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

UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE					SPACE		
NATIONAL LABOR	RELATIONS BOA			Case No.		Date	
RC PE	TITION			13-RC	-244251		7/2/19
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	v's website. w	ww.nlrb.			Petition to a	
in which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Descript							
					KD 4012). The Si	lowing of inte	erest should only be filed
with the NLRB and should not be a 1. PURPOSE OF THIS PETITION: RC-CE	served on the	employer or an	y other	party.	of employees wish t		
bargaining by Petitioner and Petitioner d	esires to be certifi	ed as representati	ve of the e	employees. The	Petitioner alleges the	at the following	n circumstances exist and
requests that the National Labor Rela		eed under its pro	oper autho	ority pursuant to	Section 9 of the Na	ational Labor Re	elations Act.
2a. Name of Employer					t(s) involved (Street a		
Voestalpine Nortrak Inc.		2705	5 South	State Stree	et, Chicago He	ights, Illinoi	s 60411
3a. Employer Representative – Name and	d Title				s 2b – state same)		
Nicole Luscombe			SAME	Ξ			
3c. Tel. No.	3d. Cell No.		3e. Fax			3f. E-Mail Add	
708-757-6568 ext. 4283	708-473-67	750	708-7	57-6814		nicole.lusc	ombe@voestalpine.com
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal pro	duct or se	rvice			and State where unit is located:
Factory		Railroad Pa	arts			Chicag	go Heights, IL
5b. Description of Unit Involved						- C - 11111	6a. No. of Employees in Unit:
All full time and regular participation included:				pioyees working	g at the employer'	stacilities	190
located at 2705 S. State S	Street, Unicago	neights, iL 604	rt.			1	6b. Do a substantial number (30%
Excluded: All other employees inclu	ding office clorid		rofeesion		managerial ample	waas quarda	or more) of the employees in the unit wish to be represented by the
and supervisors, as defin		ai employees, p	101055101	a employees,	managenai empio	yees, guards	Petitioner? Yes V No
	and the second se	aining Represent	ative was r	made on (Date)		d Employer dec	lined recognition on or about
					serve as reques		······································
7h Petitioner is c					certification under the		
8a. Name of Recognized or Certified Bar			epresenta	8b. Address		JAU.	
None	3						
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date	of Recognition or	r Certification		Date of Current or Most Recent
						Contract, if an	y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establi	shment(s) involved	17 NO	If so, approx	imately how many e	mployees are pa	rticipating?
(Name of labor organization)		, has pic	keted the l	Employer since (i	Month, Day, Year)		
10. Organizations or individuals other than	Petitioner and the	se named in items	8 and 9, 1	which have claim	ed recognition as rep	presentatives and	d 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. Ad	dress			10c. Tel. No.		10d. Cell No.
					100 Eav Na		10f E Mail Address
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduct	s an election in th	is matter state vo	ur position	with respect to	11a Election Tree		
any such election.		o matter, state yo	a position	min respect to	11a. Election Type		Mail Mixed Manual/Mail
11b. Election Date(s):		lection Time(s):		25	11d. Election Loca		
July 18 & 19, 2019		8th 1:30pm-5:30pm	v/July 19th	5:00pm-7:00pm	Bay Center (2nd		
12a. Full Name of Petitioner (including la							city, state, and ZIP code)
District Lodge 8, International Assoc						enue, Ste. 10	iu, Joliet, IL 60435
12c. Full name of national or international I	abor organization	of which Petitione	r is an affil	iate or constituer	nt (if none, so state)		
International Association of Machinis	12e. Cell No.	e workers AFL-		w No.		120 E Mall A	ddroan
815-280-6400	630-430-645	5	12f. Fa	ах No. 30-6345		12g. E-Mail Ad rmickschl@ia	
13. Representative of the Petitioner who				12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	sentation proceeding	0	amamorg
13a. Name and Title	accopt aciv						
Rick Mickschl, Grand	I odge Repre	sentative			d number, city, state, nue, Ste. 100, Jo		5
13c. Tel No.	13d. Cell No.	Sentative	13e. Fa		100, 516, 100, 30	13f. E-Mail Ad	
815-280-6400	630-430-645	5		30-6345		rmickschl@i	
I declare that I have read the above petit					vledge and belief.		U U
	ignature 1		Title			Date	
Rick Mickschl	Leve My	hall		Lodge Repres	sentative	July 2, 20	019
WILLFUL FALSE STATEME	NTS ON THIS P	ETITION CAN BE		· ·			
				TOTATEMENT			,

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, 2005). 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		DO NOT WRITE IN THIS SPACE				
RC PE	RELATIONS BOARD		Case No.	3-RC-244834	1 Date	Filed 7/15/19
INSTRUCTIONS: Unless e-Filed us		e www.nlrh	any submits	an original of this	Petition to a	on NI RR office in the Persion
in which the employer concerned i						
of service showing service on the						
(Form NLRB-505); and (3) Descript						
with the NLRB and should not be s	-			ND 4012). The S	nowing of int	lerest should only be med
1. PURPOSE OF THIS PETITION: RC-CEI	RELIEVED ON THE EMPLOYER OF	TATIVE - A SU	party. Instantial number	of employees wish t	o he represente	t for numeroses of collective
bargaining by Petitioner and Petitioner de	esires to be certified as represe	entative of the e	employees. The	Petitioner alleges ti	hat the followin	g circumstances exist and
requests that the National Labor Relat	ions Board proceed under it	s proper author	ority pursuant to	Section 9 of the N	ational Labor R	elations Act.
2a. Name of Employer				t(s) involved (Street		, State, ZIP code)
Raymundo's Food Group	7			edford Park, IL 6	0638	
3a. Employer Representative - Mendand Generations Manager			dress (If same as	s 2b – state same)		
3c. Tel. No.	3d. Cell No.	3e. Fax	No.		3f. E-Mail Add	ress
708 344-8400					contactus@	raymundos.com
4a. Type of Establishment (Factory, mine, w	holesaler, etc.) 4b. Princip	al product or se	rvice		5a. City	and State where unit is located:
Food Processing	Desserts				Bedford	d Park, IL
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All full-time and part-time, Lead operator, Cleaners (maintenance)	operator, Cooks, Formulators, Janitors	<pre>/ production janitors</pre>	, Forklift Operators, U	Iniversal Clerks, Shipping /	Receiving, Machine	70
Citation (maintenance)						6b. Do a substantial number (30%
Excluded:	a anda an dafina a					or more) of the employees in the unit wish to be represented by the
Managers, security	guards as defined	a by the A	ct, and ten	nporary work	ers.	Petitioner? Yes V No
Check One: / 7a. Request for re	cognition as Bargaining Repre	sentative was n	made on (Date)	7/15/19 ar	d Employer dec	lined recognition on or about
	(Date) (If no reply re					5
7b. Petitioner is cu	urrently recognized as Bargain	ing Representation	tive and desires	certification under the	e Act.	
8a. Name of Recognized or Certified Barg	gaining Agent (If none, so st	ate).	8b. Address			
8c. Tel No.	8d Cell No.	8e. Fax	No.		8f. E-Mail Add	ress
8g. Affiliation, if any		8h. Date	of Recognition or	r Certification		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the Er	molover's establishment(s) inv	olved?	If so approx	imately how many er	nniovees are na	rticipation?
(Name of labor organization)				Month, Day, Year)		
10. Organizations or individuals other than F		items 8 and 9, v	which have claim	ed recognition as rep	resentatives and	d other organizations and individuals
known to have a representative interest in a	ny employees in the unit descr	ribed 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, stat	e your position	with respect to	11a. Election Type	. 🗸 Manual	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c. Election Time(s	5);		11d. Election Loca	tion(s);	
8/05/19	5:50am-7:30am, 1:3			Break room		
12a. Full Name of Petitioner (including lo Untied Food and Commercial Workers Lo				12b. Address (stre 1350 E. Touhy Ave		city, state, and ZIP code)
12c. Full name of national or international la		tioner is an affilia	ate or constituen		, noothon, it	
Untied Food and Commercial workers Inte	rnational Union					
12d. Tel No.	12e. Cell No.	12f. Fax			12g. E-Mail Ac	
847 294-5064 x329 13. Representative of the Petitioner who	630 254-3100	847 759		antation presso		@local881ufcw.org
			-			
13a. Name and Title Joseph Torr	es, Attorney		Idress (street and asalle St. Chicago, I	d number, city, state, IL 60601	and ZIP code)	
13c. Tel No. 3126412910	13d. Cell No.	13e. Fa 312 641			13f. E-Mail Ad	
I declare that I have read the above petitie	on and that the statements a			ledge and belief.	1-00.00	
	inature	Title	-	_	Date	
Moises Zavala	Apriais Tour		of Organizing		7/15/19	
WILLFUL FALSE STATEME	NTS ON THIS PETITION CAN	BE PUNISHED	D BY FINE AND	IMPRISONMENT (U	.S. CODE, TITL	E 18, SECTION 1001)
		PRIVACY ACT	STATEMENT			

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.

	S GOVERNMEN			DO NOT	WRITE IN THIS				
NATIONAL LABOR	TITIONS BO	ARD	Case No. 13-H	RC-244872	Date	Filed 7/15/19			
INSTRUCTIONS: Unless e-Filed us	ing the Agend	cy's website, wy	ww.nlrb.gov, submit a	n original of this	Petition to a	n NLRB office in the Region			
in which the employer concerned									
of service showing service on the									
(Form NLRB-505); and (3) Descrip	tion of Repres	entation Case F	Procedures (Form NL						
with the NLRB and should not be	served on the	employer or an	y other party.						
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Rela	lesires to be certif	ied as representa iv	ve of the employees. The	Petitioner alleges that	t the following	g circumstances exist and			
2a. Name of Employer	alono boara pro-		dress(es) of Establishmen						
Raymond Management Company at Hampt	on Inn Suites By I	Hilton 94	180 West Higgins Road Rosemont 60018-						
3a. Employer Representative - Name an	d Title		3b. Address (If same as	s 2b – state same)					
Brenda Kramer			9480 West Higgin IL Rosemont 6001	s Road					
3c. Tel. No.	3d. Cell No.	_	3e. Fax No.		3f. E-Mail Add				
(847) 692-3000	(224) 585-370	-	(847) 692-3001		brenda.kramer@	-			
4a. Type of Establishment (Factory, mine, Hotels & Motels	wholesaler, etc)	4b. Principal pro	duct or service		5a. City	and State where unit is located: Des Plaines, IL			
5b. Description of Unit Involved						6a. No. of Employees in Unit:			
Included: See Attached Page 2 for addition	nal details					22 6b. Do a substantial number (30%			
						or more) of the employees in he			
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the Petitioner? Yes [ 🗸 No [ ]]			
Check One: 7a. Request for r	ecognition as Ban	naining Representa	tive was made on (Date)	and	Employer dec	lined recognition on or about			
	-	(If no reply received		and	Employer dec				
7b Petitioner is a			epresentative and desires	certification under the	Act				
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).         8b. Address									
8c. Tel No.	8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address								
				O diferentiare					
8g. Affiliation, if any			8h. Date of Recognition of	Ceruncauon		Date of Current or Most Recent y ( <i>Month, Day, Year</i> )			
9. Is there now a strike or picketing at the E	mployer's establi	shment(s) involved	? No If so, approx	imately how many em	ployees are pa	rticipating?			
(Name of labor organization)									
10. Organizations or individuals other than known to have a representative interest in					esentatives and	d other organizations and individuals			
10a, Name	10b. Ad	Idress		10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conduct any such election.	s an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual [	_ Mail Mixed Manual/Mail			
11b. Election Date(s): 7/26/19	11c. E 2PM-4	lection Time(s):		11d. Election Loca in Hotel	on(s):				
12a. Full Name of Petitioner (including la Maria Viveros				12b. Address (street		city, state, and ZIP code)			
Unite Here Local 450 12c. Full name of national or international I	abor organization	of which Petitioner	is an affiliate or constituen	7238 Roosevelt Roac II Forest Park 60130 t (if none, so state)					
Unite Here			401.5						
12d. Tel No. (708) 771-8700	12e. Cell No. (708) 834-0661		12f. Fax No. (708) 771-8988		12g. E-Mail Ad mviveros@uni	ldress tehere450.org			
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	or purposes of the repres	entation proceeding					
13a. Name and Title			13b. Address (street and	d number, city, state, a	nd ZIP code)				
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	dress			
I declare that I have read the above petit	l ion and that the	statements are tru	l ue to the best of my know	ledge and belief.					
Name (Print) S	gnature		Title		Date				
	aria Viveros		Organizer		07/15/2019	16:03:12			
WILLFUL FALSE STATEM	ENTS ON THIS P	ETITION CAN BE F	PUNISHED BY FINE AND	IMPRISONMENT (U.S					

PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE       Case     Date Filed       13 PC 2/4872     7/15/10			
se 13-RC-244872	Date Filed 7/15/19		

## Employees Included

Housekeeping Department, Room Attendants, Housekeeping Housemen, Lobby Attendants, Laundry Attendants, Housekeeping Supervisors

Employees Excluded

Maintenance Employees, Front Desk Employees, Drivers, Office Employees, Security Guards, Managers

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

## UNITED STATES OF AMER NATIONAL LABOR RELATIONS **RC PETITION**

FORM NLRB-502 (RC)	UNITED STATE	S OF AMERIC	A		DO NOT WRITE IN 1	THIS SPACE			
(2-18)	NATIONAL LABOR F RC PE		DARD	Case No. 13-]	RC-244887	Date Filed 7/16/19			
employer concerned is loc the employer and all other	Filed using the Agency's we ated. The petition must be a parties named in the petitio .RB 4812). The showing of i	ccompanied t n of: (1) the p	by both a showing of intere atition; (2) Statement of Pos	st (see 6b below) a sition form (Form i	and a certificate of servi NLRB-505); and (3) Desc	ce showing service on cription of Representation			
bargaining by Petitioner a	TION: RC-CERTIFICATION of nd Petitioner desires to be cer al Labor Relations Board pr	tified as repres	entative of the employees. The	ne Petitioner alleg	es that the following cir	cumstances exist and			
2a. Name of Employer:		2b. Add	dress(es) of Establishment(s)	involved (Street an	nd number, City, State, Zi	° code):			
Atlantic Track and Turnout 2			2665 State St, Chicago Heights, IL 60411						
3a. Employer Representativ	e - Name and Title:	3b. Add	dress (if same as 2b - state s	ame):					
Rob Stone, Yard Ma	anager	Sam	e						
3c. Tel. No.	3d. Cell No.		3e. Fax No.		il Address				
708-758-2488				r.stone	e@atlantictrack.co	m			
	actory, mine, wholesaler, etc.)		4b. Principal Product or Se		5a. City and State wi				
Manufacturing			Manufacturing/Ope	erating	its, IL				
under the job classification	lved: art-time workers working f ns of rail, cut and drill, loa			ago Heights, IL	6a. Number of Emplo				
Excluded: Office clerical, profession	al employees, managers,	guards and s	upervisors as defined by	The Act	of the employees	number (30% or more) in the unit wish to be e Petitioner? 🗵 Yes 🗌 No			
on or about		(If no reply r	eceived, so state).		and Employer declined re	cognition			
	er is currently recognized as 8 Certified Bargaining Agent			cation under the Ad	<u>.</u>				
oa, name of Recognized of	Certified Dargaining Agent	prinone, so sta	ay ob. Address:						

8a. Name of Recognized or Ce	ertified Bargaining A	gent (If none, so sta	<i>te)</i> 8b. Ad	idress:					
8c. Tel. No.	8d, Cell No.		8e. Fax No	<b>)</b> .	8f. E-Mail Ad	ldress			
8g. Affiliation, if any:	I	8	h. Date of R	ecognition or Certificatio			urrent or Most (Month, Day, Year)		
9. Is there now a strike or picket	ing at the Employer's	establishment(s) inv	olved?	If so, approxim	mately how many	/ employee	es are participating?		
(Name of Labor Organization)	I				, has picketed t	the Employ	er since (Month, Day, Y	ear)	
10. Organizations or individuals individuals known to have a							es and other organizatio	ins and	
10a. Name	a. Name 10b. Address				10c. Tel. No.		10d. Cell No.		
					10e, Fax No.		10f. E-Mail Address		
11. Election Details: If the NLR	B conducts and election	on in this matter, sta	te your posit	ion with respect to any		1a. Electio	··	d Manual/Mail	
11b. Election Date(s):	11c.	Election Time(s):			11d. Election				
07/31/2019	12:	00PM-12:30P	М		Lunch Re	Lunch Room			
12a. Full Name of Petitioner (in	ncluding local name a	nd number):		12b. Address (street a	nd number, city,	State and	ZIP code):		
International Union of	f Operating Eng	ineers Local 3	99	2260 S Grove S	St, Chicago,	IL 606	16		
12c. Full name of national or inte	ernational labor organi	zation of which Petit	tioner is an a	filiate or constituent (if	none, so state):				
International Union of	Operating Engi	ineers, AFL-C	IO						
12d. Tel. No.	12e. Cell No.		12f. Fax N		12g. E-Mail /	Address			
312-372-9870			312-842						
13. Representative of the Petit 13a. Name and Title:	ioner who will accep	t service of all pap				-			
Pat O'Gorman, Organize	er			ess (street and number, Grove St, Chicago	•	uP code):			
44 - T-1 M-	464 0.8 11		40. 5. 1		1404 m 14. 1 4				
13c. Tel. No. 312-980-6156	13d. Cell No. 773-502-74	25	13e. Fax N 312-842		13f. E-Mail A		e399.com		
I declare that I have read the a						nagiuoe	577.0011		
Name (Print)	sore pention and th	Signature A			Title			Date	
Pat O'Gorman		1 12	Che r	in 1	Organizer			07/16/19	

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 seg. 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 turther 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.

					DO NOT WRITE IN THIS SPACE					
	ATIONAL L	STATES OF AME ABOR RELATION	IS BOARD			RD-245028		Date Filed 7/17/19		
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Th the employer and all other parties Case Procedures (Form NLRB 481)	ne petition in named in th	must be accompanie petition of:(1)	anied by both a she the petition; (2) Sta	owing of interest tement of Posi	st (see 7 b tion form	elow) and a certific (Form NLRB-505); a	ate of service sl and (3) Descripti	howing service on ion of Representation		
1. PURPOSE OF THIS PETITION: RE recognized bargaining representativ Labor Relations Board proceed up	e is no long	er their representa	tive. The Petitioner	r alleges that th	e followin	g circumstances ex	es assert that the cist and request:	certified or currently s that the National		
2a. Name of Employer Alivio Medical Center						(Street and number, th Western Ave				
3a. Employer Representative - Name Jose Ruiz, Human Resources			3b. Address (If sam Same	ne as 2b - state s	same)		-			
3c. Tel. No. 3d. F (773)650-1200	ax No.		3e. Cell No.		3f. E-Mail /					
4a. Type of Establishment (Factory, min	ie, wholesa	ler, etc.)			jruiz@aliviomedicalcenter.org 4b. Principal product or service					
Community clinic					Healthc	are				
5a. Description of Unit Involved Included:							5b. City an is loca	nd State where unit		
All full-time and regular part-	ime non-	professional e	mployees in the	e classificatio	ons in Se	ection 2.1.	Chicago			
Excluded:										
All employees identified in Se	ction 2.2	of the collect	ive-bargaining a	agreement.						
6. No. of Employees in Unit 46				-	the unit no	longer wish to be re	presented by the	certified or currently		
8a. Name of Recognized or Certified Ba			epresentative? XY	es No		8b. Affiliation, if any		_		
Service Employees Internation			llinois and India	ana CTW C	LC I	ob. Annation, if any				
8c. Address		, 11041104101		8d. Tel. No.	.20	8e. Cell No.				
2229 South Halsted Street				(312)980-9	000	(773)21	13-65	66		
Chicago, IL 60608				8f. Fax No.		8g. E-Mail Address		-   + l		
9. Date of Recognition or Certification			10 Evaluation Data	312)784		Contract, if any (Mg	<u>qo e C =</u>	seichciliorg		
1998			June 30, 2019	of Current or M	ust Recent	Contract, if any (1/4)	mji, Day, Year)	J		
11a. Is there now a strike or picketing a	the Employ	/er's establishmen	it(s) involved? 🔲 Y	′es ⊠No	11b. lf so, a	approximately how m	nany employees a	are participating?		
11c. The Employer has been picketed b	y or on beh	alf of (Insert Nam	ie)					a labor organization, of		
(Insert Address)							e (Month, Day, Y	'ear)		
<ol> <li>Organizations or individuals other th and individuals known to have a rep</li> </ol>							anizations			
12a. Name	12b. Addre	SS			12c. Tel. N	o.	12d. Fax No.			
				Ļ	12e. Cell N					
					ize. Cell N	0.	12f. E-Mail Addre	f. E-Mail Address		
<ol> <li>Election Details: If the NLRB cond matter, state your position with respectively.</li> </ol>				ŕ	13a. Electio	on Type: 🔀 Manual	Mail	Mixed Manual/Mail		
13b. Election Date(s)	, ,	13c. Election Tim	ie(s)		13d. Electio	on Location(s)				
		8:00 a.m. to	10:30 a.m.		Break ro	om at both loca	tions			
14. Full Name of Petitioner (b) (6), (b) (7)(C)										
14a. Address (Street and number, city, s (b) (6), (b) (7)(C)	state, ZIP co	ode)		1	14b. Tel. N	D.	14c. Fax No.			
					14d. Cell N	o.	14e. E-Mail Addr	ress		
					(b) (6), (b	) (7)(C)	(b) (6), (b)	(7)(C)		
14f. Affiliation, if any										
15. Representative of the Petitioner w 15a. Name	ho will acc	ept service of all	papers for purpos		sentation 15b.Title	proceeding.				
(b) (6), (b) (7)(C)					An Indivi	dual				
15c. Address (Street and number, city, s	state, ZIP co	de)			15d. Tel. N	o.	15e. Fax No.			
(b) (6), (b) (7)(C)										
					15f. Cell No		15g. E-Mail Addr			
I declare that I have read the above po	etition and		the P	pest of my know	b) (6), (b) viedge an		(b) (6), (b) (	(')(C)		
I declare that I have read the above po Name (Print)	s	b) (6), (b) (7	)(C)		Title			Date Filed		
(b) (6), (b) (7)(C)					An Indivi			7/17/2019		
WILLFUL FALSE STATE	MENTS ON	THIS PETTION	PRIVACY ACT		IMPRISO	MENT (U.S. CODE	, TITLE 18, SECT	TION 1001)		

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 G				DO NO	T WRITE IN THIS	SPACE
NATIONAL LABOR REI RC PETI		RD	Case No. 13-RC-	245267	Date I 7	Filed /22/19
INSTRUCTIONS: Unless e-Filed using		's website, ww	w.nirb.gov, submit a	an original of this	s Petition to a	n NLRB office in the Region
in which the employer concerned is I						
of service showing service on the em						
(Form NLRB-505); and (3) Description						
with the NLRB and should not be ser	ved on the e	mployer or any	y other party.		-	
bargaining by Petitioner and Petitioner desir	res to be certifie	d as representativ	e of the employees. The	Petitioner alleges ti	hat the following	circumstances exist and
requests that the National Labor Relation	ns Board proc	eed under its proj	per authority pursuant to	Section 9 of the Na	ational Labor R	elations Act.
2a Name of Employer SAKS FIFTH AVE	11/15		dress(es) of Establishmen			
3a. Employer Representative – Name and Ti		70	3b. Address (If same as	2h - state same)	-H+C+Q0	16 60011
DAWN TOZOKER - GENE	AN MA	UA/SER	SAME	S 20 - State Same/		
	d. Cell No.	- que	3e. Fax No.		3f. E-Mail Add	ress
312 - 944 - 6500						orokeres5a.com
a. Type of Establishment (Factory, mine, who	lesaler, etc.)	4b. Principal proc	Juct or service			and State where unit is located:
DEPARTMENT STORE		RETAIL			CHI	CAGO ,IL
ib. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All BUSINESS MAN	AGERS, B	EAUTY AD	NISORS FRAG	CANCE SOF	TALTOTO	43
Excluded: ALL OTHERS	I'LS AN	D FRAGE	ANCES DEPAR	TMENT		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
heck One: 7a. Request for reco	gnition as Barg	aining Representa	tive was made on (Date)	an	d Employer deci	ned recognition on or about
		If no reply received				
7b. Petitioner is curr	ently recognize	d as Bargaining Re	presentative and desires	certification under the	a Act.	-
a. Name of Recognized or Certified Barga NONE		none, so state).	8b. Address			
IC. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess
g. Affiliation, if any			8h. Date of Recognition or	Certification		ate of Current or Most Recent (Month, Day, Year)
				-		
. Is there now a strike or picketing at the Emp	oloyer's establis	hment(s) involved	?If so, approx	imately how many en	nployees are par	ticipating?
(Name of labor organization)		<u>has pick</u>	eted the Employer since (	Month, Day, Year)		· · · · ·
0. Organizations or individuals other than Pe					resentatives and	other organizations and individuals
known to have a representative interest in any			nitem 50 above. (Il none,	oo suuto,		-
	10b. Add	oracia printeri arbeatarinateri		10c. Tel. No.		10d. Cell No.
	10b. Add	oracia printeri arbeatarinateri	n nem so above. (il none,	The second se		10d. Cell No.
10a. Name 11. Election Details: If the NLRB conducts a		lress		10c. Tel. No.	: Manual	
10a. Name 11. Election Details: If the NLRB conducts a	n election in thi	dress s matter, state you ection Time(s):	r position with respect to	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca	tion(s):	10f. E-Mail Address MailMixed Manual/Mail
10a. Name 11. Election Details: If the NLRB conducts a any such election. 11b. Election Date(s): <b>8.9.19</b>	n election in thi 11c. El	dress s matter, state you ection Time(s): 10 a ~ 4 pr	r position with respect to	10c. Tel. No.           10e. Fax No.           11a. Election Type           11d. Election Loca           CONFERSA	tion(s): KE ZOOM	10f. E-Mail Address MailMixed Manual/Mail
0a. Name 1. Election Details: If the NLRB conducts a any such election. 1b. Election Date(s): 8.9.19 12a. Full Name of Petitioner (including loca RWDSU	n election in thi 11c. El al name and nu	dress s matter, state you ection Time(s): 10 a m - 4 pr mber)	r position with respect to	10c. Tel. No.           10e. Fax No.           11a. Election Type           11d. Election Loca           (ONFERENDAD           12b. Address (stress)           3(S) EASTE	tion(s):	10f. E-Mail Address MailMixed Manual/Mail
10a. Name 11. Election Details: If the NLRB conducts a any such election. 11b. Election Date(s): 8.9.19 12a. Full Name of Petitioner (including loca <u>RWDSU</u> 12c. Full name of national or international labor <b>RWDSU</b> - VFCW	n election in thi 11c. El I name and nu or organization o	dress s matter, state you ection Time(s): 10 a m - 4 pr mber)	r position with respect to	10c. Tel. No.           10e. Fax No.           11a. Election Type           11d. Election Loca           (ONFERENDAD           12b. Address (stress)           3(S) EASTE	tion(s): LE ZOOM et and number, c EN AVE S	10f. E-Mail Address MailMixed Manual/Mail ity, state, and ZIP code) E. GRAND 249205, MI 49
0a. Name         11. Election Details: If the NLRB conducts a any such election.         11b. Election Date(s):         12a. Full Name of Petitioner (including loca         PWDSU         12c. Full name of national or international labor         PWDSU - UFCW         12d. Tel No.	n election in thi 11c. El I name and nu or organization o 12e. Cell No.	dress s matter, state you ection Time(s): 10 a ~ - 4 pr mber) of which Petitioner	r position with respect to	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca <i>LowF e REA</i> 12b. Address (stre <b>3(S) EASTE</b> t (if none, so state)	tion(s): LE ZOOM et and number, c EN AVE S 12g. E-Mail Ad	10f. E-Mail Address MailMixed Manual/Mail ity, state, and ZIP code) .E. GRAND PARTOS, MI 44 dress
0a. Name         1. Election Details: If the NLRB conducts a any such election.         1b. Election Date(s):         1b. Election Date(s):         8.9.19         12a. Full Name of Petitioner (including loca         PWDSU         12c. Full name of national or international labor         PWDSU - UFCW         12d. Tel No.         616       241         4357	n election in thi 11c. El I name and nu or organization o 12e. Cell No. 347 7	dress s matter, state you ection Time(s): 10 a m - 4pr mber) of which Petitioner	r position with respect to is an affiliate or constituen 12f. Fax No. 616 2-41 13	10c. Tel. No.         10e. Fax No.         11a. Election Type         11d. Election Loca         (owF & CGM         12b. Address (street)         3(%) EASTE         t (if none, so state)         510	tion(s): tet and number, c PUATES 12g. E-Mail Ad KBROKT	10f. E-Mail Address MailMixed Manual/Mail ity, state, and ZIP code) E. GRAND 249205, MI 49
0a. Name         11. Election Details: If the NLRB conducts a any such election.         11b. Election Date(s):         12a. Full Name of Petitioner (including loca         EWDSU         12c. Full name of national or international labor         EWDSU         12d. Tel No.         GLO 241 4357         13. Representative of the Petitioner who with	n election in thi 11c. El I name and nu or organization of 12e. Cell No. 347 72 Il accept servi	dress s matter, state you ection Time(s): 10 a m - 4pr mber) of which Petitioner 21 458 4 ce of all papers for	r position with respect to is an affiliate or constituen 12f. Fax No. 616 2-41 13 or purposes of the repres	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca <i>(owF &amp; Com</i> 12b. Address (stree <b>3(2) EASTE</b> <b>3(2) EASTE</b> <b>510</b> entation proceeding d number, city, state,	tion(s): et and number, c BUAVES 12g. E-Mail Ad KBROKT g. and ZIP code)	10f. E-Mail Address MailMixed Manual/Mail ity, state, and ZIP code) .E. GRAND 24P2DS, MI 44 dress CRWDSU. OBG
0a. Name         11. Election Details: If the NLRB conducts a any such election.         11b. Election Date(s):         12a. Full Name of Petitioner (including loca         PWDSU         12c. Full name of national or international labo         PWDSU         12d. Tell No.         12d. Tel No.         13a. Name and Title         XEVIN         13c. Tel No.	n election in thi 11c. Ei 1 name and nu or organization of 12e. Cell No. 347 72 11 accept servi COKT ~ 13d. Cell No.	dress s matter, state you ection Time(s): // a ~ - 4 pr imber) of which Petitioner 21 4584 ce of all papers fo OCGANJZER	r position with respect to is an affiliate or constituen 12f. Fax No. 616 2-41 13 or purposes of the repres	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca <i>(owF &amp; Com</i> 12b. Address (stree <b>3(2) EASTE</b> <b>3(2) EASTE</b> <b>510</b> entation proceeding d number, city, state,	tion(s): RE ZOOM et and number, c RN AVE S 12g. E-Mail Add KBROKT g- and ZIP code) T S2 C C4 13f. E-Mail Add	10f. E-Mail Address Mail Mixed Manual/Mail ity, state, and ZIP code) .E. GRAND 2ARDS, MI 49 dress @ RWDSU. OPG 1JCAGO, IL 60642 Iress
10a. Name 11. Election Details: If the NLRB conducts a any such election. 11b. Election Date(s): 8.9.19 12a. Full Name of Petitioner (including loca <u>PWDSU</u> 12c. Full name of national or international labor <u>PWDSU</u> 12c. Full name of national or international labor <u>PWDSU</u> 12c. Full Name of the Petitioner who will 13a. Name and Title <u>KEVIN</u> BP 13c. Tel No.	n election in thi 11c. El 1 name and nu or organization of 12e. Cell No. 347 72 11 accept servi COKT ~ 13d. Cell No. 347 72.(	dress s matter, state you ection Time(s): 10 a m - 4 pr imber) of which Petitioner 21 458 4 CR44NJ2ER 458 4	r position with respect to is an affiliate or constituen 12f. Fax No. 616 2-41 13 or purposes of the represent 13b. Address (street and 925 WEST HU 13e. Fax No.	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca <i>LowF &amp; R.G.M.</i> 12b. Address (stree <b>3(2) EASTE</b> <b>3(2) EASTE</b> t (if none, so state) <b>510</b> sentation proceeding d number, city, state, <b>2000 ST. AP</b>	tion(s): RE ZOOM et and number, c RN AVE S 12g. E-Mail Add KBROKT g- and ZIP code) T S2 C C4 13f. E-Mail Add	10f. E-Mail Address Mail Mixed Manual/Mail ity, state, and ZIP code) .E. GRAND 2482DS, MI 49 dress @ RWDSU. OPG 13CAGO, IL 60642 Iress
10a. Name         11. Election Details: If the NLRB conducts a any such election.         11b. Election Date(s):         11b. Election Date(s):         8.9.19         12a. Full Name of Petitioner (including loca         PWDSU         12c. Full name of national or international labor         PWDSU         12d. Tel No.         GLG 241 4357         13a. Name and Title         13c. Tel No.         I declare that I have read the above petition	n election in thi 11c. El 1 name and nu or organization of 12e. Cell No. 347 72 11 accept servi COKT ~ 13d. Cell No. 347 72.(	dress s matter, state you ection Time(s): 10 a m - 4 pr imber) of which Petitioner 21 458 4 CR44NJ2ER 458 4	r position with respect to is an affiliate or constituen 12f. Fax No. 616 2-41 13 or purposes of the represent 13b. Address (street and 925 WEST HU 13e. Fax No.	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca <i>LowF &amp; R.G.M.</i> 12b. Address (stree <b>3(2) EASTE</b> <b>3(2) EASTE</b> t (if none, so state) <b>510</b> sentation proceeding d number, city, state, <b>2000 ST. AP</b>	tion(s): RE ZOOM et and number, c RN AVE S 12g. E-Mail Add KBROKT g- and ZIP code) T S2 C C4 13f. E-Mail Add	10f. E-Mail Address Mail Mixed Manual/Mail ity, state, and ZIP code) E. GRAND PARTOS, MI 44 dress CRWDSU. OPG 12CAGO, IL 60642
11b. Election Date(s):       8.9.19         12a. Full Name of Petitioner (including loca         RWDSU         12c. Full name of national or international labor         RWDSU         12d. Tel No.         GLO 241 4357         13a. Name and Title         I3c. Tel No.         KEVIN BE         13c. Tel No.	n election in thi 11c. El 1 name and nu or organization of 12e. Cell No. 347 7; 11 accept servior 20KT - 13d. Cell No. 347 72 ( and that the service)	dress s matter, state you ection Time(s): 10 a m - 4 pr imber) of which Petitioner 21 458 4 CR44NJ2ER 458 4	r position with respect to is an affiliate or constituen 12f. Fax No. 616 2-41 13 or purposes of the represent 13b. Address (street and 925 WEST HU 13e. Fax No.	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca <i>LONF &amp; R.G.N.</i> 12b. Address (stree <b>3(2) FAST &amp;</b> <b>3(2) FAST &amp;</b> <b>510</b> entation proceeding d number, city, state, <b>20.0 ST. AP</b> riedge and belief.	tion(s): RE ZOOM et and number, c RN AVE S 12g. E-Mail Add KBROKT g- and ZIP code) T S2 C C4 13f. E-Mail Add	10f. E-Mail Address Mail Mixed Manual/Mail ity, state, and ZIP code) .E. GRAND 249205, MI 49 dress CRWDSU. OEG IJCAGO_IL 60642 Iress CRWDSU. OEG

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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)	UNITED STA	TES OF AMERIC	A	[	DO NOT WRITE IN THIS SPACE				
(2-18)	NATIONAL LABO	R RELATIONS B	OARD		Case No. 13-RC-2	245391		Date Filed 7/24/19	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must L s named in the pet	e accompanied ition of: (1) the p	by both a sh etition; (2) S	owing of interest (s tatement of Position	ee 6b below) and n form (Form NL	d a certifica RB-505); an	le of service sh d (3) Descriptio	owing service on on of Representation	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Labo	tioner desires to be	certified as repres	sentative of th	ne employees. The Po	etitioner alleges	that the foll	owing circums	tances exist and	
2a. Name of Employer:		2b. Ad	dress(es) of	Establishment(s) invo	lved (Street and	number, City	, State, ZIP cod	e):	
CBRE, Inc		321	N Clark	St #3400, Chic	ago, IL 606	54			
3a. Employer Representative - Nar Sean O'Connor, FM Engineerin			b. Address <i>(if same as 2b - state same):</i> Same						
3c, Tel, No.	3d. Cell No.		3e. Fax No	<b>D</b> .	3f, E-Mail Address				
224-240-3544					sean.oc	onnor2@	cbre.com		
4a. Type of Establishment (Factory,	mine, wholesaler, e	tc.)	4b. Princip	al Product or Service			id State where ι	init is located:	
Logistics Distribution			Mainter	nance		Chicag	o, IL		
5b. Description of Unit Involved:						6a. Numbe	er of Employees	in Unit:	
All full-time and regular part-tim	e skilled mainten	ance employee	s working fo	or CBRE, Inc on the	e UPS Mobile	5	1. 4 1 <sup>1</sup> -1		
Excluded: Office clerical, professional emp	• •				of the e	employees in the ented by the Pet	er (30% or more) a unit wish to be itioner? × Yes No		
Check One: 7a. Request for rec on or about (Date)			ve was made received, so		an	a Employer	declined recogni	ltion	
7b. Petitioner is cu	<u> </u>				on under the Act.				
8a. Name of Recognized or Certifi	ed Bargaining Age	int (if none, so sta	ate) 8b. Ad	Idress:					
8c. Tel. No.	8d, Cell No.		8e. Fax No	D.	8f. E-Mail /	Address			
8g. Affiliation, if any:		1	8h. Date of R	ecognition or Certifica			urrent or Most (Month, Day, Ye	er)	
9. Is there now a strike or picketing a	at the Employer's es	tablishment(s) in	volved?	lf so, appro	ximately how ma	ny employee	s are participati	1g?	
(Name of Labor Organization)					, has picketed	the Employ	er since (Month)	, Day, Year)	
<ol> <li>Organizations or individuals othe individuals known to have a repre-</li> </ol>							es and other org	anizations and	
10a. Name	10b. A	ddress			10c. Tel. N	0.	10d. Cell No.		
					10e. Fax N	0.	10f. E-Mail Ad	tress	
11. Election Details: If the NLRB co	onducts and election	in this matter, st	ate your posit	tion with respect to ar	y such election:	11a. Electio	••	Mixed Manual/Mail	
11b. Election Date(s):	11c. E	lection Time(s):			11d. Electi	on Location(:	s):		
08/02/2019	N/A				N/A				
12a. Full Name of Petitioner (incluse	ding local name and	number):		12b. Address (stree	t and number, cit	, State and	ZIP code):		
International Union of O	perating Engi	neers Local	399	2260 S Grove	e St, Chicago	o, IL 606	16		
12c. Full name of national or interna International Union of Op				affiliate or constituent	(if none, so state	);			
12d. Tel. No.	12e. Cell No.		12f. Fax N	0.	12g. E-Mai	Address			
312-372-9870			312-842						
13. Representative of the Petition	er who will accept	service of all pa							
13a. Name and Title: Pat O'Gorman, Organizer			1	ess (street and numbe Grove St, Chica		ZIP (000).			
13c. Tel. No.	13d, Cell No.		13e. Fax N	No.	13f E-Mail	Address			
312-980-6156	773-502-742	25	312-84		13f. E-Mail Address pogorman@iuoe399.com				
I declare that I have read the abov	1								
Name (Print)		Signature	1-1		Title			Date	
Pat O'Gorman		1a	wha	hun	Organizer			07/24/19	

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

Solicitation of the information 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) UNITED STATES OF AMERICA					DO NOT WRITE IN THIS SPACE				
(2-18)	NATIONAL LAB	DR RELATIONS PETITION	BOARD	ĺ	Case No. 13-RC	2-245610	Date	a Filed 7/29/19	
INSTRUCTIONS: Unless e-Filed u employer concerned is located, i the employer and all other parties Case Procedures (Form NLRB 48	he petition must s named in the pe	be accompanie tition of: (1) the	d by both a si petition; (2) \$	howing of interest (s Statement of Position	ee 6b below) 1 form (Form	and a certifica NLRB-505); ai	te of service showing nd (3) Description of	g service on Representation	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Labo	tioner desires to be	e certified as rep	resentative of t	he employees. The Po	etitioner alleg	es that the fol	lowing circumstance		
2a. Name of Employer:				Establishment(s) invo					
Aramark Healthcare Sup	port Services		, ,	e W, Highland			,,,,.		
3a. Employer Representative - Nat	me and Title:	35. /	Address (if san	ne as 2b - state same)	);				
David Economus, Mainte	enance Super	visor Sa	ime						
3c. Tel. No.	3d. Cell No.		3e. Fax N	0.	3f. E-Ma	il Adoress			
847-432-8000					econo	mus-david	@aramark.com	l	
4a. Type of Establishment (Factory,	mine, wholesaler,						nd State where unit is	located:	
Hospital			Mainte	nance			nd Park, IL		
5b. Description of Unit Involved: Included:						6a. Numb	er of Employees in Un	it:	
All full-time and regular part-time Ma Park Hospital located at 777 Park Av Excluded:			Aramark Healt	hcare Support Service	es at Highland	Ŭ			
Office clerical, professional employe Check One: 7a, Request for rec				-		of the repres	substantial number (30 employees in the unit ented by the Petitione	wis <u>h t</u> o be	
on or about (Date)	• •		ly received, so			and Employer	declined recognition		
7b. Petitioner is cu		as Bargaining R			on under the A	ct.			
8a. Name of Recognized or Certifie	ed Bargaining Ag	ent (if none, so :	state) 8b. A	ldress:					
8c. Tel. No.         8d. Cell No.         8e. Fax No.         8f. E-Mail Address									
8g. Affiliation, if any:			8h. Date of R	ecognition or Certifica			urrent or Most (Month, Day, Year)		
9. Is there now a strike or picketing a	it the Employer's e	stablishment(s) i	involved?	If so, approx	ximately how i	many employee	es are participating?		
(Name of Labor Organization)					, has picke	ted the Employ	er since (Month, Day,	Year)	
10. Organizations or individuals othe individuals known to have a repre							es and other organiza	tions and	
10a. Name	10b. ,	Address			10c. Tel	. No.	10d. Cell No.		
					10e. Fa:	cNo.	10f, E-Mail Address		
11. Election Details: If the NLRB co	nducts and election	n in this matter, s	state your posi	tion with respect to an	y such electio	n: 11a. Electio	••	ked Manual/Mail	
11b. Election Date(s):		Election Time(s):				ction Location(	•		
08-14-2019			M and $3:0$	0PM-3:30PM		enance Sh			
12a. Full Name of Petitioner (includ International Union of O	-		399	12b. Address (sfreet 2260 S Grove		-	-		
12c. Full name of national or internat International Union of Op	-			affiliate or constituent (	(if none, so sta	ite):			
12d. Tel. No. 312-372-9870	12e. Cell No.	10013, 111 L	12f. Fax N 312-84		12g. E-1	lail Address			
13. Representative of the Petitione	r who will accept	service of all p			ntation proce	eding.			
13a. Name and Title: Pat O'Gorman, Organizer			13b. Addr	ess (street and numbe Grove St, Chicag	ar, city, State a	nd ZIP code):			
13c. Tel. No.	13d. Cell No.		13e. Fax N		13f. E-N	ail Address			
312-980-6156	773-502-74		312-84		pogorman@iuoe399.com				
I declare that I have read the above	e petition and tha		s are true to t	he best of my knowle		ef.			
Name (Print) Pat O'Cormon		Signature	th.	l	Title			Date	
Pat O'Gorman		10	wo	·	Organize	1		07/29/19	

WILLFUL FALSE \$TATEMENT\$ 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 NLR8-502 (RC)	UNITED ST.	ATES OF AMERIC	A				DO NOT W	RITE IN THIS	SPACE	
(2-16)		ABOR RELATIONS BOARD			Case N		245679		Date Fil	lled 30/19
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 45	The petition must s named in the pe 112). The showing	be accompanied tition of: (1) the p of interest shoul	by both a si petition; (2) : d only be fil	howing of interest (s Statement of Positio led with the NLRB ar	see 6b b n form ( nd shou	elow) and (Form NLF ild not be s	a certificat RB-505); an served on t	e of service si d (3) Descripti he employer o	howing se ion of Rep or any oth	ervice on presentation per party.
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Labo	tioner desires to be	certified as repres	sentative of t	he employees. The P	etitione	er alleges t	hat the foli	owing circum	stances e	
2a. Name of Employer:		2b. Ad	(dress(es) of	Establishment(s) invo	olved (S	treet and n	umber, City	State, ZIP cod	de):	
Adler Planetarium		130	1300 S Lake Shore Dr, Chicago, IL 60605							
3a. Employer Representative - Nat	me and Title:	3b. Ad	idress (if san	ne as 2b - state same	y:					
Rich Zizek, Director of F	acilities and	Public   San	ne							
Safety										
Sc. Tel. No.	3d. Cell No.		3e, Fax N	0.	3f, E-Mail Address					
312-322-0317								netarium.o	rσ	
4a. Type of Establishment (Factory,	l mine, wholesaler, d	er, etc.) 4b. Principal Product or Service				LILUIN		d State where		ated
Planetarium			Mainte		•		Chicago			a (042)
5b. Description of Unit Involved:			wante					r of Employees	a la Llait:	
Included: All full-time and regular part-time bu		d lead building eng	gineers work	ing for the Adler Plan	etarium	at	7	i or Employee:	s in Onit.	
1300 S Lake Shore Dr. Chicago, IL Excluded: Office clerical, professional employe		ds and supervisors	s as defined	by The Act.			of the e	ubstantial numb mployees in th inted by the Pe	e unit wist	h to be
Check One: 7a. Request for rec						and		lectined recogr		
on or about (Date)			received, so							
7b. Petitioner is cu					on unde	r the Act.				
	8a. Name of Recognized or Certified Bargaining Agent ( <i>if none, so state</i> ) 8b. Address:									
8c. Tel. No.	8d. Cell No.		8e. Fax No			f. E-Mail Ad				
8g. Affiliation, if any:			3h. Date of R	ecognition or Certifica				rrent or Most (Month, Day, Y	'ear)	
9. Is there now a strike or picketing a	it the Employer's e	stablishment(s) inv	olved?	If so, appro	ximately	y how many	/ employee:	s are participati	ing?	
(Name of Labor Organization)					, ha	s picketed i	the Employ	er since <i>(Month</i>	n, Day, Ye	ar)
<ol> <li>Organizations or individuals othe individuals known to have a representation</li> </ol>								es and other or	ganization	is and
10a. Name	10b. A	Address			10	10c. Tel. No.		10d. Cell No.		
					10	0e. Fax No		10f. E-Mail Ad	Idress	
11. Election Details: If the NLRB co		-	ate your posi	tion with respect to ar	-		🔀 Manua	I 🗌 Mail (	Mixed	Manua!/Mail
11b. Election Date(s):		lection Time(s):					Location(s	):		
08-16-2019			'M and 2	:30PM-3:30PN		Board Re				
12a. Full Name of Petitioner (includ International Union of Op	-	-	399	12b. Address (stree 2260 S Grove						
12c. Full name of national or internat International Union of Op				affiliate or constituent	(if non <del>a</del> ,	, so state):				
12d. Tel. No.	12e. Cell No.		121. Fax N	0.	1:	2g. E-Mail	Address			
312-372-9870			312-84							
13. Representative of the Petitione	r who will accept	service of all pap	ers for purp	poses of the represe	ntation	proceedin	ıg.			
13a. Name and Title: Pat O'Gorman, Organizer				ess (street and numbe Grove St, Chica			(IP code):			
13c. Tel. No.	13d. Cell No.		13e. Fax N		44	3f. E-Mail A	ddrees			
312-980-6156	773-502-742	25	312-842					200		
I declare that I have read the above							nagiuoe	399.com		
Name (Print)	e perition and that	Signature			Title	or pener.				Date
Pat O'Gorman		Kan	H.T.	lan		anizer				07/30/19
o commun		1 au	100	~~	Loig.					011,50(12

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

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FORM NLRB-502 (RC)	UNITE	ED STATES OF A				DO NOT WRITE IN THIS SPACE						
(2-18) NATIONAL LABOR RELA RC PETITIC				DARD		Case No. 13RC		331	Date Filed 7/3/19			
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.												
				b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 69 East 63rd Street, Chicago, IL. 60637								
3a. Employer Representative - Nan Paul McNab, Vice Preside	dress (if same as 2b - stale same): C											
Ic. Tel. No. 3d. Cell No. (815) 521-1456 (708) 516-9151			<u> </u>	3e. Fax No. (773) 449-6327			3f. E-Mail Address pmcnab@in-termserv.com					
4a. Type of Establishment <i>(Factory, mine, wholesaler, etc.)</i> Intermodal				4b. Principal Product or Service Railyard Services			5a. City and State where unit is located: Chicago, Illinois					
5b. Description of Unit Involved: Included:All full-time and regular part-time Terminal Operators and Terminal Operator Leads employed Employer at its facility currently located at 169 East 63rd Street, Chicago, Illinois 60637							e	6a. Number of Employees in Unit. 74				
Excluded:All other employees including Operations Managers, maintenance employees, office clerical employees and guards, professional employees a								6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes			to be	
on or about (Date) (If no reply received, so state).									leclined recogniti			
To. 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												
8c. Tel. No.	8d. Cell No.			8e. Fax No.			8f. E-Mail Address					
.8g. Affiliation, if any:				b. Date of Recognition or Certification Bi. Expiration Recent Co				on Date of Current or Most ntract, if any ( <i>Month, Day, Year</i> )				
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)						· _ ·			er since (Month, I			
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.				
							e. Fax No		10f. E-Mail Addr	ress		
11. Election Details: If the NLRB conducts and election in this matter, state								X Manual Mail Mixed Manual/Mail				
11b. Election Date(s):11c. Election Time(s):July 19, 20196AM-9AM and			and 3				11d. Election Location(s): Break room without surveillance cameras					
12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         12b. Address (street and number, city, State and ZIP code):       9000 West 187th Street Mokena, IL 60448												
12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent ( <i>if none, so state</i> ): International Brotherhood of Teamsters												
12d. Tel. No. (773) 254-3200 (219) 771-1784				(773) 254-4193 jvaug				hail Address hn@teamsters710.org				
13. Representative of the Petitioner who will accept service of all paper 13a. Name and Title: Justin Vaughn, Organizer/Agent				ers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 9000 West 187th Street Mokena, IL 60448								
13c. Tel. No. (773) 254-3200 (219) 771-1784				13e. Fax No. (773) 254-4193			13f. E-Mail Address jdvaughn@teamsters710.org					
I declare that I have read the abov Name (Print)	e petition a	nd that the state Siggatur		are true to t	the best of my know	Title	1 belief.	, <u>.</u>			Date	
Justin Vaughn			til.	114		Organ	nizer				07/03/19	

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 illigation. 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.