FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

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

		NO I EIIIIO	14			25-RC-	-24414	5		7/1/19)
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition named in	must be accomp the petition of: (1	panied by 1) the pet	both a sh	owing of interest (se tatement of Position	ee 6b belo form (Fo	ow) and orm NLR	a certificat B-505); and	e of service sh d (3) Description	owing se on of Rep	rvice on resentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire	s to be certified a	s represe	ntative of th	ne employees. The Pe	titioner a	ılleges t	hat the follo	owing circums	tances ex	
Pa. Name of Employer: Opportunity House INC.	2b. Addr 357 N	ddress(es) of Establishment(s) involved (Street and number, City, State, ZIP code): N. California Street, Sycamore, IL 60178									
3a. Employer Representative - Nan Bob Shipman, Executive 1	ne and Title Director		3b. Addr Same	ess (if sam	e as 2b - state same):	:					
3c. Tel. No. 815-895-5108	3d. Cell No 815-762			3e. Fax No 815-89		3f. E-Mail Address bshipman@ohinc.org					
4a. Type of Establishment <i>(Factory, r</i> Human Services	nine, whole	saler, etc.)			al Product or Service d Living			5a. City and Sycamo	d State where u	ınit is loca	ted:
5b. Description of Unit Involved: Included: Please See Attached.								6a. Numbe	r of Employees	in Unit:	
Excluded: Please See Attached.								of the e	ibstantial numb mployees in the nted by the Pet	e unit wis <u>h</u>	to be
Check One: 7a. Request for red on or about (Date)	-	(i f n	o reply re	ceived, so		n under th	_	Employer o	eclined recogn	ition	
Ba. Name of Recognized or Certific						ir under ti	ie Aut.				
3c. Tel. No. 8d. Cell No.				8e. Fax No.			8f. E-Mail Address				
3g. Affiliation, if any:			8h	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 a	t the Emplo	yer's establishme	nt(s) invol	lved?	If so, approx	-			are participation		
(Name of Labor Organization) 10. Organizations or individuals other individuals known to have a representation.						recogniti	on as re	presentative	er since (Month) es and other org	-	·
10a. Name		10b. Address				10c.	. Tel. No		10d. Cell No.		
						10e	. Fax No		10f. E-Mail Add	dress	
11. Election Details: If the NLRB con	nducts and		-	your posit	ion with respect to any			1a. Election Manua	I Mail [Mixed	Manual/Mail
11b. Election Date(s): July 17th, 2019		11c. Election Tin 9AM to 1PI	ne(s): M and	5PM to	6PM 7PM			n Location(s ing Roo	ocation(s): ng Room and Main Building		
12a. Full Name of Petitioner (includ RWDSU	ing local na	me and number):			12b. Address (street 3181 Eastern A Grand Rapids,	Ave S.I	Ξ.	State and Z	(IP code):		
12c. Full name of national or internati ${ m RWDSU-UFCW}$	ional labor o	organization of wh	ich Petitic	oner is an a	ffiliate or constituent <i>(i</i>	if none, so	o state):				
12d. Tel. No. 616-241-4357	12e. Cell N 774-282			12f. Fax No 616-24			E-Mail a	Address ar@rwds	u.org		
13. Representative of the Petitioner who will accept service of all paper 13a. Name and Title: Colin Hennigar				13b. Addre 5181 Ze	poses of the represer less (street and number nith Pkwy #3 ney Park, IL 611	r, city, Sta					
13c. Tel. No.	13d. Cell N	lo.		13e. Fax N			E-Mail A	Address			
declare that I have read the above	petition a			e true to th	ne best of my knowle		belief.			· · · · · · · · · · · · · · · · · · ·	
Name <i>(Print)</i> Colin Hennigar		Signature		4/1		Title Organ	nizer				Date 07/01/19

DO NOT WRITE IN THIS SPACE							
Case No. Date Filed							
25-RC-244145	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.

FORM NLRB-502 (RC) (2-18)

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

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
25-RC-244227	7/2/19						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the

	named in the per	tition of: (1) the p	etition; (2) S	Statement of Position	form (Form NL	RB-505); an	te of service showing service on Id (3) Description of Representation the employer or any other party.		
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratery	tioner desires to be	certified as repres	sentative of t	he employees. The Pe	titioner alleges	that the foll	lowing circumstances exist and		
2a. Name of Employer: The Kelly Group	N. 27th	is(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 27th St.							
Decatur, IL 62526									
3a. Employer Representative - Nar Brian Marshall, President Group Decatur IL		ddress (if same as 2b - state same): IC							
3c. Tel. No. 217-422-1800	3d. Cell No.		3e. Fax No. 217-42		3f. E-Mail A Brian.M)thekellygroup.com		
4a. Type of Establishment (Factory, Construction	mine, wholesaler, e	etc.)		pal Product or Service nical Insulation		5a. City ar Decatu	nd State where unit is located:		
5b. Description of Unit Involved: Included: See attached page 2 for ac	dditional deta	ils				6a. Numbe	er of Employees in Unit:		
Excluded: See attached page 2 for ac	dditional deta	ils				of the	ubstantial number (30% or more) employees in the unit wish to be ented by the Petitioner? Yes No		
Check One: 7a. Request for recon or about (Date) 7b. Petitioner is cu	none	(If no reply	received, so	state).		d Employer	declined recognition		
8a. Name of Recognized or Certifi				ddress:					
8c. Tel. No.	8d. Cell No.	8e. Fax No.				8f. E-Mail Address			
8g. Affiliation, if any:		3	Bh. Date of R	Recognition or Certifica		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9, is there now a strike or picketing a	it the Employer's e	stablishment(s) inv	olved? No	If so, approx	cimately how man	ny employee	s are participating?		
(Name of Labor Organization)	- the - Detail	14	0d	O which have drived			er since (Month, Day, Year)		
 Organizations or individuals other individuals known to have a repression. 					-	•	es and other organizations and		
10a. Name	10b. A	Address			10c. Tel. No	D .	10d. Cell No.		
					10e. Fax No	0.	10f. E-Mail Address		
11. Election Details: If the NLRB co	enducts and election	n in this matter, sta	ate your posi	tion with respect to an	y such election:	11a. Electio			
11b. Election Date(s): 7-26-19		election Time(s): to 6pm			11d. Election 3390 N.	woodfo	s): ord St., Decatur, IL 62526		
12a. Full Name of Petitioner (included Joseph S. Costa	ling local name and	d number):		12b. Address (street 3325 Hollenbe		, State and	ZIP code):		
Heat & Frost Insulators &	Allied Work	ters Local #1		Bridgeton, MC					
12c. Full name of national or internal International Association									
12d. Tel. No. 314-291-7399				o. 1-6993	_	ainsulat	ors.org		
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Title: Joseph S. Costa President/Organizer H&FI&AW Local #1				apers for purposes of the representation proceeding. 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. 314-737-328	31	13e. Fax N 314-29		13f. E-Mail awlorg(Address @insulat	ors.org		
I declare that I have read the above	e petition and tha	Y 0	are true to ti	he best of my knowle			In		
Name (Print) Joseph S. Costa	Signature			Title President/Organizer H&FI&AW #1 07/02/19					

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

DO NO	WRITE IN THIS SPACE
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

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

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

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 6b below) and a certificate

of service showing service on to	he employer and all	other partie	s named in the petit	ion of: (1) the petiti	on; (2) Stat	ement of	Position for	rm	
(Form NLRB-505); and (3) Descri	ription of Represent	tation Case I	Procedures (Form N	LRB 4812). The she	owing of in	terest sho	ould only be	filed	
with the NLRB and should not b	e served on the em	ployer or an	y other party.						
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner requests that the National Labor R	er desires to be certified	as representativ	ve of the employees. The	e Petitioner alleges tha	t the followin	g circumst	ances exist a		
2a. Name of Employer	The state of the s		dress(es) of Establishme						
Archer Daniel Midland (ADM)		San	Faries Parkway, De						
3a. Employer Representative - Name	and Title		3b. Address (If same	as 2b - state same)					
Jason Stahr- Plant Manager		Same as above							
3c. Tel. No.	3d. Cell No.	1000	3e. Fax No.		1				
(217) 424-5750	N/A		(217) 424-5769		Jason.Stah	r@adm.c	com		
4a. Type of Establishment (Factory, min	The second secon	b. Principal pro orn Product	The state of the s		5a. City Decatu	and State where unit is located:			
5b. Description of Unit Involved						6a. No. of	f Employees in	unit:	
Included: All full-time and regular	part-time Quality Tec	hnicians emp	loyed at the employer	s Corn Mill facility in D	Decatur, IL.	16	Land Section		
Excluded: All other employe						or more) of unit wish	substantial num of the employe to be represent? Yes 1	es in the	
	(Date) (If n	o reply receive	tive was made on (Date) d, so state). no rep epresentative and desire	ly		clined recogn	nition on or ab	out	
8a. Name of Recognized or Certified I			8b. Address						
NA			- 41 -			A COLUMN TO THE REAL PROPERTY OF THE PARTY O			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	iress			
8g. Affiliation, if any	1-4	Terre	8h. Date of Recognition	or Certification	8i. Expiration	Date of Cun	rent or Most R	ecent	
NA			NA	Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing at th	e Employer's establishm	ent(s) involved	2 NIA If so appro	oximately how many emp	plovees are pa	articipating?			
	C Employer o catalanam		7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		(a) a 2 a a a a a a a 1 b 4			_	
(Name of labor organization)			eted the Employer since	The second secon		111			
10. Organizations or individuals other the known to have a representative interest	an Petitioner and those	named in items	8 and 9, which have claim	med recognition as repre	esentatives an	d other orga	inizations and	individuals	
known to have a representative interest	in any employees in the	unit described	in item ob above. (ii non	c, so sidilo)					
10a. Name	10b. Addres	ss		10c. Tel. No.		10d. Ce	II No.		
NA	NA			10e. Fax No.		10f. E-Mail Address			
 Election Details: If the NLRB cond any such election. 	ucts an election in this m	natter, state you	r position with respect to	11a. Election Type:[✓ Manual	Mail _	Mixed Man	nual/Mail	
11b. Election Date(s): July 30, 2019		ion Time(s): until 9:30 a.m.		11d. Election Location(s): Conference Room next to the Lab.					
12a. Full Name of Petitioner (includin Bakery, Confectionery, Tobacco Work	ers and Grain Millers, I	nt'l Union, AFL		12b. Address (street 2955 N. Woodford F			ind ZIP code)		
12c. Full name of national or internation Bakery, Confectionery, Tobacco Worke	al labor organization of vers and Grain Millers, Ir	which Petitioner international Un	is an affiliate or constitue tion, AFL-CIO, CLC	ent (if none, so state)			<u>~</u>		
12d. Tel No. (217) 875-2400	12e, Cell No.		12f. Fax No. (217) 875-9865		12g. E-Mail A	ddress	9	co	
13. Representative of the Petitioner w	ho will accept service	of all papers for	or purposes of the repr	esentation proceeding.		7) =	B 2	
13a. Name and Title John J Price - Int	ernational Director of	Organization	13b. Address (street a Mail all paperwork to Loca	and number, city, state, a office listed above.	and ZIP code)	5		REC	
13c. Tel No.	13d. Cell No.	B.	13e. Fax No.		13f. E-Mail Ad	Meson	-	= 20-	
Same as above	240-271-5213	A	Same as above		JJPBCT@ms	n.com	70	0005	
I declare that I have read the above p	etition and that the sta	tements are tri	ue to the best of my kno	owleage and belief.		-			
Name (Print) John J Price	Signature	Trice	Title BCTGM International	Director of Organization	Date 7/03/19	4.	ë	ω ω	

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 tepresentation 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.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

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

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition m named in th	ust be accomp e petition of: (panied b 1) the pe	y both a si tition; (2) 8	nowing of interest (se Statement of Position	e 6b below) and form (Form NLI	l a certificat RB-505); and	e of service (d (3) Descrip	showing s tion of Rej	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires	to be certified a	s represe	entative of t	he employees. The Pe	titioner alleges :	that the follo	owing circun	nstances e	llective xist and
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invol	ved (Street and r	umber, City,	State, ZIP co	ide):	- "
Canteen Vending Services	6357	East Sta	ate Road 36 Dec	atur, Illinoi	s 62521					
3a. Employer Representative - Name and Title: 3b. Ad					ne as 2b - state same):				-	
Tammy Hall			same							
3c. Tel. No.	3d. Cell No.		•	3e. Fax N	0.	3f. E-Mail A	ddress			
217-864-4570										
4a. Type of Establishment (Factory, r		ler, etc.)		1	pal Product or Service			d State where	unit is loca	ated:
vending machine service	company			vendin	g product distrib	oution	DecaturII			
5b. Description of Unit Involved: Included:							6a. Numbe	r of Employee	es in Unit:	
Route Drivers, Maintenan	oo utilits	Warahau	co/doli	waru De	ert tima niakara	and alariaal	21			
Excluded:	ice, utility	, warenou	se/uen	ivery, ra	itt unie pickers i	and ciericai		ıbstantial nun	hor (30% /	or more)
none							of the e	mployees in t	ne unit wis	h to be
Check One: 7a. Request for rec	ognition as B	argaining Repre	sentalive	was made	on (Date)	and		nted by the P leclined recog		⊻ Yes ☐ No
on or about (Date)	July 92	2019 (if n	o reply re	eceived, so	state).		,,		,	
7b. Petitioner is cur						n under the Act.				
8a. Name of Recognized or Certifie	ed Ratgainini	g Agent (If none	e, so stat	θ) 8b. At	Idress:					
none										
0. T. N				,		100 500 50				·
8c. Tel. No.	8d. Cell No.			8e. Fax N	0.	8f. E-Mail A	adiess			
8g. Affiliation, if any:			8	n. Date of R	ecognition or Certificat	tion 8i. Expiratio	n Date of Cu	rrent or Most		
				Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing a	t the Employe	r's establishme	nt(s) invo	ived? no	▼ If so, approx	imately how man	y employees	are participa	ting?	
(Name of Labor Organization)						, has picketed	the Employe	er since (Mon	th, Day, Ye	ar)
10. Organizations or individuals other individuals known to have a repre								s and other o	rganizatior	s and
none										
10a. Name	1	0b. Address				10c. Tel. No	10c. Tel. No. 10d. Cell No.			
						40. F N				
						10e. Fax No	·	10f. E-Mail A	aaress	
11. Election Details: If the NLRB cor	nducts and el	ection in this ma	atter, stai	e your posi	tion with respect to any	/ such election:	11a. Election	Type:		
					•		Manua		Mixed	Manual/Mail
11b. Election Date(s):	[1	1c. Election Tir	ne(s):			11d. Electio	n Location(s):		
july 23, 2019		12pm to 2p				canteen	vending	services o	lecatur	illinois
12a. Full Name of Petitioner (includ	ing local nam	e and number):			12b. Address (street	and number, city	, State and Z	IP code):		
International Brotherhood	of Team	sters Local	Union	1916	3361 Teamster	r Way Sprin	gfield, Il	linois 627	07	
12c. Full name of national or internati	ional labor or	ganization of wh	ich Petiti	oner is an a	affiliate or constituent (i	if none, so state):				
International Brotherhood	Of Team	ısters								
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address										
217-522-7932	217-358							rs916.org	ζ	
13. Representative of the Petitione	r who will ac	cept service of	f all pape							
13a. Name and Title: Jerrime Hiser Business Agent				ľ	ess (street end number eamster Way Spri					
13c. Tel. No.	13d. Cell No	_		13e. Fax I	No.	13f. E-Mail	Address			
217-522-7932	217-358			1	2-9492	l l		ers916.org	7	
I declare that I have read the above			ments a						·············	
Name (Print)		Signature		~	, <u>,</u>	Tille				Date
Jerrime Hiser		1 (121/	B	11/100		Business A	gent			7/9/2019

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
25-RC-245218	7/22/19							

RC PETITION

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 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) KMA Development, LLC d/b/a KMA Trucking & Excavating 22050 277th Ave., LeClaire, IA 52753 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Clinton A. Albrecht, Owner Same as above 3c. Tel. No. 3f. E-Mail Address 3e. Fax No. 563-940-1982 Clintalb@gmail.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Contractor Excavation & trucking services LeClaire, IA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full and part-time heavy equipment operators; all full and part-time heavy equipment haulers and lowboy 6b. Do a substantial number (30% or more) of the employees in the Excluded: All managers, supervisors, superintendents, clericals, and guards as defined under the Act. 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 N/A N/A 8c. Tel No. 8d Cell No. 8e. Fax No. 8f F-Mail Address N/A N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 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? \(\frac{\lambda/\Delta}{\text{L}}\) If so, approximately how many employees are participating? \(\frac{\lambda/\Delta}{\text{L}}\) (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) 10b. Address 10a. Name 10c. Tel. No. 10d. Cell No. N/A N/A N/A 10f. F-Mail Address 10e Fax No. N/A N/A 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail _ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union of Operating Engineers, Local 150, AFL-CIO 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 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 708/482-8800 N/A 708/588-1647 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 13e. Fax No. 13c. Tel No. 13d, Cell No. 13f. E-Mail Address 708/579-6628 708/588-1647 jconnolly@local150.org N/A 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) Signature Date James Connolly, Jr. Associate General Counsel 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.