

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-248063	Date Filed 9/11/19

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 Coach USA		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1520 Arcadian Avenue WI Waukesha 53186-	
3a. Employer Representative - Name and Title Tom Dieckelman		3b. Address (If same as 2b - state same) 1520 Arcadian Avenue WI Waukesha 53186-	
3c. Tel. No. (262) 542-7434	3d. Cell No.	3e. Fax No.	3f. E-Mail Address tom.dieckelman@coachusa.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Bus services	5a. City and State where unit is located: Waukesha, WI

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

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

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

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

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

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

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

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

11b. Election Date(s): October 2nd, 2019	11c. Election Time(s): 9:00am-10:00am	11d. Election Location(s): Employee Break Room located at 1520 Arcadian Ave, Waukesha, WI 53
--	---	--

12a. Full Name of Petitioner (including local name and number) Kevin Andrew Schwerdtfeger II Teamsters Local No. 344, Sales and Service Industry	12b. Address (street and number, city, state, and ZIP code) 10020 W Greenfield Avenue WI Milwaukee 53208-3906
---	--

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

12d. Tel No. (414) 258-4545	12e. Cell No. (414) 526-1105	12f. Fax No.	12g. E-Mail Address kas@local344.org
---------------------------------------	--	---------------------	--

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

13a. Name and Title Kyle McCoy Esq. Attorney Soldon McCoy		13b. Address (street and number, city, state, and ZIP code) 5502 Upland Trail WI Middleton 53562-	
13c. Tel No. (253) 224-0181	13d. Cell No.	13e. Fax No.	13f. E-Mail Address kamccoy@gmail.com

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

Name (Print) Kevin Andrew Schwerdtfeger II	Signature Kevin Andrew Schwerdtfeger II	Title Business Representative	Date 09/11/2019 15:21:21
--	---	---	------------------------------------

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-248063	9/11/19

Employees Included

All full time and regular part time Mechanics employed by the Employer at its facility located at 1520 Arcadian Ave, Waukesha, WI 53186

Employees Excluded

All other employees

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-248080	Date Filed Sept. 12, 2019

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

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

2a. Name of Employer: Aspen Aerials 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
4903 W 1st St. Duluth, Minnesota 55807

3a. Employer Representative - Name and Title:
Bruce Hardt / Director of Human Resources 3b. Address (if same as 2b - state same):
Same as 2b

3c. Tel. No. 254-399-2187 3d. Cell No. 3e. Fax No. 3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Assembly facility 4b. Principal Product or Service
Inspection trucks 5a. City and State where unit is located:
Duluth, Minnesota

5b. Description of Unit Involved:
Included: All full-time and regular part-time hourly shop, production, and warehouse employees, chassis prep, electrical, hydraulic and final finish.
Excluded: All office, clerical, guards, supervisors as defined by the Act, and all other employees. 6a. Number of Employees in Unit:
~19

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

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about (Date) NA (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) NA 8b. Address: NA

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

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? NA
(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 NA 10b. Address NA 10c. Tel. No. NA 10d. Cell No. NA
10e. Fax No. NA 10f. E-Mail Address NA

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

11b. Election Date(s): 9/19/19 11c. Election Time(s): 7am - 8:30am 11d. Election Location(s): Breakroom

12a. Full Name of Petitioner (including local name and number): International Brotherhood of Boilermakers 12b. Address (street and number, city, State and ZIP code):
753 State Ave. Kansas City, KS 66101

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Boilermakers, Ironship Builders, Forges, and helpers, AFL-CIO

12d. Tel. No. (913)-371-2640 12e. Cell No. NA 12f. Fax No. 888-721-4047 12g. E-Mail Address NA

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Mya Fillingham / Organizer 13b. Address (street and number, city, State and ZIP code):
753 State Ave., Kansas City, KS 66101

13c. Tel. No. 13d. Cell No. (816) 977-5874 13e. Fax No. 888-721-4047 13f. E-Mail Address mfillingham@boilermakers.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) Mya Fillingham Signature Mya Fillingham Title Organizer Date 9/11/19

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	Date Filed
18-RC-248157	9/12/19

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
Midwest Air Traffic Control Services, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
7300 West 129th St.
KS Overland Park 66223-

3a. Employer Representative - Name and Title
Shane Cordes

3b. Address (If same as 2b - state same)
7300 West 129th St.
KS Overland Park 66223-

3c. Tel. No.
(913) 782-7082

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
shanelc@att.net

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Aerospace & Defense

4b. Principal product or service
Air Traffic Control Services

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

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:
5

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

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

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

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

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
As soon as possible.

11c. Election Time(s):
One hour, mid day.

11d. Election Location(s):
At the facility.

12a. Full Name of Petitioner (including local name and number)
Erina Hammond
National Air Traffic Controllers Association, AFL-CIO (NATCA)

12b. Address (street and number, city, state, and ZIP code)
1325 Massachusetts Ave., NW
DC Washington 20005-

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

12d. Tel No.
(202) 266-9850

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
ehammond@natcacd.org

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. E-Mail Address

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

Name (Print)
Erina Hammond

Signature
Erina Hammond

Title

Date
09/12/2019 14:51:38

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-248157	9/12/19

Employees Included

All full-time and regular part-time air traffic control specialists at the Wittman Regional Airport Air Traffic Control Tower (OSH) in Oshkosh, Wisconsin.

Employees Excluded

All other employees, managers, guards, and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-248367	Date Filed September 17, 2019
---------------------------------	---

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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
Madison Services, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2068 Main St. Madison, MS 39110-8353 Madison County

3a. Employer Representative - Name and Title
John Lang, President

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

3c. Tel. No.
(601) 856-4346

3d. Cell No.

3e. Fax No.
(601) 856-9008

3f. E-Mail Address
j.lang@madisonservices.com

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

4b. Principal product or service
Facility Maintenance

5a. City and State where unit is located:
Pembina/Dunseith/Portal, ND

5b. Description of Unit Involved
Included: All full-time and regular part-time maintenance technicians, custodial workers and grounds keepers employed by the employer who perform services at the Pembina, ND - Dunseith, ND - and Portal, ND border crossing stations.
Excluded: Office clerical employees, professional employees, guards and supervisors, as defined by the act, and all other employees.

6a. No. of Employees in Unit:
14

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

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
10/11/2019

11c. Election Time(s):

11d. Election Location(s):
Mailed Ballot Election

12a. Full Name of Petitioner (including local name and number)
District Lodge 5, International Association of Machinists & Aerospace Workers AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
113 Republic Avenue, Ste. 100, Joliet, IL 60435

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

12d. Tel No.
815-280-6400

12e. Cell No.
815-214-4587

12f. Fax No.
815-280-6345

12g. E-Mail Address
wlepinske@iamaw.org

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

13a. Name and Title
William J. LePinske, Grand Lodge Representative

13b. Address (street and number, city, state, and ZIP code)
113 Republic Avenue, Ste. 100, Joliet, IL 60435

13c. Tel No.
815-280-6400

13d. Cell No.
815-214-4587

13e. Fax No.
815-280-6345

13f. E-Mail Address
wlepinske@iamaw.org

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

Name (Print)
William J. LePinske

Signature


Title
Grand Lodge Representative/TOL

Date
September 17, 2019

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

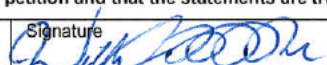
PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 18-RC-248751	Date Filed September 24, 2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Nekoosa Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 200 Garrison Avenue, Nekoosa, WI 54457 (Wood County)	
3a. Employer Representative - Name and Title Ted Olson, Owner		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 715-886-3800	3d. Cell No.	3e. Fax No. 715-886-3862	3f. E-Mail Address ted.olson@nekoosacorp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Production of Industrial Belts	
5a. City and State where unit is located: Nekoosa, WI			6a. No. of Employees in Unit: 3
5b. Description of Unit Involved Included: All full-time and regular part-time Belt Technicians employed by the employer whose facility is located at 200 Garrison Ave., Nekoosa, WI. Excluded: All other employees, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.			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) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition to serve as request. <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? <u>NO</u> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 10/17/2019	11c. Election Time(s): 10:00 am - 10:30 am		11d. Election Location(s): Machine Shop Lunch Room
12a. Full Name of Petitioner (including local name and number) District Lodge 10, International Association of Machinists & Aerospace Workers AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO			
12d. Tel No. 815-280-6400	12e. Cell No. 815-214-4587	12f. Fax No. 815-280-6345	12g. E-Mail Address wlepinske@iamaw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title William J. LePinske, Grand Lodge Representative		13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
13c. Tel No. 815-280-6400	13d. Cell No. 815-214-4587	13e. Fax No. 815-280-6345	13f. E-Mail Address wlepinske@iamaw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) William J. LePinske	Signature 	Title Grand Lodge Representative/TOL	Date September 24, 2019

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

PRIVACY ACT STATEMENT

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