						_						
FORM NLRB-502 (RC)	D STATES OF AMERICA						DO NOT WRITE IN THIS					
(2-18) NATIONAL LABOR RELATIONS BOARD RC PETITION					Case		RC-2542	201	Date F	iled 7/20		
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.										service on presentation		
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										, State, ZIP code	ə):	
Trane Chicago	00 S. Madison Street, Willowbrook, Illinois 60527											
3a. Employer Representative - Nar	Address (if same as 2b - state same):											
Nick Hinz, General Mana			Same	ame as 2(b)								
3c. Tel. No. (888) 770-6469	3d. Cell N			n			3f. E-Mail A nhinz@	trane.cor				
4a. Type of Establishment (Factory, HVAC Contractor	mine, whole	esaler, etc.)		4b. Pr Serv	rincipa vice	al Product or Service and Maintenar	nce	5a. City and State where unit is located: Willowbrook, Illinois			ated:	
5b. Description of Unit Involved: Included: See attached									6a. Numbe 44	er of Employees	in Unit:	
Excluded: See attached									of the e	ubstantial numbe mployees in the ented by the Peti	unit wis	h to be
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cui	N	/A (lf n	o reply re	eceived	d, so s	itate).	N/A		d Employer o	declined recognit	lion	
8a. Name of Recognized or Certifie			-			dress:		er the Act.				
N/A												
8c. Tel. No. 8d. Cell No. 8e. Fax No.						e:		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)								ar)				
9. Is there now a strike or picketing a	t the Emplo	yer's establishmer	nt(s) invo	lved?]	No	If so, approx	ximate	ly how mar	ny employee:	s are participatin	g?	
(Name of Labor Organization)								and House and a set	No. 202 Contra de la contra de la contra de	er since (Month,	C-DELIGENERS (D. C.	
10. Organizations or individuals other individuals known to have a repre $N/A$	r than Petitio esentative in	oner and those na terest in any emp	med in it loyees in	tems 8 and the un	and 9 hit des	, which have claimed cribed in item 5b abo	d recog ove. (It	gnition as re f none, so s	epresentative state)	es and other orga	anizatior	ns and
10a. Name 10b. Address N/A								10c. Tel. No.		10d. Cell No.		
				1			10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB cor	nducts and	election in this ma	tter, stat	e your p	positio	on with respect to any	y such	election:	11a. Election	<ul> <li>The second se Second second sec</li></ul>	] Mixed	Manual/Mail
11b. Election Date(s):11c. Election Time(s):January 28, 2020Pre-shift and post-sl									n Location(s): y's facility			
12a. Full Name of Petitioner (includi	ing local na	me and number):			Τ	12b. Address (street	and n	umber, city	, State and Z	IP code):		
Pipefitters Local 597 45 N. Ogden Avenue, Chicago, Illinois 60607												
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent ( <i>if none, so state</i> ): United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the U.S. and Canada												
12d. Tel. No.         12e. Cell No.         12f. Fax No.         12g. E-Mail Address           (312) 928-4191         12e. Cell No.         12f. Fax No.         12g. E-Mail Address												
Keith R. Bolek, Attorney						rs for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave., NW, Suite Washington, D.C. 20015					te 800	
13c. Tel. No. 13d. Cell No. 202-362-0041				13e. Fax No. 202-362-2640			ŀ	13f. E-Mail Address kbolek@odonoghuelaw.com				
I declare that I have read the above	petition ar		nents ar	e true t	to the	best of my knowle	dge a	nd belief.				Date
Name (Print) Keith R. Bolek		Signature	tof	Bol		-	1000 States	orney				1/7/2020
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								

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.

		TATES OF AME		Г	DO NOT WRITE IN THIS SPACE					
FORM NLRB-502 (RC) (2-18)	NS BOARD	-	Case No. 13-RC-254417			Date Filed 1/9/20				
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition mus named in the p	t be accompar petition of: (1) t	nied by both a the petition; (2)	showing of interest (so ) Statement of Position	ee 6b below) an 1 form (Form NI	d a certificat .RB-505); an	e of service sho d (3) Description	wing service on of Representation		
1. PURPOSE OF THIS PETITION: If bargaining by Petitioner and Petit requests that the National Labo	ioner desires to b	be certified as re	epresentative of	f the employees. The Pe	etitioner alleges	that the foll	owing circumsta	inces exist and		
2a. Name of Employer: Maplebear, Inc., d/b/a Ins	tacart			ddress(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8 W. Touhy Ave., Skokie, IL 60076						
Ashley Kalogeras, Chicago Site Manager 50 H				ddress (if same as 2b - state same): Beale St., Ste. 600 Francisco, CA 94105						
3c. Tel. No. 888-246-7822	3d. Cell No.	·	3e. Fax	3e. Fax No. 3f. E-Mail Address hr@instacart.com, ashley.kalogera				ras@instacartshopper.con		
4a. Type of Establishment (Factory, Grocery shopping service	mine, wholesaler	r, etc )		4b. Principal Product or Service Grocery shopping service			d State where un , IL	it is located:		
5b. Description of Unit Involved: Included: All In-Store Shoppers wo	rking at the	Mariano's	store at the	address above		6a. Numbe 16	r of Employees ir	n Unit:		
Excluded: Office clerical emp	ployees and g				visors	of the e	ibstantial number	unit wish to be		
as defined in the A Check One: ☐ 7a. Request for rec on or about (Date)	ognition as Barg	(If no re	eply received, s	so state).			nted by the Peti i leclined recognition			
27b. Petitioner is cu 8a. Name of Recognized or Certifie none	, ,	° °		e and desires certificatio Address:	on under the Act.					
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, Yea)								ır)		
9. Is there now a strike or picketing a	t the Employer's	establishment(s	s) involved? N	If so, approx			are participating			
(Name of Labor Organization) 10. Organizations or individuals othe	r than Petitioner	and those name	ed in items 8 ar	nd 9. which have claimed			er since (Month, I	<u> </u>		
individuals known to have a repre	esentative interes	st in any employ		,	ove. (If none, so	state)				
10a. Name 10b. Address					10c. Tel. N	lo.	10d. Cell No.			
					10e. Fax N	۱o.	10f. E-Mail Addr	ess		
11. Election Details: If the NLRB co		tion in this matte		osition with respect to an	-	11a. Election	I Mail	Mixed Manual/Mail		
11b. Election Date(s): Sunday, February 2, 2019	(s): and 3 - 4 p.	•								
<b>12a. Full Name of Petitioner</b> (include United Food and Commen Local 1546	ling local name a cial Worke	and number): rs Internatio	onal Unior	n, 12b. Address (street 1649 W. Adar Chicago, IL 60	ns St.	y, State and 2	IP code):			
12c. Full name of national or internat United Food and Commer	ional labor organ	niza ion of which	Petitioner is an onal Unior	n affiliate or constituent	(if none, so state	):				
12d. Tel. No. 312-733-2999	12f. Fax	12f. Fax No. 12g. E-Mail Address tchase@ufcwld			al1546.org					
<b>13. Representative of the Petitione</b> 13a. Name and Title: David Huffman-Gottschling	13b. Ad 150 N	pers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 150 N. Michigan Ave., Ste. 1000 Chicago, IL 60601								
13c. Tel. No. 312-327-3443			13e. Fax	-	13f. E-Mail Address davidhg@jbosh.com					
I declare that I have read the above	e petition and th		ents are true to	the best of my knowle	-	•		D-1-		
Name (Print) David Huffman-Gottschli	ng	Signature /s/ David	d Huffman	-Gottschling	Title Attorney			Date 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. FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT					DO NOT WRITE IN THIS SPACE					_			
RC PETITION					Case No. 13-RC-254785 Date Filed 1/17/20								
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													
												e 6b below) and a certi	
												ment 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	S and	PETITION RC-CE	RTIFICATIO	the e	REPRESE	OF AN	y other	barty.	of employees wish to	o he reores	botoo	for numoses of collective	
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)													
Leader Auto (Lincolnwood Kia) 6750 Lincoln Avenue, Lincolnwood IL 60712 Cook County													
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)													
David McGowan SAME													
3c. Tel. No.	255		3d. Cell N	10.			3e. Fax	No.		3f. E-Mail	Addr	ess	
(847) 745-42		ent (Factory, mine, w	vholesaler e	etc 1	4h Princi	nal nro	duct or ser	rvice		52	City	and State where unit is local	od'
		nip and service							a			wood, IL	
5b. Description	of Un	it Involved										6a. No. of Employees in U	nit:
Included: All fu	II-time	and regular part-time	e Service Te	echnic	ians includi	ing Jou	rneyman,	apprentices, sen	ni-skilled and lube ra	ck technicia	Ins	8	10.001
												6b. Do a substantial numb or more) of the employees	
Excluded. All	other	employees, including nal employees, man	) parts depa agerial emp	lovees	t employee: s. guards ar	s, servi nd supe	ce writers, arvisors, as	porters, sales e s defined by the	mployees, office cler Act.	ical employ	ees,	unit wish to be represented	
										d Caralana		Petitioner? Yes Vo	in the second se
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 cu						7.					
8a. Name of Rec None	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.													
Ra Affiliation if 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)													
9. Is there now a	strike	or picketing at the E	mployer's es	stablis	shment(s) in	volved	? NO	If so, approx	kimately how many e	nployees a	re par	rticipating?	(
(Name of labo	rorga	inization)			. 1	has pick	keted the E	Employer since (	Month, Day, Year)				
(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	repres	sentative interest in a	iny employe	es in	the unit des	cribed	in item 5b	above. (If none,	, so state)				
10a. Name 10b. Address								10c. Tel. No.		-	10d. Cell No.		
									10e. Fax No.	10e. Fax No. 10f. E-Mail Address			
11. Election Det any such elect		If the NLRB conducts	s an election	n in thi	is matter, st	ate you	r position	with respect to	11a. Election Type	e: 🖌 Man	llau	Mail Mixed Manua	I/Mail
11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s):													
February 7, 2020     1:00 p.m 2:00 p.m.     Break Room       12a Evil Name of Betitioner (legituding logal name and number)     12b Address (street and number city state and ZIP code)								_					
12a. Full Name of Petitioner (including local name and number)       12b. Address (street and number, city, state, and ZIP code)         Local Lodge 701, International Association of Machinists & Aerospace Workers AFL-CIO       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													
					12f. Fai 815-28								
815-280-6400     815-214-4587     815-280-6345     wlepinske@iamaw.org       13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.     Image: Content 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. 13d. Cell No. 13e. Fax						and the second se	100, 010, 100, 00	13f. E-Ma					
815-280-6400			815-214-	-4587			815-28	0-6345				amaw.org	_
	nave r	ead the above petiti	. /	t the	statements	s are tri		best of my know	wledge and belief.				
Name (Print) William J. LePi	nske	S	gnature	1	500	2	Title	Lodge Repres	sentative	Date		7, 2020	
			INTS ON TH	HIS PE	TITION CA	AN BE						E 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 *el 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	-		DO NOT WRITE IN THIS SPACE							
NATIONAL LABOR		Case No.	Case No. Date Filed							
RC PE		1	13-RC-255272 1/28/20							
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 i	s located. Th	e petition must	be accompanied by I	both a showing of	f interest (se	e 6b below) and a certificate				
of service showing service on the	employer and	all other parties	s named in the petitio	on of: (1) the petit	ion; (2) State	ement of Position form				
(Form NLRB-505); and (3) Descript	ion of Repres	entation Case F	Procedures (Form NLI	RB 4812). The sh	owing of int	terest should only be filed				
with the NLRB and should not be s					U					
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTATI	VE - A substantial number							
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)										
Fontanini Foods LLC, Div of Hormol Foods Com										
3a. Employer Representative – Name and Title     3b. Address (If same as 2b – state same)										
John Kempen			8751 W 50th Stree IL Mc Cook 60525							
3c. Tel. No.	3d. Cell No.		3e. Fax No.	-	3f. E-Mail Add	ress				
(708) 485-4800			(708) 485-9600							
4a. Type of Establishment (Factory, mine, w	holesaler, etc )	4b. Principal proc	duct or service		5a. City	and State where unit is located:				
Food Processing		enersisten familieren er sentransen er	Meats			Lyons, IL				
5b. Description of Unit Involved						6a. No. of Employees in Unit:				
Included: See Attached Page 2 for addition	al details					250				
						6b. Do a substantial number (30% or more) of the employees in the				
Excluded: See Attached Page 2 for addition	al details					unit wish to be represented by the				
						Petitioner? Yes [ 🗹 No [ 🗋 ]				
Check One: 7a. Request for re	cognition as Barg	gaining Represental	tive was made on (Date)	and	d Employer dec	lined recognition on or about				
	(Date)	(If no reply received	d, so state).							
			epresentative and desires of	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 Add	ress				
				0.15	01 E 1 1					
8g. Affiliation, if any       8h. Date of Recognition or Certification       8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)										
Conduct, if any (world), Day, Feat)										
9. Is there now a strike or picketing at the El	mployer's establis	shment(s) involved	? No If so, approx	imately how many em	ployees are pa	articipating?				
(Name of labor organization)		has pick	eted the Employer since (	Month Day Year)						
10. Organizations or individuals other than F				13 13 13 13 13 13 13 13 13 13 13 13 13 1						
known to have a representative interest in a					coentaires an					
2.2	10b, Ad		7.323 85	6455		<u>.</u>				
10a. Name		10c. Tel. No.		10d. Cell No.						
				10e. Fax No.		10f. E-Mail Address				
				100. T dA NU.		IVI. L-IVIGII AUVICSS				
11. Election Details: If the NLRB conducts	an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail				
any such election. 11b. Election Date(s):	11c F	lection Time(s):		11d. Election Locati	ion(s):					
2/21/2020										
2/21/2020     Open     Employer site       12a. Full Name of Petitioner (including local name and number)     12b. Address (street and number, city, state, and ZIP code)       Gabriel Monarrez     245 Fencl       Chemical and Production Workers Union Local 30 AFL-CIO     11 Hillside 60162-										
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent ( <i>if none, so state</i> ) Chemical and Production Union Local 30, I.U. A. P. and P.W., AFL-CIO										
12d. Tel No.	12e. Cell No.	en van de le la la companya de la co	12f. Fax No.	T	12g. E-Mail A	ddress				
(312) 738-0822 (773) 716-7896 (708) 236-3404 gmonarrez@csjbunion.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.		13e. Fax No.		ddress						
I declare that I have read the above petiti	on and that the	statements are tru	le to the best of my know	ledge and belief.						
	Inature		Title		Date					
	briel Monarrez		Business Agent		01/27/2020	0 08:30:00				
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.						

PRIVACY ACT STATEMENT

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## DO NOT WRITE IN THIS SPACE

Case 13-RC-255272 Date Filed 1/28/20

Attachment

Employees Included Production Workers

Employees Excluded Security, Management, Supervisors, Clerical