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			Çase		-RC-25			e Filed 11/1/1	9					
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition : named in (must be accomp he petition of: (oanied b t) the pe	y both a s tition: (2)	howi State	ng of interest (s ment of Positio	iee 61 n for	below) an m (Form NL	d a certificat RB-505): an	e of servic 1 (3) Desc	e showin ription of	g service Represen	on tation	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Labor	ioner desire	s to be certified a	s repres	entative of	the er	nployees. The P	etitio	ner alleges	that the foll	wing circ	umstance			
2ə. Name of Employer:		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		ness(es) o N. 27tl		blishment(s) invo eet	olved	(Street and	number, City	State, ZIF	code):	2019		
The Kelly Group				tur, IL					<u></u>				<u></u>	
3a. Employer Representative - Na Brian Marshall, President Decatur				e as 2b	me as	: 2b - stale same	y:				PEO	- A0	N	REC
3c. Tel. No. 3d. Cell No.			Je. Fax I	No.			3f. E-Mail	\ddress		ORA	<u></u>		Th.	
217-422-1800 4a. Type of Establishment (Factory,	mine, whole:	saler, etc.)		· · · ·	ipal P	roduct or Service	3	Ĺ	5a. City an		ere unit is	localed:	<u>-</u> ω	FD
Contractor 5b. Description of Unit Involved:				Consti	ructi	<u>on</u>		<u></u>	Decatu 6a. Numbe		veas in Ur	<u></u>	ũ	
Included: See attached.									35		,	÷.		
Excluded: See attached.									6b. Do a se of the e represe	ibstantial r mployees nted by the	in the unit	wish to be	•	
Check One: 🛛 7a. Request for re- on or about (Date)	No F	leply (if r	io reply r	eceived, s	o state	e).	/01/1	<u> </u>	d Employer d					
7b. Petitioner Is cu 8a. Name of Recognized or Certifi					and o	in a second second second	on un	der the Act.						
Noné														
Bc. Tel. No.	8d. Cell No	<u></u>	i	Be. Fax I	No.			8f. E-Mail	Address					
8g. Affiliation, if any:	<u> </u>	· . · · · · · · · · · · · · · · · · · ·	8	h. Date of	Reco	gnition or Certific	ation		on Date of Co ntract, if any			<u></u>	<u> </u>	
9, is there now a strike or picketing a	t the Employ	yer's establishme	nt(s) inv	olved? No	0.	lf so, appro	oxima	tely how ma	ny employee	are partic	ipating?	·	· · · · · · · · · · · · · · · · · · ·	
(Name of Labor Organization)								•	d the Employ					
10. Organizations or individuals othe Individuals known to have a repr None	er than Petitic esentative in	terest in any emp	amed in i ployees i	n the unit o	d 9, w lescril	hich have claime bed in item 5b at	ove.	ognition as i (If none, so	epresentativi state)	IS and othe	er organisza	wons and		
10a. Name		10b, Address	<u></u>	· _		<u> </u>		10c. Tel. N	D.	10d. Cell	No.			
								10e, Fax h	ło.	107. E-Ma	Address			
11. Election Details: If the NLRB co	onducts and	election in this m	atter, sta	te your po	sition	with respect to a	ny su	ch election:						1
11b. Election Date(s):		11c. Election Th			. <u>.</u>			11d. Electi	Manua):		xed Manu		
11/20/19 12a. Full Name of Petitioner <i>(inclu</i>)	dina local na	3:45 to 6:4:			112	b. Address (stree	et and		Franklin v. State and 2		atur, 11	. 02323	, 	
Iron Workers St. Louis D					21	2 North Ki Louis, MC	ngsh	nighway	Blvd., Su	ite 102	5		SU	
12c. Full name of national or interna International Association	tional labor of Bridg	e, Structura	hich Petit I, Orna	lioner is an amental	affilia	te or constituent Reinforcin	(if no	ne, so state on Work): ers		EOR	5 do 0	88	REC
12d. Tel. No. 314-454-6872	12e. Cell N	- · · · ·		121, Fax			<u> </u>	12g. E-Ma			۹IA,			R
13. Representative of the Petition 13a. Name and Title: Hank Hunsell, District Repr			f all pap	135. Add 212 No	orth 1	s of the repres street and numb Kingshighwa AO 63108	ier, cil	ly, State and	ZIP code):		F	Hil: 5	33	EO
13c. Tel. No. 314-454-6872	13d. Cell N 618-31	4-7251		13e. Fax	No.	<u></u>			ll@iwintl	org		<u></u>		
I declare that I have read the above Name (Print)	e petition a	nd that the state Signatur		re true to	the b	est of my know	Titi	e	presentat	ive		Date)1/19	
Hank Hunsell			ŢĽ	110	4	<u></u>			Presenta					ł

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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 with 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

Included: All full-time and regular part-time Iron Workers, Millwrights, Fitters, Laborers, Helpers, and Plant Maintenance employees employed at the Archer Daniels Midland and Tate & Lyle facilities in Decatur, Illinois.

Excluded: All other employees, crane operators, road crew employees, concrete crew employees, professional employees, office clerical employees, guards, and supervisors as defined in the Act.

SUBREGION 33 2019 OCT 32 AM 11: 53 PEORIA, IL

RC PETITION 25-RC-252013 11/18/19 NSTRUCTONE Unless of-field using the Agency is website, gwww.nlfz.acy. submit an original of this Pattion to an NLRB office in the Region in which the employer concerned is located. The pattion to parties and in the pattion of office officient of an NLRB office in the Region form NLRB office. The showing of interest (see 6b bolow) and a certificate of service showing of interest (see 6b bolow) and a certificate of service showing of interest should only be field with the NLRB and should not be served on the employer or an yothor party. The showing of interest (see 6b bolow) and a certificate of service should only be field with the NLRB and should not be served on the employer or any othor party. The showing of interest should only be field with the NLRB and should not be served on the employer or any othor party. The showing of interest should only be field with the NLRB and should not be served on the employer or any othor party. The showing of interest should only be field with the origination set. 2. Name of Employer 12.0. Address of stabilishmet(s) invoked (faces and number. of w. Site. Aler code) The showing of interest should only be field with the origination set. 2. Name of Employer 2.0. Address of stabilishmet(s) invoked (faces and number. of w. Site. Aler code) The NLRB office. 2. Name of Employer 3. Cell No. 3. Fak No. 3. Edwall address 2. Name of Employer 3. Cell No. 3. Fak No. 3. Edwall address 2. The No. 3. Cell No. 3. Cell No.<	RC PETITION 11/18/19 INSTRUCTIONS: Unless on Filed using the Agency's website, <u>www.nlhb.gov</u> , submit an original of this Potition to an NLRB office in the Region in which the employer conterned is located. The petition must be accompanied by both a showing of interest (see 66 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 4612). The showing of interest (see 66 below) and a certificate of service showing of interest (see 66 below) and a certificate of service showing of interest (see 66 below). - PURPOSE CF CHERFERTION ON OR ERREPESTIVENT NET A substantial number of employees with to be represented for purposes of collective and under (is proper attrict).	UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
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(Form NLRB 4505); and (2) Description of Representation Case Proceedures (Form NLRB 4512). The showing of interest should only be filed with the NLRB 4505; and (2) Description of Representation Case Proceedures (Form NLRB 4512). The showing of interest should only be filed braganing by Petitore and Petitore actives to be served on the employer or any other party. 1: PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substitution turner of employees with the theorem calless that the National Labor Relations Act. 2: A Name of Employer Full-Fill Industries, LLC 20. Address; of ELBIBBIRMENE(Fine) (mode (Street and number, ob, State, ZIP code); 400 N. Main St., Henning, IL, 61848 3: Employer Representative - Name and Title Lynn Molica - HR Manager 30. Cell No. 31. FeMail Address 217-286-3632 3: Tel. No. 32. Cell No. 31. Partices (Street and number, ob, State, ZIP code); 400 N. Nain St., Henning, IL, 61848 3: Tel. No. 31. Cell No. 31. FeMail Address 217-286-3632 Imolicace (Tul-Fill Coom); 55. Description of Unit Involved Non-Stick Aerosol Pan Spray 50. Telescription of a State where and the Scated Factory 5: Description of Unit Involved Tencholes: A state of the employees on the least and advantable and advantable advan	(Form NLRB 549); and (3) Description of Representation Case Procedures (Form NLRB 43/2). The showing of Interest should only be filed with the NLRB and should pole be served on the employee or any other party. 1: PURPOSE OF THIS PETTON. RC-CERTIFICATION OF REPERSENTATIVE - A subdaminal number of melloyees with the interest of conclusion and request that the National Labor Relations and Petitidia a representative of the molyoces. The Petitionen alleges that the following circumstances exist and request that the National Labor Relation Act. 2: Name of Employer Concentration of the proceed in the interest of the national Labor Relation Act. Ball National Labor Relation Act. 3: Employer Representative - Name and Tile Ball National Concentration Act. Ball National Concentration Act. 2: 17-2086-3652 State and Stat								
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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 Mail Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 400 N. Main St., Henning, IL, 61848 400 N. Main St., Henning, IL, 61848 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Brotherhood of Electrical Workers, Local Union #538 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12t. Tel No. 217-304-4021 217-442-8048 12g. E-Mail Address 13a. Name and Title John Gallez - Assistant Business Manager 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13a. Name and Title John Gallez - Assistant Business Manager 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. 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 Mail Mail Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): ASAP TBD 400 N. Main St., Henning, IL, 61848 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Brotherhood of Electrical Workers, Local Union #538 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 217-442-0996 217-304-4021 217-442-8048 john@ibew538.com 13a. Name and Title John Gallez - Assistant Business Manager 13b. Address (street and number, city, state, and ZIP code) 127-442-0996 13d. Cell No. 13d. Cell No. 13e. Fax No. 217-442-0996 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 217-442-8048 john@ibew538.com	rou. Hume	105.710				100. 101. 100.		
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International Brotherhood of Electrical Workers, Local Union #538 1290 N Michigan Ave, Danville, IL, 61834 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>) International Brotherhood of Electrical Workers 12d. Tel No. 217-442-0996 12e. Cell No. 217-442-0996 12f. Fax No. 217-442-0996 217-304-4021 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title John Gallez - Assistant Business Manager 13b. Address (street and number, city, state, and ZIP code) 1290 N Michigan Ave, Danville, IL, 61834	International Brotherhood of Electrical Workers, Local Union #538 1290 N Michigan Ave, Danville, IL, 61834 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>) 12d. Tel No. 12e. Cell No. 217-442-0996 12e. Cell No. 217-304-4021 217-442-8048 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title John Gallez - Assistant Business Manager 13b. Address (street and number, city, state, and ZIP code) 1290 N Michigan Ave, Danville, IL, 61834 13c. Tel No. 13d. Cell No. 217-442-0996 13d. Cell No. 217-442-8048 john@ibew538.com 14ec			umber)					
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13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address	13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 217-442-0996 217-304-4021 217-442-8048 john@ibew538.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date Name (Print) Signature Title Assistant Business Manager 11/18/2019			ice of all papers fo			entation proceedin		5.0011
	217-442-0996 217-304-4021 217-442-8048 john@ibew538.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title Date John Gallez Title Date 11/18/2019 Assistant Business Manager 11/18/2019	13a. Name and Title John Gallez - As	sistant Busin	ess Manager				and ZIP code)	
217-442-0996 [217-304-4021 [217-442-8048 [john@ibew538.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) Signature Title Date John Gallez Title 11/18/2019 11/18/2019								
	Name (Print) Signature Title Date John Gallez III Assistant Business Manager 11/18/2019			statomonto ara to			lodge and helief	John@ibew53	8.com
	John Gallez Assistant Business Manager 11/18/2019		A	statements are true AAA		best of my know	neage and belief.		
	Think / Vicent		nature		1 Mar 1 Mar 1 Mar 1	nt Business Man	lager		9
Think / Carlos	THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE AND INFRISONNENT (0.3. CODE, THE 10, SECTION 1001)		TS ON THIS PI	ETITION CAN BE					

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.

	ES GOVERNMEN			DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR	R RELATIONS BO	ARD	Case No. 25-	RC-252316	Date F	filed 11/22/19	
INSTRUCTIONS: Unless e-Filed u		v's website ww	w nirb gov submit a	n original of this	Petition to a	n NI RB office in the Region	
in which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Descri							
with the NLRB and should not be	served on the	employer or any	other party.		-	-	
1. PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Rel	ERTIFICATION O desires to be certif	F REPRESENTATIV	/E - A substantial number e of the employees. The l	Petitioner alleges the	at the following	circumstances exist and	
2a. Name of Employer	auons Board pro		ress(es) of Establishment				
Green Thumb Industies		822	21 51st St W. Rock Island 61201-	()	, ,,		
3a. Employer Representative – Name a	nd Title		3b. Address (If same as	s 2b – state same)			
Joel Smyers			8221 51st St W IL Rock Island 612	201-			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess	
(309) 787-4456					jsmyers@gtigrov	/s.com	
4a. Type of Establishment (Factory, mine	, wholesaler, etc)	4b. Principal prod			5a. City a	and State where unit is located:	
Others			Cannabis			Rock Island, IL	
5b. Description of Unit Involved						6a. No. of Employees in Unit: 55	
Included: See Attached Page 2 for addit	ional details				ŀ	6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for addit	ional dataila					or more) of the employees in he unit wish to be represented by the	
See Allached Fage 2 for addit						Petitioner? Yes [Vo []	
Check One: 7a. Request for			ive was made on (Date) <u>1</u>		Employer decl	ined recognition on or about	
l <u> </u>			, so state). No reply recei				
7b. Petitioner is 8a. Name of Recognized or Certified Ba	, ,	<u> </u>	presentative and desires 8b. Address	certification under the	Act.		
		r none, so state).					
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ess	
8g. Affiliation, if any	•	ŝ	Bh. Date of Recognition or	Certification		Date of Current or Most Recent ((Month, Day, Year)	
9. Is there now a strike or picketing at the	Employer's establi	shment(s) involved?	No If so, approx	imately how many em	ployees are pa	ticipating?	
(Name of labor organization)		, has picke	eted the Employer since (I	Month, Day, Year)			
10. Organizations or individuals other that							
known to have a representative interest in	any employees in	the unit described in	item 5b above. (If none,	so state)			
10a. Name	10b. Ad	Idrocc		10c. Tel. No.		10d. Cell No.	
IUa. Name	TUD. AU	iuless		10c. 1 el. 190.		Ibu. Ceir No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conduct	ete an election in "	in matter state wave	position with recreat t-				
any such election.		•	position with respect to	respect to 11a. Election Type: 📝 Manual 🦳 Mail 🦳 Mixed Manu			
11b. Election Date(s): 12-6-19		lection Time(s): m - 9:00 am and 3:00	0 pm - 4:00 pm	11d. Election Loca i Conference room le		Itrance	
12a. Full Name of Petitioner (including			5 pm - 4.00 pm	12b. Address (stree	t and number, o	sity, state, and ZIP code)	
Scott James Beaird Scott Beaird Teamsters Local 371				101 31st Avenue II Rock Island 61201	-		
12c. Full name of national or international Illinois	labor organization	of which Petitioner is	s an affiliate or constituen	t (if none, so state)			
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress amsterslocal371.com	
(309) 787-4456	(309) 737-9776		(309) 787-4888		<u> </u>		
13. Representative of the Petitioner wh 13a. Name and Title	o will accept serv	ice of all papers for	13b. Address (street and				
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	iress	
I declare that I have read the above pet	ition and that the	statements are true	e to the best of my know	ledge and belief.			
	Signature	[Title		Date		
Scott James Beaird	Scott Beaird		Vice President		11/22/2019		
WILLFUL FALSE STATEN	IENTS ON THIS P	ETITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.	S. CODE, TITLI	E 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.

DO NOT WRITI	E IN THIS SPACE
Case	Date Filed
25-RC-252316	11/22/19
	Case

Employees Included

Delivery drivers, MIP, Warehouse, Order fulfillment, Processing and Packaging, Quality, Extraction, DTCP,

Employees Excluded

Grow, Maintenance, Office and Clerical, Supervisors, Managers, Security, Temps

	S GOVERNMENT			DO NOT WRITE IN THIS SPACE			
NATIONAL LABOR	TITIONS BO/	ARD	Case No.	-RC-252426	Date	Filed 11/25/19	
INSTRUCTIONS: Unless e-Filed u	sina the Aaena	v's website, ww	w.nlrb.gov. submit a	n original of this	Petition to	an NLRB office in the Region	
in which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Descrip							
				KD 4012). The Si	lowing of in	terest should only be med	
with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-CI	served on the	employer or any	other party.	of omployoog wigh to	he represente	d for purpages of collective	
bargaining by Petitioner and Petitioner requests that the National Labor Rela	desires to be certif	ied as representa ive	e of the employees. The I	Petitioner alleges th	at the following	ng circumstances exist and	
2a. Name of Employer	atons Board proc		Iress(es) of Establishment				
Lawrence Transportation Company		104	40 11th St. W				
3a. Employer Representative – Name ar	d Title	I IL_ I	Milan 61264- 3b. Address (If same as	3 2b – state same)			
Brian Burke			1515 Industrial Dri MN Rochester 559				
3c. Tel. No.	3d. Cell No.		3e. Fax No.	-100	3f. E-Mail Ad	dress	
(800) 328-7224	(507) 450-0007	7			bburke@lawrer	ncetrans com	
4a. Type of Establishment (Factory, mine,	wholesaler, etc)	4b. Principal prod	uct or service		5a. City	and State where unit is located:	
Trucking			Transportation		-	Milan, IL	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for additi	onal details					5	
						6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for additi	anal dataila					or more) of the employees in he unit wish to be represented by the	
Excluded. See Allached Page 2 for additi	Unal Uetalis					Petitioner? Yes [V No []	
Check One: 7a. Request for	ecognition as Barg	paining Representati	ive was made on (Date)	an	d Employer de	clined recognition on or about	
		(If no reply received,					
7b. Petitioner is			presentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified Ba			8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Ad	dress	
8g. Affiliation, if any	•	8	3h. Date of Recognition or	Certification		Date of Current or Most Recent	
					Contract, if a	ny (Month, Day, Year)	
			K	in dah bahar			
9. Is there now a strike or picketing at the							
(Name of labor organization)		, has picke	eted the Employer since (I	Month, Day, Year)			
10. Organizations or individuals other than					resentatives ar	d 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. Ad	dress		10c. Tel. No.		10d. Cell No.	
iou. Hume	105.710	41055		100. 101. 100.			
				10e, Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conduct	ts an election in th	is matter, state your	position with respect to	11a. Election Type	: 🔽 Manual	Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s):	11c E	lection Time(s):		11d. Election Loca	ion(c):		
12-9-19	6 am	iection nine(s).				nois, break room off of the East side en	
12a. Full Name of Petitioner (including a Scott J Beaird Scott James Beaird Teamsters Local 371		umber)		12b. Address (street and number, city, state, and ZIP code) 101 31st Avenue 11 Rock Island 61201-			
Scott James Beaird Teamsters Local 371 12c. Full name of national or international International Brotherhood of Teamsters	abor organization	of which Petitioner is	s an affiliate or constituen		1-		
	10c Coll No	I	10f Fox No		10g E Mail A	ddroop	
12d. Tel No. (309) 787-4456	12e. Cell No. (309) 737-9776		12f. Fax No. (309) 787-4888		scottbeaird@	ddress teamsterslocal371.com	
13. Representative of the Petitioner who	· · /		· · /	entation proceeding	a .		
13a. Name and Title			13b. Address (street and		-		
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail A	ddress	
I declare that I have read the above peti	tion and that the	statements are true	e to the best of my know	ledge and belief.			
Name (Print) S	ignature	[Title		Date		
Scott J Beaird S	cott Beaird		Vice President			9 15:23:53	
WILLFUL FALSE STATEM	ENTS ON THIS PE	ETITION CAN BE PL	UNISHED BY FINE AND	IMPRISONMENT (U	S. CODE, TIT	E 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.

	DO NOT WRITE	IN THIS SPACE
chment	Case	Date Filed
	25-RC-252426	11/25/19

Employees Included

Truck drivers at the Chicago Tube and Iron location in Milan, Illinois

Employees Excluded

Part time and temporary employees, Non CDL Drivers

UNITED STATES		т	[DO NO	WRITE IN TH	S SPACE		
NATIONAL LABOR	RELATIONS BO		Case No.		Date	Filed		
RC PE				5-RC-252471	-	11/26/19		
INSTRUCTIONS: Unless e-Filed us								
in which the employer concerned i of service showing service on the								
(Form NLRB-505); and (3) Descript								
with the NLRB and should not be s					nowing of in	lerest should only be med		
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner du requests that the National Labor Relat	RTIFICATION O esires to be certi	F REPRESENTATI fied as representative ceed under its pro	VE - A substantial number ve of the employees. The per authority pursuant to	Petitioner alleges to o Section 9 of the N	hat the followin ational Labor R	g circumstances exist and elations Act.		
2a. Name of Employer Al Allsop Construction, Inc., d/b/a	Allsop Excav		ldress(es) of Establishmer 7 State Road 4, Nort	• •		r, State, ZIP code)		
3a. Employer Representative – Name and Alan Allsop			3b, Address (If same as Same					
3c, Tel, No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	2291		
574/656-8747 574/904-3955			N/A			@gmail.com		
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)	4b. Principal proc	duct or service			and State where unit is located:		
Construction		Excavation			North L	iberty, IN		
5b. Description of Unit Involved						6a. No. of Employees in Unit: 5		
Included: All regular full- and	d part-time	e heavy equ	uipment operato	ors.		6b. Do a substantial number (30%		
Excluded:						or more) of the employees in the unit wish to be represented by the		
Supervisors, guard	s, and cle	ricals as def	ined by the Act.			Petitioner? Yes 🗸 No		
			tive was made on (Date)	N/Aar	nd Employer dec	lined recognition on or about		
			d, so state) N/A	an differentian worden the				
8a. Name of Recognized or Certified Bar			8b. Address	esentative and desires certification under the Act.				
N/A			N/A					
8c. Tel No. N/A	8d Cell No. N/A		8e. Fax No. N/A		8f. E-Mail Add N/A	ress		
8g. Affiliation, if any	19/74		8h. Date of Recognition o	r Certification		Date of Current or Most Recent		
N/A			N/A		Contract, if an N/A	y (Month, Day, Year)		
9. Is there now a strike or picketing at the Er	mployer's establi	shment(s) involved	? No If so, approx	kimately how many e		inticipating? N/A		
(Name of labor organization) N/A			eted the Employer since (
10. Organizations or individuals other than F	Petitioner and the			ARV		d other organizations and individuals		
known to have a representative interest in a None.	ny employees in	the unit described i	n item 5b above. (If none	, so state)				
10a. Name	10b. Ad	Idress		10c. Tel. No.		10d. Cell No.		
N1/0	N1/	•		N/A		N/A		
N/A	N/ <i>F</i>	4		10e. Fax No. N/A		10f. E-Mail Address N/A		
 Election Details: If the NLRB conducts any such election. 	an election in th	is matter, state you	r position with respect to	11a. Election Type	: 🗸 Manual	Mail Mixed Manual/Mail		
11b. Election Date(s):		lection Time(s):		11d. Election Loca				
December 10, 2019 12a. Full Name of Petitioner (including lo		m 8:00 a.m.		Break room in the		city, state, and ZIP code)		
International Union of Operating Engineer	s, Local 150, Al	FL-CIÓ		6200 Joliet Road,	,			
12c. Full name of national or international la International Union of Operating Engineers	0	of which Petitioner		nt (if none, so state)				
12d. Tel No. 708/482-8800	12e. Cell No. N/A		12f. Fax No. 708/588-1629		12g. E-Mail Ad N/A	ddress		
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	or purposes of the repres	sentation proceedin	g.			
13a, Name and Title Charles R. H	Kiser, Atto	orney	13b. Address (street and 6140 Joliet Road, Countrysi		and ZIP code)			
13c. Tel No. 708/579-6663	13d. Cell No. N/A		13e. Fax No. 708/588-1647		13f. E-Mail Ad ckiser@local1			
I declare that I have read the above petiti		statements are tru		vledge and belief.	enibor (grood) i			
Name (Print)	nature	24	Title		Date			
Charles R. Kiser	L.R.	Low	Attorney	MODICO	11/26/2019			
WILLFUL FALSE STATEME	NIS ON THIS PI	ETHION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U	.S. CODE, IIIL	E 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.

FORMNLRB-502 (RC) (4-15)

						as 1 a. D. Letter in a second s		
	ATES GOV			DO NOT WRITE IN THIS SPACE				
NATIONAL LAB			Case No. 25-	-RC-252518		11/26/2019		
INSTRUCTIONS: Unless e-Filed					ALL OR ALL OF THE OWNER OWNE			
in which the employer concern	i using u ad ie loo	e Agency's website, we ted The petition must	he accompanied by f	n onymai or uns ofh a showing o	f interest ise	e 6h below) and a certificate		
of service showing service on t								
(Form NLRB-505); and (3) Desc	viction c	Representation Case P	Procedures (Form NL)	RB 4812). The sl	howing of Int	erest should only be filed		
with the NLRB and should not				<i>a</i>		area anothe any be med		
1 PURPOSE OF THIS PETITION: RC	C-CERTIFIC	ATION OF REPRESENTATI	VE - A substantial number	of employees wish to	be represented	for purposes of collective		
bargaining by Petitioner and Petition requests that the National Labor I	ner desires	o be certified as representativ	o of the employees. The l	Petitioner alleges th	at the followin	a circumstances exist and		
2a. Name of Employer	Relations		dress(os) of Establishmoni					
The GEO Group, Inc.			an Nuys Rd. New Ca					
3a, Employer Representative - Name			3b. Address (If same as 2b - state same) ND EMPLOYMENT 4955 Technology Way Boca Raton, Florida 33431					
Timothy Sheridan DIRECTOR			to and the second states and the second stat	ay Boca Raton				
3c. Tel. No.		XII NO.	3e. Fax No.		3f. E-Mail Add			
561 999-7549 4a, Type of Establishment (Factory, mi	NA NA	ter, etc.) 4b. Principal pro				geogroup.com and state where runit is located:		
Correctional Facility	ina, wholes	Correctional f				astle IN		
5b. Description of Unit involved	_			11	1.131. 4	Ba, No, of Employees in Unit:		
Included: all fulltime and par	rt time :	rmed and unarmed a	ecurity officers em	ployed by the	employer	250		
				,pioyod by inc	Simpleyer	6b. Do a substantial number (30% or more) of the employees in the		
Excluded:	arial ec	laried, and superv	vienny norennol o	s defined by	the act	unit wish to be represented by the		
	STEL, St	ianeu, anu superv	haviy personer a	s defined by		Petitioner? Yes 🗸 No		
		on as Bargaining Ropresenta		IAan	d Employer dec	lined recognition on or about		
		_[Date) (If no reply received			• •			
8A. Name of Recognized or Certified		recognized as Bargaining Re	eprosentativo and dosiros d 8b. Address	contification under the	o Act.			
SPFPA	n no Aeuro	I rillen fu nenet se surrete		RD ROSEVILLE MI	48056			
8c. Tel No.		ell No.	8e. Fax No.		Sf. E-Mall Add			
586-772-7250	NA	a a a n a	586-772-9644		spfpapres@sp			
8g. Affiliation, if any			8h. Date of Recognition or	Certification		Date of Current or Most Recent y (Monin, Day, Yoar)		
SPFPA	COLUMN STREET	and a second second of the second	NA		01/01/2020			
9. Is there now a strike or picketing at t	the Employ	r's establishment(s) involved	? NA # so, approx	imately how many or	nployoos aro pa	rticipating? <u>NA</u>		
(Name of labor organization) NA								
and the second se			eted the Employer since (A	Aonth, Day, Year) 📘	AA			
10. Organizations or individuals other t	han Potitio	or and those namod in itoms	8 and 9, which have claim	ad recognition as rep		d other organizations and individuals		
10. Organizations or individuals other t known to have a representativo interes	han Politic t in any on	or and those namod in itoms	8 and 9, which have claim	ad recognition as rep		d other organizations and Individuals		
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10. Organizations or individuals other t known to have a representative interes NA	han Potitic t in any on	or and those namod in itoms	8 and 9, which have claim	ed recognition as rep so state)		-		
10. Organizations or individuals other t known to have a representative interes NA	han Potitio t in any on	ior and those namod in itoms ployees in the unit described i	8 and 9, which have claim	ad recognition as rep so state) 10c. Tel. No. NA 10e. Fax No.		10d. Cell No. NA 10f. E-Mel Address		
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10. Organizations or individuals other t known to have a representativo interes NA 10 a. Name NA 11. Election Details: If the NLRB con any such election. 11b. Election Date(s): first available 12a, Full Name of Petitioner (<i>includi</i> / United Govornment Security Officers	ducts an of ng local ni of Americ	In and those named in items ployees in the unit described in 10b, Address NA iction in this matter, state you 11c, Election Time(s); Times to cover all shifts me and number) and its Local 884	8 and 9, which have claims in item 5b above. <i>(If none,</i> r position with respect to	ed recognition as rep so state) 10c. Tel. No. NA 10e. Fax No. NA 11a. Election Type 11d. Election Local 100 Van Nuys Rd. 12b. Address (stre 2879 Cranbory Hi	resentatives an 	10d. Cell No. NA 10f. E-Mail Address NA Mall Mixed Manual/Mail		
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Solicitation of the information on this form is sufforte: d by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of 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 the se 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.