(b) (6), (b) (7)(C)Phone #(b) (6), (b) (7)(C)Tue Oct 01 1			
UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOAT			WRITE IN THIS SPACE
CHARGE AGAINST LABOR ORGANIZATIO		Case	Date filed
AGENTS		18-CB-249273	October 01, 2019
INSTRUCTIONS: File an original of this charge with to occurred or is occurring.			
a. Name 1. LABOR ORGANIZATIO	N OR ITS AGENTS A	GAINST WHICH CHARGE IS I	BROUGHT
USW Local Union 460-G		b. Union Representative	to Contact
		Emil Ramirez	
		District Director	
c. Address		d. Tel. No.	
3433 Broadway St NE, STE 315, Minneapo	lis, MN 55413	(612) 623-8045	• e. Cell No.
		f. Fax No.	g. e-Mail
h. The above-named labor organization or its agents have		(612) 331-4266	
 Basis of the Charge (set forth a clear and concise state Since about (b) (6), (b) (7)(C) 2019, the above the exercise of rights protected by Section 7 regarding time and one half pay for hours w employees working alone; and the superside state superside state state state above state state state above state state state above state state above state state above abo	e-named labor or 7 of the Act by re /orked in excess	ganization has restrain fusing to arbitrate the g of 8 hours in a day: rec	ed and coerced employees rievances of (b) (6), (b) (7)(all and reporting pay
3. Name of Employer	·····	4a. Tel. No.	4b. Cell No.
3. Name of Employer Covia		4a. Tel. No. 4c. Fax No.	4b. Cell No. 4d. e-Mail
Covia		4c. Fax No.	4d. e-Mail
Covia 5. Location of Plant involved (street, city, state, and ZIP ci	ode)	4c. Fax No. 6. Employer representative	4d. e-Mail e to contact
5. Location of Plant involved (street, city, state, and ZIP or 39770 Ottawa Rd, Le Sueur, MN 56058		4c. Fax No. 6. Employer representative Matt Mettling Plant	4d. e-Mail e to contact Manager
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service	4d. e-Mail e to contact Manager
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler) Open Mine		4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service	4d. e-Mail e to contact Manager
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service	4d. e-Mail e to contact Manager 9. Number of Workers employe
Covia 5. Location of Plant involved (street, city, state, and ZIP of <u>39770 Ottawa Rd, Le Sueur, MN 56058</u> 7. Type of Establishment (factory, mine, wholesaler) <u>Open Mine</u> 10. Eul name of node filing charge (b) (6), (b) (7)(C)	8. Principal produce Sand Mining	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service	4d. e-Mail e to contact Manager 9. Number of Workers employe 22
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler) Open Mine 10. Eul name of nects filing charge (b) (6), (b) (7)(C) 11. Address of party filing charge (street, city, state, and Zi	8. Principal produce Sand Mining	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service 11a. Tel. No.	4d. e-Mail e to contact Manager 9. Number of Workers employe 22 11b. Call Mo (b) (6), (b) (7)(C)
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler) Open Mine 0. Euli name of perty filing charge (b) (6), (b) (7)(C)	8. Principal produce Sand Mining	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service 11a. Tel. No.	4d. e-Mail e to contact Manager 9. Number of Workers employe 22 11b. Call M (b) (6), (b) (7)(C)
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Covia Location of Plant involved (street, city, state, and ZIP co <u>39770 Ottawa Rd, Le Sueur, MN 56058</u> Type of Establishment (factory, mine, wholesaler) Open Mine Den Mine Den Mine (b) (6), (b) (7)(C) 1. Address of party filing charge (street, city, state, and Z (b) (6), (b) (7)(C)	8. Principal produc Sand Mining (P code) 12. DECLARA	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service 11a. Tel. No. 11c. Fax No. TION	4d. e-Mail e to contact Manager 9. Number of Workers employed 22 11b Call No. (b) (6), (b) (7)(C) 11d e-Mail (b) (6), (b) (7)(C)
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler) Open Mine 0. Full name of party filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (street, city, state, and Z (b) (6), (b) (7)(C) 1. declare that I have read the above charge and	8. Principal produc Sand Mining (P code) 12. DECLARA	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service 11a. Tel. No. 11c. Fax No. TION	4d. e-Mail e to contact Manager 9. Number of Workers employe 22 11. Call M (b) (6), (b) (7)(C) 11. call M (b) (6), (b) (7)(C) 11. call M (b) (6), (b) (7)(C)
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler) Open Mine 0. Full name of party filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (street, city, state, and Z (b) (6), (b) (7)(C) 1. declare that I have read the above charge and	8. Principal produc Sand Mining (P code) 12. DECLARA	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service 11a. Tel. No. 11c. Fax No. TION	4d. e-Mail e to contact Manager 9. Number of Workers employed 22 11b Call No. (b) (6), (b) (7)(C) 11d e-Mail (b) (6), (b) (7)(C)
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler) Open Mine 0. Full name of netty filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (street, city, state, and Z (b) (6), (b) (7)(C) 1. declare that I have read the above charge and	8. Principal produc Sand Mining /P code) 12. DECLARA	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service 11a. Tel. No. 11c. Fax No. TION s therein are true to the best	4d. e-Mail e to contact Manager 9. Number of Workers employe 22 11. Call M (b) (6), (b) (7)(C) 11. call M (b) (6), (b) (7)(C) 11. call M (b) (6), (b) (7)(C)
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler) Open Mine 0. Euliname of narty filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (street, city, state, and Z (b) (6), (b) (7)(C) 1. declare that I have read the above charge and b) (6), (b) (7)(C)	8. Principal produc Sand Mining (P code) 12. DECLARA	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service 11a. Tel. No. 11c. Fax No. TION s therein are true to the best	4d. e-Mail e to contact Manager 9. Number of Workers employe 22 11. Call M (b) (6), (b) (7)(C) 11. call M (b) (6), (b) (7)(C) 11. call M (b) (6), (b) (7)(C)
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler) Open Mine 0. Full name of party filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (street, city, state, and Z (b) (6), (b) (7)(C) 1. declare that I have read the above charge and	8. Principal produc Sand Mining ^(P code) 12. DECLARA 1 that the statements (b) (6), (b)	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service 11a. Tel. No. 11c. Fax No. TION s therein are true to the best	4d. e-Mail e to contact Manager 9. Number of Workers employe 22 11. Call M (b) (6), (b) (7)(C) 11. call M (b) (6), (b) (7)(C) 11. call M (b) (6), (b) (7)(C)
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler) Open Mine 0. Evil name of party filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (street, city, state, and Z (b) (6), (b) (7)(C) 1. declare that I have read the above charge and b) (6), (b) (7)(C) or person making charge)	8. Principal produc Sand Mining 12. DECLARA that the statements (b) (6), (b) Print/type in	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service 11a. Tel. No. 11c. Fax No. TION s therein are true to the best (7)(C) harne and title or office, if	4d. e-Mail at contact Manager 9. Number of Workers employed 22 11/b (b) (6), (b) (7)(C) 11/b (c) (b) (6), (b) (7)(C) (c) (b) (6), (b) (7)(C)
Covia 5. Location of Plant involved (street, city, state, and ZIP of 39770 Ottawa Rd, Le Sueur, MN 56058 7. Type of Establishment (factory, mine, wholesaler) Open Mine 0. Enil name of natu filing charge (b) (6), (b) (7)(C) 1. Address of party filing charge (street, city, state, and Z (b) (6), (b) (7)(C) 1. declare that I have read the above charge and b) (6), (b) (7)(C)	8. Principal produc Sand Mining 12. DECLARA that the statements (b) (6), (b) Print/type in	4c. Fax No. 6. Employer representative Matt Mettling Plant ct or service 11a. Tel. No. 11c. Fax No. TION s therein are true to the best (7)(C)	4d. e-Mail e to contact Manager 9. Number of Workers employe 22 11b Coll Nb (b) (6), (b) (7)(C) 11d e Mail (b) (6), (b) (7)(C)

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOAR	D .	Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS		18-CB-249363	October 3, 2019
INSTRUCTIONS: File an original of this charge with the	he NLRB Regional D	irector of the region in which	ch the alleged unfair labor practice
occurred or is occurring.	OR ITS AGENTS AG	AINST WHICH CHARGE IS BR	ROUGHT
a. Name	TOR HO AGENTO AG	b. Union Representative to	
WISCONSIN RURAL LETTER CARRIERS	ASSOCIATION	Julia Doggett	
c. Address		d. Tel. No.	e.e. Cell No.
P.O. Box 503, West Chicago, IL 60186		(217)622-3820	
		f. Fax No.	g. e-Maił
			Julia.doggett@nrlca.org
h. The above-named labor organization or its agents hav			
8(b), subsection(s) (1)(A) of the National Labor Relation			
the meaning of the Act, or are unfair practices affecting 2. Basis of the Charge (set forth a clear and concise state			
Within the past six months, the above-name	-		
exercise of rights protected by Section 7 of t	he Act by providir	ng confidential informati	on regarding a member to the
Employer.			
3. Name of Employer		4a. Tel. No.	4b. Cell No.
UNITED STATES POSTAL SERVICE		(800)275-8777	
		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representative	to contact
347 Main Street, Kewaskum, WI 53040		Sarah E. Repinski	. Post Master
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	· · · · ·	9. Number of Workers employed
U.S. Postal Service	Mail delivery	services	500,000+
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
		11c. Fax No.	11d e-Mail
			(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and Z	(IP code)		
(b) (6), (b) (7)(C)			
	12. DECLARAT	TION	
I declare that I have read the above charge and	that the statements	therein are true to the best	of my knowledge and belief
· · · · · · · · · · · · · · · · · · ·			Tel No.
(b) (6), (b) (7)(C)(b) (6), (b) (7)(C) By:	(b)(6)	(b) (7)(C)	(b) (6), (b) (7)(C)
(signature or representative or person making charge)	Print/type nar	me and title or office, if any	Cell No.
			(b) (6), (b) (7)(C)
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)		10/1/19	
	_	10/1/17	e-Mail
			(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO	N OR ITS		
AGENTS		18-CB-249477	October 4, 2019
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	ne NLRB Regional D	irector of the region in whic	ch the alleged unfair labor practice
	OR ITS AGENTS AG	AINST WHICH CHARGE IS BR	ROUGHT
a. Name		b. Union Representative to	
National Association of Letter Carriers (NAL	C) Branch 2	Ronald Kania, Pres	sident
c. Address		d. Tel. No.	e.e. Cell No.
11716 W. Greenfield Avenue, Milwaukee, W	/ 53214	(414)444-1836	e.e. Gen ito.
		f. Fax No.	g. e-Mail
			5
h. The above-named labor organization or its agents hav	e engaged in and are	engaging in unfair labor prac	tices within the meaning of section
8(b), subsection(s) (1)(A) of the National Labor Relation			
the meaning of the Act, or are unfair practices affecting			
2. Basis of the Charge (set forth a clear and concise state	ement of the facts cor	isututing the alleged unfair lab	or practices)
Within the past six months, the above-name			
exercise of rights protected by Section 7 o	f the Act by refus	ing to process the ariev	a <u>nces of</u> (b) (6), (b) (7)(C)
regarding the Employer's denials of [0(6).1 (0)(6)	^{• (9)(7)(6} 2019 and ⁽⁹⁾⁽⁶	^{(b) (7)(c)} 2019 (b) (b), (b	0) (1)(C)claims, for arbitrary
or discriminatory reasons or in bad faith.			
3. Name of Employer		4a. Tel. No.	4b. Cell No.
United States Postal Service		(414)258-7964	
		4c. Fax No.	4d. e-Mail
			r i i i i i i i i i i i i i i i i i i i
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representative	to contact
7440 W. Greenfield Avenue, Milwaukee, WI	53214	Lydia Caldwell	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal produc	t or service	9. Number of Workers employed
Post Office	Mail services		
10. Full name of party filing charge	I	11a. Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
		11c. Fax No.	11d e-Mail
			(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and Z	IP code)		(0)(0), (0)(1)(0)
(b) (6), (b) (7)(C)	,		
(b) (0), (b) (7)(C) (b) (6), (b) (7)(C)	DECLARA	TION	
			of my knowledge and hellef
I declare that I have re	statements	therein are true to the best	t of my knowledge and belief. Tel No.
) (6), (b) (7)(C)			(b) (6), (b) (7)(C)
	(b) (6), (b) (7)(C)	
(signature or representative or t	rint/type na	me and title or office, if any	Cell No.
(agnature of representative of p	anotype na	me and the or onice, ir ally	
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)			
		10/1/10	e-Mail
			(b) (6), (b) (7)(C)

INTERNET FORM NLRB-508	UNITED STATES OF AMERICA		FORM EXEMPT UNDER 44 U.
(2-08)	NATIONAL LABOR RELATIONS BOARD	Case	Date Filed
	CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS	18-CB-249921	October 15, 2019
NSTRUCTIONS File	an original with NLRB Regional Director for the region in which		•
	1. LABOR ORGANIZATION OR ITS AGENTS AGA		
a. Name		b. Union Represe	ntative to contact
UFCW 431		(b) (6), (b) (7)(C)	
		Title: (b) (6), (b) (7)(C)
c. Address (Street, city	r, state, and ZIP code)	d. Tel. No.	e. Cell No.
501 N Elkrun Road		(b) (6), (b) (7)(C) f. Fax No.	g. e-Mail
IA Waterloo 50703	_	I. Fax NO.	g. e-man
See additiona	l page		
3. Name of Employer		4a. Tel. No.	b. Cell No.

		(319) 236-26	36	
Tyson Fresh Meats		c. Fax No.	00	d. e-Mail
		c. Fux no.		
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	ver representative to contact
501 N Elkrun Road				
IA Waterloo 50703			Title: Hun	nan Resources
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
Food Processing	Pork		2909	
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
		c. Fax No.		d. e-Mail
11 Address of party filing charge (streat, city, state and ZIP code.)				(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)				
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie	f. Tel.	No. (b) (6), (l	b) (7)(C)
B_{V} (b) (6), (b) (7)(C) (b)	(6), (b) (7)(C)	Cell	No.	
(signature of representative or person making charge) (Print/type		1)		
	Title:	Fax	No.	
(b) (6), (b) (7)(C)		e-M	ail	
Address	(date) ^{_10/14/201}	9 15:53:07	(b) (6)), (b) (7)(C)
WILLEUL EALSE STATEMENTS ON THIS CHADGE CAN BE DUN		SONMENT (1)	S CODE	

WILLFUL F E PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) SIATEMENTS THIS CHAP PRIVACY ACT STATEMENT

Basis of the Charge

8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARI		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS		18-CB-250022	October 16, 2019
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	ne NLRB Regional Di	rector of the region in whic	h the alleged unfair labor practice
	OR ITS AGENTS AGA	AINST WHICH CHARGE IS BR	OUGHT .
a. Name		b. Union Representative to	
National Association of Letter Carriers (NAL	C) Branch 2	Ronald Kania, Pres	sident
c. Address		d. Tel. No.	e.e. Cell No.
11716 W. Greenfield Avenue, Milwaukee, W	/1 53214	(414)444-1836 f. Fax No.	g. e-Mail
 h. The above-named labor organization or its agents hav 8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting 	ins Act, and these unfi	air labor practices are unfair	practices affecting commerce within
2. Basis of the Charge (set forth a clear and concise state			
Within the next six menths, the shows non	ad labor organize	tion has restrained on	t approad ampleyees in the
Within the past six months, the above-nam	-		· •
exercise of rights protected by Section 7 o			
2018 settled grievances over hold down an			
received payment, for arbitrary or discrimin			
to process ^{(b) (6), (b) (7)(C)} 2019 notice of remova		form (b) (b), (b) (7)(C)	of the status of the grievance
for arbitrary or discriminatory reasons or in	i bad faith.		
<u>ě</u>			
3. Name of Employer		4a. Tel. No.	4b. Cell No.
United States Postal Service		(414)258-7964	
\$		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representative	to contact
7440 V Greenfield Avenue, Milwaukee, WI			
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product	Lydia Caldwell	9. Number of Workers employed
		t of service	5. Number of Workers employed
Post Office	Mail services		11b Coll No
10. Full name of party filing charge (b) (6), (b) (7)(C)		11a. Tel. No.	11b. Cell No.
		(b) (6), (b) (7)(C)	
		11c. Fax No.	$\frac{11d \text{ e-Mail}}{(b) (6), (b) (7)(C)}$
11. Address of party fil (b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C)			
	CLARAT	TION	
i declare that I	atements	therein are true to the best	of my knowledge and belief.
), (b) (7)(C)			Tel No.
	(1-) (0) (1		(b) (6), (b) (7)(C)
	(b) (6), (b	b) (7)(C)	
(b) (6), (b) (7)(C) ^{ng charge)}	Print/type nar	ne and title or office, if any	Cell No.
Address: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		Date:	Fax No.
		101-	o Moil
		$ 0 _{a} 9 $	e-Mail (b) (6), (b) (7)(C)
			(0)(0), (0)(1)(0)

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WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice and related proceedings or litigation. The routine uses for the information are fully

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARD		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATION AGENTS	I OR ITS	18-CB-250053	October 16, 2019
INSTRUCTIONS: File an original of this charge with the	e NLRB Regional Di	rector of the region in whic	h the alleged unfair labor practice
occurred or is occurring.			
a. Name	URITS AGENTS AGA	INST WHICH CHARGE IS BR b. Union Representative to	
United Steelworkers		Travis J Lohmann	Contact
		Staff Representative	
		Sian Representative	2
c. Address		d. Tel. No.	e.e. Cell No.
3433 Broadway Street NE, Suite 315, Minnea	apolis, MN	(651)623-8003	(651)338-0047
55413		f. Fax No.	g. e-Mail
		(612)331-4266	tlohmann@usw.org
 h. The above-named labor organization or its agents have 8(b), subsection(s) (1)(A) of the National Labor Relatio the meaning of the Act, or are unfair practices affecting 	ns Act, and these unf commerce within the	air labor practices are unfair meaning of the Act and the	practices affecting commerce within Postal Reorganization Act.
2. Basis of the Charge (set forth a clear and concise stater	ment of the facts cons	stituting the alleged unfair lab	or practices)
Since about (() () () () (7)(C) 2019, the above-named l	abor organization	has restrained and co	erced employees in the
exercise of rights protected by Section 7 of the			
refusing to process the grievance of (b) (6), (b)			
notontial transfer to a new position and the sub		(r)(C) and $(D)(C)$, $(r)(C)$	D(T)(C) regarding their
potential transfer to a new position and the sub	sequent terminat		
about 2019 for arbitrary or discriminatory	y reasons or in ba	ad faith.	
3. Name of Employer		4a. Tel. No.	4b. Cell No.
Service Employees International Union		651.294.8100	
		4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP co		6. Employer representative	to contract
	•		
403 Woodlake Dr. SE, Rochester, MN 55904		Kassie Hobbs, Lea	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product		9. Number of Workers employed
Labor Organization	Employee Rep		4
10. Full name of party filing charge		11a. Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
		11c. Fax No.	11d e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state, and Zh	P code)		
(b) (6), (b) (7)(C)			
	12. DECLARAT	ION	
I declare that I have read the above charge and			of my knowledge and belief
			Tel No.
$(b) (b) (b) (7)(C)^{(b) (0) (b) (7)(C)} (b) (6), (b) (7)(C)$			
(b) (6), (b) (7)(C) (b) (b) (b) (b) (b) (c), (b) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(b) (6), (b)	(7)(C)	(b) (6), (b) (7)(C)
(signature of representative or p		ne and title or office, if any	Cell No.
	Finitiype nan	ne and the of onice, if any	(b) (6), (b) (7)(C)
Address:		Date:	Fax No.
(b) (6), (b) (7)(C)			1
			e-Mail
		10-110-19	(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA		DO NOT W	RITE IN THIS SPACE
NATIONAL LABOR RELATIONS BOARI		Case	Date filed
CHARGE AGAINST LABOR ORGANIZATIO AGENTS	N OR ITS	18-CB-250294	October 21, 2019
INSTRUCTIONS: File an original of this charge with the occurred or is occurring.	ne NLRB Regional D	rector of the region in whic	h the alleged unfair labor practice
	OR ITS AGENTS AG	INST WHICH CHARGE IS BR	OUGHT
a. Name		b. Union Representative to	Contact
SEIU Healthcare Minnesota		Kevin R. Kuehn	
		Internal Organizer	
c. Address		d. Tel. No.	e.e. Cell No.
345 Randolph Avenue, St Paul, MN 55102-3	3610	(651)294-8100	(612)381-6814
Suite 100		f. Fax No.	g. e-Mail
,500 mg 100		(651)294-8200	kevin.kuehn@seiuhcmn.org
 h. The above-named labor organization or its agents hav 8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting 2. Basis of the Charge (set forth a clear and concise state Since about ^{(b)(6),(b)(7)(C)} 2018, the above-named lab 	ons Act, and these unf g commerce within the ement of the facts con or organization has	air labor practices are unfair p meaning of the Act and the l stituting the alleged unfair lab restrained and coerced er	práctices affecting commerce within Postal Reorganization Act. Or practices) nployees in the exercise of rights
protected by Section 7 of the Act by failing to proper discriminatory reasons or in bad faith. Since about 2019, the above-named labor org protected by Section 7 of the Act by providing confid the Employer, without the Charging Party's permiss Within the past six months, the above-named labor protected by Section 7 of the Act by failing to prope arbitration award and by failing to communicate discriminatory reasons or in bad faith.	anization has restra dential protected he sion, for arbitrary an organization has re rly represent Charg	ained and coerced employ alth information regarding d/or discriminatory reason strained and coerced emp ing Party (<mark>b) (6) (b) (7)(c)</mark> by f	ees in the exercise of rights Charging Party s or in bad faith. loyees in the exercise of rights
3. Name of Employer	· · · ·	4a. Tel. No. 952-833-1871	4b. Cell No.
Group Health, Inc., 2/b/a Health	Butur	4c. Fax No.	4d. e-Mail
5. Location of Plant involved (street, city, state, and ZIP c	ode)	6. Employer representative	to contact
2901 Metro Drive, Bloomington, MN 55425	,	Kathy Pinede	
7. Type of Establishment (factory, mine, wholesaler)	8. Principal product	or service	9. Number of Workers employed
Various	Health Care	/Pharmace	>50
10 Full name of party filing obarge	·	11a. Tel. No.	11b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
(b) (c); (b) (1) (c)			
		11c. Fax No.	11d e-Mail $(b) (C) (b) (7) (C)$
11. Address of party filing charge (street, city, state, and Z	(IP and a)		(b) (6), (b) (7)(C)
3046 Knollridge Drive, Prior Lake, MN 55372			
	12. DECLARAT		
I declare that I have read the above charge and			
		therein are true to the best	
		therein are true to the best	of my knowledge and belief, Tel No.
(b) (6), (b) $(7)(C)(b)$ (6), (b) (7		therein are true to the best	
)(C)		Tel No.
(b) (6), (b) (7)(C)(b) (6), (b) (7 ^B)(C) (b) (6)	, (b) (7)(C)	Tel No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)(b) (6), (b) (7)(C) (b) (6)		Tel No.
(b) (6), (b) (7)(C)(b) (6), (b) (7 B (signature of representative or person making charge))(C) (b) (6)	, (b) (7)(C)	Tel No. (b) (6), (b) (7)(C) Cell No.
(b) (6), (b) (7)(C)(b) (6), (b) (7 B (signature of representative or person making charge) Address:)(C) (b) (6)	, (b) (7)(C)	Tel No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)(b) (6), (b) (7 B (signature of representative or person making charge))(C) (b) (6)	, (b) (7)(C) ne and the or onice, ir any Date:	Tel No. (b) (6), (b) (7)(C) Cell No. Fax No.
(b) (6), (b) (7)(C)(b) (6), (b) (7 B (signature of representative or person making charge) Address:)(C) (b) (6)	, (b) (7)(C)	Tel No. (b) (6), (b) (7)(C) Cell No.

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L.

FORM EXEMPT UNDER 44 U.S.C 3512

FORM NLRB-508 (4-19) UNITED STATES OF AMERIC	A	1	<u> </u>					
NATIONAL LABOR RELATIONS E			0	DONOT	WRITE IN TH			
CHARGE AGAINST LABOR ORGA	NIZATION		Case	250200		Date File	_	0.01
OR ITS AGENTS		1		-250389		Oct.	22,	201
INSTRUCTIONS: File an original with NLRB Regional Director for						occurring.		
1. LABOR ORGANIZATION OR	TIS AGENTS	AGAINST WH	11CH CHAR			to contract		
a. Name International Accession of Machinists and Asrospass W	lorkors			Alex Hoe	epresentative	to contact		
International Association of Machinists and Aerospace W	orkers			Alex Hoe	KSUd			
c. Address (Street, city, state, and ZIP code)				d. Tel. No.		e. Cell No.		
107 Warren Street, Suite #2, Beaver Dam, WI 53916				920-219-4	1919			
				f. Fax. No.				
				g. e-mail	Wahaalah.	1		
)@sbcgloba			
h. The above-named labor organization has engaged in and is en	gaging in unfa	ir labor practic						
				nal Labor Re				or
practices are practices affecting commerce within the meaning	of the Act, or t	hese-unfair-la	bor practice	s affecting co	mmerce with	in the mean	ng of	
the Act and the Postal Reorganization Act.								
2. Basis of the Charge (set forth a clear and concise statement of								
Dismissal of Grievance(s) without communicating, or cor	nfirmation, B	ack-Door D	eals, refusa	al to fairly r	epresent, de	enial of info	ormati	on,
including but not limited to, relating to personal grievance	e(s), deniai o	admission	to persona	i grievance	s) meetings	s or appoint	ments	i.
3. Name of Employer		4a. Tel. No.		b. Cell No.	 7 ·	c. Fax No.		<u></u>
Mercury Marine		920-929-5	000					
		d. e-mail						
5. Location of plant involved (street, city, state and ZIP code)		,		6. Employe	r representat	ive to contac	t	
plant #3				Human R	·.			
W6250 W Pioneer Rd, Fond du Lac, WI 54936								
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify p Boat Mot	principal produ	ict or servic	e	9. Number 2300	of workers e	mploye	be
Factory	Boat Mot	.015			2500			
10. Full name of party filing charge (b) (6), (b) (7)(C)								
11. Address of party tiling charge (street, city, state and ZIP code)		11a. Tel. No		b. Cell No.	7//01	c. Fax No.		
		(b) (6), (b) (7)(C)	(b) (6), (b) (/)(C)			
(b) (6), (b) (7)(C)		d. e-mail						
		(b) (6), (b)	(7)(C)					
12. DECLARATIO	e and that the	statements			Tel. No. b) (6), (b) (7)(C)		
	edge and belie				Cell No.			
(6	o) (6), (b) (7)(C)		(I	b) (6), (b) (7)(C)		
	(Print/type n	ame and title or	office, if any)	ł	Fax No.		_	
		Date 10/17/2	2019	ŀ	ə-mail			
Address		Date		î î	b) (6), (b)) (7)(C)		-
				N			_	

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

FORM EXEMPT UNDER 44 U.S.C 3512

October 28, 2019

DO NOT WRITE IN THIS SPACE

Date Filed

Case 18-CB-250683

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS	<u> </u>	· · · ·		<u> </u>
a. Name		b. Union Rep		
SEIU		Rasha Ah	mad-Sharif	
		Title:		
		Thuộ:		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
345 Randolph Ave.		(651) 294-8	100	
MN St.Paul 55102		f. Fax No.		g. e-Mail
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A)	of the Noti	anal Labor Do	ations Act	and those unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair labor j	oractices)	
See additional page				
See additional page				
3. Name of Employer		4a. Tel. No.		b. Cell No.
HealthPartners		(952) 883-60	000	
		c. Fax No.		d. e-Mail
				Shawn.D.Giese@HealthPartners.cm
5. Location of plant involved (street, city, state and ZIP code)			6. Emplo	yer representative to contact
8170 33rd Ave. So.			Shawn D	
MN Bloomington 55425			Title: Hea	althPartners Human Resources
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numb	er of workers employed
Healthcare			25000)
10. Full name of party filing charge		11a. Tel. No		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)	(C)	(b) (6), (b) (7)(C)
		c. Fax No.		d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)				
		Tol	No.	
12. DECLARATION I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie		(b) (6), ((b) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell		
(signature of representative or person making charge) (Print/type	name and title or office, if an			b) (7)(C)
	Title:	Fax	NO.	
(b) (6), (b) (7)(C)		e-M	lail	
Address	(date)_ ^{10/28/201}	9 12:49:38), (b) (7)(C)

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

Basis of the Charge

8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to process the Charging Party's grievance for arbitrary or discriminatory reasons or in bad faith.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

FORM EXEMPT UNDER 44 U.S.C 3512

October 28, 2019

DO NOT WRITE IN THIS SPACE

Date Filed

Case 18-CB-250687

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

 1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

 a. Name
 b. Union Representative to contact

UFCW International Union, ALF-CIO & CLC, Local 9	a. Name		b. Union Re	epresentative	to contact
Address (Strad, city, state, and ZIP code) determined requirements of spaces has (have beginned in and is (are)encaping in unfair labor practices within the mening of colors R0, in the second requirement of generating the second requirement of the state of the second requirement of the second r	UFCW International Union, ALF-CIO & CLC, Local 9		Richard	Morgan	
Address (Strad, city, state, and ZIP code) determined requirements of spaces has (have beginned in and is (are)encaping in unfair labor practices within the mening of colors R0, in the second requirement of generating the second requirement of the state of the second requirement of the second r			Title: Pre	sident	
136 th Ab ME MN Austin 55912				oldolla	
316 4h zve NE MN Austin 55912	c. Address (Street, city, state, and ZIP code)				e. Cell No.
MN Austin 55912	316 4th Ave NF		• •	3647	
h. The above-named organization(s) or its agents has (<i>have</i>) engaged in and is (<i>are</i>)engaging in unfair labor practices within the meaning of section 8(b), subsection(s) (<i>list subsections</i>) (3)			f. Fax No.		5
subsection(s) (its subsections) (3)					urcwiocal9ncn@yanoo com
See additional page 3. Name of Employer Accentra Credit Union 5. Location of plant involved (street, city, state and ZIP code) 4a. Tel. No. c. Fax No. b. Cell No. c. Fax N	subsection(s) (list subsections) (3) are unfair practices affecting commerce within the meaning of the A	of the Natio	onal Labor R	elations Act. a	and these unfair labor practices
3. Name of Employer 4a. Tel. No. b. Cell No. Accentra Credit Union c. Fax No. d. e-Mail 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 400 4th Ave NE Title. 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Financial Banking 9. Number of workers employed 10. Full name of party filing charge 11a. Tel. No. (507) 434-3314 Accentra Credit Union (507) 434-3314 0 11. Address of party filing charge (street, city, state and ZIP code.) (507) 434-3304 0 11. Address of party filing charge (street, city, state and ZIP code.) (507) 434-3304 0 11. Address of party filing charge (street, city, state and ZIP code.) (507) 433-3304 0 11. Address of party filing charge (street, city, state and ZIP code.) (507) 433-3304 0 12. DECLARATION 1. Address of party filing charge and that the statements therem are to to the best of my knowledge and beliet. (507) 433-3304 (507) 433-3304 14. datar ball have read the above charge and that the statements therem are to to office, if any Title. Attorney Tel. No. (507) 433-304 (507) 433-	2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the allege	d unfair laboi	practices)	
3. Name of Employer 4a. Tel. No. b. Coll No. Accentra Credit Union c. Fax No. d. e-Mail 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 400 4th Ave NE Title: Title: 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Financial Banking 11a. Tel. No. b. Cell No. 10. Full name of party filing charge 11a. Tel. No. (507) 434-3314 Face Highlining (507) 434-3314 c. Fax No. d. e-Mail 11. Address of party filing charge (street, city, state and ZIP code.) (507) 434-3304 bradhigaccentracu org 10. Full name of party filing charge (street, city, state and ZIP code.) (507) 434-3304 bradhigaccentracu org 11. Address of party filing charge (street, city, state and ZIP code.) (507) 434-3304 bradhigaccentracu org 11. Address of party filing charge and has biatements fibrem are true to the best of my knowledge and belief. (507) 433-3304 Cell No. 12. DECLARATION Cell No. (507) 433-3304 Cell No. 13. Address of party filing charge or person making charge) Adam Houck. (507) 433-3094					
3. Name of Employer 4a. Tel. No. b. Coll No. Accentra Credit Union c. Fax No. d. e-Mail 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 400 4th Ave NE Title: Title: 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Financial Banking 11a. Tel. No. b. Cell No. 10. Full name of party filing charge 11a. Tel. No. (507) 434-3314 Face Highlining (507) 434-3314 c. Fax No. d. e-Mail 11. Address of party filing charge (street, city, state and ZIP code.) (507) 434-3304 bradhigaccentracu org 10. Full name of party filing charge (street, city, state and ZIP code.) (507) 434-3304 bradhigaccentracu org 11. Address of party filing charge (street, city, state and ZIP code.) (507) 434-3304 bradhigaccentracu org 11. Address of party filing charge and has biatements fibrem are true to the best of my knowledge and belief. (507) 433-3304 Cell No. 12. DECLARATION Cell No. (507) 433-3304 Cell No. 13. Address of party filing charge or person making charge) Adam Houck. (507) 433-3094	See additional page				
Accentra Credit Union C. Fax No. d. e-Mail C. Fax No. fitte: Ite: Ite: Ite: Ite: Ite: Ite: Ite:	See additional page				
Accentra Credit Union C. Fax No. d. e-Mail C. Fax No. fitte: Ite: Ite: Ite: Ite: Ite: Ite: Ite:					
Accentra Credit Union C. Fax No. C. Cell No. C. Fax					
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Accentra Credit Union C. Fax No. C. Cell No. C. Fax					
Accentra Credit Union C. Fax No. C. Cell No. C. Fax	2. Name of Employee		4a Tel No	1	h Cell No
c. Fax No. d. e-Mail 5. Location of plant involved (street, city, state and ZIP code) 6. Employer representative to contact 400 4th Ave NE MN Austin 55912 Title: 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service Banking 9. Number of workers employed 10. Full name of party filing charge 11a. Tel. No. (507) 434-3314 b. Cell No. 11. Address of party filing charge (street, city, state and ZIP code.) 400 4th Ave NE MN Austin 55912. 11a. Tel. No. (507) 434-3314 b. Cell No. 11. Address of party filing charge (street, city, state and ZIP code.) 400 4th Ave NE MN Austin 55912. 12. DECLARATION (Print/type name and title or office, if any) Title: Attorney Tel. No. (507) 433-7394 Cell No. (507) 433-7394 200 First St NW Address 300 First St NW Austin MN 55912 Adam Houck (Print/type name and title or office, if any) Title: Attorney Tel. No. (507) 433-8890 Cell No. (763) 218-8134				-	b. contro.
400 4th Ave NE MN Austin 55912 Title: Title: 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Financial Banking 11a. Tel. No. (507) 434-3314 b. Cell No. 10. Full name of party filing charge 11a. Tel. No. (507) 434-3314 b. Cell No. Accentra Credit Union C. Fax No. (507) 434-3300 d. e-Mail bradh@accentracu.org 11. Address of party filing charge (street, city, state and ZIP code.) 400 4th Ave NE MN Austin 55912- I Eclear that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. Tel. No. (507) 433-7394 By Adam J. Houck Adam Houck Cell No. (763) 218-8134 Cell No. (507) 433-8890 By Adam J. Houck Adam Houck Fax No. (507) 433-8890 e-Mail ahouck@adamsrizzisween.com Address 300 First St NW Austin MN 55912			c. Fax No.		d. e-Mail
400 4th Ave NE MN Austin 55912 Title: Title: 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Financial Banking 11a. Tel. No. (507) 434-3314 b. Cell No. 10. Full name of party filing charge 11a. Tel. No. (507) 434-3314 b. Cell No. Accentra Credit Union C. Fax No. (507) 434-3300 d. e-Mail bradh@accentracu.org 11. Address of party filing charge (street, city, state and ZIP code.) 400 4th Ave NE MN Austin 55912- I Eclear that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. Tel. No. (507) 433-7394 By Adam J. Houck Adam Houck Cell No. (763) 218-8134 Cell No. (507) 433-8890 By Adam J. Houck Adam Houck Fax No. (507) 433-8890 e-Mail ahouck@adamsrizzisween.com Address 300 First St NW Austin MN 55912					
400 4th Ave NE MN Austin 55912 Title: Title: 7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service Banking 9. Number of workers employed 10. Full name of party filing charge Brad Hjellming Accentra Credit Union 11a. Tel. No. (507) 434-3314 b. Cell No. 11. Address of party filing charge (street, city, state and ZIP code.) 400 4th Ave NE MN Austin 55912- (b. Cell No. d. e-Mail bradh@accentracu.org 11. Address of party filing charge (street, city, state and ZIP code.) 400 4th Ave NE MN Austin 55912- Tel. No. (507) 433-3300 d. e-Mail bradh@accentracu.org 11. declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. Tel. No. (507) 433-7394 (507) 433-7394 12. DECLARATION (signature of representative or person making charge) Adam Houck (Print/type name and title or office, if any) Title: Attorney Tel. No. (507) 433-8890 Cell No. (507) 433-8890 300 First St NW Address 300 First St NW Austin MN 55912	5. Location of plant involved (street, city, state and ZIP code)			6. Employ	/er representative to contact
7. Type of establishment (factory, mine, wholesaler, etc.) 8. Identify principal product or service 9. Number of workers employed Financial Banking 11a. Tel. No. b. Cell No. 10. Full name of party filing charge 11a. Tel. No. (507) 434-3314 d. e-Mail Brad Hjellming C. Fax No. d. e-Mail bradh@accentracu.org 11. Address of party filing charge (street, city, state and ZIP code.) (507) 434-3300 bradh@accentracu.org 11. Address of party filing charge (street, city, state and ZIP code.) Tel. No. (507) 433-3300 11. Address of party filing charge (street, city, state and ZIP code.) (507) 434-3300 bradh@accentracu.org 11. Address of party filing charge (street, city, state and ZIP code.) Tel. No. (507) 433-7394 12. DECLARATION Kadam Houck (507) 433-7394 Cell No. By Adam J. Houck Adam Houck (507) 433-8890 (507) 433-8890 By Signature of representative or person making charge) (Print/type name and title or office, if any) (507) 433-8890 e-Mail Address Austin MN 55912					•
Financial Banking 10. Full name of party filing charge 11a. Tel. No. (507) 434-3314 b. Cell No. (507) 434-3314 Brad Hjellming Accentra Credit Union c. Fax No. (507) 434-3300 d. e-Mail bradh@accentracu.org 11. Address of party filing charge (street, city, state and ZIP code.) 400 4th Ave NE MN Austin 55912- (507) 434-3300 bradh@accentracu.org 12. DECLARATION I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. By Adam J. Houck Tel. No. (507) 433-7394 Cell No. (507) 433-7394 By Adam J. Houck Adam Houck Cell No. (763) 218-8134 Fax No. (507) 433-8890 300 First St NW Address 300 First St NW Austin MN 55912(date)_1028/2019 14:24:52 e-Mail ahouck@adamsrizzisween.com	MN Austin 55912			Title:	
10. Full name of party filing charge 11a. Tel. No. (507) 434-3314 b. Cell No. Brad Hjellming Accentra Credit Union c. Fax No. (507) 434-3314 d. e-Mail 11. Address of party filing charge (street, city, state and ZIP code.) 400 4th Ave NE MN Austin 55912- 507) 434-3300 bradh@accentracu.org 11. declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. By Adam J. Houck Tel. No. (507) 433-7394 Tel. No. (507) 433-7394 By Adam J. Houck Adam Houck Cell No. (763) 218-8134 Tel. No. (507) 433-8890 300 First St NW Address 300 First St NW Austin MN 55912(date)_10/28/2019 14:24:52 Tel. No. (507) 433-8890 e-Mail ahouck@adamsrizzisween.com	7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
Brad Hjellming Accentra Credit Union (507) 434-3314 11. Address of party filing charge (street, city, state and ZIP code.) 400 4th Ave NE MN Austin 55912- (507) 434-3300 bradh@accentracu.org 11. Address of party filing charge (street, city, state and ZIP code.) 400 4th Ave NE MN Austin 55912- 12. DECLARATION (507) 434-3300 bradh@accentracu.org 1 declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. By Adam J. Houck Adam Houck [507) 433-7394 By Adam J. Houck Adam Houck (763) 218-8134 Cell No. (763) 218-8134 By Address 300 First St NW Austin MN 55912 (date)_10/28/2019 14:24:52 e-Mail ahouck@adamsrizzisween.com	Financial	Banking			
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Accentra Credit Union c. Fax No. d. e-Mail 11. Address of party filing charge (street, city, state and ZIP code.) (507) 434-3300 bradh@accentracu.org 400 4th Ave NE MN Austin 55912- Tel. No. (507) 433-7394 I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. Tel. No. (507) 433-7394 By Adam J. Houck Adam Houck (507) 433-7394 Cell No. By Adam J. Houck (763) 218-8134 Fax No. (763) 218-8134 By 300 First St NW (900 First St NW (507) 433-8890 e-Mail Address 300 First St NW (date) 10/28/2019 14:24:52 ahouck@adamsrizzisween.com			(507) 434-3	314	
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12. DECLARATION Tel. No. (507) 433-7394 I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. Adam J. Houck Cell No. (763) 218-8134 By Adam J. Houck (Print/type name and title or office, if any) Title: Attorney Fax No. (507) 433-8890 300 First St NW Austin MN 55912 (date) 10/28/2019 14:24:52 e-Mail					
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By Adam J. Houck Adam Houck Cell No. By (signature of representative or person making charge) (Print/type name and title or office, if any) (763) 218-8134 Title: Attorney (507) 433-8890 • Address Austin MN 55912 (date) 10/28/2019 14:24:52 •	12. DECLARATION	the best of my knowledge and belie		I. No. (507) 43	33-7394
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	Austin MN 55912-	(data) 10/28/201			@adamsrizzisween.com
					-

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

Basis of the Charge

8(b)(3)

Within the previous six months, the above-named labor organization has failed and refused to bargain in good faith with the employer.

FFLUADED LADOON

FORM NLRB-508					FORMEX	EMPT UNDER 44 U S.C 351
(4-19) UNITED STATES OF AMERIC					WRITE IN T	
NATIONAL LABOR RELATIONS E CHARGE AGAINST LABOR ORGA	NIZATION		Case	001101		Date Filed
OR ITS AGENTS				B-250952		October 31, 2019
NSTRUCTIONS: File an original with NLRB Regional Director for						is occurring.
1 LABOR ORGANIZATION OR a. Name	ITS AGENTS	AGAINST W	HICH CHAR			
Minnesota Nurses Association				Eric Tror	tepresentativ mes	e lo conlaci
c. Address (Street, city, state, and ZIP codc)	1	_		d Tel. No 651-414-		e. Cell No.
345 Randolph Avenue, Suite 200						
St. Paul, MN 55102				f. Fax. No 651-695-		
				g. e-mail Bríc.Tron	ines@mnnu	irses.org
h. The above-named labor organization has engaged in and is en	gaging in unfa	ur labor practi	ces within th	e meaning o	f section 8(b)) and (list subsections)
8(b)(1), 8(b)(3)						and these unfair labor
practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act.	of the Act, or i	these unfair la	abor practice	s affecting o	ommerce wit	hin the meaning of
2. Basis of the Charge (set forth a clear and concise statement of	the facts cons	tituting the al	leged unfair	labor practic	es)	
prerequisite to bargaining that are non-mandatory subjects	s of bargaini	ng in violati	on of Secti	on 8(b)(3) (of the Act.	isting upon conditions The Union
additionally violated Sections 8(b)(1) and (3) of the Act of recorded portions of contract negotiations without notice of	s of bargainin n October 30	ng in violati), 2019, who consent	on of Secti n Union re	on 8(b)(3) (presentativ	of the Act. " es appeared	The Union i to have electronically
additionally violated Sections 8(b)(1) and (3) of the Act of recorded portions of contract negotiations without notice of 3. Name of Employer Mayo Clinic Health System - Mankato	s of bargainin n October 30	ng in violati 0, 2019, who consent. 4a. Tel. No 507-594-5	on of Secti n Union re	on 8(b)(3) (of the Act. " es appeared	The Union
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT