

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-255876	Date Filed February 06, 2020

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 G&K Services Linen Division, d/b/a Cintas		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 621 Olson Memorial Hwy., Minneapolis, MN 55405	
3a. Employer Representative - Name and Title Dan Paulson		3b. Address (if same as 2b - state same) same	
3c. Tel. No. 612-287-6615	3d. Cell No.	3e. Fax No. 612-333-2319	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Industrial Linen Laundry		4b. Principal product or service Laundry of linens	
5b. Description of Unit Involved Included: FT and PT production workers Excluded: Management, Supervisors, Sales and Clerical		5a. City and State where unit is located: Minneapolis, MN	

6a. No. of Employees in Unit: 44	
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"/>	

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). Chicago and Midwest Regional Joint Board - Workers United		8b. Address 333 S. Ashland Ave., Chicago, IL 60607	
8c. Tel. No. 312-738-6100	8d. Cell No.	8e. Fax No. 312-738-9985	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) 03/31/2020

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

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

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

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

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

11b. Election Date(s): _____ 11c. Election Time(s): _____ 11d. Election Location(s): **Lunchroom at 621 Olson Memorial Hwy.**

12a. Full Name of Petitioner (including local name and number)
Local 150 - Chicago and Midwest Regional Joint Board

12b. Address (street and number, city, state, and ZIP code)
333 S. Ashland Ave., Chicago, IL 60607


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Workers United

12d. Tel. No. 312-738-6100	12e. Cell No. 773-988-2475	12f. Fax No. 312-738-9985	12g. E-Mail Address
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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 David P. Lichtman, Attorney		13b. Address (street and number, city, state, and ZIP code) 8 S Michigan Avenue, 19th Floor, Chicago, IL 60603	
13c. Tel. No. (312) 372-1361	13d. Cell No.	13e. Fax No. (312) 372-6599	13f. E-Mail Address dlichtman@laboradvocates.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) David P. Lichtman	Signature 	Title Attorney	Date 02/06/2020
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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.

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

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-255877

Date Filed

February 06, 2020

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
G&K Services Industrial Division, d/b/a Cintas

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2108 N. Washington Avenue, Minneapolis, MN 55411

3a. Employer Representative - Name and Title
Dan Farley

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

3c. Tel. No.
612-638-2501

3d. Cell No.

3e. Fax No.
612-521-8271

3f. E-Mail Address

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

4b. Principal product or service
Laundry

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

5b. Description of Unit Involved

Included: FT and PT production workers

Excluded: Management, Supervisors, Sales and Clerical

6a. No. of Employees in Unit:
44

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).
Chicago and Midwest Regional Joint Board - Workers United

8b. Address
333 S. Ashland Ave., Chicago, IL 60607

8c. Tel. No.
312-738-6100

8d. Cell No.

8e. Fax No.
312-738-9985

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)
03/31/2020

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):
Lunchroom at 2108 N. Washington Avenue, Minneapolis, MN 55411

12a. Full Name of Petitioner (including local name and number)
Local 150 - Chicago and Midwest Regional Joint Board

12b. Address (street and number, city, state, and ZIP code)
333 S. Ashland Ave., Chicago, IL 60607

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Workers United

12d. Tel. No.
312-738-6100

12e. Cell No.
773-988-2475

12f. Fax No.
312-738-9985

12g. E-Mail Address

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

13a. Name and Title David P. Lichtman, Attorney

13b. Address (street and number, city, state, and ZIP code)
8 S. Michigan Avenue, 19th Floor, Chicago, IL 60603

13c. Tel. No.
(312) 372-1361

13d. Cell No.

13e. Fax No.
(312) 372-6599

13f. E-Mail Address
dlichtman@laboradvocates.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)
David P. Lichtman

Signature


Title
Attorney

Date
02/06/2020

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-256375	Date Filed Feb. 14, 2020

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: Eureka Recycling	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2828 Kennedy St. NE, Minneapolis MN 55413
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3a. Employer Representative - Name and Title: Kris Foner	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. 612-669-2783	3d. Cell No. 612-455-9135	3e. Fax No.	3f. E-Mail Address krisf@eurekarecycling.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Recycling	4b. Principal Product or Service Recycling	5a. City and State where unit is located: Minneapolis MN
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5b. Description of Unit Involved: Included: All full-time and regular part-time transfer drivers employed by the employer out of its Minneapolis Minnesota facility Excluded: excluding all other employees, office employees, managers, guards and supervisors as defined by the act.	6a. Number of Employees in Unit: 3	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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:
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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: Requesting expedited election Manual Mail Mixed Manual/Mail

11b. Election Date(s): 02/27/2020	11c. Election Time(s): 7:00am-7:15am	11d. Election Location(s): Employee Breakroom
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12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 120	12b. Address (street and number, city, State and ZIP code): 9422 Ulysses St. NE Blaine MN 55434
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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 Local 120

12d. Tel. No. 763-267-6120	12e. Cell No. 651-343-1714	12f. Fax No. 763-267-6121	12g. E-Mail Address pslattery@teamsterslocal120.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: Paul Slattery-Organizer	13b. Address (street and number, city, State and ZIP code): 9422 Ulysses St. NE Blaine MN
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13c. Tel. No. 763-267-6120	13d. Cell No. 651-343-1714	13e. Fax No. 763-267-6121	13f. E Mail Address pslattery@teamsterslocal120.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) Paul Slattery	Signature 	Title Organizer	Date 2/13/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-256880	Date Filed February 25, 2020

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 Aspirus Ironwood Hospital	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 10561 Grandview Lane MI Ironwood 49938-
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3a. Employer Representative - Name and Title Paula Chermiside	3b. Address (If same as 2b - state same) 10561 Grandview Lane MI Ironwood 49938-
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3c. Tel. No. (906) 932-2525	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities	4b. Principal product or service Healthcare	5a. City and State where unit is located: Ironwood, MI
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 15	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).
 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). Michigan AFSCME Council 25 Nora Grambau	8b. Address 1034 N. Washington MI Lansing 48906-
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8c. Tel No. (517) 487-5081	8d. Cell No.	8e. Fax No.	8f. E-Mail Address ngrambau@miafscme.org
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8g. Affiliation, if any AFL-CIO	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 08/02/2020
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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): 03/05/2020	11c. Election Time(s): 9 am	11d. Election Location(s): Mail Ballot to Employees Homes
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12a. Full Name of Petitioner (including local name and number) Reno Thompson Michigan AFSCME Council 25, Local 992.10, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 7700 Second Ave. Suite #314 MI Detroit 48202-
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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)
AFSCME International

12d. Tel No. (313) 964-1711	12e. Cell No.	12f. Fax No.	12g. E-Mail Address rthompson@miafscme.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	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) Reno Thompson	Signature Reno Thompson	Title Organizer	Date 02/24/2020 17:34:54
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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 18-RC-256880	Date Filed February 25, 2020

Employees Included

Radiology Technologist/CT, Echo Technologist, Nuclear Medicine Technologist, X-ray/CT Technologist, Radiographer and Radiologic Technologist.


Employees Excluded

Doctors, registered nurses, paramedical employees registered with an appropriate professional or technical society, temporary employees working under a handicapped worker's certificate issued by the U.S. Department of Labor, secretaries to executive offices, supervisors, managers, department heads, executives and all others defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-256986	Date Filed February 26, 2020

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 River Market Community Co-op		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 221 Main St N, Stillwater, MN 55082			
3a. Employer Representative - Name and Title Sara Morrison, Interim General Manager		3b. Address (If same as 2b - state same) same			
3c. Tel. No. 651-439-0366	3d. Cell No.	3e. Fax No. 651-439-9389	3f. E-Mail Address gm@rivermarket.coop		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail		4b. Principal product or service Groceries		5a. City and State where unit is located: Northfield, MN	
5b. Description of Unit Involved Included: All full and part time employees in the front end, grocery, HBC, deli, produce, pricing and maintenance Excluded: All department managers, assistant department managers, HR, accounting, marketing and all other managers as defined by the Act.					6a. No. of Employees in Unit: 39 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"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/26/20 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). None <input type="checkbox"/> 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) 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/26/20		11c. Election Time(s): 10-11:30am and 4-5:30pm		11d. Election Location(s): Break Room	
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, South St. Paul, MN 55075	
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. 651-402-7925	12e. Cell No. 651-402-7925	12f. Fax No. 651-451-8227	12g. E-Mail Address dtastad@ufcw1189.org		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.					
13a. Name and Title Diana Tastad-Damer, Organizer		13b. Address (street and number, city, state, and ZIP code) 266 Hardman Ave, South St. Paul, MN 55075			
13c. Tel No. 651-402-7925	13d. Cell No. 651-402-7925	13e. Fax No. 651-451-8227	13f. E-Mail Address dtastad@ufcw1189.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) Diana Tastad-Damer		Signature 		Title Organizer	
				Date 2/26/20	

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-256993	Date Filed 2/27/2020

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: Go Riteway Transportation Group	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6242 N. 64th. St. Milwaukee, Wi. 53218
3a. Employer Representative - Name and Title: Leslie Edwards, Manager	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 414 226 5481	3d. Cell No. N/A	3e. Fax No. N/A	3f. E-Mail Address N/A
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Private Transportation Provider	4b. Principal Product or Service Bus Service	5a. City and State where unit is located: Milwaukee, Wisconsin
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5b. Description of Unit Involved: Included: All Full-Time and regular part time employee Mechanics and Mechanic Helpers Excluded: All other employees, supervisors, and guards covered by the Act.	6a. Number of Employees in Unit: Five (5)	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By this 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) None	8b. Address: N/A
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8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
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8g. Affiliation, if any: N/A	8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No Yes. If so, approximately how many employees are participating? N/A
(Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) N/A

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 N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A	10e. Fax No. N/A	10f. E-Mail Address N/A
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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): March 12, 2020	11c. Election Time(s): 0430-0500, 0830-0900	11d. Election Location(s): Kitchen / Breakroom
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12a. Full Name of Petitioner (including local name and number): Jared A. Wolski	12b. Address (street and number, city, State and ZIP code): 6200 W. Bluemound Rd. Milwaukee, Wi. 53213
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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 General Local Union No. 200

12d. Tel. No. 414 771 6363	12e. Cell No. N/A	12f. Fax No. 414 771 5850	12g. E-Mail Address jwolski@teamsterslocal200.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: Tim Pinter, President	13b. Address (street and number, city, State and ZIP code): 6200 W. Bluemound Rd. Milwaukee, Wi. 53213

13c. Tel. No. 414 771 6363	13d. Cell No. N/A	13e. Fax No. 414 771 5850	13f. E-Mail Address tpinter@teamsterslocal200.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Jared A. Wolski	Signature 	Title Business Representative	Date 02-26-2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-257016	Date Filed 2/27/2020

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

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

2a. Name of Employer: Imperial Dade	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2200 Dekoven Ave., Racine, Wi. 53403
3a. Employer Representative - Name and Title: Bill Kuzia, V.P. Finance & Operations	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 262 638 2200	3d. Cell No. N/A	3e. Fax No. 262 638 2217	3f. E-Mail Address bkuzia@imperialdade.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution, Service	4b. Principal Product or Service Supply chain, maintenance	5a. City and State where unit is located: Racine, Wisconsin
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5b. Description of Unit Involved: Included: All full-time and regular part-time employee Service Technicians Excluded: All other employees, guards, and supervisors covered by the Act.	6a. Number of Employees in Unit: Two (2)	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By this 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) None	8b. Address: N/A
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8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
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8g. Affiliation, if any: N/A	8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
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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? N/A
(Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) N/A

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 N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

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): March 10, 2020	11c. Election Time(s): 0730-0800	11d. Election Location(s): Conference Room
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12a. Full Name of Petitioner (including local name and number): Terry Simenson	12b. Address (street and number, city, State and ZIP code): 6200 W. Bluemound Rd. Milwaukee, WI 53213
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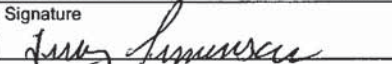
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters Local Union No. 200

12d. Tel. No. 414 771 6363	12e. Cell No. N/A	12f. Fax No. 414 771 5850	12g. E-Mail Address tsimenson@teamsterslocal200.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: Tim Pinter, President	13b. Address (street and number, city, State and ZIP code): 6200 W. Bluemound Rd. Milwaukee, Wi. 53213

13c. Tel. No. 414 771 6363	13d. Cell No. N/A	13e. Fax No. 414 771 5850	13f. E-Mail Address tpinter@teamsterslocal200.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Terry Simenson	Signature 	Title Business Representative	Date 02-26-20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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

RECEIVED
NLRB
FEB 26 PM 1:34
MILWAUKEE, WI
SUBMISSION 31

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-257127	Date Filed 2/28/2020

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 Milwaukee Repertory Theater, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 108 E. Wells St. WI Milwaukee 53202-	
3a. Employer Representative - Name and Title Chad Bauman		3b. Address (If same as 2b - state same) 108 E. Wells St. WI Milwaukee 53202-	
3c. Tel. No. (414) 224-1761	3d. Cell No.	3e. Fax No.	3f. E-Mail Address cbauman@milwaukeeerep.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Theatrical productions	
5a. City and State where unit is located: Milwaukee, WI			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 6
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). Milwaukee Theatrical Stage Employees Union, Local 18 (of existing stagehand unit, which		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any IATSE		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): March 20, 2020	11c. Election Time(s): 11:00 a.m.	11d. Election Location(s): Employer's facility
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12a. Full Name of Petitioner (including local name and number) Craig Carlson Milwaukee Theatrical Stage Employees Union, Local 18	12b. Address (street and number, city, state, and ZIP code) 1110 N. Old World Third St., Ste. 650 WI Milwaukee 53202-
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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 Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada

12d. Tel No. (414) 272-3540	12e. Cell No.	12f. Fax No. (414) 272-3592	12g. E-Mail Address ccarlson@iatselocal2.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 David Huffman-Gottschling Attorney Jacobs, Burns, Orlove & Hernandez		13b. Address (street and number, city, state, and ZIP code) 150 N. Michigan Ave., Ste. 1000 IL Chicago 60601-	
13c. Tel No. (312) 327-3443	13d. Cell No.	13e. Fax No. (312) 726-3887	13f. E-Mail Address 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.

Name (Print) David Huffman-Gottschling	Signature David Huffman-Gottschling	Title Attorney	Date 02/28/2020 09:43:35
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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-257127	2/28/2020

Employees Included
All employees in the Properties Department

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

Case No.

18-RD-256749

Date Filed

Feb. 21, 2020

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

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

2a. Name of Employer Harvey Vogel Manufacturing Co.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 425 Weir Drive, #1200, Woodbury MN	
3a. Employer Representative - Name and Title Donna Winter		3b. Address (If same as 2b - state same)	
3c. Tel. No. 651-739-7373	3d. Fax No. 651-739-0403	3e. Cell No.	3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal product or service Metal Stamping
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5a. Description of Unit Involved Included: All Production, Maintenance employees, and Tool and Die Makers Excluded: Office, clerical help, supervisory employees, guards and professional employees as defined by the NLRA	5b. City and State where unit is located: Woodbury, MN
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6. No. of Employees in Unit 162	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent District Lodge No. 77 of IMAAW	8b. Affiliation, if any
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8c. Address 1010 Hwy 96E Vadnais Heights, MN	8d. Tel. No. 651-645-7261	8e. Cell No.
	8f. Fax No. 651-645-7765	8g. E-Mail Address

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 30, 2020
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

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

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)
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14. Full Name of Petitioner (b) (6), (b) (7)(C)
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14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C)	15b. Title
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15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No.	15e. Fax No.
	15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title	Date Filed 2/21/2020
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UNFINISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE
Case No. 18-RD-256842
Date Filed February 24, 2020

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

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

2a. Name of Employer: Dave Syverson Truck Center
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 7 county Rd 16 SE Rochester MN 55904

3a. Employer Representative - Name and Title: Aaron Smith
3b. Address (if same as 2b - state same): Same

3c. Tel. No.: 507 280 3080
3d. Fax No.: 507 289 1584
3e. Cell No.: 1507 254 0199
3f. E-Mail Address: Arons@davesyverson.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Freightliner Dealership
4b. Principal product or service: Service and Repair Freightliner Trucks

5a. Description of Unit Involved
Included: Service Technicians and Parts Counter
Excluded: Everyone else
5b. City and State where unit is located: Rochester MN.

6. No. of Employees in Unit: 13
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: TEAMSTERS Local Union 120 WAYNE PERLEBERG
8b. Affiliation, if any: None

8c. Address: Teamsters Local 120 101 WOODLAKE DRIVE SE Rochester, MN 55904
8d. Tel. No.: 507 289 6577
8e. Cell No.: 507 269 1729
8f. Fax No.: 507 288-4552
8g. E-Mail Address: wperleberg@teamsterslocal120.org

9. Date of Recognition or Certification: 2008
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): 4-30-20

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? 0

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

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

12a. Name: NONE
12b. Address: NONE
12c. Tel. No.: N/A
12d. Fax No.: N/A
12e. Cell No.: N/A
12f. E-Mail Address: N/A

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

13b. Election Date(s): 3-25-20
13c. Election Time(s): 3 PM
13d. Election Location(s): Dave Syverson Truck Center

14. Full Name of Petitioner: (b) (6), (b) (7)(C)
14b. Tel. No.: none
14c. Fax No.: none
14d. Cell No.: (b) (6), (b) (7)(C)
14e. E-Mail Address: (b) (6), (b) (7)(C)

14f. Affiliation, if any: None
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name: None
15b. Title: None
15c. Address (Street and number, city, state, ZIP code): None
15d. Tel. No.: None
15e. Fax No.: None
15f. Cell No.: None
15g. E-Mail Address: None

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
Date Filed: 2-21-20