

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer AIRO steel Corp		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 43 E. 10th Ave. Oshkosh, WI 54402	
3a. Employer Representative - Name and Title Chris Shrock / Superintendent		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 920-231-7200	3d. Fax No. 920-231-0743	3e. Cell No. 920-252-3426	3f. E-Mail Address Cshrock@airo.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Steel Warehouse		4b. Principal product or service Steel / Aluminum	
5a. Description of Unit Involved Included: Warehouse / Drivers Excluded:			5b. City and State where unit is located: Oshkosh, WI

6. No. of Employees in Unit **33** 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

8a. Name of Recognized or Certified Bargaining Agent General Teamsters Local Union No. 200		8b. Affiliation, if any. International Brotherhood of Teamsters	
8c. Address Teamsters Local Union 200 6200 West Bluediamond Rd. Milwaukee, WI 53213		8d. Tel. No. 414-711-6363	8e. Cell No. N/A
		8f. Fax No. 414-711-5850	8g. E-Mail Address contact info@teamsterslocal200.com

9. Date of Recognition or Certification **4/23/2016** 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) **4/22/2021**

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No 11b. If so, approximately how many employees are participating? **N/A**
11c. The Employer has been picketed by or on behalf of (insert Name) _____ a labor organization, of (insert Address) **N/A** since (Month, Day, Year)

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name None	12b. Address N/A	12c. Tel. No. N/A	12d. Fax No. N/A
		12e. Cell No. N/A	12f. E-Mail Address N/A

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

13b. Election Date(s) **5/16/2019 5/17/2019** 13c. Election Time(s) **2nd 1:30 p.m. - 2:00 p.m. 1st 7:30 a.m. - 1:00 p.m.** 13d. Election Location(s) **AIRO Steel Oshkosh WI**

14. Full name of each person who is the subject of the petition (b) (6), (b) (7)(C)

14a. Address (street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. N/A
	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C)	15b. Address (b) (6), (b) (7)(C)
15c. City and State (b) (6), (b) (7)(C)	15d. Tel. No. N/A
	15e. Fax No. N/A

I declare that I have read the above petition and the best of my knowledge and belief. Name (Print) **(b) (6), (b) (7)(C)** Title **(b) (6), (b) (7)(C)** Date Filed **5/2/19**

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. 18-RD-240684	Date Filed May 02, 2019
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Digital First Media dba Pioneer Press		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 10 River Park Plaza 700, St. Paul, MN 55107	
3a. Employer Representative - Name and Title Lisa Holisak		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 651-228-5020	3d. Fax No.	3e. Cell No.	3f. E-Mail Address lholisak@digitalfirstmedia.com
4a. Type of Establishment (Factory, mine, wholesaler, etc) Media Company		4b. Principal product or service News/Media	

5a. Description of Unit Involved Included: All employees in the Editorial, Advertising, Circulation, Accounting, Promotion, Telephone Switchboard (PBX), Systems, and Building Maintenance departments and employees of TwinCities.com and AdTaxi Excluded: All other employees, executives, and management	5b. City and State where unit is located: St. Paul, MN
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6. No. of Employees in Unit 95	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent TNG-CWA Local 37002		8b. Affiliation, if any	
8c. Address 2855 Anthony Lane South, Suite 110 St Anthony MN 55418		8d. Tel. No. 612-789-0044	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address candace@mnguild.org

9. Date of Recognition or Certification N/a	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) July 31, 2019
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year)	

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) May 30, 2019	13c. Election Time(s) 8:00am-10:00am, 5:00-7:00pm	13d. Election Location(s) 7th floor training room	

14. Full Name of Petitioner (b) (6), (b) (7)(C)		
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
	14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any		

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature /s/ (b) (6), (b) (7)(C)	Title Petitioner	Date Filed 5/2/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: 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 Logan Animal Hospital (IA Family Veterinarians) **2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** 3260 Logan Avenue, Waterloo, IA 50703 Black Hawk County

3a. Employer Representative - Name and Title John Thomas, Owner **3b. Address (If same as 2b - state same)** SAME

3c. Tel. No. 319-233-7526 **3d. Cell No.** 319-483-8630 **3e. Fax No.** **3f. E-Mail Address** iafamilyvets@gmail.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Animal Clinic/Hospital **4b. Principal product or service** Veterinarian Services **5a. City and State where unit is located:** Waterloo, IA

5b. Description of Unit Involved
Included: All full time and regular part time Veterinary Assistants, Veterinary Technicians and Kennel Attendants.
Excluded: All other employees including office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.
6a. No. of Employees in Unit: 6
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). 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 Bargaining Agent (If none, so state). None **8b. Address**

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

8g. Affiliation, if any **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____
 (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name **10b. Address** **10c. Tel. No.** **10d. Cell No.**
10e. Fax No. **10f. E-Mail Address**

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): May 31, 2019 **11c. Election Time(s):** 1:30 PM - 2:30 PM **11d. Election Location(s):** Lunch Room

12a. Full Name of Petitioner (including local name and number) District Lodge 6, International Association of Machinists & Aerospace Workers AFL-CIO **12b. Address (street and number, city, state, and ZIP code)** 113 Republic Avenue, Ste. 100, Joliet, IL 60435


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) International Association of Machinists & Aerospace Workers AFL-CIO

12d. Tel No. 815-280-6400 **12e. Cell No.** 815-214-4587 **12f. Fax No.** 815-280-6345 **12g. E-Mail Address** wlepinske@iamaw.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title William Lepinske, Grand Lodge Representative **13b. Address (street and number, city, state, and ZIP code)** 113 Republic Avenue, Ste. 100, Joliet, IL 60435

13c. Tel No. 815-280-6400 **13d. Cell No.** 815-214-4587 **13e. Fax No.** 815-280-6345 **13f. E-Mail Address** wlepinske@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) William Lepinske **Signature**  **Title** Grand Lodge Representative/TOL **Date** May 6, 2019

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
18-RC-241383Date Filed
May 14, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: 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
DFW Security Protective Force

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
512 Division St, Farmington, MN 55024 and 6311 34th Ave SE, Minneapolis MN 55450

3a. Employer Representative - Name and Title
Somkhit Boutchantharaj Labor relations

3b. Address (if same as 2b - state same)
5705 Airport Freeway, Fort Worth, TX, 76117

3c. Tel. No.
(817) 907-8771 ext.

3d. Cell No.

3e. Fax No.
8178312112

3f. E-Mail Address
kit@dfwsecurityprotectiveforce.com

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

4b. Principal product or service
Security

5a. City and State where unit is located:
Farmington and Minneapolis, MN

6a. Description of Unit Involved
Included: all fulltime and part time armed and unarmed security officers employed by the employer
Excluded: clerical, managerial, salaried, and supervisory personnel as defined by the act

6a. No. of Employees in Unit:
28

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about NA (Date) (if no reply received, so state). NA

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).
NA

8b. Address
NA

8c. Tel. No.
NA

8d. Cell No.
NA

8e. Fax No.
NA

8f. E-Mail Address
NA

8g. Affiliation, if any
NA

8h. Date of Recognition or Certification
NA

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
NA

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? NA
(Name of labor organization) NA has picketed the Employer since (Month, Day, Year) NA

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 6b above. (if none, so state)
NA

10a. Name
NA

10b. Address
NA

10c. Tel. No.
NA

10d. Cell No.
NA

10e. Fax No.
NA

10f. E-Mail Address
NA

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

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

11b. Election Date(s):
first available

11c. Election Time(s):
NA

11d. Election Location(s):
NA

12a. Full Name of Petitioner (including local name and number)
United Government Security Officers of America and Its Local 314

12b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

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

12d. Tel. No.
817-820-7225

12e. Cell No.
617-820-7225

12f. Fax No.
NA

12g. E-Mail Address
Mieblanc@ugsoa.com

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

13a. Name and Title
Mike LeBlanc DHS Vice President UGSOA International Union

13b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

13c. Tel. No.
817-820-7225

13d. Cell No.
817-820-7225

13e. Fax No.
NA

13f. E-Mail Address
Mieblanc@ugsoa.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Mike LeBlanc

Signature


Title
DHS Vice President UGSOA International Union

Date
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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
18-RC-241454

Date Filed
May 14, 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 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: First Student		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4124 Winnetka Ave N, New Hope, MN 55427	
3a. Employer Representative - Name and Title: Phil O'Donnell		3b. Address (if same as 2b - state same): 11911 Champlin Dr, Champlin, MN 55316	

3c. Tel. No. (763) 421-5785	3d. Cell No. (402)321-3598	3e. Fax No.	3f. E-Mail Address Phil.Odonnell@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School bus yard		4b. Principal Product or Service School Bus Transportation	5a. City and State where unit is located: New Hope, Minnesota

5b. Description of Unit Involved: Included: All full time and regular part time drivers, mechanics and bus monitors (aides, paras) Excluded: Managers, dispatchers, office staff, guards or employees traveling from other locations		6a. Number of Employees in Unit: 120	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 5/14 and Employer declined recognition on or about (Date) No reply (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

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

11b. Election Date(s): 6-5-19	11c. Election Time(s): 5AM-7AM, 9AM-2PM, 3:30PM-6PM	11d. Election Location(s): Mechanics break area
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12a. Full Name of Petitioner (including local name and number): Teamsters Union Local 638	12b. Address (street and number, city, State and ZIP code): 3001 University ave SE, Minneapolis, MN 55414
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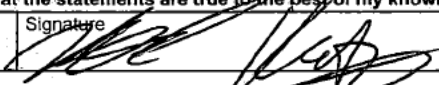
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters

12d. Tel. No. (612)379-1533	12e. Cell No. (763)370-5098	12f. Fax No. (612)379-0141	12g. E-Mail Address Nick.A.Ruberto@outlook.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Nicholas Ruberto	13b. Address (street and number, city, State and ZIP code): 10860 Thrush st NW, Coon Rapids, MN 55433

13c. Tel. No. (763)-370-5098	13d. Cell No. (763)370-5098	13e. Fax No. (612)379-0141	13f. E-Mail Address Nick.A.Ruberto@outlook.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Nicholas Ruberto	Signature 	Title Organizer	Date 5/14/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Lifeworks Services, Inc

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
2965 Lone Oak Dr., Suite 160, Eagan, MN 55121

3a. Employer Representative - Name and Title
Marie Rutz

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

3c. Tel. No. 651-365-3732 **3d. Fax No.** 651-365-3787 **3e. Cell No.** **3f. E-Mail Address** mrutz@lifeworks.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Private non-profit/ Human Services

4b. Principal product or service
DT&H and employment services for disabled

5a. Description of Unit Involved
Included:
Team Leads, Service Facilitators and Service Specialist
Excluded:
All others

5b. City and State where unit is located:
Apple Valley, Brooklyn Park, Eagan, Hastings, Mankato

6. No. of Employees in Unit 118 **7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?** Yes No

8a. Name of Recognized or Certified Bargaining Agent
David Hoaglund

8b. Affiliation, if any
Education Minnesota

8c. Address
3200 Main St., Suite 360, Coon Rapids, MN 55448

8d. Tel. No. 763-421-9110 **8e. Cell No.**

8f. Fax No. **8g. E-Mail Address** david.hoaglund@edmn.org

9. Date of Recognition or Certification
unknown

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
July 31, 2019

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No **11b. If so, approximately how many employees are participating?**

11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) None

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: Manual Mail Mixed Manual/Mail

13b. Election Date(s) May 28, 2019 **13c. Election Time(s)** 3:30pm **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, city, state, ZIP code)
(b) (6), (b) (7)(C)

14b. Tel. No. (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 Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name Same as above **15b. Title**

15c. Address (Street and number, city, state, ZIP code)

15d. Tel. No. **15e. Fax No.**

15f. Cell No. **15g. E-Mail Address**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Date Filed 5-4-19

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-241778	Date Filed 5/20/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: TMD / Grammer
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2401 State Line Rd Beloit WI 53511

3a. Employer Representative - Name and Title: Tom Hull Plant Manager
3b. Address (if same as 2b - state same): Same

3c. Tel. No. 608-618-2122
3d. Cell No.
3e. Fax No.
3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory
4b. Principal Product or Service Molding Auto Parts
5a. City and State where unit is located: Beloit Wisconsin

5b. Description of Unit Involved:
Included: Assemblers, Material Handlers, Quality, Process Techs, maintenance
Excluded: Managers, guards, and supervisors as defined in the Act
6a. Number of Employees in Unit: 1041
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 5-20-19 and Employer declined recognition on or about (Date) 5-20-19 (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None
8b. Address:

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

8g. Affiliation, if any:
8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name
10b. Address
10c. Tel. No.
10d. Cell No.
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

11b. Election Date(s): 5-29-19
11c. Election Time(s): 24hrs 6am to 7:30am 2pm to 3:30pm TMD / Grammer
11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number): George Welitschinsky
12b. Address (street and number, city, State and ZIP code): 1100 West Chrysler Dr Belvidere IL 61008

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Automobile, Aerospace, and Agricultural Implement Workers of America, UAW

12d. Tel. No. 815-544-2111
12e. Cell No. 315-727-0940
12f. Fax No.
12g. E-Mail Address George.Welitschinsky@UAW1268.org

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

13a. Name and Title: George Welitschinsky
13b. Address (street and number, city, State and ZIP code): 1100 West Chrysler Dr Belvidere IL 61008

13c. Tel. No. 815-544-2111
13d. Cell No. 315-727-0940
13e. Fax No. 815-544-0503
13f. E-Mail Address George.Welitschinsky@UAW1268.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) George Welitschinsky
Signature [Signature]
Title Organizer
Date 5-20-19

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: 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: NSP dba Xcel Energy	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 401 Nicollet Mall Minneapolis, MN 55401
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3a. Employer Representative - Name and Title: Carolyn Forrest- Director, Workforce Relations	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 612-330-5669	3d. Cell No. 303-929-5507	3e. Fax No. 612-330-5605	3f. E-Mail Address peggy.l.erdmann@xcelenergy.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Gas/Electric Utility	4b. Principal Product or Service Electricity/Natural Gas	5a. City and State where unit is located: Becker, Minnesota
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5b. Description of Unit Involved: Included: -See Additional Page Excluded: -See Additional Page	6a. Number of Employees in Unit: 1	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) Per petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Kurt Zimmerman (Local 160)	8b. Address: 2909 Anthony Ln St. Anthony, MN 55418
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8c. Tel. No. 612-781-3126	8d. Cell No. 612-991-0022	8e. Fax No. 612-781-4225	8f. E-Mail Address kwz@ibew160.org
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:**
 Manual Mail Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s): Mail ballot employee at Becker, MN Locatio
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12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers Local Union 160	12b. Address (street and number, city, State and ZIP code): 2909 Anthony Ln St. Anthony, MN 55418
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Electrical Workers

12d. Tel. No. 612-781-3126	12e. Cell No. 612-258-5833	12f. Fax No. 612-781-4225	12g. E-Mail Address adk@ibew160.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Andrew D Kieffer-Membership Development Coordinator	13b. Address (street and number, city, State and ZIP code): 2909 Anthony Ln St. Anthony, MN 55418

13c. Tel. No. 612-781-3126	13d. Cell No. 612-258-5833	13e. Fax No. 612-781-4225	13f. E-Mail Address adk@ibew160.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Andrew D Kieffer	Signature 	Title Membership Development Coordint	Date 05/24/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

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