

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

| DO NOT WRITE IN THIS SPACE |                               |
|----------------------------|-------------------------------|
| Case No.<br>18-RC-246073   | Date Filed<br>August 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:<br>Family Tree Clinic | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):<br>1619 Dayton Ave #205<br>St. Paul, MN 55104 |
|---|--|

|  |   |
|--|---|
| 3a. Employer Representative - Name and Title:<br>Alissa Light - Executive Director | 3b. Address (if same as 2b - state same):<br>Same |
|--|---|

|                              |              |             |   |
|------------------------------|--------------|-------------|---|
| 3c. Tel. No.<br>651-272-3550 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address<br>alight@familytreeclinic.org |
|------------------------------|--------------|-------------|---|

|   |  |   |
|---|--|---|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.):<br>Health Clinic | 4b. Principal Product or Service<br>Healthcare | 5a. City and State where unit is located:<br>St. Paul, MN |
|---|--|---|

|  |  |
|--|--|
| 5b. Description of Unit Involved:<br>Included: RN, LPN, Medical Assistant, Clinic assistant, hotline educator, health educator, communications specialist<br>Excluded: Managers + Supervisors + guards | 6a. Number of Employees in Unit:<br>20 |
|--|--|

|  |
|--|
| 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 |
|--|

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

|  |              |
|--|--------------|
| 8a. Name of Recognized or Certified Bargaining Agent (If none, so state)<br>none | 8b. Address: |
|--|--------------|

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

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

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<br>none | 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):<br>8/26/19 | 11c. Election Time(s):<br>9-10, 12-1, 3:30-5 | 11d. Election Location(s):<br>Family Tree Clinic, board room |
|-----------------------------------|--|--|

|   |   |
|---|---|
| 12a. Full Name of Petitioner (including local name and number):<br>SEIU Healthcare Minnesota<br>Kassie Hobbs, Organizing Director | 12b. Address (street and number, city, State and ZIP code):<br>345 Randolph Ave. #100<br>St. Paul, MN 55102 |
|---|---|

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
Service Employees International Union

|               |                               |              |  |
|---------------|-------------------------------|--------------|--|
| 12d. Tel. No. | 12e. Cell No.<br>651-747-7158 | 12f. Fax No. | 12g. E-Mail Address<br>kassie.hobbs@seiuhamn.org |
|---------------|-------------------------------|--------------|--|

|   |  |
|---|--|
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.<br>13a. Name and Title:<br>Justin Cummins, Lawyer | 13b. Address (street and number, city, State and ZIP code):<br>1245 International Centre - 920 Second Ave<br>Minneapolis, MN 55402 |
|---|--|

|                               |               |                              |   |
|-------------------------------|---------------|------------------------------|---|
| 13c. Tel. No.<br>612-465-0108 | 13d. Cell No. | 13e. Fax No.<br>612-465-0109 | 13f. E-Mail Address<br>justin@cummins-law.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)<br>Kassie Hobbs | Signature<br> | Title<br>Organizing Director | Date<br>8/6/19 |
|------------------------------|---------------|------------------------------|----------------|

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

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

| DO NOT WRITE IN THIS SPACE |                     |
|----------------------------|---------------------|
| Case No. 18-RC-246131      | Date Filed 8/6/2019 |

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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**  
Upper Peninsula Power Company

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
1002 Harbor Hills Drive Marquette, MI 49855

**3a. Employer Representative - Name and Title**  
Kay Ryan Vice President of Human Resources

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

**3c. Tel. No.** 906-232-1405      **3d. Cell No.** 906-232-5851      **3e. Fax No.** 906-232-1490      **3f. E-Mail Address** kryan@uppco.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Electric Utility

**4b. Principal product or service**  
Provider of Electric Service

**5a. City and State where unit is located:**  
Marquette, MI

**5b. Description of Unit Involved**

Included: GIS Specialist

Excluded: Supervisors and guards as defined by the Act.

**6a. No. 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? 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).** **No 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** None      **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):** September 10, 2019      **11c. Election Time(s):** 8:00 a.m. to 4:00 p.m.      **11d. Election Location(s):** 500 N. Washington St. Ishpeming MI Break Room in North Building

**12a. Full Name of Petitioner (Including local name and number)**  
International Brotherhood of Electrical Workers Local Union 510 AFL-CIO

**12b. Address (street and number, city, state, and ZIP code)**  
219 East Lincoln St. Negaunee MI 49866

**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.**      **12e. Cell No.** 906-869-1057      **12f. Fax No.** 906-226-5915      **12g. E-Mail Address** blprich40@gmail.com

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

**13a. Name and Title** Tim Lystila Assistant Business Manager      **13b. Address (street and number, city, state, and ZIP code)**  
219 East Lincoln St. Negaunee, MI 49866

**13c. Tel No.**      **13d. Cell No.** 906-250-2010      **13e. Fax No.** 906-226-5915      **13f. E-Mail Address** tlystila@gmail.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)** Tim Lystila      **Signature**       **Title** Assistant Business Manager      **Date** 8-6-2019

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.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

|                                 |                                      |
|---------------------------------|--------------------------------------|
| Case No.<br><b>18-RC-246552</b> | Date Filed<br><b>August 13, 2019</b> |
|---------------------------------|--------------------------------------|

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

|   |   |
|---|---|
| <b>2a. Name of Employer</b><br>Williamson Street Grocery Coop | <b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b><br>1457 E. Washington Avenue<br>WI Madison 53703 |
|---|---|

|  |  |
|--|--|
| <b>3a. Employer Representative - Name and Title</b><br>Anya Firszt | <b>3b. Address (If same as 2b - state same)</b><br>1457 E. Washington Avenue<br>WI Madison 53703 |
|--|--|

|                                       |                     |                                      |   |
|---------------------------------------|---------------------|--------------------------------------|---|
| <b>3c. Tel. No.</b><br>(608) 251-0884 | <b>3d. Cell No.</b> | <b>3e. Fax No.</b><br>(608) 251-3121 | <b>3f. E-Mail Address</b><br>a.firszt@wilystreet.coop |
|---------------------------------------|---------------------|--------------------------------------|---|

|  |   |   |
|--|---|---|
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Retail (Grocery) | <b>4b. Principal product or service</b><br>Retail Grocery Cooperative | <b>5a. City and State where unit is located:</b><br>Madison, WI |
|--|---|---|

|   |   |   |
|---|---|---|
| <b>5b. Description of Unit Involved</b><br><b>Included:</b> See Attached Page 2 for additional details<br><b>Excluded:</b> See Attached Page 2 for additional details | <b>6a. No. of Employees in Unit:</b><br>365 | <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b> |
|---|---|---|

**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) 08/13/2019 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). No reply received

**7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

|  |                    |
|--|--------------------|
| <b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> | <b>8b. Address</b> |
|--|--------------------|

|                     |                     |                    |                           |
|---------------------|---------------------|--------------------|---------------------------|
| <b>8c. Tel. No.</b> | <b>8d. Cell No.</b> | <b>8e. Fax No.</b> | <b>8f. E-Mail Address</b> |
|---------------------|---------------------|--------------------|---------------------------|

|                                |   |  |
|--------------------------------|---|--|
| <b>8g. Affiliation, if any</b> | <b>8h. Date of Recognition or Certification</b> | <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> |
|--------------------------------|---|--|

**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)**

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

|  |  |
|--|--|
| <b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election. | <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|--|--|

|   |   |  |
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| <b>11b. Election Date(s):</b><br>Tuesday, September 3, 2019 | <b>11c. Election Time(s):</b><br>5:30 a.m. to 5:30 p.m. | <b>11d. Election Location(s):</b><br>1) East Store Break Room - 1221 Williamson Street, Madison, WI 53703; |
|---|---|--|

|  |  |
|--|--|
| <b>12a. Full Name of Petitioner (including local name and number)</b><br>Mark Meinster<br>United Electrical, Radio and Machine Workers of America (UE) | <b>12b. Address (street and number, city, state, and ZIP code)</b><br>37 S. Ashland Avenue<br>IL Chicago 60607 |
|--|--|

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|--|
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b><br>United Electrical, Radio and Machine Workers of America (UE) |
|--|

|  |  |                                       |   |
|--|--|---------------------------------------|---|
| <b>12d. Tel. No.</b><br>(312) 829-8300 | <b>12e. Cell No.</b><br>(773) 405-3022 | <b>12f. Fax No.</b><br>(312) 829-8307 | <b>12g. E-Mail Address</b><br>mark.meinster@ueunion.org |
|--|--|---------------------------------------|---|

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

|                            |  |
|----------------------------|--|
| <b>13a. Name and Title</b> | <b>13b. Address (street and number, city, state, and ZIP code)</b> |
|----------------------------|--|

|                      |                      |                     |                            |
|----------------------|----------------------|---------------------|----------------------------|
| <b>13c. Tel. No.</b> | <b>13d. Cell No.</b> | <b>13e. Fax No.</b> | <b>13f. E-Mail Address</b> |
|----------------------|----------------------|---------------------|----------------------------|

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

|                                      |                                   |  |                                    |
|--------------------------------------|-----------------------------------|--|------------------------------------|
| <b>Name (Print)</b><br>Mark Meinster | <b>Signature</b><br>Mark Meinster | <b>Title</b><br>International Representative | <b>Date</b><br>08/13/2019 12:12:07 |
|--------------------------------------|-----------------------------------|--|------------------------------------|

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

**PRIVACY ACT STATEMENT**

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Attachment

| <b>DO NOT WRITE IN THIS SPACE</b> |                 |
|-----------------------------------|-----------------|
| Case                              | Date Filed      |
| 18-RC-246552                      | August 13, 2019 |

**Employees Included**

All full time and regular part time hourly employees working for the Employer

**Employees Excluded**

Temporary employees, employees of other employers, specialty vendors, managerial employees, guards and supervisors as defined in the National Labor Relations Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

|                                 |                                      |
|---------------------------------|--------------------------------------|
| Case No.<br><b>18-RC-247196</b> | Date Filed<br><b>August 26, 2019</b> |
|---------------------------------|--------------------------------------|

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

|  |  |
|--|--|
| <b>2a. Name of Employer</b><br>Essentia Health-Detroit Lakes | <b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b><br>225 Park St<br>MN Detroit Lakes 56501- |
|--|--|

|   |   |
|---|---|
| <b>3a. Employer Representative - Name and Title</b><br>Joe Newton | <b>3b. Address (If same as 2b - state same)</b><br>225 Park St<br>MN Detroit Lakes 56501- |
|---|---|

|                                       |                     |                    |  |
|---------------------------------------|---------------------|--------------------|--|
| <b>3c. Tel. No.</b><br>(218) 786-5608 | <b>3d. Cell No.</b> | <b>3e. Fax No.</b> | <b>3f. E-Mail Address</b><br>joe.newton@essentiahealth.org |
|---------------------------------------|---------------------|--------------------|--|

|  |  |   |
|--|--|---|
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Healthcare | <b>4b. Principal product or service</b><br>Ambulance Transport | <b>5a. City and State where unit is located:</b><br>Detroit Lakes, MN |
|--|--|---|

|   |  |   |
|---|--|---|
| <b>5b. Description of Unit Involved</b><br><b>Included:</b> See Attached Page 2 for additional details<br><b>Excluded:</b> See Attached Page 2 for additional details | <b>6a. No. of Employees in Unit:</b><br>38 | <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b> |
|---|--|---|

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

|  |                    |
|--|--------------------|
| <b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> | <b>8b. Address</b> |
|--|--------------------|

|                    |                    |                    |                           |
|--------------------|--------------------|--------------------|---------------------------|
| <b>8c. Tel No.</b> | <b>8d Cell No.</b> | <b>8e. Fax No.</b> | <b>8f. E-Mail Address</b> |
|--------------------|--------------------|--------------------|---------------------------|

|                                |   |  |
|--------------------------------|---|--|
| <b>8g. Affiliation, if any</b> | <b>8h. Date of Recognition or Certification</b> | <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> |
|--------------------------------|---|--|

**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)**

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

|  |  |
|--|--|
| <b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election. | <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|--|--|

|   |  |  |
|---|--|--|
| <b>11b. Election Date(s):</b><br>09/18/2019 | <b>11c. Election Time(s):</b><br>09:00-12:00 and 16:00-19:00 | <b>11d. Election Location(s):</b><br>225 Park St Detroit Lakes, MN 56501 |
|---|--|--|

|   |  |
|---|--|
| <b>12a. Full Name of Petitioner (including local name and number)</b><br>Laurie Frances Jow<br>Laurie Frances Jow | <b>12b. Address (street and number, city, state, and ZIP code)</b><br>159 Thomas Burgin Parkway<br>MA Quincy 02169 |
|---|--|

|  |  |                     |   |
|--|--|---------------------|---|
| <b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b><br>International Association of EMT's and Paramedics (IAEP)/National Association of Government Employees (NAGE)/Service employees International Union |  |                     |   |
| <b>12d. Tel No.</b><br>(909) 706-7917  | <b>12e. Cell No.</b><br>(909) 706-7917 | <b>12f. Fax No.</b> | <b>12g. E-Mail Address</b><br>ljow@nage.org |

|  |  |  |  |
|--|--|--|--|
| <b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> |  |  |  |
| <b>13a. Name and Title</b>   |  | <b>13b. Address (street and number, city, state, and ZIP code)</b> |  |

|                     |                      |                     |                            |
|---------------------|----------------------|---------------------|----------------------------|
| <b>13c. Tel No.</b> | <b>13d. Cell No.</b> | <b>13e. Fax No.</b> | <b>13f. E-Mail Address</b> |
|---------------------|----------------------|---------------------|----------------------------|

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

|   |  |   |                                    |
|---|--|---|------------------------------------|
| <b>Name (Print)</b><br>Laurie Frances Jow | <b>Signature</b><br>Laurie Frances Jow | <b>Title</b><br>National Representative and Organizer | <b>Date</b><br>08/25/2019 17:26:19 |
|---|--|---|------------------------------------|

**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.

Attachment

| <b>DO NOT WRITE IN THIS SPACE</b> |                 |
|-----------------------------------|-----------------|
| Case                              | Date Filed      |
| 18-RC-247196                      | August 26, 2019 |

**Employees Included**

All full time and regular part time EMTs, Paramedics, and FTOs employed by the employer working in and out of but not limited to the following locations and deployment centers, Detroit lakes headquarters and Deployment center

**Employees Excluded**

Office, and Clerical employees, confidential employees, dispatch, mechanics, fleet technicians 1 and 2, couriers, crew chiefs, guards, and supervisors as defined by the act amended

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

| DO NOT WRITE IN THIS SPACE |                               |
|----------------------------|-------------------------------|
| Case No.<br>18-RC-247280   | Date Filed<br>August 27, 2019 |

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

|  |                                       |  |   |
|--|---------------------------------------|--|---|
| <b>2a. Name of Employer</b><br>Pabst Theater Group                           |                                       | <b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b><br>Riverside Theater 116 W. Wisconsin Ave.<br>WI Milwaukee 53203- |   |
| <b>3a. Employer Representative - Name and Title</b><br>Gary Witt             |                                       | <b>3b. Address (if same as 2b - state same)</b><br>114 E. Wells St.<br>WI Milwaukee 53202-   |   |
| <b>3c. Tel. No.</b><br>(414) 286-8302  | <b>3d. Cell No.</b><br>(414) 737-3263 | <b>3e. Fax No.</b><br>(414) 286-2154   | <b>3f. E-Mail Address</b><br>gwitt@ptglive.com                    |
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Others |                                       | <b>4b. Principal product or service</b><br>Entertainment   | <b>5a. City and State where unit is located:</b><br>Milwaukee, WI |

|   |  |   |
|---|--|---|
| <b>5b. Description of Unit Involved</b>                     |  | <b>6a. No. of Employees in Unit:</b><br>35  |
| <b>Included:</b> See Attached Page 2 for additional details |  | <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b> |
| <b>Excluded:</b> See Attached Page 2 for additional details |  |   |

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

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

**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)**

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

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

|  |   |  |
|--|---|--|
| <b>11b. Election Date(s):</b><br>9/20/2019 | <b>11c. Election Time(s):</b><br>Before load-in | <b>11d. Election Location(s):</b><br>Riverside Theater |
|--|---|--|

|   |  |
|---|--|
| <b>12a. Full Name of Petitioner (including local name and number)</b><br>Craig Carlson<br>International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United | <b>12b. Address (street and number, city, state, and ZIP code)</b><br>1110 N. Old World Third St., Ste. 650<br>WI Milwaukee 53202- |
|---|--|

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories, and Canada

|  |                      |                                       |  |
|--|----------------------|---------------------------------------|--|
| <b>12d. Tel. No.</b><br>(414) 272-3540 | <b>12e. Cell No.</b> | <b>12f. Fax No.</b><br>(414) 272-3592 | <b>12g. E-Mail Address</b><br>ccarlson@iatselocal2.com |
|--|----------------------|---------------------------------------|--|

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

|   |                      |  |   |
|---|----------------------|--|---|
| <b>13a. Name and Title</b><br>David Huffman-Gottschling Attorney<br>Jacobs, Burns, Orlove & Hernandez |                      | <b>13b. Address (street and number, city, state, and ZIP code)</b><br>150 N. Michigan Ave., Ste. 1000<br>IL Chicago 60601- |   |
| <b>13c. Tel. No.</b><br>(312) 327-3443  | <b>13d. Cell No.</b> | <b>13e. Fax No.</b><br>(312) 726-3887  | <b>13f. E-Mail Address</b><br>davidhg@jbosh.com |

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

|  |   |                          |                                    |
|--|---|--------------------------|------------------------------------|
| <b>Name (Print)</b><br>David Huffman-Gottschling | <b>Signature</b><br>David Huffman-Gottschling | <b>Title</b><br>Attorney | <b>Date</b><br>08/27/2019 14:20:32 |
|--|---|--------------------------|------------------------------------|

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

**PRIVACY ACT STATEMENT**

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

Attachment

| <b>DO NOT WRITE IN THIS SPACE</b> |                 |
|-----------------------------------|-----------------|
| Case                              | Date Filed      |
| 18-RC-247280                      | August 27, 2019 |

**Employees Included**

All production employees employed by the Employer at the Riverside Theater, including employees performing carpentry, electrical, props, projection, audio-visual, rigging, wardrobe, load-in and load-out, truck loading and unloading, fork truck operation, and all other production-related work.

**Employees Excluded**

Office clerical employees and guards, professional employees and supervisors as defined in the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

|                                 |                                      |
|---------------------------------|--------------------------------------|
| Case No.<br><b>18-RC-247304</b> | Date Filed<br><b>August 28, 2019</b> |
|---------------------------------|--------------------------------------|

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

|  |  |
|--|--|
| <b>2a. Name of Employer</b><br>Bear Down Logistics, Inc. | <b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b><br>N53W24700 S Corporate Circle<br>WI Sussex 53089- |
|--|--|

|   |   |
|---|---|
| <b>3a. Employer Representative - Name and Title</b><br>Michael Dipiazza | <b>3b. Address (If same as 2b - state same)</b><br>N53W24700 S Corporate Circle<br>WI Sussex 53089- |
|---|---|

|                                       |                     |                    |  |
|---------------------------------------|---------------------|--------------------|--|
| <b>3c. Tel. No.</b><br>(708) 707-0461 | <b>3d. Cell No.</b> | <b>3e. Fax No.</b> | <b>3f. E-Mail Address</b><br>mdipiazza@beardownlogistics.com |
|---------------------------------------|---------------------|--------------------|--|

|  |  |  |
|--|--|--|
| <b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b><br>Transportation | <b>4b. Principal product or service</b><br>Parcel and Small Package delivery | <b>5a. City and State where unit is located:</b><br>Sussex, WI |
|--|--|--|

|   |  |   |
|---|--|---|
| <b>5b. Description of Unit Involved</b><br><b>Included:</b> See Attached Page 2 for additional details<br><b>Excluded:</b> See Attached Page 2 for additional details | <b>6a. No. of Employees in Unit:</b><br>75 | <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b> |
|---|--|---|

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

|  |                    |
|--|--------------------|
| <b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> | <b>8b. Address</b> |
|--|--------------------|

|                    |                    |                    |                           |
|--------------------|--------------------|--------------------|---------------------------|
| <b>8c. Tel No.</b> | <b>8d Cell No.</b> | <b>8e. Fax No.</b> | <b>8f. E-Mail Address</b> |
|--------------------|--------------------|--------------------|---------------------------|

|                                |   |  |
|--------------------------------|---|--|
| <b>8g. Affiliation, if any</b> | <b>8h. Date of Recognition or Certification</b> | <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> |
|--------------------------------|---|--|

**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)**

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

|  |  |
|--|--|
| <b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election. | <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|--|--|

|   |   |  |
|---|---|--|
| <b>11b. Election Date(s):</b><br>9/26/19, 9/27/19 | <b>11c. Election Time(s):</b><br>6:45AM to 9:30 AM, 5:00PM to 10:00PM both days | <b>11d. Election Location(s):</b><br>Bear Down Staging Area, N53W24700 S Corporate Circle, Sussex, WI, 5 |
|---|---|--|

|   |   |
|---|---|
| <b>12a. Full Name of Petitioner (including local name and number)</b><br>Kevin Andrew Schwerdtfeger II<br>Teamsters Local No. 344, Sales and Service Industry | <b>12b. Address (street and number, city, state, and ZIP code)</b><br>10020 w greenfield ave<br>WI Milwaukee 53214-3906 |
|---|---|

**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

|                                       |                      |                     |  |
|---------------------------------------|----------------------|---------------------|--|
| <b>12d. Tel No.</b><br>(414) 258-4545 | <b>12e. Cell No.</b> | <b>12f. Fax No.</b> | <b>12g. E-Mail Address</b><br>kas@local344.org |
|---------------------------------------|----------------------|---------------------|--|

|  |  |
|--|--|
| <b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> |  |
| <b>13a. Name and Title</b><br>Kyle McCoy Esq. Attorney<br>Soldon Mccoy   | <b>13b. Address (street and number, city, state, and ZIP code)</b><br>5502 Upland Trail<br>WI Middleton 53562- |

|                                       |                      |                     |   |
|---------------------------------------|----------------------|---------------------|---|
| <b>13c. Tel No.</b><br>(253) 224-0181 | <b>13d. Cell No.</b> | <b>13e. Fax No.</b> | <b>13f. E-Mail Address</b><br>kamccoy@gmail.com |
|---------------------------------------|----------------------|---------------------|---|

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

|  |   |              |                                    |
|--|---|--------------|------------------------------------|
| <b>Name (Print)</b><br>Kevin Andrew Schwerdtfeger II | <b>Signature</b><br>Kevin Andrew Schwerdtfeger II | <b>Title</b> | <b>Date</b><br>08/28/2019 11:21:34 |
|--|---|--------------|------------------------------------|

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

**PRIVACY ACT STATEMENT**

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

Attachment

| <b>DO NOT WRITE IN THIS SPACE</b> |                 |
|-----------------------------------|-----------------|
| Case                              | Date Filed      |
| 18-RC-247304                      | August 28, 2019 |

**Employees Included**

All full-time and regular part-time drivers, employed by the Employer at and out of the Amazon.com, Inc facility located at N52W24700 S Corporate Circle, Sussex, WI, 53089

**Employees Excluded**

All office clerical employees, professional employees, technical employees, confidential employees, managerial employees, dispatchers, and flex drivers, and guards and supervisors as defined in the Act.

FORM NLRB-502 (RC)  
(4-16)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

| DO NOT WRITE IN THIS SPACE      |                                      |
|---------------------------------|--------------------------------------|
| Case No.<br><b>18-RC-247449</b> | Date Filed<br><b>August 29, 2019</b> |

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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  
**Riverland Energy Cooperative**

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
**N28988 State Road 93, Arcadia, WI 54612**

3a. Employer Representative Name and Title  
**Gerald Sorenson**

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

3c. Tel. No.  
**608-323-3381**

3d. Cell No.  
**1-800-411-9115**

3e. Fax No.

3f. E-Mail Address  
**jsorenson@riverlandenergy.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
**Electrical Power Provider**

4b. Principal product or service  
**Electrical Provider**

6a. City and State where unit is located:  
**Arcadia, Alma, Onalaska, WI**

6b. Description of Unit Involved  
**Included: Mechanics**  
**NOTE: Petitioner seeks an Armour-Globe election to include employee(s) into Riverland Energy (Line) unit**  
**Excluded: Clerical, guards, supervisors and others defined by the Act**

6c. No. of Employees in Unit:  
**1**

6d. 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) **8/14/2019** and Employer declined recognition on or about **8/20/2019** (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).  
**International Brotherhood of Electrical Workers Local 953**

8b. Address  
**2206 Highland Ave. Eau Claire, WI 54701**

8c. Tel. No.  
**715-834-4911**

8d. Cell No.  
**715-450-3237**

8e. Fax No.  
**715-834-0154**

8f. E-Mail Address  
**nickw@ibew953.org**

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

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

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

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

11b. Election Date(s):  
**Earliest practical date**

11c. Election Time(s):

11d. Election Location(s):  
**N28988 State Road 93, Arcadia, WI 54612**

12a. Full Name of Petitioner (including local name and number)  
**International Brotherhood of Electrical Workers Local 953**

12b. Address (street and number, city, state, and ZIP code)  
**2206 Highland Ave. Eau Claire, WI 54701**

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, AFL-CIO**

12d. Tel. No.  
**715-834-4911, ext 118**

12e. Cell No.  
**715-450-3237**

12f. Fax No.  
**715-834-0154**

12g. E-Mail Address  
**nickw@ibew953.org**

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

13a. Name and Title  
**Nicholas Webber, Organizer**

13b. Address (street and number, city, state, and ZIP code)  
**2206 Highland Ave. Eau Claire, WI 54701**

13c. Tel. No.  
**715-834-4911, ext 118**

13d. Cell No.  
**715-450-3237**

13e. Fax No.  
**715-834-0154**

13f. E-Mail Address  
**nickw@ibew953.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)<br><b>NICHOLAS WEBBER</b> | Signature<br> | Title<br><b>ORGANIZER</b> | Date<br><b>8/29/2019</b> |
|--|---------------|---------------------------|--------------------------|

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

**PRIVACY ACT STATEMENT**

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

| DO NOT WRITE IN THIS SPACE      |                                      |
|---------------------------------|--------------------------------------|
| Case No.<br><b>18-RC-247366</b> | Date Filed<br><b>August 29, 2019</b> |

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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**  
Sussek Machine Company

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
805 Pierce St., Waterloo, WI 53594

**3a. Employer Representative - Name and Title**  
Emilie Klimeck - HR Manager

**3b. Address (If same as 2b - state same)**  
SAME

**3c. Tel. No.**  
920-478-2126 ex. 153

**3d. Cell No.**

**3e. Fax No.**  
920-478-3452

**3f. E-Mail Address**  
emilie@sussek.com

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

**4b. Principal product or service**  
Machining / Production

**5a. City and State where unit is located:**  
Waterloo, WI

**5b. Description of Unit Involved**  
Included: All full-time and regular part-time production and maintenance workers.  
Excluded: All office clerical employees, professional employees, guards and supervisors as defined by the act.

**6a. No. of Employees in Unit:**  
85

**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).**  
District 10, International Association of Machinists and Aerospace Workers, AFL-CIO

**8b. Address**  
107 Warren St. Suite 2, Beaver Dam, WI 53916

**8c. Tel No.**  
815-280-6400

**8d. Cell No.**  
815-214-4587

**8e. Fax No.**  
815-280-6345

**8f. E-Mail Address**  
wlepinske@iamaw.org

**8g. Affiliation, if any**  
AFL-CIO

**8h. Date of Recognition or Certification**  
September 8, 1986

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
September 30, 2019

**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)**

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

**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):**  
September 24, 2019

**11c. Election Time(s):**  
6am - 8am AND 2pm - 4pm

**11d. Election Location(s):**  
Lunch Room

**12a. Full Name of Petitioner (including local name and number)**  
District 10, 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 J. 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.**

|  |   |  |                          |
|--|---|--|--------------------------|
| <b>Name (Print)</b><br>William J. LePinske | <b>Signature</b><br> | <b>Title</b><br>Grand Lodge Representative | <b>Date</b><br>8/29/2019 |
|--|---|--|--------------------------|

**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.

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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:** US Foods  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** W137N9245 Highway 145, Menomonee Falls, WI 53051

**3a. Employer Representative - Name and Title:** Ed Moran, Vice President of Operations  
**3b. Address (if same as 2b - state same):** same

**3c. Tel. No.:** (262) 253-7835  
**3d. Cell No.:**  
**3e. Fax No.:**  
**3f. E-Mail Address:** ed.moran@usfoods.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):** Warehouse  
**4b. Principal Product or Service:** Food service  
**5a. City and State where unit is located:** Menomonee Falls, WI

**5b. Description of Unit Involved:**  
**Included:** All full-time and regular part-time employees in the job classification of Sanitation  
**Excluded:** All other employees, guards, and supervisors as defined by the Act

**6a. Number of Employees in Unit:** 4  
**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)** 8/29/2019 **and Employer declined recognition on or about (Date)** 8/30/2019 **(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 an election in this matter, state your position with respect to any such election:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):** 9/10/2019  
**11c. Election Time(s):** 10:00-10:30 a.m.  
**11d. Election Location(s):** Break room

**12a. Full Name of Petitioner (including local name and number):** Teamsters Local 200  
**12b. Address (street and number, city, State and ZIP code):** 6200 W Bluemound Road, Milwaukee, WI 53213

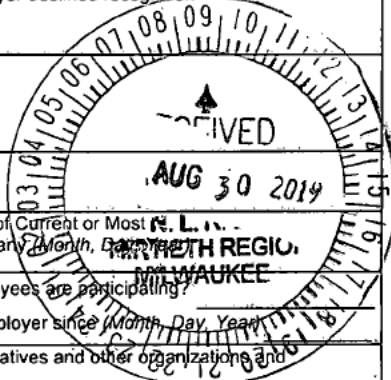
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):** International Brotherhood of Teamsters

**12d. Tel. No.:** (414) 479-3641  
**12e. Cell No.:**  
**12f. Fax No.:**  
**12g. E-Mail Address:** jcouturier@teamsterslocal200.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:** Jay Couturier, Business Representative  
**13b. Address (street and number, city, State and ZIP code):** 6200 W Bluemound Road, Milwaukee, WI 53213

**13c. Tel. No.:** (414) 479-3641  
**13d. Cell No.:**  
**13e. Fax No.:**  
**13f. E-Mail Address:** jcouturier@teamsterslocal200.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):** Jay Couturier  
**Signature:** Jay Couturier  
**Title:** Business Representative  
**Date:** 8/30/2019



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

DO NOT WRITE IN THIS SPACE

Case No. 18-RD-247174 Date Filed August 26, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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: Whitesell  
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 915 E. Tyler Washington, IA 52353

3a. Employer Representative - Name and Title: Katie Graber H.R.  
3b. Address (if same as 2b state same): 915 E. Tyler Washington, IA 52353

3c. Tel. No.: 319-653-2168  
3d. Fax No.:  
3e. Cell No.:  
3f. E-Mail Address: kgrab@whitesell

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Factory  
4b. Principal product or service: Wire Forms

5a. Description of Unit Involved  
Included: Production Floor Employees  
Excluded: Management  
5b. City and State where unit is located: Washington, IA 52353

6. No. of Employees in Unit: 29  
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: USW Local 359  
8b. Affiliation, if any:

8c. Address: 60 Boulevard of the Allies Room 807 Pittsburgh, PA 15222  
8d. Tel. No.: 412-562-2562  
8e. Cell No.:  
8f. Fax No.: 412-562-2574  
8g. E-Mail Address:

9. Date of Recognition or Certification:  
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): June 30, 2018

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

13b. Election Date(s)  
13c. Election Time(s)  
13d. Election Location(s)

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.: (b) (6), (b) (7)(C)

14d. 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: (b) (6), (b) (7)(C)

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.: (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) Title: (b) (6), (b) (7)(C) Date Filed: 8-14-2019

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

PRIVACY ACT STATEMENT

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