

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 25-RC-249593	Date Filed 10/8/19
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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 Regional Ready Mix	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 15015 E. Lind Rd IL Rochelle 61068
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3a. Employer Representative - Name and Title	3b. Address (If same as 2b - state same)
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3c. Tel. No. (815) 562-1901	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction Services	4b. Principal product or service Ready Mix	5a. City and State where unit is located: Rochelle, IL
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 17
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Excluded: See Attached Page 2 for additional details	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
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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? 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)

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): 10/21/2019	11c. Election Time(s): TBD	11d. Election Location(s): TBD
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12a. Full Name of Petitioner (including local name and number) Erik Calvert Teamsters Local 325	12b. Address (street and number, city, state, and ZIP code) 5533 11th Street IL Rockford 61109
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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

12d. Tel No. (815) 874-6307	12e. Cell No. (815) 222-3241	12f. Fax No. (815) 874-4694	12g. E-Mail Address calvert325@comcast.net
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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	13b. Address (street and number, city, state, and ZIP code)
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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) Erik Calvert	Signature Erik Calvert Secretary Treasurer	Title Secretary Treasurer	Date 10/8/2019 09:37:31
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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

Employees Included
Mechanics, Drivers, loaders

Employees Excluded
Dispatch

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
25-RC-249593	10/8/19

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RM-249634	Date Filed 10/8/19

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner Pulaski White Rural Telephone Cooperative, Inc. d/b/a Lightstream	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 306 S. State Road 39, Buffalo, IN 47925; 5573 S. U.S. Highway 39, Star City, IN 46985
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3a. Employer/Petitioner Representative – Name and Title Brent Gillum, Chief Executive Officer	3b. Address (if same as 2b – state same) 306 S. State Road 39, Buffalo, IN 47925
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3c. Tel. No. 574-278-7121	3d. Cell No.	3e. Fax No. 574-278-8448	3f. E-Mail Address bgillum@lightstreamin.net
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Telecommunications Service Provider	4b. Principal product or service Telecommunications
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5a. Description of Unit Involved Included: Per Section 2.01 of the CBA, all full-time installer/repair technicians, including regular part-time Employees of the Company in said department Excluded:	5b. City and State where unit is located: Buffalo, IN 6. No. of Employees in Unit: Four (4)
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Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable

7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____

7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Recognized or Certified Bargaining Agent - Name International Brotherhood of Electrical Workers, Local 723	8b. Affiliation, if any
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8c. Address 5401 Keystone Dr., Fort Wayne, IN 46825	8d. Tel. No. 260-484-0373	8e. Cell No.
	8f. Fax No. 260-484-0609	8g. E-Mail Address corey.lehman@ibew723.org

9. Date of Recognition or Certification May 17, 2018	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) December 31, 2019
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11. 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) _____

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded 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 and affiliation if any N/A	12b. Address N/A	12c. Tel. No. N/A	12d. Cell No. N/A
		12e. Fax No. N/A	12f. E-Mail Address N/A

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
13a. Election Type: Manual Mail Mixed Manual/Mail

13b. Election Date(s): See Exhibit 1 attached hereto	13c. Election Time(s): 8:30 a.m. (approx)	13d. Election Location(s): 306 S. State Road 39, Buffalo, IN 47925
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14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title Erin C. Borissov, Attorney	14b. Address (street and number, city, state, and ZIP code) 251 N. Illinois Street, Suite 1800, Indianapolis, IN 46204
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14c. Tel No. 317-269-2500	14d. Cell No. 317-554-7168	14e. Fax No. 317-269-2514	14f. E-Mail Address eborissov@parrlaw.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) Erin C. Borissov	Signature <i>Erin C. Borissov</i>	Title Attorney	Date 10/8/19
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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 will cause the NLRB to decline to invoke its processes.

Exhibit 1

Petitioner's Proposed Election Dates

RM Petition Box 13b

Statement of Position Box 8b

Petitioner proposes the election be conducted as soon as reasonably possible and on any one (1) of the following dates:

- October 21
- October 22
- October 24
- November 4
- November 5

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RD-249647	Date Filed. 10/9/19

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 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 Penske Truck Leasing Co., LP	2b. Address(es) of Establishment(s) involved. (Street and number, city, state, ZIP code) 4304 W. Morris St., Indianapolis, IN 46241 (See attached sheet for add'l addresses)
3a. Employer Representative - Name and Title Joe Sanguedolce, District Manager	3b. Address (If same as 2b - state same) same

3c. Tel. No. 317-241-5100	3d. Fax No. 317-241-1794	3e. Cell No. 502-209-0533	3f. E-Mail Address Joe.Sanguedolce@Penske.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mechanics Shop	4b. Principal product or service Truck maintenance and repair
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5a. Description of Unit Involved Included: Please see attached sheet. Excluded: Please see attached sheet.	5b. City and State where unit is located: Indianapolis, IN (3 facilities) and Wabash, IN (1 facility)
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6. No. of Employees in Unit 92	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent Chauffeurs, Teamsters, Warehousemen and Helpers, Local Union No. 135	8b. Affiliation, if any
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8c. Address 1233 Shelby Street Indianapolis, IN 46203	8d. Tel. No. 317-639-3541	8e. Cell No. 317-607-6904
	8f. Fax No.	8g. E-Mail Address tcourtney@local135.com

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 1/31/2020
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (insert Name), (insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other than 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	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.	13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) Tuesday, October 29, 2019	13c. Election Time(s) Please see attached sheet.	13d. Election Location(s) Please see attached sheet
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14. Full Name of Petitioner (b) (6), (b) (7)(C)	
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14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14c. Fax No.
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	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address
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14f. Affiliation, if any	
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15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
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15a. Name	15b. Title
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15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.	15e. Fax No.
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	15f. Cell No.	15g. 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) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C) an individual	Date Filed 10-9-19

WILLFUL FALSE STATEMENTS PENALTY: 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. This routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74842-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment to Decertification Petition filed by Bryan Webster

2b. Addresses of Establishments Involved.

Penske Truck Leasing Co.
4304 W. Morris Street
Indianapolis, IN 46241

Penske Truck Leasing Co.
8645 E. 25th Street
Indianapolis, IN 46219

Penske Truck Leasing Co.
8520 N. Georgetown Road
Indianapolis, IN 46268

Penske Truck Leasing Co.
1351 Cass Street
Wabash, IN 46992

5a. Included:

Technicians and Customer Servicemen employed by Penske Truck Leasing Co., LP at its Indianapolis, Indiana facilities (Morris Street, Indy-Post Road and Indy-Park 100 facilities in Indianapolis, Indiana; Wabash, Indiana; and all fully integrated non-captive locations in the Indianapolis metropolitan area). (per Section 1. of the CBA)

Excluded:

Shop Foremen, supervisory and clerical employees, and all employees with authority to hire, promote, discharge, discipline or otherwise effect changes in the status of employees or effectively recommend such action. (per Section 2. of the CBA)

13c. Election Times:

Manual Election: 7:00 a.m. to 7:30 a.m. and 3:00 p.m. to 3:30 p.m. at all Indianapolis facilities
Mail ballot for the Wabash, Indiana facility employees.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-249765	Date Filed 10/10/19

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:
Centaur Acquisition, LLC d/b/a Indiana Grand Racing & Casino

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
4300 N. Michigan Road, Shelbyville, IN 46176

3a. Employer Representative - Name and Title:
Deannette Pryor, Director of Human Resources

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

3c. Tel. No. 877-386-4463 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**

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

4b. Principal Product or Service
Entertainment

5a. City and State where unit is located:
Shelbyville, Indiana

5b. Description of Unit Involved:
Included:
See attached...

6a. Number of Employees in Unit:
322

Excluded:
See attached.

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)** 10/10/19 **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:

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): November 6, 2019 **11c. Election Time(s):** 7:00 a.m. - 6:00 p.m. **11d. Election Location(s):** Secure Conference Room, Employer Facility

12a. Full Name of Petitioner (including local name and number):
Central Indiana Gaming Council

12b. Address (street and number, city, State and ZIP code):
c/o Unite Here Local 23
1734 W. Washington Street, Indianapolis, IN 46222

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
A Project of Unite Here!, the International Union of Operating Engineers, International Brotherhood of Teamsters

12d. Tel. No. 517-648-4573 **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address** smora@unitehere.org

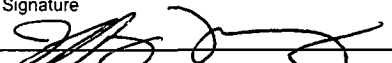
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Jeffrey Macey, Attorney

13b. Address (street and number, city, State and ZIP code):
445 N. Pennsylvania Street, Suite 401, Indianapolis, IN 46204

13c. Tel. No. 317-637-2345 **13d. Cell No.** 317-225-8745 **13e. Fax No.** 317-637-2369 **13f. E-Mail Address** jmacey@maceylaw.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) JEFFREY MACEY **Signature**  **Title** ATTORNEY **Date** 10/10/19

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

CENTRAL INDIANA GAMING COUNCIL
AND INDIANA GRAND RACING AND CASINO
UNIT DESCRIPTION

5b. Description of the Unit Involved:

All regular full-time and regular part-time food and beverage, banquets, housekeeping and environmental services employees, guest service representatives, lead guest service representatives, VIP guest service representatives, slot change and carousel employees, slot mechanics and slot techs, engineering department employees (maintenance and skilled trades), and shipping and receiving employees.

Excluded:

All other employees, supervisors, and guards as defined in the National Labor Relations Act.

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-250155	Date Filed 10/17/19

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: Quickway Transport
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1519 S. Post Rd. Indianapolis, IN 46239

3a. Employer Representative - Name and Title: Eric Rowe- Terminal Manager
3b. Address (if same as 2b - state same): SAME

3c. Tel. No. 317-351-7090
3d. Cell No.
3e. Fax No.
3f. E-Mail Address

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

5b. Description of Unit Involved:
Included: All full-time and regular part-time company drivers and hostlers (i.e., yard jockeys) at the employers facility in Indianapolis, Indiana.
Excluded: All office, clerical, dispatchers, shop, mechanics, guards and supervisors as defined in The Act and all other employees.

6a. Number of Employees in Unit: 42
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)** October 17, 2019 and Employer declined recognition on or about (Date) N/A (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: X

8c. Tel. No. X
8d. Cell No. X
8e. Fax No. X
8f. E-Mail Address X

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

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

11b. Election Date(s): 11-6-2019 and 11-7-2019
11c. Election Time(s): ON 11/6 Start at 6am until 12pm Re-start at 3pm until 6pm and ON 11/7 Start at 7 am until 12pm then break and Re-start at 1pm until at 3pm
11d. Election Location(s): The conference room at the employers Indianapolis terminal.

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

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Dustin T Roach
13b. Address (street and number, city, State and ZIP code): Attention: 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@local.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) Dustin T. Roach
Signature *Dustin T. Roach*
Title Teamsters Local Union No. 135/JC 69 Organizer
Date 10/17/2019

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-250580	Date Filed 10/25/19

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
Chancellor Health Care, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
495 Alexandra Blvd, Crystal Lake, IL 60014

3a. Employer Representative - Name and Title
Danit McBride, Vice President Administration and Corporate Secretary

3b. Address (If same as 2b - state same)
25383 Cole St Loma Linda, CA 92354

3c. Tel. No.
707-687-1919 ex 230

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
danit.m@chancellorhealthcare.com

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

4b. Principal product or service
Memory Care

5a. City and State where unit is located:
Crystal Lake

5b. Description of Unit Involved
Included: Caregivers, Housekeepers, Licensed Practical Nurse, Certified Nursing Assistants, Cooks, and Certified Nursing Assistants

Excluded: All others, including but not limited to Professionals, office and clerical employees, guards, receptionists, employees not covered under the NLRA

6a. No. of Employees in Unit:
32

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) **10/25/19** 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).

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? _____ 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: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
11/11/19

11c. Election Time(s):
Start of 1st shift end of 3rd, End of 1st shift Start of 2nd

11d. Election Location(s):
at the facility

12a. Full Name of Petitioner (including local name and number)
Health Care, Professional, Technical, Office, Warehouse, and Mail Order Employees

12b. Address (street and number, city, state, and ZIP code)
4620 S. Tripp, Chicago IL 60632

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

12d. Tel No.
773-254-7460

12e. Cell No.

12f. Fax No.
773-254-7460

12g. E-Mail Address
bcrowley@teamsterslocal743.com

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

13a. Name and Title
Brendan J. Crowley, Staff Attorney

13b. Address (street and number, city, state, and ZIP code)
4620 S. Tripp, Chicago IL 60632

13c. Tel No.
773-230-1307

13d. Cell No.

13e. Fax No.

13f. E-Mail Address
bcrowley@teamsterslocal743.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)
Brendan J. Crowley

Signature


Title
Staff Attorney

Date
10/25/19

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 will 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-250705	Date Filed 10/28/19

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 Silgan Containers		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2326 263rd Ave., Fort Madison, IA 52627-9528 (Lee County)	
3a. Employer Representative - Name and Title Bruce Hardy, Plant Manager		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 319-372-8491	3d. Cell No.	3e. Fax No. 319-372-9268	3f. E-Mail Address bhardy@silgancontainers.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Can Manufacturing	
5b. Description of Unit Involved Included: All full-time and regular part-time Production, Maintenance, and tool and die maker employees employed at the employer's facility located at 2326 263rd Ave Fort Madison, IA 52627-9528. Excluded: All other employees including temporary and seasonal employees, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act, as amended.			5a. City and State where unit is located: Ft. Madison IA
			6a. No. of Employees in Unit: 110
			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"/>
Check One: <input checked="" 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). Petition to serve as request.			
<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? <u>NO</u> 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	
11b. Election Date(s): 11/19/2019 AND 11/20/2019		11c. Election Time(s): 6:00am - 8:00am (both days)	
		11d. Election Location(s): Lunch Room	
12a. Full Name of Petitioner (including local name and number) District Lodge 6, International Association of Machinists & Aerospace Workers AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO			
12d. Tel No. 815-280-6400	12e. Cell No. 815-214-4587	12f. Fax No. 815-280-6345	12g. E-Mail Address wlepinske@iamaw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Rick Mickschl, Grand Lodge Representative		13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
13c. Tel No. 815-280-6400	13d. Cell No. 815-214-4587	13e. Fax No. 815-280-6345	13f. E-Mail Address wlepinske@iamaw.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) William J. LePinske	Signature 	Title Grand Lodge Representative/TOL	Date October 28, 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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-250923	Date Filed 10/31/19

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:
RJ Distributing Co.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
410 High Point Ln, East Peoria, Illinois 61611

3a. Employer Representative - Name and Title:
Rob Jockisch, General Manager

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

3c. Tel. No.
309-685-2794

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
rob.jockisch@rjdistributing.net

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

4b. Principal Product or Service
warehouse and distribution

5a. City and State where unit is located:
East Peoria, Illinois

5b. Description of Unit Involved:
Included:
All full-time and regular part-time drivers and warehouse employees working for the Employer
Excluded:
all office clerical employees, professional employees, guards and supervisors under the Act

6a. Number of Employees in Unit:
18

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)

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? _____ 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:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s):
11/20/2019

11c. Election Time(s):
6:00 a.m. to 6:30 a.m.

11d. Election Location(s):
Employer East Peoria, IL facility

12a. Full Name of Petitioner (including local name and number):
Teamsters Local Union No. 627 a/w the International Brotherhood of Teamsters

12b. Address (street and number, city, State and ZIP code):
7101 N. Allen Road, Peoria, Illinois 61614

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

12d. Tel. No.
309-689-9090

12e. Cell No.
309-981-9691

12f. Fax No.
309-689-0037

12g. E-Mail Address
chopkins@teamsterslocal627.com

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

13a. Name and Title:
Chris Hopkins, Recording Secretary

13b. Address (street and number, city, State and ZIP code):
7101 N. Allen Road, Peoria, Illinois 61614

13c. Tel. No.
309-689-9090

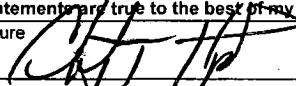
13d. Cell No.
309-981-9691

13e. Fax No.
309-689-0037

13f. E-Mail Address
chopkins@teamsterslocal627.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)
Chris Hopkins

Signature


Title
Recording Secretary

Date
10-29-19

**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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RD-250644	Date Filed 10/28/2019

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: 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
Krugel Dr Pepper

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
5300 Forrest Hills rd indeed
IL Loves Park 61111-

3a. Employer Representative - Name and Title
Justin Fiegel Manager

3b. Address (if same as 2b - state same)
5300 Forrest Hills rd indeed
IL Loves Park 61111-

3c. Tel. No. (262) 770-7195 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address**

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

4b. Principal product or service
Dr Pepper

5a. City and State where unit is located:
Loves Park, IL

5b. Description of Unit Involved
Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
27

Excluded: See Attached Page 2 for additional details

6b. 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

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
Teamsters Local 325 Eric Calvart Union Representative

8b. Address 5533 11Th st
IL Rockford 61109-

8c. Tel No. (815) 874-6307 **8d Cell No.** **8e. Fax No.** **8f. E-Mail Address**

8g. Affiliation, if any
Teamsters Local 325

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
10/06/2020

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 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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): open **11c. Election Time(s):** open

11d. Election Location(s):
5300 Forrest Hills Rd Loves park il 61111

12a. Full Name of Petitioner (b) (6), (b) (7)(C)
Dr Pepepr

12b. Address (street and number, city, state, and ZIP code)
7809 Scott Lane

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) IL MACHESNEY PARK 61115-____
Teamsters Union Local 325

12d. Tel No. (815) 874-6307 **12e. Cell No.** **12f. Fax No.** (b) (6), (b) (7)(C)

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

13a. Name and Title **13b. Address (street and number, city, state, and ZIP code)**

13c. Tel No. **13d. Cell No.** **13e. Fax No.** **13f. 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) **Signature** (b) (6), (b) (7)(C) **Title** (b) (6), (b) (7)(C) **Date** 10/24/2019 07:26:13

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

Employees Included
27 Employees Merchandiers drivers warehouse

Employees Excluded
NA

DO NOT WRITE IN THIS SPACE	
Case	Date Filed