

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE
Case No. 18-RC-230378
Date Filed November 02, 2018

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 8b 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:
Supervalu Distribution
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
300 2nd Ave. So. Hopkins, Mn 55343

3a. Employer Representative - Name and Title:
Jeff Fritz (General Manager)
3b. Address (if same as 2b - state same):
SAME

3c. Tel. No. 952-238-3417
3d. Cell No.
3e. Fax No.
3f. E-Mail Address Jeff.A.Fritz@supervalu.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Warehouse
4b. Principal Product or Service
Grocery
5a. City and State where unit is located:
Hopkins, Mn.

5b. Description of Unit Involved:
Included: All fulltime and parttime inventory control employees
Excluded: All office employees, sales employees, guards and temporary employees as defined by the act
6a. Number of Employees in Unit:
12

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

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

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

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

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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):
November 15th 2018
11c. Election Time(s):
12pm to 1pm and 9pm to 10pm
11d. Election Location(s):
300 building main conference room

12a. Full Name of Petitioner (Including local name and number):
Teamsters Local #120
12b. Address (street and number, city, State and ZIP code):
9422 Ulysses St. NE Blaine, MN 55434

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 Local #120

12d. Tel. No. 651-278-1594
12e. Cell No. 651-278-1594
12f. Fax No. 763-267-6121
12g. E-Mail Address lricard@teamsterslocal120.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Lovinsky T. Ricard
13b. Address (street and number, city, State and ZIP code):
9422 Ulysses St. NE Blaine, MN 55434

13c. Tel. No. 651-278-1594
13d. Cell No. 651-278-1594
13e. Fax No. 763-267-6121
13f. E-Mail Address lricard@teamsterslocal120.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) Lovinsky T. Ricard
Signature Lovinsky T. Ricard
Title Organizer/Business Agent
Date 11/1/18

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-230600	Date Filed November 7, 2018

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 PODS		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7035 Winnetka Ave N Ste A MN Minneapolis 55428-1768	
3a. Employer Representative - Name and Title John Schlueter		3b. Address (If same as 2b - state same) 7035 Winnetka Ave N Ste A MN Minneapolis 55428-1768	
3c. Tel. No. (720) 450-6359	3d. Cell No.	3e. Fax No. (763) 732-7754	3f. E-Mail Address jschlueter@pods.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Containers & Packaging		4b. Principal product or service Storage containers and Drivers	5a. City and State where unit is located: Minneapolis, MN

5b. Description of Unit Involved		6a. No. of Employees in Unit: 11
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: 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.

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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): 1/1/19	11c. Election Time(s): 12:00 pm	11d. Election Location(s): PODS Company lunchroom
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12a. Full Name of Petitioner (including local name and number) Nathaniel Cochrane Teamsters Local Union 970	12b. Address (street and number, city, state, and ZIP code) 3001 University Ave SE Ste 300 MN Minneapolis 55414-3343
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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) 331-6633	12e. Cell No.	12f. Fax No. (612) 331-2631	12g. E-Mail Address teamsterslocal970@gmail.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 James Hansing Attorney at Law Esq Attorney at law		13b. Address (street and number, city, state, and ZIP code) 331 2nd Ave S Ste 840 MN Minneapolis 55401-2246	
13c. Tel No. (612) 333-6113	13d. Cell No.	13e. Fax No. (612) 344-1506	13f. E-Mail Address

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

Name (Print) Nathaniel Cochrane	Signature Nathaniel Cochrane	Title Business Agent	Date 11/5/2018 13:22:00
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
18-RC-230600	November 7, 2018

Employees Included

Forklift and Truck Drivers, Maintenance, General Labor employees at both Brooklyn Park and Eagan locations

Employees Excluded

Salaried Employees, Management

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-231268	Date Filed November 19, 2018

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: Thief River Falls Area Ambulance	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 511 Atlantic Ave, Thief River Falls, MN 56701
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3a. Employer Representative - Name and Title: Brian Mathews, Director of HR	3b. Address (if same as 2b - state same): 1300 Anne St NW, Bemidji, MN 56601
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3c. Tel. No. 218-333-5582	3d. Cell No.	3e. Fax No. 218-333-5886	3f. E-Mail Address brian.mathews@sanfordhealth.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal Product or Service Ambulance	5a. City and State where unit is located: Thief River Falls, MN
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5b. Description of Unit Involved: Included: Full time and Part time EMTs and Paramedics Excluded: PRNs(casuals), Managers, Supervisors, clerical, temps, as defined by the act.	6a. Number of Employees in Unit: 18
	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 11/19/18 and Employer declined recognition on or about (Date) none (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ 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): December 13 and 14, 2018	11c. Election Time(s): 12/13: 7pm-9pm AND 12/14: 7am-9am	11d. Election Location(s): Classroom
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12a. Full Name of Petitioner (including local name and number): United Food and Commercial Workers Union Local 1189	12b. Address (street and number, city, State and ZIP code): 266 Hardman Ave N, South St. Paul, MN 55705
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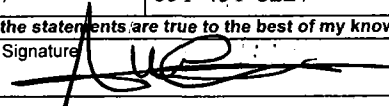
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Food and Commercial Workers International Union

12d. Tel. No.	12e. Cell No. 612-437-7117	12f. Fax No. 651-451-8227	12g. E-Mail Address awangnoo@ufcw1189.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: Abraham Wangnoo, Director of Organizing	13b. Address (street and number, city, State and ZIP code): 266 Hardman Ave N, South St. Paul, MN 55075

13c. Tel. No.	13d. Cell No. 612-437-7117	13e. Fax No. 651-451-8227	13f. E-Mail Address awangnoo@ufcw1189.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) Abraham Wangnoo	Signature 	Title Director of Organizing	Date 11/19/18
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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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
18-RC-231371

Date Filed
November 20, 2018

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 Willmar Regional Cancer Center at Rice Memorial Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 301 Becker Ave SW MN Willmar 56201-3395	
3a. Employer Representative - Name and Title David Sakariason		3b. Address (If same as 2b - state same) 1406 6th Ave N MN Saint Cloud 56303-1901	
3c. Tel. No. (320) 656-7051	3d. Cell No.	3e. Fax No. (320) 656-7022	3f. E-Mail Address Sakariasond@centracare.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Providing Healthcare services	5a. City and State where unit is located: Willmar, MN

5b. Description of Unit Involved		6a. No. of Employees in Unit: 14
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: 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.

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

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

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

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

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

11b. Election Date(s): December 11th, 2018	11c. Election Time(s): 6:30am-7:30am, 3:30pm-4:30pm	11d. Election Location(s): 301 Becker Ave SW, Willmar, MN 56201
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12a. Full Name of Petitioner (including local name and number) Karlton Scott Karlton Scott-Minnesota Nurses Association	12b. Address (street and number, city, state, and ZIP code) 345 Randolph Ave STE 200 MN Saint Paul 55102-
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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)
National Nurses United

12d. Tel No. (651) 202-6206	12e. Cell No. (651) 202-6206	12f. Fax No. (651) 695-7000	12g. E-Mail Address Karlton.Scott@mnnurses.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 Justin Cummins Attorney Cummins & Cummins, LLP		13b. Address (street and number, city, state, and ZIP code) 920 2nd Ave S Ste 1245 MN Minneapolis 55402-4029	
13c. Tel No. (612) 465-0108	13d. Cell No. (612) 720-3321	13e. Fax No. (612) 465-0109	13f. E-Mail Address 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) Karlton Scott	Signature Karlton Scott	Title Director of Organizing	Date 11/20/2018 12:18:11
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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

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
18-RC-231371	November 20, 2018

Employees Included

All Full time, regular part-time Registered Nurses (Oncology, Research, Infusion/Chemo, Cancer Care Coordinator, Clinical Quality Nurse) in the Willmar Regional Cancer Center at Rice Memorial Hospital

Employees Excluded

Excluding all other employees, employees at other locations, professionals and guards and supervisors defined by the act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
18-RC-231650

Date Filed
November 27, 2018

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

3a. Employer Representative - Name and Title: Carolyn Forrest-Director, Workforce Relation
3b. Address (if same as 2b - state same): Same

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

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Generation, Sale and Distribution of Gas/Electric
4b. Principal Product or Service Electricity/Gas
5a. City and State where unit is located: Monticello, Minnesota

5b. Description of Unit Involved:
Included: All full-time and part-time T-Week Integrated Planners employed at Monticello plant.
Excluded: Supervisory, managerial and confidential employees and guards as defined by the act
6a. Number of Employees in Unit: 2
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) 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

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

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

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

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

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

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

11b. Election Date(s):
11c. Election Time(s):
11d. Election Location(s): Mail ballot employees at Monticello, MN

12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers Local 160
12b. Address (street and number, city, State and ZIP code): 2909 Anthony Ln St. Anthony, MN 55418


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

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-Organizer
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

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 Organizer
Date 11/27/18

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-231684	Date Filed November 28, 2018

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 Fields PAG, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 504 E. Badger Road, Madison, WI 53713-2121
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3a. Employer Representative - Name and Title Sharon Klietsch, General Manager	3b. Address (if same as 2b - state same) SAME
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3c. Tel. No. 608-433-3600	3d. Cell No. 815-679-7757	3e. Fax No. 608-443-3601	3f. E-Mail Address sharonk@fieldsauto.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Automobile Dealership	4b. Principal product or service New/Used Vehicle Sales/Service	5a. City and State where unit is located: Madison, WI
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5b. Description of Unit Involved Included: All full-time and regular part-time technicians including Journeyman, apprentices, semi-skilled technicians and lube rack technicians employed by the above-referenced employer at its 504 E. Badger Road, Madison, WI facility. Excluded: All other employees including sales department, parts department, porters, office clerical employees, professional employees, guards and supervisors, as defined by the Act.	6a. No. of Employees in Unit: 9 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). 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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): December 19, 2018	11c. Election Time(s): 10:00 am - 11:00 am	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): Conference Room
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12a. Full Name of Petitioner (including local name and number) District Lodge 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
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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 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
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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 Bill Lepinske, Grand Lodge Representative	13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435
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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
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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) Bill LePinske	Signature 	Title Grand Lodge Representative	Date November 28, 2018
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