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DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
18-RD-240714	5/2/19				

(2-18)	NATIONAL LABOR RELATION  RD PETITION	NS BOARD	Case No. 18-RD-240714	Date Filed 5/2/19
employer conterned is locate the employer and all other pe	ed using the Agency's website, d. The petition must be accomp rties named in the petition of:(1)	anied by both a showing of inter the petition; (2) Statement of Pos	inal of this Petition to an NLRB offices of the Petition to an NLRB offices of the Strategy of	of service showing service on 3) Description of Representation
PURPOSE OF THIS PETITIO     recognized beigaining represe	n: RD-DECERTIFICATION (REM ntalive is no longer their represent	OVAL OF REPRESENTATIVE) - A	substantial number of employees as the following circumstances exist a	sert that the certified or currently
2a. Name of Employer  AVO GLI CU  3a. Employer Representative - I	YP	2b. Address(es) of Establishment	(s) involved (Street and number, city, VC . OSNKOSH, W	STATE, ZIP CODE)
Chris Shro 32, Tel No. 2120 - 231 - 7200	CK Supennien 3d. Fax No.		31. E-Mail Address	rua.Chha
4a. Type of Ealablishment (Facto	300 01010	120 202 542	Le CSMOLCO ( 4b. Principal product or, service SKC / WWM II	num.
5a. Description of Unit Involved Included:  WURCHOUSE Excluded:	1 Drivers			5b. City and State where unit is located:
6. No. of Employees in Unit 3	recognized bergaining	r (30% or more) of the employees in representative? Yes No		ented by the certified or currently
8a. Name of Recognized or Certification  8c. Address	strs Local W	NO. 200	8b. Affiliation, if any, INTOVINCTION 8e. Cell No.	nal/brotherhood of
Teamsters Lo Lezoo West Bl Wilway	cal union 200 lemound Rd. Kee, WI 5321	3 81. Fax No. 414-71	8g. E-Mail Address 1-5850 (UNHACH INFO	a kainsters local 200.00m
9. Date of Recognition or Certifica 4 25 20 U		4 22 2021	Most Recent Contract, if any (Month,	. 11.0
	ning at the Employer's establishme eled by or on behalf of (insert New		11b. If so, approximately how many since (A	a labor organization, of fonth, Day, Year)
and individuals known to have	a representative interest in any er	1c, which have claimed recognition mployees in the unit described in ite		<u> </u>
12a. Name	12b. Address		12c. Tel. No.	I. Fax No. NI Q
NINC	NIA		NIA	. E-Mail (Address
	n respect to any such elaction.		13a. Election Type: Manual	Mail Mixed Manual/Mail
13b. Election Daio(s)  5 / (c / 7 0 / 9)  14. Fu(b) (6), (b) (7)(C) (b) (6).	13c. Election TI 5 //7/2 ap 5 2 2 b) (7)(G) (b) (6), (b) (7)(C)	me(s) 2nd 1:30 p.m-2; oup		OShlwsh WI
(b) (6), (b) (7)(C)	r, city, state, ZIF code)		(b) (b), (b) (7)(C)	Fax No. (b) (7)(C) (b) (6), (b) (7)(C)
14f. Alfiliation, if any			(b) (6), (b) (7)(C)	, (o), (b) (1)(o)
		all papers for purposes of the rep		
15a. Name (b) (6), (b) (7)(C) (			15b.(b) (6), (b) (7)(C)	
<sup>15</sup> (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)		Na	D. Fax No. (b) (7)(C) (b) (6), (b) (7)(C)
I deciare that I have read the a	pove petition and (b) (6), (b) (	7)(C) he best of my ki	nowledge and policy.	
(b) (6), (b) (7)(C)	, (b) (7)(C)		(b) (6), (b) (7)(C)	Date Filed  S 7 / 10
Solicitation of the information on this (NLRB) in processing representation further explain these uses upon requi	form is authorized by and related proceeds	CT STATEMEN 29 U.S.C. § 151 et formation are july		to assist the National Labor Relations Board 1. 74942-43 (Dec. 13, 2006). The NLRB will
			,	

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
18-RD-240684	May 02, 2019			

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.

Case Procedures (Form NLRB	4812). The s	howing of interest	should only be filed	d with the NL	RB and sh	ould <u>not</u> be served o	n the employer o	r any other party.	
PURPOSE OF THIS PETITION     recognized bargaining represer     Labor Relations Board proces	ntative is no lo	nger their reprèsenta	ative. The Petitioner	alleges that	the followi	ng circumstances ex			
2a. Name of Employer			2b. Address(es) of	Establishment	nt(s) involved (Street and number, city, state, ZIP code)				
Digital First Media dba Pie	oneer Press		10 River Park	Plaza 700,	St. Paul,	MN 55107			
3a. Employer Representative - N	ame and Title		3b. Address (If sam	e as 2b - state	e same)				
Lisa Holisak			same						
3c. Tel. No.	3d. Fax No.		3e. Cell No.		3f. E-Mai	l Address			
651-228-5020					lholisa	k@digitalfirstme	dia.com		
4a. Type of Establishment (Factor)	y, mine, whole	saler, etc)				ipal product or service			
Media Company		,			News/I	Media			
5a. Description of Unit Involved							5b. City and	State where unit	
Included: All employees in the Editorial, Advertising, Circulation, Accounting, Promotion, Telephone Switchboard (PBX), Systems, and employees of TwinCities.com and AdTaxi					and Building	Maintenance department	is locate	ed:	
Excluded:									
All other employees, execu									
6. No. of Employees in Unit 95	rece	ognized bargaining re	r (30% or more) of the epresentative? X		in the unit r	no longer wish to be re		ertified or currently	
8a. Name of Recognized or Certific	ed Bargaining	Agent				8b. Affiliation, if any			
TNG-CWA Local 37002									
8c. Address				8d. Tel. No.		8e. Cell No.			
2855 Anthony Lane South	1.			612-789-0	0044				
Suite 110	-,			8f. Fax No.		8g. E-Mail Address			
St Anthony MN 55418						candace@mnguild.or		d.org	
9. Date of Recognition or Certificat $N/a$	ion		10. Expiration Date July 31, 2019	of Current or	Most Rece	nt Contract, if any (Mo	nth, Day, Year)		
11a. Is there now a strike or picket	ing at the Emr	olover's establishmer		′es X No	11b If so	, approximately how n	nany employees ar	e participating?	
						, approximately 11011 11	iany employees an	a labor organiza ion, of	
11c. The Employer has been picke	sted by or on b	enan or (mserrivan	ne)						
(Insert Address)							e (Month, Day, Ye	ar) 	
12. Organizations or individuals other							anizations		
and individuals known to have 12a. Name	a representati 12b. Ad		npioyees in the unit o	iescribed in ite	12c. Tel.		12d. Fax No.		
					12e. Cell	No	12f. E-Mail Addres		
					12e. Cell	INO.	12f. E-Mail Addres	3S	
<ol> <li>Election Details: If the NLRB matter, state your position with</li> </ol>					13a. Elec	tion Type: Manua	∐ Mail ⊠	Mixed Manual/Mail	
13b. Election Date(s)		13c. Election Tin	me(s) 13			13d. Election Location(s)			
May 30. 2019		8:00am-10:0	00am. 5:00-7:00	00am, 5:00-7:00pm 7th floor training			g room		
14. Full Name of Petitioner (b) (6), (b) (7)(C)		0.000		F	, 411 110				
	-:	2			14b. Tel.	No	14a Fay Na		
14a. Address (Street and number,	city, state, Zir	code)			(b) (6), (l		14c. Fax No.		
(b) (6), (b) (7)(C)									
				14d. Cell No. 14e. E-Mail Address (b) (6), (b) (7)(C)					
14f. Affiliation, if any									
15. Representative of the Petitio	ner who will a	accept service of al	I papers for purpos	es of the rep	resentatio	n proceeding.			
15a. Name					15b.Title				
(b) (6), (b) (7)(C)									
15c. Address (Street and number,	city, state, 71F	code)			15d. Tel.	No.	15e. Fax No.		
(b) (6), (b) (7)(C)	, o.a.o, <u>-</u> 11	/			(b) (6), (b				
(5) (5) (1)(5)					15f. Cell I		15g. E-Mail Addre	200	
					101. 0011		(b) (6), (b) (7		
I declare that I have read the abo	ve netition o	nd that the stateme	inte are true to the	hast of my kn	owledge a	and helief	(b) $(b)$ , $(b)$ $(1$	,(S)	
Name (Print)	ve herinou g	Signature	and are true to the i	Dear Or Hily Ki	Title	ina bellet.		Date Filed	
(b) (6), (b) (7)(C)		/ <sub>S</sub> /(b) (6), (b) (7)(C)	)			O.F.			
		*			Petition	er		5/2/2019	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
18-RC-240952	May 06, 2019				

RC PETITION

INSTRUCTIONS: Unless a-Filed us						00, 2017	
morno mono, omess es neu us	ing the Agenc	y's website, <u>wv</u>	vw.nlrb.gov, submit a	n original of this	Petition to a	n NLRB office in the Region	
in which the employer concerned i							
of service showing service on the	employer and	all other parties	s named in the petitio	n of: (1) the petit	ion; (2) State	ement 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.							
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	ions board prod		dress(es) of Establishment				
Logan Animal Hospital (IA Fan	nily Veterana						
3a. Employer Representative - Name and		,	3b. Address (If same as				
John Thomas, Owner			SAME				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add		
319-233-7526	319-483-86	530				ts@gmail.com	
4a. Type of Establishment (Factory, mine, v	vholesaler, etc.)	4b. Principal prod				and State where unit is located:	
Animal Clinic/Hospital		Veterinarian	Services		Water		
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: All full time and regular	part time Vete	erinary Assistar	nts, Veterinary Techn	icians and Kenn	el	6b. Do a substantial number (30%	
Attendants.	.l	alastas la sancia de la constanta de la consta				or more) of the employees in the	
Excluded: All other employees inc				ployees, manag	enai	unit wish to be represented by the	
employees, guards and						Petitioner? Yes ✓ No	
Check One: 7a. Request for re						lined recognition on or about	
(Date) (If no reply received, so state). Petition to serve as request.  7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.							
8a. Name of Recognized or Certified Bar			8b. Address	eruncation under the	ACL.		
None							
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
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 E				imately how many en	nployees are pa	rticipating?	
(Name of labor organization), has picketed the Employer since (Month, Day, Year)							
Organizations or individuals other than known to have a representative interest in a	Petitioner and tho	se named in items	8 and 9, which have claims	ed recognition as rep	resentatives an	d other organizations and individuals	
	Petitioner and tho	ose named in items the unit described i	8 and 9, which have claims	ed recognition as rep	resentatives an	d other organizations and individuals	
known to have a representative interest in a	Petitioner and tho any employees in	ose named in items the unit described i	8 and 9, which have claims	ed recognition as rep so state)	resentatives an		
to have a representative interest in a  10a. Name  11. Election Details: If the NLRB conduct any such election.	Petitioner and tho any employees in 10b. Ad s an election in th	ose named in items the unit described i dress	8 and 9, which have claime in item 5b above. ( <i>If none</i> ,	ed recognition as rep so state)  10c. Tel. No.  10e. Fax No.  11a. Election Type	: 🗸 Manual	10d. Cell No.	
known to have a representative interest in a  10a. Name  11. Election Details: If the NLRB conduct any such election.  11b. Election Date(s): May 31, 2019	Petitioner and tho any employees in 10b. Ad s an election in th 11c. E 1:30 F	ose named in items the unit described i dress is matter, state you lection Time(s): PM - 2:30 PM	8 and 9, which have claime in item 5b above. ( <i>If none</i> ,	ed recognition as rep so state)  10c. Tel. No.  10e. Fax No.  11a. Election Type  11d. Election Loca	:	10d. Cell No.  10f. E-Mail Address  Mail Mixed Manual/Mail	
known to have a representative interest in a  10a. Name  11. Election Details: If the NLRB conduct any such election.  11b. Election Date(s): May 31, 2019  12a. Full Name of Petitioner (including to District Lodge 6, International Assoc	Petitioner and tho any employees in  10b. Ad s an election in th  11c. E 1:30 F acal name and no inition of Machi	is matter, state you lection Time(s):  PM - 2:30 PM umber) inists & Aerospa	8 and 9, which have claims in item 5b above. (If none, or position with respect to the workers AFL-CIO	ed recognition as rep so state)  10c. Tel. No.  10e. Fax No.  11a. Election Type  11d. Election Loca Lunch Room  12b. Address (stre 113 Republic Av	:  Manual tion(s):	10d. Cell No.  10f. E-Mail Address  Mail Mixed Manual/Mail  city, state, and ZIP code)	
In the state of th	Petitioner and tho any employees in  10b. Ad s an election in the  11c. E 1:30 F coal name and n iation of Machi abor organization	is matter, state you lection Time(s):  M - 2:30 PM umber) inists & Aerospa of which Petitioner	8 and 9, which have claims in item 5b above. (If none, or position with respect to the cee Workers AFL-CIO is an affiliate or constituent.)	ed recognition as rep so state)  10c. Tel. No.  10e. Fax No.  11a. Election Type  11d. Election Loca Lunch Room  12b. Address (stre 113 Republic Av	:  Manual tion(s):	10d. Cell No.  10f. E-Mail Address  Mail Mixed Manual/Mail  city, state, and ZIP code)	
known to have a representative interest in a  10a. Name  11. Election Details: If the NLRB conduct any such election.  11b. Election Date(s): May 31, 2019  12a. Full Name of Petitioner (including to District Lodge 6, International Assoc 12c. Full name of national or international la	Petitioner and tho any employees in  10b. Ad s an election in the  11c. E 1:30 F coal name and n iation of Machi abor organization	is matter, state you lection Time(s): PM - 2:30 PM umber) inists & Aerospa of which Petitioner e Workers AFL-C	8 and 9, which have claims in item 5b above. (If none, or position with respect to the cee Workers AFL-CIO is an affiliate or constituent.)	ed recognition as rep so state)  10c. Tel. No.  10e. Fax No.  11a. Election Type  11d. Election Loca Lunch Room  12b. Address (stre 113 Republic Av	:  Manual tion(s):	10d. Cell No.  10f. E-Mail Address  Mail Mixed Manual/Mail  city, state, and ZIP code) 100, Joliet, IL 60435	
10a. Name  11. Election Details: If the NLRB conduct any such election.  11b. Election Date(s): May 31, 2019  12a. Full Name of Petitioner (including le District Lodge 6, International Association of Machinisi 12d. Tel No.	Petitioner and thomas an election in the san election in the san election in the san election of Machination of Machination of Machination of Machination of Machination of San election is & Aerospace 12e. Cell No. 815-214-458	is matter, state you lection Time(s): PM - 2:30 PM umber) inists & Aerospa of which Petitioner & Workers AFL-Co	8 and 9, which have claims in item 5b above. (If none, in item 5b above.) (If none, item 5b abov	ed recognition as rep so state)  10c. Tel. No.  10e. Fax No.  11a. Election Type  11d. Election Loca Lunch Room  12b. Address (stre- 113 Republic Av t (if none, so state)	: Manual tion(s): et and number, enue, Ste. 10 12g. E-Mail A wlepinske @	10d. Cell No.  10f. E-Mail Address  Mail Mixed Manual/Mail  city, state, and ZIP code) 100, Joliet, IL 60435	
known to have a representative interest in a  10a. Name  11. Election Details: If the NLRB conducts any such election.  11b. Election Date(s): May 31, 2019  12a. Full Name of Petitioner (including le District Lodge 6, International Association of Machinisi International Association of Machinisi 12d. Tel No.  815-280-6400	s an election in the 11c. E 1:30 F 1:	is matter, state you lection Time(s): PM - 2:30 PM umber) inists & Aerospa of which Petitioner e Workers AFL-C	8 and 9, which have claims in item 5b above. (If none, in item 5b above.) (If none, item 5b abov	ad recognition as repsostate)  10c. Tel. No.  10e. Fax No.  11a. Election Type  11d. Election Loca Lunch Room  12b. Address (street)  13 Republic Avit (if none, so state)  entation proceeding inumber, city, state,	: Manual tion(s): et and number, enue, Ste. 10  12g. E-Mail A wlepinske@ g. and ZIP code)	10d. Cell No.  10f. E-Mail Address  Mail Mixed Manual/Mail  city, state, and ZIP code) 10, Joliet, IL 60435  ddress iamaw.org	
known to have a representative interest in a  10a. Name  11. Election Details: If the NLRB conducts any such election.  11b. Election Date(s): May 31, 2019  12a. Full Name of Petitioner (including le District Lodge 6, International Associate. Full name of national or international International Association of Machinist 12d. Tel No.  815-280-6400  13. Representative of the Petitioner who	s an election in the 11c. E 1:30 F 1:	is matter, state you lection Time(s): 2M - 2:30 PM umber) inists & Aerospa of which Petitioner & Workers AFL-07 ice of all papers for Representative	8 and 9, which have claims in item 5b above. (If none, in item 5b above. (If none, in item 5b above.)  To position with respect to the constituent of the constituent	ad recognition as repsostate)  10c. Tel. No.  10e. Fax No.  11a. Election Type  11d. Election Loca Lunch Room  12b. Address (street)  13 Republic Avit (if none, so state)  entation proceeding inumber, city, state,	: Manual tion(s): et and number, enue, Ste. 10  12g. E-Mail A wlepinske@ g. and ZIP code)	10d. Cell No.  10f. E-Mail Address  Mail Mixed Manual/Mail  city, state, and ZIP code) 100, Joliet, IL 60435  ddress lamaw.org	
known to have a representative interest in a  10a. Name  11. Election Details: If the NLRB conduct any such election.  11b. Election Date(s): May 31, 2019  12a. Full Name of Petitioner (including le District Lodge 6, International Association of Machinist International Association of Machinist 12d. Tel No.  815-280-6400  13. Representative of the Petitioner who 13a. Name and Title William Lepinske,	Petitioner and thomas an election in the san election in the san election in the san election of Machinabor organization is & Aerospace 12e. Cell No. 815-214-458; will accept serv Grand Lodge F	is matter, state you lection Time(s): 2M - 2:30 PM umber) inists & Aerospa of which Petitioner & Workers AFL-0 7 ice of all papers for Representative	8 and 9, which have claims in item 5b above. (If none, in item 5b above. (If none, in item 5b above.) (If none, item 5b ab	ad recognition as rep so state)  10c. Tel. No.  10e. Fax No.  11a. Election Type  11d. Election Loca Lunch Room  12b. Address (stre 113 Republic Av t (if none, so state)  entation proceeding number, city, state, ue, Ste. 100, Jo	Manual tion(s):  et and number, enue, Ste. 10  12g. E-Mail A wlepinske@ g. and ZIP code) liet, IL 6043: 13f. E-Mail Ac	10d. Cell No.  10f. E-Mail Address  Mail Mixed Manual/Mail  city, state, and ZIP code) 100, Joliet, IL 60435  ddress lamaw.org	
known to have a representative interest in a  10a. Name  11. Election Details: If the NLRB conducts any such election.  11b. Election Date(s): May 31, 2019  12a. Full Name of Petitioner (including le District Lodge 6, International Association of Machinist 12d. Tel No.  815-280-6400  13a. Name and Title William Lepinske,  13c. Tel No.  815-280-6400  I declare that I have read the above petit	Petitioner and thomas an election in the san election in the san election in the san election of Machinabor organization is & Aerospace 12e. Cell No. 815-214-458; will accept serv Grand Lodge F	is matter, state you lection Time(s): 2M - 2:30 PM umber) inists & Aerospa of which Petitioner & Workers AFL-0 7 ice of all papers for Representative	8 and 9, which have claims in item 5b above. (If none, in item 5b above. (If none, in item 5b above.) (If none, item 5b ab	ad recognition as rep so state)  10c. Tel. No.  10e. Fax No.  11a. Election Type  11d. Election Loca Lunch Room  12b. Address (stre 113 Republic Av t (if none, so state)  entation proceeding number, city, state, ue, Ste. 100, Jo	Manual tion(s):  et and number, enue, Ste. 10  12g. E-Mail A wlepinske@ g. and ZIP code) liet, IL 6043: 13f. E-Mail Ac	10d. Cell No.  10f. E-Mail Address  Mail Mixed Manual/Mail  city, state, and ZIP code) 100, Joliet, IL 60435  ddress lamaw.org	

WILLFUL FALSE STATEMENT'S 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.

UGSOA

FORM NLR8-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Саве No. 18-RC-241383	Date Filed				
18-KC-241383	May 14, 2019				

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

Name of Employer

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZiP code) 2a. Name of Employer 512 Division St, Farmington, MN 55024 and 6311 34th Ave SE, Minneapolls MN 55450 DFW Security Protective Force Sb. Address (if same as 2b - state same) 3a, Employer Representative - Name and Title 5705 Airport Freeway, Fort Worth, TX, 76117 Somkhit Boutchantharal Labor relations 3f. E-Mail Address 3e, Fax No. 3c. Tel. No. kit@dfwsecurityprotectiveforce.com 8178312112 (817) 907-8771 ext. 5a. City and State where unit is located: 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Farmington and Minneapolis, MN Security FAA 6a. No. of Employees in Unit: 6b. Description of Unit Involved 26 Included: all fulltime and part time armed and unarmed security officers employed by the employer 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the clerical, managerial, salaried, and supervisory personel as defined by the act Petitioner? Yes 🐼 No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) NA (Date) (If no reply received, so state). NA 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 NA 8f. E-Mail Address 8d Cell No. 8e. Fax No 8c. Tel No. NΑ NΑ NΑ NA Bi, Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) NA NΑ If so, approximately how many employees are participating? NA 9, is there now a strike or picketing at the Employer's establishment(s) involved? , has picketed the Emptoyer since (Month, Day, Year) <u>NA</u> (Name of labor organization) <u>NA</u> 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) 10d. Cell No. 10c. Tel. No. 10b. Address 10a, Name NΑ NΑ 10f. E-Mail Address 10e. Fax No. NΑ NA 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manuai 🗸 Mati Mixed Manual/Mail any such election 11d. Election Location(\$): 11c. Election Time(s): 11b. Election Date(s): МΔ first available 12b. Address (street and number, city, state, and ZIP code) 12s. Full Name of Petitioner (including local name and number) 2879 Cranberry Highway East Wareham, MA 02538 United Government Security Officers of America and its Local 314 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Government Security Officers of America International Union 12f. Fax No. 12g. E-Mail Address 12e. Cell No. 12d. Tel No. Miebianc@ugsoa.com 617-620-7225 NA 617-620-7225 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b, Address (street and number, city, state, and ZIP code) 13a. Name and Title  $_{
m Mike\ LeBlanc\ DHS\ Vica\ President\ UGSOA\ International\ Union}$ 2879 Cranberry Highway East Wareham, MA 02538 13f. E-Mail Address 13e, Fax No. 13d. Cell No. 13c. Tel No. Miebianc@ugsoa.com 617-620-7225 617-620-7225 NΑ i declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) DHS Vice President UGSOA International Union | 5/14/19 Mike LeBland

WILLFUL FALSE STATEMENTS ON THE PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1901)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the irriormation 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.

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

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
18-RC-241454	May 14, 2019			

RC PETITION 18-					18-	RC-241	1454	-	May	14, 2019		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	he petition named in	must be accomp the petition of: (	anied b 1) the pe	y both a : tition; (2)	sho ) St	owing of interest (see latement of Position	e 6b b form (	elow) and Form NLF	a certifica: RB-505); an	te of service sho d (3) Descriptio	owing s n of Re	service on presentation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petit     requests that the National Laboratory	tioner desire	es to be certified a	s represe	entative of	f the	e employees. The Pet	titione	r alleges t	hat the foll	owing circumst	ances	
2a. Name of Employer:			2b. Add	ress(es) o	of E	stablishment(s) involv	ved (St	treet and n	umber, City	, State, ZIP code	e):	
First Student				Winne	etk	a Ave N, New	Hop	e, MN s	55427			
3a. Employer Representative - Nar	ne and Title	<b>:</b>	3b. Add	ress (if sa	ame	e as 2b - state same):						
Phil O'Donnell			1191	1 Chan	np	lin Dr, Champl	lin, N	1N 553	16			
3c. Tel. No.	3d. Cell N			3e. Fax	No.		- 1	. E-Mail Ad				
(763) 421-5785	, ,	21-3598					P	hil.Odo	7 7	firstgroup.c		
4a. Type of Establishment (Factory,	mine, whole	esaler, etc.)			-	l Product or Service			-	d State where ur	nit is loc	ated:
School bus yard				School	ol 2	Bus Transportat	tion			oe, Minnesota		
5b. Description of Unit Involved: Included: All full time and regular p Excluded:	oart time	drivers, med	chanic	s and b	bus	s monitors (aide	es, pa	aras)	120	er of Employees i		or more)
Excluded:  Managers, dispatchers, office staff, guards or employees traveling from other locations  Managers, dispatchers, office staff, guards or employees traveling from other locations  Check One:   7 7 8. Request for recognition as Bargaining Representative was made on (Date)  6 b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?   Yes  Check One: 7 7 8. Request for recognition as Bargaining Representative was made on (Date)  5/14 and Employer declined recognition						sh to be						
on or about (Date)				ceived, s			/14		Lilipioyei	decimed recognic	1011	
☐ 7b. Petitioner is cu					_		under	the Act,				
Ba. Name of Recognized or Certific None	ed Bargain	ing Agent (If none	e, so state	e)   8b. /	Ado	dress:						
3c. Tel. No. 8d. Cell No.				8e. Fax No. 8f. E-Mail Address								
Bg. Affiliation, if any:			8h	8h. Date of Recognition or Certification 8i. Rec					irrent or Most (Month, Day, Yea	ər)		
). Is there now a strike or picketing a	t the Emplo	yer's establishmer	nt(s) invo	lved? N	О	If so, approxi	imately	how many	employees	s are participating	g? '	
(Name of Labor Organization)		tur.					, has	picketed t	the Employe	er since (Month,	Day, Ye	ear)
<ol> <li>Organizations or individuals othe individuals known to have a repre None</li> </ol>										es and other orga	inizatio	ns and
10a. Name		10b. Address					10	c. Tel. No.	-	10d, Cell No.		
iou. Homo		, rob, riddiood					e. Fax No.					
11. Election Details: If the NLRB co	ndusts and	election in this ma	ttor state	a vour no	citic	on with respect to any						
11b. Election Date(s):		11c. Election Tim		s your pos	isiuc				Manua	I Mail [	Mixed	Manual/Mail
6-5-19		I		-2PM.	3:	30PM-6PM		11d. Election Location(s): Mechanics break area				
12a. Full Name of Petitioner (includ	ing local na		, , , , , , , , , , , , , , , , , , , ,			12b. Address (street a						
Teamsters Union Local 63						3001 University	y ave	e SE, M	inneapo	lis, MN 554	114	
2c. Full name of national or internati International Brotherhood			ich Petitio	oner is an	aff	iliate or constituent (if	f none,	so state):				
2d. Tel. No. (612)379-1533	12e. Cell N	10. 70-5098		12f, Fax (612)3		9-0141		g. E-Mail / lick.A.F		@outlook.co	om	
3. Representative of the Petitione				rs for pu	rpo	ses of the represent	tation	proceedin	g.			
3a. Name and Title: Nicholas Ruberto						s (street and number, urush st NW, Coo	-					
3c. Tel. No.	13d. Cell N	lo.		13e. Fax	No	).	13	f. E-Mail A	ddress			
(763)-370-5098		70-5098				9-0141	- 1			aoutlook.co	m	
declare that I have read the above			nents ar						(			
lame (Print)		Signature	12		/	/ / /	Title					Date
Nicholas Ruberto		110	1			48/2	Orga	nizer				5/14/19

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

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
18-RD-241660	May 17, 2019					

INSTRUCTIONS: Unless a Filed using the Agency's website. WWW.III(D.00V/) submit an original of this Retition to an NLPR office in the Region in which the

employer concerned is locate the employer and all other par	d. The petition in rties named in th	must be accomp ne petition of:(1)	anied by both a she the petition; (2) Sta	owing of inter- itement of Pos	est (see 7 l sition form	below) and a certific (Form NLRB-505); a	ante of service showing service on and (3) Description of Representation in the employer or any other party.	
	ntative is no long	er their represent	ative. The Petitione	r alleges that 1	he followi	ng circumstances ex	es assert that the certified or currently list and requests that the National	
2a. Name of Employer Lifeworks Services, Inc						(Street and number, gan, MN 55121	city, state, ZIP code)	
3a. Employer Representative - N Marie Rutz	Name and Title		3b. Address (if san Same	ne as 2b - state	same)			
3c. Tel. No. 3d. Fax No. 3e. Cell N 651-365-3732 3e. Cell N					3f. E-Mail mrutz@	Address lifeworks.org		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Private non-profit/ Human Services					4b. Princip DT&H	oal product or service and employment	services for disabled	
5a. Description of Unit Involved							5b. City and State where unit	
Included: Team Leads, Service Faci	litators and S	ervice Special	list				Apple Valley, Brooklyn Park, Eagan, Hastings,	
Excluded: All others							Mankato	
6. No. of Employees in Unit 118	recogn	nized bargaining r	r (30% or more) of the epresentative?		n the unit n		presented by the certified or currently	
8a. Name of Recognized or Certifi David Hoaglund	ed Bargaining Ag	ent				8b. Affiliation, if any Education Min		
8c. Address 3200 Main St., Suite 360,	Coon Rapids	, MN 55448		8d. Tel. No. 763-421-9	110	8e. Cell No.		
				8f. Fax No.		8g. E-Mail Address david.hoaglund@edmn.org		
9. Date of Recognition or Certifica unknown	tion		10. Expiration Date July 31, 2019	of Current or I	or Most Recent Contract, if any (Month, Day, Year)			
11a. Is there now a strike or picke	ting at the Employ	yer's establishme	nt(s) involved?	res ⊠No	11b. If so,	approximately how m	nany employees are participating?	
11c. The Employer has been picke (Insert Address)		<del></del>				sino	a labor organization, of e (Month, Day, Year)	
12. Organizations or individuals of	her those named	in items 8 and 11	c, which have claim	ed recognition	as represer	tatives and other org	anizations None	
and individuals known to have 12a, Name	a representative 12b, Addre		nployees in the unit o	described in ite	m 5 above. 12c, Tel. N		12d. Fax No.	
					12e. Cell I	No.	12f. E-Mail Address	
<ol> <li>Election Details: If the NLRE matter, state your position with</li> </ol>					13a. Elect	ion Type: 🔀 Manual	Mail Mixed Manual/Mail	
13b. Election Date(s) May 28, 2019		13c. Election Tin 3:30pm	ne(s)		13d. Election Location(s) Apple Valley, Brooklyn Park, Eagan, Hastings, Mankato			
14. Full Name of Petitioner (b) (6), (b) (7)(C)								
14a. Address (Street and number. (b) (6), (b) (7)(C)	city, state, ZIP o	ode)			14b. Tel. No. 140 (b) (6), (b) (7)(C)		14c. Fax No.	
					14d. Cell No. (b) (6), (b) (7)(C) (14e. E-Mail Address (b) (6), (b) (7)(C)			
14f. Affiliation, if any								
15. Representative of the Petitio	ner who will acc	ept service of al	papers for purpos	ses of the repr		proceeding.		
15a. Name Same as above					15b.Title			
15c. Address (Street and number,	city, state, ZIP co	ode)			15d. Tel. I	۷٥. (ر	15e. Fax No.	
					15f. Cell N	lo.	15g. E-Mail Address	
I declare that I have read the ab-				best of my kn				
b) (6), (b) (7)(C)(b) (6), (	b) (7)(C) (b	) (b), (b) (7)	(C)		(b) (6),	(b) (7)(C) (b) (6	), (b) (7)(C) ate Filed らってっしゅ	

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

Name (Print)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD PC PETITION

DO NOT WRITE IN THIS SPACE				
	Date Filed			
18-RC-241778	5/20/19			

**RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nicb.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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): >ramme 3f. E-Mail Address ype of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Included: Assemblers, Material Handlers, Quality, Process Techs, Managers, grands, and supervious as Defined in Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) 5-20-19 (If no reply received, so state). Check One: and Employer declined recognition ☐ 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. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification 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? has picketed the Employer since (Month, Day, Year) (Name of Labor-Organization) 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 httlviduals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  $\alpha$ 10a Name 10b. Address 10c. Tel. No. 10d. Cell No. C 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 390M TMD 6 Am 20 7:30Am Grammer national labor granization of which Petitioner is an affiliate or constituent (if none, 13. Representative of the Petitioner who accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, State and ZIP code). 13e. Fax No. 815-544-0503 Georgeh I declare that I have read the above petition and that the statements are true to the best of my knowledge and belle

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.

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

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
18-RC-242136	May 28, 2019

**RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: NSP dba Xcel Energy 401 Nicollet Mall Minneapolis, MN 55401 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Carolyn Forrest- Director, Workforce Same Relations 3e. Fax No. 612-330-5605 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. peggy.l.erdmann@xcelenergy.com 612-330-5669 303-929-5507 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Becker, Minnesota Electricity/Natural Gas Gas/Electric Utility 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: See Additional Page 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? × Yes See Additional Page Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition Per petition (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: 2909 Anthony Ln St. Anthony, MN 55418 Kurt Zimmerman (Local 160) 8d. Cell No. 8f. E-Mail Address 8e. Fax No 8c. Tel. No. 612-991-0022 612-781-3126 612-781-4225 kwz@ibew160.org 8i, Expiration Date of Current or Most 8h. Date of Recognition or Certification 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b, Address 10c. Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election. 11a. Election Type: Manual X Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Mail ballot employee at Becker, MN Locatio 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers Local 2909 Anthony Ln St. Anthony, MN 55418 Union 160 12c, Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 612-781-3126 612-258-5833 612-781-4225 adk@ibew160.org 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): 2909 Anthony Ln St. Anthony, MN 55418 Andrew D Kieffer-Membership Development Coordinator 13f. E-Mail Address 13c, Tel. No. 13d. Cell No. 13e. Fax No. 612-258-5833 612-781-4225 612-781-3126 adk@ibew160.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) Signature 05/24/19 Membership Development Coordint Andrew D Kieffer

### 5b. Description of Unit Involved

**Included:** All full-time and part-time Operations Specialists employed by the employer at the Sherco Facility in Becker, MN. Request to Armour Globe this group into existing Business Process Specialist Agreement with IBEW Local Union 160

Excluded: Excluding supervisory, managerial and confidential employees and guards as defined by the act and all other employees