Decatur, IL 62526

**12a. Full Name of Petitioner (including local name and number):**  
Joseph S. Costa  
Heat & Frost Insulators & Allied Workers Local #1

**12b. Address (street and number, city, State and ZIP code):**  
3325 Hollenberg Dr.  
Bridgeton, MO 63044

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Association of Heat & Frost Insulators & Allied Workers

**12d. Tel. No.**  
314-291-7399

**12e. Cell No.**  
314-737-3281

**12f. Fax No.**  
314-291-6993

**12g. E-Mail Address**  
awlorg@insulators.org

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

**13a. Name and Title:**  
Joseph S. Costa  
President/Organizer H&FI&AW Local #1

**13b. Address (street and number, city, State and ZIP code):**  
3325 Hollenberg Dr.  
Bridgeton, MO 63044

**13c. Tel. No.**  
314-291-7399


**13d. Cell No.**  
314-737-3281

**13e. Fax No.**  
314-291-6993

**13f. E-Mail Address**  
awlorg@insulators.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)**  
Joseph S. Costa

**Signature**  


**Title**  
President/Organizer H&FI&AW #1

**Date**  
07/02/19

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.

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Case No.	Date Filed

Attachment:

Employees Included:

Apprentice and Journeymen Mechanical Insulators currently employed by  
The Kelly Group of the Decatur branch.

Employees Excluded:

All other employees



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

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-244324	Date Filed 7/3/19

**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 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**  
Archer Daniel Midland (ADM)

**2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)**  
4666 Faries Parkway, Decatur, IL

**3a. Employer Representative - Name and Title**  
Jason Stahr- Plant Manager

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

**3c. Tel. No.**  
(217) 424-5750

**3d. Cell No.**  
N/A

**3e. Fax No.**  
(217) 424-5769

**3f. E-Mail Address**  
Jason.Stahr@adm.com

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

**4b. Principal product or service**  
Corn Products

**5a. City and State where unit is located:**  
Decatur, IL

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time Quality Technicians employed at the employers Corn Mill facility in Decatur, IL.

**Excluded:** All other employees including Guards and Supervisors as defined in the ACT.

**6a. No. of Employees in Unit:**  
16

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

**Check One:**  **7a. Request for recognition as Bargaining Representative was made on (Date) 7/3/2019 and Employer declined recognition on or about (Date) (if no reply received, so state). no reply**

**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).**  
NA

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**  
NA

**8h. Date of Recognition or Certification**  
NA

**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? NA 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**  
NA

**10b. Address**  
NA

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):**  
July 30, 2019

**11c. Election Time(s):**  
7:30 a.m. until 9:30 a.m.

**11d. Election Location(s):**  
Conference Room next to the Lab.

**12a. Full Name of Petitioner (including local name and number)**  
Bakery, Confectionery, Tobacco Workers and Grain Millers, Int'l Union, AFL-CIO Local No. 103G

**12b. Address (street and number, city, state, and ZIP code)**  
2955 N. Woodford Rd. Decatur, IL 62526

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Bakery, Confectionery, Tobacco Workers and Grain Millers, International Union, AFL-CIO, CLC

**12d. Tel No.**  
(217) 875-2400

**12e. Cell No.**

**12f. Fax No.**  
(217) 875-9865

**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** John J Price - International Director of Organization

**13b. Address (street and number, city, state, and ZIP code)**  
Mail all paperwork to Local Office listed above.

**13c. Tel No.**  
Same as above

**13d. Cell No.**  
240-271-5213

**13e. Fax No.**  
Same as above

**13f. E-Mail Address**  
JJPBCT@msn.com

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

**Name (Print)**  
John J Price

**Signature**  
*John J Price*

**Title**  
BCTGM International Director of Organization

**Date**  
7/03/19

**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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2019 JUL -3 AM 10:06  
 RECEIVED  
 NLRB  
 SUBREGION 33  
 PEORIA, IL

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

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-244521	Date Filed 7/9/19

**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 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> Canteen Vending Services	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 6357 East State Road 36 Decatur, Illinois 62521
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<b>3a. Employer Representative - Name and Title:</b> Tammy Hall	<b>3b. Address (if same as 2b - state same):</b> same
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<b>3c. Tel. No.</b> 217-864-4570	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> vending machine service company	<b>4b. Principal Product or Service</b> vending product distribution	<b>5a. City and State where unit is located:</b> Decatur Illinois
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<b>5b. Description of Unit Involved:</b> Included: Route Drivers, Maintenance, utility, Warehouse/delivery, Part time pickers and clerical Excluded: none	<b>6a. Number of Employees in Unit:</b> 21
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<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) July 9 2019 and Employer declined recognition on or about (Date) July 9 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: \_\_\_\_\_ 11a. Election Type:  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> july 23, 2019	<b>11c. Election Time(s):</b> 12pm to 2pm	<b>11d. Election Location(s):</b> canteen vending services decatur illinois
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<b>12a. Full Name of Petitioner (including local name and number):</b> International Brotherhood of Teamsters Local Union 916	<b>12b. Address (street and number, city, State and ZIP code):</b> 3361 Teamster Way Springfield, Illinois 62707
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
International Brotherhood Of Teamsters

<b>12d. Tel. No.</b> 217-522-7932	<b>12e. Cell No.</b> 217-358-8850	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> jerrime@teamsters916.org
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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> Jerrime Hiser Business Agent	<b>13b. Address (street and number, city, State and ZIP code):</b> 3361 Teamster Way Springfield, Illinois 62707

<b>13c. Tel. No.</b> 217-522-7932	<b>13d. Cell No.</b> 217-358-8850	<b>13e. Fax No.</b> 217-522-9492	<b>13f. E-Mail Address</b> jerrime@teamsters916.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.

<b>Name (Print)</b> Jerrime Hiser	<b>Signature</b> 	<b>Title</b> Business Agent	<b>Date</b> 7/9/2019
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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**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
25-RC-245218

Date Filed  
7/22/19

**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 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  
KMA Development, LLC d/b/a KMA Trucking & Excavating

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
22050 277th Ave., LeClaire, IA 52753

3a. Employer Representative - Name and Title  
Clinton A. Albrecht, Owner

3b. Address (if same as 2b - state same)  
Same as above

3c. Tel. No.  
563-940-1982

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
Clintalb@gmail.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Contractor

4b. Principal product or service  
Excavation & trucking services

5a. City and State where unit is located:  
LeClaire, IA

5b. Description of Unit Involved  
Included: All full and part-time heavy equipment operators; all full and part-time heavy equipment haulers and lowboy drivers.  
Excluded: All managers, supervisors, superintendents, clericals, and guards as defined under the Act.

6a. No. of Employees in Unit:

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

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).  
N/A

8b. Address  
N/A

8c. Tel No.  
N/A

8d. Cell No.  
N/A

8e. Fax No.  
N/A

8f. E-Mail Address  
N/A

8g. Affiliation, if any  
N/A

8h. Date of Recognition or Certification  
N/A

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A 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.

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  
N/A

10b. Address  
N/A

10c. Tel. No.  
N/A

10d. Cell No.  
N/A

10e. Fax No.  
N/A

10f. E-Mail Address  
N/A

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

11a. Election Type:  Manual  Mail  Mixed Manual/Mail

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

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.  
N/A

12f. Fax No.  
708/588-1647

12g. E-Mail Address  
N/A

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

13a. Name and Title  
James Connolly, Jr., Associate General Counsel

13b. Address (street and number, city, state, and ZIP code)  
6140 Joliet Road, Countryside, IL 60525

13c. Tel No.  
708/579-6628

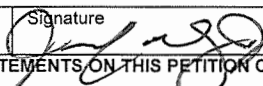
13d. Cell No.  
N/A

13e. Fax No.  
708/588-1647

13f. E-Mail Address  
jconnolly@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)  
James Connolly, Jr.

Signature  


Title  
Associate General Counsel

Date  
07/22/2019

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.