

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

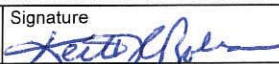
13-RC-254201

Date Filed

1/7/20

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

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

<b>2a. Name of Employer:</b> Trane Chicago		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 7100 S. Madison Street, Willowbrook, Illinois 60527	
<b>3a. Employer Representative - Name and Title:</b> Nick Hinz, General Manager		<b>3b. Address (if same as 2b - state same):</b> Same as 2(b)	
<b>3c. Tel. No.</b> (888) 770-6469	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> nhinz@trane.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> HVAC Contractor		<b>4b. Principal Product or Service</b> Service and Maintenance	
<b>5a. City and State where unit is located:</b> Willowbrook, Illinois		<b>6a. Number of Employees in Unit:</b> 44	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached <b>Excluded:</b> See attached		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> and Employer declined recognition on or about (Date) <u>N/A</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> N/A		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> N/A			
<b>10a. Name</b> N/A		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> January 28, 2020		<b>11c. Election Time(s):</b> Pre-shift and post-shift	
<b>11d. Election Location(s):</b> Company's facility			
<b>12a. Full Name of Petitioner (including local name and number):</b> Pipefitters Local 597		<b>12b. Address (street and number, city, State and ZIP code):</b> 45 N. Ogden Avenue, Chicago, Illinois 60607	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the U.S. and Canada			
<b>12d. Tel. No.</b> (312) 928-4191	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (312) 829-0137	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Keith R. Bolek, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave., NW, Suite 800 Washington, D.C. 20015	
<b>13c. Tel. No.</b> 202-362-0041	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 202-362-2640	<b>13f. E-Mail Address</b> kbolek@odonoghuelaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Keith R. Bolek		<b>Signature</b> 	<b>Title</b> Attorney
<b>Date</b> 1/7/2020			

**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 may cause the NLRB to decline to invoke its processes.

## ATTACHMENT

### **5b. Description of Unit Involved:**

**Included:** All full-time and regular part time HVAC journeymen service technicians, service technician team leaders, building automation systems service technicians, building automation systems team leads, core service technicians, master technicians, and apprentice technicians employed by the Employer at its Willowbrook, Illinois facility.

**Excluded:** All other employees, office clerical employees, professional employees, guards, and supervisors as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-254417

Date Filed

1/9/20

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

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

<b>2a. Name of Employer:</b> Maplebear, Inc., d/b/a Instacart		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3358 W. Touhy Ave., Skokie, IL 60076	
<b>3a. Employer Representative - Name and Title:</b> Ashley Kalogeras, Chicago Site Manager		<b>3b. Address (if same as 2b - state same):</b> 50 Beale St., Ste. 600 San Francisco, CA 94105	
<b>3c. Tel. No.</b> 888-246-7822	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> hr@instacart.com, ashley.kalogeras@instacartshopper.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Grocery shopping service		<b>4b. Principal Product or Service</b> Grocery shopping service	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All In-Store Shoppers working at the Mariano's store at the address above <b>Excluded:</b> Office clerical employees and guards, professional employees and supervisors as defined in the Act		<b>5a. City and State where unit is located:</b> Skokie, IL	
		<b>6a. Number of Employees in Unit:</b> 16	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input 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). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> none		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> none			
<b>10a. Name</b>		<b>10b. Address</b>	
		<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> Sunday, February 2, 2019		<b>11c. Election Time(s):</b> 10 - 11 a.m. and 3 - 4 p.m.	
<b>11d. Election Location(s):</b> Lincolnwood Community Center 4170 Morse Ave., Lincolnwood IL			
<b>12a. Full Name of Petitioner (including local name and number):</b> United Food and Commercial Workers International Union, Local 1546		<b>12b. Address (street and number, city, State and ZIP code):</b> 1649 W. Adams St. Chicago, IL 60612	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Food and Commercial Workers International Union			
<b>12d. Tel. No.</b> 312-733-2999	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> tchase@ufcwlocal1546.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> David Huffman-Gottschling, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 150 N. Michigan Ave., Ste. 1000 Chicago, IL 60601	
<b>13c. Tel. No.</b> 312-327-3443	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 312-726-3887	<b>13f. E-Mail Address</b> davidhg@jbosh.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> David Huffman-Gottschling		<b>Signature</b> /s/ David Huffman-Gottschling	<b>Title</b> Attorney
			<b>Date</b> 01/09/20

**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. 13-RC-254785	Date Filed 1/17/20

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

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Leader Auto (Lincolnwood Kia)		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 6750 Lincoln Avenue, Lincolnwood IL 60712 Cook County	
<b>3a. Employer Representative - Name and Title</b> David McGowan		<b>3b. Address</b> (If same as 2b - state same) SAME	
<b>3c. Tel. No.</b> (847) 745-4255	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) New car dealership and service department		<b>4b. Principal product or service</b> Sales, service and parts for Kia	
<b>4c. City and State where unit is located:</b> Lincolnwood, IL		<b>5a. City and State where unit is located:</b> Lincolnwood, IL	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time Service Technicians including Journeyman, apprentices, semi-skilled and lube rack technicians who are employed by the employer whose facility is located at 6750 Lincoln Ave. Lincolnwood, IL 60712. <b>Excluded:</b> All other employees, including parts department employees, service writers, porters, sales employees, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.		<b>6a. No. of Employees in Unit:</b> 8 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on</b> (Date) _____ <b>and Employer declined recognition on or about</b> (Date) (If no reply received, so state). <b>Petition to serve as request.</b> <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>NO</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>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.</b> (If none, so state)			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> February 7, 2020		<b>11c. Election Time(s):</b> 1:00 p.m. - 2:00 p.m.	
<b>11d. Election Location(s):</b> Break Room			
<b>12a. Full Name of Petitioner</b> (including local name and number) Local Lodge 701, International Association of Machinists & Aerospace Workers AFL-CIO		<b>12b. Address</b> (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO			
<b>12d. Tel No.</b> 815-280-6400	<b>12e. Cell No.</b> 815-214-4587	<b>12f. Fax No.</b> 815-280-6345	<b>12g. E-Mail Address</b> wlepinske@iamaw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> William J. Lepinske, Grand Lodge Representative		<b>13b. Address</b> (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
<b>13c. Tel No.</b> 815-280-6400	<b>13d. Cell No.</b> 815-214-4587	<b>13e. Fax No.</b> 815-280-6345	<b>13f. E-Mail Address</b> wlepinske@iamaw.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> William J. LePinske		<b>Title</b> Grand Lodge Representative	
<b>Signature</b> 		<b>Date</b> January 17, 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 GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

13-RC-255272

Date Filed

1/28/20

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

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

<b>2a. Name of Employer</b> Fontanini Foods LLC, Div of Hormel Foods Corp.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 8751 W 50th Street IL, Mc Cook 60525-	
<b>3a. Employer Representative - Name and Title</b> John Kempen		<b>3b. Address</b> (If same as 2b - state same) 8751 W 50th Street IL, Mc Cook 60525-	
<b>3c. Tel. No.</b> (708) 485-4800	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (708) 485-9600	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Food Processing		<b>4b. Principal product or service</b> Meats	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Lyons, IL	
		<b>6a. No. of Employees in Unit:</b> 250	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

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

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 2/21/2020	<b>11c. Election Time(s):</b> Open	<b>11d. Election Location(s):</b> Employer site	
<b>12a. Full Name of Petitioner (including local name and number)</b> Gabriel Monarrez Chemical and Production Workers Union Local 30 AFL-CIO		<b>12b. Address (street and number, city, state, and ZIP code)</b> 245 Fencil IL, Hillside 60162-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) Chemical and Production Union Local 30, I.U. A. P. and P.W., AFL-CIO			
<b>12d. Tel No.</b> (312) 738-0822	<b>12e. Cell No.</b> (773) 716-7896	<b>12f. Fax No.</b> (708) 236-3404	<b>12g. E-Mail Address</b> gmonarrez@csjunion.org

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name (Print)</b> Gabriel Monarrez	<b>Signature</b> Gabriel Monarrez	<b>Title</b> Business Agent	<b>Date</b> 01/27/2020 08:30:00
---	--------------------------------------	--------------------------------	------------------------------------

**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

Employees Included  
Production Workers

Employees Excluded  
Security, Management, Supervisors, Clerical

DO NOT WRITE IN THIS SPACE	
Case 13-RC-255272	Date Filed 1/28/20