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

David P. Lichtman

WILLFUL FALSE STATEMENTS

ON-THIS PETITION

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

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

PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should <u>not</u> 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) G&K Services Linen Division, d/b/a Cintas 621 Olson Memorial Hwy., Minneapolis, MN 55405 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Dan Paulson same 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 612-287-6615 612-333-2319 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Industrial Linen Laundry Laundry of linens Minneapolis, MN 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: FT and PT production workers 6b. Do a substantial number (30% or more) of the employees in the Management, Supervisors, Sales and Clerical 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 Chicago and Midwest Regional Joint Board - Workers United 333 S. Ashland Ave., Chicago, IL 60607 8c. Tel No. 8e. Fax No 312-738-6100 312-738-9985 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? _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 10h Address 10c, Tel. No. 10d. Cell No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🗸 Manual Mail _ any such election. 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) 12b. Address (street and number, city, state, and ZIP code) Local 150 - Chicago and Midwest Regional Joint Board 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 773-988-2475 312-738-9985 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. 13d, Cell No. 13e, Fax No. 13f. E-Mail Address (312) 372-1361 (312) 372-6599 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) Signature

CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Date

02/06/2020

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

DO NOT WRITE IN THIS SPACE					
Case No. 18-RC-255877	Pate Filed February 06, 2020	_			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION; RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2108 N. Washington Avenue, Minneapolis, MN 55411 G&K Services Industrial Division, d/b/a Cintas 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Dan Farley same 3c. Tel. No. 3e. Fax No. 3d. Cell No. 3f E-Mail Address 612-638-2501 612-521-8271 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Industrial Laundry Laundry Minneapolis, MN 5b. Description of Unit Involved 6a. No. of Employees in Unit; Included: FT and PT production workers 6b. Do a substantial number (30% or more) of the employees in the Management, Supervisors, Sales and Clerical unit wish to be represented by the Petitioner? Yes 🗸 No 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: 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 Chicago and Midwest Regional Joint Board - Workers United 333 S. Ashland Ave., Chicago, IL 60607 8c Tel No 8d Cell No. 8f. F-Mail Address Se Fax No 312-738-6100 312-738-9985 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 11a, Election Type: ✓ Manual Mail Mixed Manual/Mail any such election 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) 12b. Address (street and number, city, state, and ZIP code) Local 150 - Chicago and Midwest Regional Joint Board 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 312-738-6100 773-988-2475 312-738-9985 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. 13d. Cell No. 13e, Fax No. 13f F-Mail Address (312) 372-1361 (312) 372-6599 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) Title Date David P. Lichtman 02/06/2020 Attorney

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) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.			
18-RC-256375	Feb. 14, 2020		

						10-NC-2	303/3		,
INSTRUCTIONS: Unless e-Filed us employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in t	must be accomp the petition of: (anied by	both a sho tition; (2) St	owing of interest (see latement of Position f	6b below) and orm (Form NLI	a certificate RB-505); and	e of service showing se I (3) Description of Repi	rvice on resentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desire	s to be certified a	s represe	ntative of th	e employees. The Peti	tioner alleges	that the follo	wing circumstances ex	
2a. Name of Employer:			2b. Add	ress(es) of E	stablishment(s) involve	ed (Street and r	umber, City,	State, ZIP code):	
Eureka Recycling 2828					ly St. NE, Minne	eapolis MN	155413		1
3a. Employer Representative - Nan	ne and Title	:	3b. Add	ress (if sam	e as 2b - state same):				
Kris Foner			Sam	e					
3c. Tel. No.	3d. Cell No).		3e. Fax No		3f. E-Mail A	ddress		
612-669-2783	612-455					krisf@eı	ırekarecycl	ing.org	
4a Type of Establishment (Factory,	mine, whole	saler, etc.)	-	4b. Principa	al Product or Service		5a. City and	d State where unit is local	ted:
Recycling				Recyclii	ng		Minnear	olis MN	
5b. Description of Unit Involved: Included: All full-time and regular part-time transfer dr	ivers employed	by the employer out	of its Minne	apolis Minneso	ta facility		6a. Numbe	r of Employees in Unit:	
Excluded: excluding all other employees, office e							of the e	ubstantial number (30% of mployees in the unit wish	to be
Check One: 7a. Request for rec	cognition as	Bargaining Repre	esentative	was made	on (Date)	and		nted by the Petitioner? eclined recognition	Yes No
on or about (Date)		(if n	o reply re	eceived, so s	state).		, ,,		
7b. Petitioner is cu 8a. Name of Recognized or Certific					nd desires certification	under the Act.	_		
oa. Name of Recognized of Ceruin	ed Bargaini	ing Agent (<i>ir non</i>	e, so siai	e) 8b. Ad	aress:				
8c. Tel. No.	8d. Cell No) .		8e. Fax No		8f. E-Mail A	8f. E-Mail Address		
8g. Affiliation, if any:			18	n. Date of Re	ecognition or Certification			rrent or Most 'Month, Day, Year)	
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	ent(s) invo	lved?	If so, approxir	nately how mar	ny employees	are participating?	
(Name of Labor Organization)						, has picketed	the Employe	er since (Month, Day, Yea	nr)
10. Organizations or individuals othe individuals known to have a representation								es and other organizations	s and
10a. Name		10b. Address				10c. Tel. No	0.	10d. Cell No.	
						1			
						10e. Fax N	0.	10f. E-Mail Address	
11. Election Details: If the NLRB co Requesting expedited election		election in this m	atter, stat	e your posit	ion with respect to any	such election:	11a. Election		Manual/Mail
11b. Election Date(s):		11c. Election Tir	ne(s):			11d. Election	on Location(s	3):	
02/27/2020		7:00am-7:15	am			Employ	ee Breakro	om	
12a. Full Name of Petitioner (includ	ing local na	me and number):			12b. Address (street a	and number, city	, State and I	ZIP code):	
International Brotherhoo	d of Tea	msters Loca	1 120		9422 Ulysses	St. NE Bla	ine MN 5	55434	
12c. Full name of national or internat	ional labor o	organization of wh	nich Petit	oner is an a	ffiliate or constituent (if	none, so state):		
International Brotherhood of T	eamsters	Local 120							
12d. Tel. No. 12e. Cell No.		12f. Fax No.		_	12g. E-Mail Address				
763-267-6120	651-343			763-267				rslocal120.org	
13. Representative of the Petitione	r who will a	accept service o	f all pape						
13a. Name and Title: Paul Slattery-Organizer			13b. Address (street and number, city, State and ZIP code): 9422 Ulysses St. NE Blaine MN						
13c. Tel. No.	13d. Cell N	lo.	-	13e. Fax N	lo .	13f. E Mail	Address		
763-267-6120	651-343			763-267				rslocal 120.org	
declare that I have read the above			mepts a						
Name (Print)	, pennon u	Signature	7	(1	11.	Title			Date
Paul Slattery			You	$V X_0$	Meux	Organizer			2/13/2020

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.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 representa ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 10561 Grandview Lane Aspirus Ironwood Hospital 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 10561 Grandview Lane MI Ironwood 49938-Paula Chermside 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (906) 932-2525 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Facili ies Healthcare Ironwood, MI 5b. Description of Unit Involved 6a. No. of Employees in Unit: 15 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 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 curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 1034 N. Washington Michigan AFSCME Council 25 Nora Grambau MLL ansing 4890 8c Tel No 8d Cell No. 8e. Fax No 8f F-Mail Address (517) 487-5081 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) AFL-CIO 08/02/2020 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 recogni ion 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 03/05/2020 Mail Ballot to Employees Homes 9 am 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 7700 Second Ave. Suite #314 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
AFSCME International 12g. E-Mail Address rthompson@miafscme.org 12d. Tel No. 12e. Cell No. 12f. Fax No. 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) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-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) Signature Title Date Reno Thompson Organizer 02/24/2020 17:34:54 Reno Thompson

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		
ase	Date Filed	
18-RC-256880	February 25, 2020	

Employees Included

Radiology Technologist/CT, Echo Technologist, Nuclear Medicine Technologist, Xray/CT Technologist, Radiographer and Radiologic Technologist.

Case

Employees Excluded

Doctors, registered nurses, paramedical employees registered with an appropriate professional ot 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

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

RC PETITION

18-RC-256986

February 26, 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

midification diness sines		,		×1000			
in which the employer concerned	d is located. The	e petition mus	t be acc	ompanied by	both a showing o	f interest (se	e 6b below) and a certificate
of service showing service on th	e employer and	all other partie	s name	d in the petition	on of: (1) the petit	ion; (2) State	ement of Position form
(Form NLRB-505); and (3) Descri					RB 4812). The sh	lowing of int	erest should only be filed
with the NLRB and should not be	e served on the	employer or an	y other	party.			1. F 11 - 11 - 11 - 1
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Re	desires to be certifi	ed as representati	ve of the	employees. The	Petitioner alleges th	at the following	g circumstances exist and
2a. Name of Employer		2b. Ad	ddress(es) of Establishmen	t(s) involved (Street a	nd number, city	, State, ZIP code)
River Market Community Co-op		221 N		N, Stillwater,			
3a. Employer Representative – Name a Sara Morrison, Interim General			3b. Ad	Idress (If same as	s 2b – state same)		
3c. Tel. No.	3d. Cell No.		3e. Fa	v No		3f. E-Mail Add	ress
651-439-0366	00.00.110.		- Company of the Comp	39-9389		gm@riverm	NTC20
4a. Type of Establishment (Factory, mine	, wholesaler, etc.)	4b. Principal pro	oduct or se	ervice	*****	5a. City	and State where unit is located:
Retail		Groceries				Northfie	eld, MN
5b. Description of Unit Involved	-				The second secon		6a. No. of Employees in Unit: 39
Included: All full and part time er	mployees in the	front end, groo	ery, HB	C, deli, produ	ce, pricing and ma	aintenance	6b. Do a substantial number (30%
Excluded: All department managers, ass	sistant department m	anagers, HR, accou	unting, ma	rketing and all othe	er managers as defined	d by the Act.	or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
		(If no reply receive	d, so stat	e). None	2/26/20 and certification under the		lined recognition on or about
8a. Name of Recognized or Certified B None	argaining Agent (I	f none, so state).		8b. Address			
8c. Tel No.	8d Cell No.		8e. Fa	x No.		8f. E-Mail Add	iress
8g. Affiliation, if any			8h. Date	of Recognition o	r Certification		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the	Employer's establis				kimately how many en	nployees are pa	articipating?
(Name of labor organization) 10. Organizations or individuals other tha	- Detilioner and the					recentatives and	d other organizations and individuals
hown to have a representative interest in None	n any employees in	the unit described	in item 5b	above. (If none,	, so state)	resentauves am	o other organizations and marviadals
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB condu any such election. 			ur position	with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): 3/26/20	10-11:3	lection Time(s): 30am and 4-5:30p	om				17/2
12a. Full Name of Petitioner (including United Food and Commercial Workers	Union Local 1189				266 Hardman Ave,		city, state, and ZIP code) II, MN 55075
12c. Full name of national or international United Food and Commercial Workers	l labor organization International Union	of which Petitione	r is an affi	liate or constituer	nt (if none, so state)		
12d. Tel No. 651-402-7925	12e. Cell No. 651-402-7925		12f. Fa 651-45	1-8227		12g. E-Mail Addastad@ufcw	
13. Representative of the Petitioner w	ho will accept serv	ice of all papers f	or purpo	ses of the repres	sentation proceeding	g.	
13a. Name and Title Diana Tast	ad-Damer,	Organizer		ddress (street an	d number, city, state, t. Paul, MN 55075	and ZIP code)	
13c. Tel No. 651-402-7925	13d. Cell No. 651-402-7925	- ALLE A		ax No. 1-8227		13f. E-Mail Ad dtastad@ufcw	
I declare that I have read the above pe		statements are tr	2000	20.500.0503605	wledge and belief.		
Name (Print)	Signature 1 A	2/-/	Title Organi			Date 2/26/20	
Diana Tastad-Damer	MENTS ON THIS DI	ETITION CAN BE			IMPRISONMENT (II		E 18. SECTION 1001)

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of Interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Go Riteway Transportation Group 6242 N. 64th. St. Milwaukee, Wi. 53218 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Leslie Edwards, Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 414 226 5481 N/A N/A N/A 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Private Transportation Provider **Bus Service** Milwaukee, Wisconsin 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Five (5) All Full-Time and regular part time employee Mechanics and Mechanic Helpers 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X Yes All other employees, supervisors, and guards covered by the Act. 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) 8b. Address: N/A None 8c. Tel. No. 8f. E-Mail Address 8d. Cell No. 8e. Fax No. N/A N/A N/A N/A 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A N/A N/A9. 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) , 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 brganizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None C 10d. cel 10a, Name 10b. Address 10c. Tel. No. N/A N/A N/A 10e. Fax No. -Mail AddressO 10f. E N/A 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Types. Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 0430-0500, 0830-0900 Kitchen / Breakroom March 12, 2020 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code) Jared A. Wolski 6200 W. Bluemound Rd. Milwaukee, Wi. 53213 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (ifnone, so state): International Brotherhood of Teamsters General Local Union No. 200 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 414 771 6363 N/A 414 771 5850 jwolski@teamsterslocal200.com 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): Tim Pinter, President 6200 W. Bluemound Rd. Milwaukee, Wi. 53213 13c, Tel, No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. N/A 414 771 6363 414 771 5850 tpinter@teamsterslocal200.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date 02-26-020 Jared A. Wolski **Business Representative**

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

Name (Print)

Terry Simenson

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

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

Date 02-26-020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/2, 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Imperial Dade 2200 Dekoven Ave., Racine, Wi. 53403 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Bill Kuzia, V.P. Finance & Operations Same 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. 262 638 2200 N/A 262 638 2217 bkuzia@imperialdade.com 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Distribution, Service Supply chain, maintenance Racine, Wisconsin 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Two (2) All full-time and regular part-time employee Service Technicians Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No All other employees, guards, and supervisors covered by the Act. Check One: x 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) 8b. Address: None N/A 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address N/A N/A N/A N/A 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A N/A N/A 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) , 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 10c. Tel. No. 10d. Cell No. 10b. Address 10a, Name N/A N/A N/A N/A 10e. Fax No. 10f. E-Mail Address N/A N/A 11a. Election Type ☐ Mixed Manual/Mail 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: TEMAIT" X Manual 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Z Conference Room March 10, 2020 0730-0800 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP co 6200 W. Bluemound Rd. Milwaukee, Terry Simenson 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address tsimenson@teamsterslocal200.com 414 771 6363 N/A 414 771 5850 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): Tim Pinter, President 6200 W. Bluemound Rd. Milwaukee, Wi. 53213 13c. Tel. No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. tpinter@teamsterslocal200.com 414 771 6363 N/A 414 771 5850 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

Business Representative

Signature

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.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 representa ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 108 E. Wells St Milwaukee Repertory Theater, Inc. VI Milwaukee 53202-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 108 E. Wells St. WI Milwaukee 53202 Chad Bauman 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address cbauman@milwaukeerep com (414) 224-1761 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Theatrical productions 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 Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 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 curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address Milwaukee Theatrical Stage Employees Union, Local 18 (of existing stagehand unit, which 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) IATSE 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 recogni ion 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. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): March 20, 2020 Employer's facility 11:00 a.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Craig Carlson Milwaukee Theatrical Stage Employees Union, Local 18 1110 N. Old World Third St., Ste. 650 WI Milwaukee 53202-12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (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 12g. E-Mail Address ccarlson@iatselocal2.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (414) 272-3592 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) David Huffman-Gottschling Attorney Jacobs, Burns, Orlove & Hernandez 150 N. Michigan Ave., Ste. 1000 IL Chicago 60601-13f. E-Mail Address 13c. Tel No. 13d Cell No. 13e. Fax No. davidhg@jbosh.com (312) 726-3887 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date David Huffman-Gottschling Attorney 02/28/2020 09:43:35 David Huffman-Gottschling

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

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN THIS SPACE			
Case No.		Date Filed		
10 DD 05	7710	7 1 0		

	F	RD PETITION			18-	-RD-256749		Feb.	21,	2020
INSTRUCTIONS: Unless e employer concerned is lo the employer and all othe Case Procedures (Form N	cated. The petition r parties named in ti	must be accomp he petition of:(1)	anied by both a s the petition; (2) S	showing of inter Statement of Po	rest (see 7 sition forn	below) and a certifica n (Form NLRB-505); a	ate of service nd (3) Descri	showing siption of Re	ervice o	on tation
 PURPOSE OF THIS PETI recognized bargaining rep Labor Relations Board p 	resentative is no long	er their represent	ative. The Petition	ner alleges that	the follow	ing circumstances ex	s assert that i	he certified	or curre Nation	ntly n ai
2a. Name of Employer			2b. Address(es)	of Establishment	t(s) involve	d (Street and number,	city, state, ZIF	code)	112	-
Harvey Vogel Manufa	cturing Co.		425 Weir Dr	ive, #1200, V	Woodbur	y MN	A.			
Ba, Employer Representativ	e - Name and Title		3b. Address (If sa	ame as 2b - state	e same)			-		
Donna Winter										
3c, Tel, Nd. 651-739-7373	3d. Fax No. 651-739-040)3	3e. Cell No.		3f. E-Mai	I Address				
4a. Type of Establishment (Fa	actory, mine, wholesa	ler, etc.)				ipal product or service	1788175		miles beside	
Factory			•		Metal	Stamping		144.44		ar eta en
5a. Description of Unit Involve Included:	ed							and State v	where ur	nit
		a and Taal a	d Die Meleere					ocated:	NI	
All Production, Mainte	enance employee	s, and 1001 at	id Die Makers	•			WOOC	dbury, Mi	Ν.	
Excluded:	4 4					•				
Office, clerical help, si	apervisory emplo	yees, guards	and profession	nal employee	s as defi	ned by the NLRA				
3. No. of Employees in Unit	62 7. Do a s	ubstantial numbe	(30% or more) of	the employees i	in the unit r	no longer wish to be rep	presented by	the certified	or curre	ntly
	recogn	nized bargaining r	epresentative? X	Yes No						05885A
Ba. Name of Recognized or C		ent				8b. Affiliation, if any				9
District Lodge No. 77	of IAMAW									
Bc. Address				8d. Tel. No.		8e. Cell No.				
1010 Hwy 96E	*			651-645-7	7261				1.	
Vadnais Heights, MN			8f. Fax No. 8g. E-Mail Address 651-645-7765		\$2.					
Date of Recognition or Cert	ification				Most Rece	nt Contract, if any (Mor	nth, Day, Year)		-
			April 30, 202	V			*			
11a. Is there now a strike or p				Yes X No	11b. If so	, approximately how m	any employee	s are partic	pating?	
11c. The Employer has been ((Insert Address)	picketed by or on beh	alf of (Insert Nan	ne)			since	e (Month, Day		r organiz	ration, of
12. Organizations or individua	Is other those named	in items 8 and 11	c, which have clair	med recognition	as represe					
and individuals known to h	nave a representative	interest in any en			m 5 above	. (If none, so state)				
12a. Name	12b. Addre	ess			12c, Tel.	No.	12d. Fax No.			
1149			3							
					12e. Cell	No.	12f. E-Mail Ad	idress	m3-197	
3. Election Details: If the N matter, state your position			-		13a. Elec	tion Type: Manual	Mail_	Mixed N	Manual/N	Mail
3b. Election Date(s)	man respect to any st	13c. Election Tin	ne(s)		13d. Elec	tion Location(s)		-		
14. Full Name of Petitioner (b) (6), (b) (7)(C)									-	
4a. Address (Street and num	har city state 710 or	odel	20 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3		14b. Tel.	No	14c. Fax No.			
(b) (6), (b) (7)(C)	ber, only, state, Zir ot	oue)			140. 161.	NO.	146. Fax INU.			
				4	14d, Cell	No	14e. E-Mail A	ddroes		
					(b) (6), (l	Contract Con	(b) (6), (b)			
4f. Affiliation, if any	*****				(5) (5), (5/ (· /(5/	(b) (b), (b)	(1)(0)		
5. Representative of the Pe	titioner who will see	ent condes of al	nanare for nurs	nege of the serv	recentation	nroceeding				
5a. Name	diconer wito will acc	ehi service of al	papers for purp	uses of the repr	15b.Title	i proceeding.			-	-
b) (6), (b) (7)(C)					100.1100					
	har situ atata 710 as	dal			154 Tal	Na I	15. F. N.			
5c. Address (Street and num b) (6), (b) (7)(C)	uer, uty, state, ZIP co	100)			15d. Tel.	IVO.	15e. Fax No.			
			+:		15f. Cell N	No.	15g. E-Mail A	ddress		
					(b) (6), (b)		(b) (6), (b) (7)(C)		
declare that I have read the	above petition and	that the stateme	nts are true to the	e best of my kn	owledge a		· · · · · · · · · · · · · · · · · · ·			
(b) (6), (b) (7)(C)	Si	g(b) (6), (b) (/)(C)		Title		•	Date	Filed	bra
	SON		JNISHI	ED BY FINE AN	D IMPRISO	ONMENT (U.S. CODE,	TITLE 18, SE	ECTION 1.00	1)	NIN

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

Solicitation of the information on this form is authorized (NLRB) in processing representation and related procee further explain these uses upon request. Disclosure of the

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

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

C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board on are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will

re to supply the information may cause the NLRB to decline to invoke its processes.

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov!, submit an original of this Petition to an NLRB onice 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.

PURPOSE OF THIS PETITION: RD recognized bargaining representative Labor Relations Board proceed un	e is no longer their representative nder its proper authority pursu	e. The Petitioner alleges the ant to Section 9 of the Nation	at the following circumstances onal Labor Relations Act.	yees assert that the certified or currently exist and requests that the National
2a. Name of Employer	7 1/ (1 2h		ent(s) involved (Street and numb	er, city, state, ZIP code)
Dave 3 yver 60/ 3a. Employer Representative - Name	y Truk (ental) and Title 3b	7 COUNTY RO D. Address (If same as 2b - str		histor MN 55904
Auron Smitt		Same		100/1
3c. Tel. No. 3d. F		e. Cell No.	3f. E-Mail Address	mas least cam
		507 254 619	4b. Principal product or servi	aresyverson, com
4a. Type of Establishment (Factory, min	Dec 1056	D	Service A cond	Repair Frieghtliner.
5a. Description of Unit Involved	Dealeron	1	1 SCIVIOS WIND	5b. City and State where unit
The second secon	chnicians i	and Parts	Counter	is located:
Jes vica le	Stelling look o		A10.200. 101	Rochester
Excluded:	1022			mn
Everyone	0150			1
6. No. of Employees in Unit 13	Do a substantial number (3 recognized bargaining representations)			e represented by the certified or currently
8a, Name of Recognized or Certified Ba	rgaining Agent	120 WAYNE	8b. Affiliation, if a	^*
TEAMSTERS LOC 8c. Address Teamsters 101 WOODLAKE D	ial Union	120 Periob	erg Now	2
8c. Address Team Sters	Local 120	8d. Tel. No	8e. Cell No.	
101 WOOd LAKE D	rive SE	50/ 280		169 1729
Rochester, M	N 55904	8f. Fax No	8g. E-Mail Addre	slebera o teamsters la
			or Most Recent Contract, if any (Marit On Vani
Date of Recognition or Certification	2008	4-30 - 20		Month, Day, Year)
11a. Is there now a strike or picketing a			11h Ifso approximately ho	w many employees are participating?
			110. II so, approximately not	a labor organization, of
11c. The Employer has been picketed b	y or on benair or (insert Name)			since (Month, Day, Year)
(Insert Address) //- 12. Organizations or individuals other th	and named in items 8 and 11c i	which have claimed recognition		aranjationa
and individuals known to have a rep	resentative interest in any emplo	byees in the unit described in	item 5 above. (If none, so state	NONE
12a. Name	12b. Address		12c. Tel. No.	12d. Fax No.
			NA	NA
1//0	2/2/0		12e. Cell No.	12f. E-Mail Address
NoNe	None		WA-	nual
 Election Details: If the NLRB cond matter, state your position with respondent 		Ά	13a, Election Type: Man	nual Mail Mixed Manual/Mail
13b. Election Date(s)	13c. Election Time(13d. Election Location(s)	- 116.10
3-25-2	0	3 PM	PAUL SYLLISE	on Truck Gorter
(b) (6), (b) (7)(C)			The second secon	i.
	e)		14b. Tel. No.	14c. Fax No.
(b) (6), (b) (7)(C)			nonl	NONS
		(15) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
		(0) (o), (b) (1)(o)	(2) (2), (2) (.)(2)
14f. Affiliation, if any Woul				
15. Representative of the Petitioner v	tho will accept service of all pa	apers for purposes of the n	epresentation proceeding.	
15a. Name				
None	otate 7/D anda)		15d, Tel. No.	15e, Fax No.
15c. Address (Street and number, city,	state, ZIP CODE)		0/02 5	Nonif
. /			15f. Cell No.	15g. E-Mail Address
Nowl			rone	Nonce
I declare that I have read the above p	etition and that the statement	are true to the best of my	knowledge and belief.	and the second s
(b) (6), (b) (7)(C)	(b) (b), (b) (7)(C	·)	(b) (6), (b) (7)(C)	Date Filed
(a) (b) (1)(b)				2-21-20
	S	Y FINE	AND IMPROSORMENT (0.5. OC	DE, TITLE 18, SECTION 1001)