

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

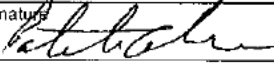
13-RC-242553

Date Filed

6/3/19

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

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

2a. Name of Employer: EuroStars		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 660 N State St, Chicago, IL 60654	
3a. Employer Representative - Name and Title: Dan Shank, Engineering Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 312-202-6014	3d. Cell No.	3e. Fax No.	3f. E-Mail Address engineering.manager@eurostarsmagnificentmile.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal Product or Service Maintenance	5a. City and State where unit is located: Chicago, IL
5b. Description of Unit Involved: Included: All full-time and regular part-time skilled maintenance workers working for Eurostars at Eurostars Magnificent Mile Hotel located at 660 N State St, Chicago, IL 60616 Excluded: Office clerical, professional employees, managers, guards and supervisors as defined by The Act			6a. Number of Employees in Unit: 3
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <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.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 06/17/2019		11c. Election Time(s): 3:00PM-3:30PM	
		11d. Election Location(s): Hotel Break Room	
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 399		12b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO			
12d. Tel. No. 312-372-9870	12e. Cell No.	12f. Fax No. 312-842-1565	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Pat O'Gorman, Organizer		13b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
13c. Tel. No. 312-980-6156	13d. Cell No. 773-502-7425	13e. Fax No. 312-842-1565	13f. E-Mail Address pogorman@iuoe399.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Pat O'Gorman		Signature 	Title Organizer
			Date 06/03/19

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 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-242838

Date Filed

6/6/19

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

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

2a. Name of Employer

Rieke Office Interiors

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

2000 Fox Ln, Elgin, IL 60123

3a. Employer Representative - Name and Title

Jeff Adonte

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

SAME

3c. Tel. No.

847-622-9711

3d. Cell No.

3e. Fax No.

847-622-9750

3f. E-Mail Address

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

Factory

4b. Principal product or service

Furniture Manufacturer

5a. City and State where unit is located:

Elgin, IL

5b. Description of Unit Involved

Included: All full time and regular part time Production Employees, Installers, Programming Employees and shipping & Receiving employees.

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

6a. No. of Employees in Unit:

18

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

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition to serve as request.



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

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

None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):

June 26, 2019

11c. Election Time(s):

1:30 PM - 3:30 PM

11d. Election Location(s):

Break Room

12a. Full Name of Petitioner (including local name and number)

District Lodge 8, International Association of Machinists & Aerospace Workers AFL-CIO

12b. Address (street and number, city, state, and ZIP code)

113 Republic Avenue, Ste. 100, Joliet, IL 60435

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

International Association of Machinists & Aerospace Workers AFL-CIO

12d. Tel No.

815-280-6400

12e. Cell No.

815-214-4587

12f. Fax No.

815-280-6345

12g. E-Mail Address

wlepinske@iamaw.org

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

13a. Name and Title

William J. LePinske, Grand Lodge Representative/TOL

13b. Address (street and number, city, state, and ZIP code)

113 Republic Avenue, Ste. 100, Joliet, IL 60435

13c. Tel No.

815-280-6400

13d. Cell No.

815-214-4587

13e. Fax No.

815-280-6345

13f. E-Mail Address

wlepinske@iamaw.org

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

Name (Print)

William J. LePinske

Signature



Title

Grand Lodge Representative/TOL

Date

June 6, 2019

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

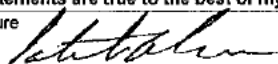
13-RC-243069

Date Filed

6/11/19

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

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

2a. Name of Employer: Downers Grove Marriott Suites		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1500 Opus Place, Downers Grove, IL 60515	
3a. Employer Representative - Name and Title: Donald Harrison, Interim General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 281-802-0644	3d. Cell No.	3e. Fax No.	3f. E-Mail Address donald.harris@marriott.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal Product or Service Maintenance	
5a. City and State where unit is located: Downers Grove, IL		5b. Description of Unit Involved: Included: All full-time and regular part-time skilled maintenance workers working at the Downers Grove Marriott Suites located at 1500 Opus Place, Downers Grove, IL 60515. Excluded: Office clerical, professional employees, managers, guards and supervisors as defined by The Act.	
6a. Number of Employees in Unit: 4		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <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.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 06/25/2019		11c. Election Time(s): 3:00PM-3:30PM	
11d. Election Location(s): Downers Grove Marriott Break Room			
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 399		12b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO			
12d. Tel. No. 312-372-9870	12e. Cell No.	12f. Fax No. 312-842-1565	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Pat O'Gorman, Organizer		13b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
13c. Tel. No. 312-980-6156	13d. Cell No. 773-502-7425	13e. Fax No. 312-842-1565	13f. E-Mail Address pogorman@iuoe399.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Pat O'Gorman		Signature 	Title Organizer
		Date 06/11/19	

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

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-243152	Date Filed 6/12/19


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

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

2a. Name of Employer First Student Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 16951 State Street, South Holland, IL 60473 Cook County	
3a. Employer Representative - Name and Title Joanne Viehman		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 708-210-2200	3d. Cell No.	3e. Fax No.	3f. E-Mail Address 7
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Bus Service Garage		4b. Principal product or service School Bus Service	
5a. City and State where unit is located: South Holland, IL		5b. Description of Unit Involved Included: 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 currently located at 16951 State Street, South Holland, IL. Excluded: All other employees including Monitors, Dispatchers, Drivers, Parts Employees, Office clerical employees, professional employees, managerial employees, guards and supervisors as defined by the Act.	
6a. No. of Employees in Unit: 7		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition to serve as request.		7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

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

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

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): July 3, 2019		11c. Election Time(s): 11:00 AM - 12:00 PM		11d. Election Location(s): Wash Bay			
12a. Full Name of Petitioner (including local name and number) Local Lodge 701, International Association of Machinists & Aerospace Workers AFL-CIO				12b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO							
12d. Tel No. 815-280-6400		12e. Cell No. 815-214-4587		12f. Fax No. 815-280-6345		12g. E-Mail Address wlepinske@iamaw.org	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a. Name and Title William J. LePinske, Grand Lodge Representative/TOL				13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435			
13c. Tel No. 815-280-6400		13d. Cell No. 815-214-4587		13e. Fax No. 815-280-6345		13f. E-Mail Address wlepinske@iamaw.org	
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.							
Name (Print) William J. LePinske		Signature 		Title Grand Lodge Representative/TOL		Date June 12, 2019	

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-243270

Date Filed

6/13/19

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

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

2a. Name of Employer Trinity Property Consultants		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2845 Easton St. IL Downers Grove 60515-	
3a. Employer Representative - Name and Title Lori Jones		3b. Address (If same as 2b - state same) 2845 Easton St. IL Downers Grove 60515-	
3c. Tel. No. (312) 415-2113	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ljones@trinity-pm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Residential Housing Complex	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Downers Grove, IL	
		6a. No. of Employees in Unit: 4	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 05/09/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

10a. Name		10b. Address		10c. Tel. No.	10d. Cell No.
				10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): July 18, 2019		11c. Election Time(s): 1:00-2:00 pm		11d. Election Location(s): Room (TBD) at Renew Downers Grove shop	
12a. Full Name of Petitioner (including local name and number) Chris Moore Service Employees International Union, Local 1				12b. Address (street and number, city, state, and ZIP code) 111 E. Wacker Dr., Ste. 1700 IL Chicago 60601-	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union, CLC					
12d. Tel. No. (312) 233-8747	12e. Cell No. (773) 575-3799	12f. Fax No. (312) 233-8848		12g. E-Mail Address moorec@seiu1.org	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Michele Cotrupe SEIU Local 1		13b. Address (street and number, city, state, and ZIP code) 111 E. Wacker Dr., Ste. 1700 IL Chicago 60601-	
13c. Tel. No. (312) 233-8719	13d. Cell No.	13e. Fax No.	13f. E-Mail Address cotrupem@seiu1.org

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

Name (Print) Chris Moore	Signature Chris Moore	Title Internal Organizer	Date 06/12/2019 16:12:52
------------------------------------	---------------------------------	------------------------------------	------------------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-243270	Date Filed 6/13/19

Employees Included

All maintenance and janitorial employees employed at the Renew Downers Grove complex.

Employees Excluded

All office and sales employees, and all employees excluded under the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-243312	Date Filed 6/14/19

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

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

2a. Name of Employer Ironfire Construction		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 209 Industrial Lane, Wheeling, IL 60090	
3a. Employer Representative - Name and Title Steven Karl; Manager		3b. Address (If same as 2b - state same) Same as above	
3c. Tel. No. (847) 322-9148	3d. Cell No.	3e. Fax No.	3f. E-Mail Address contact@efire.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction service provider		4b. Principal product or service Demolition, excavation and water/sewer services	
5a. City and State where unit is located: Wheeling, IL		5b. Description of Unit Involved Included: All full and part-time heavy equipment operators and truck drivers Excluded: All managers, supervisors, superintendents, clericals, and guards as defined under the Act.	
6a. No. of Employees in Unit: Approx. 8		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **5/06/2019** and Employer declined recognition on or about (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **N/A** If so, approximately how many employees are participating? **N/A**
(Name of labor organization) **N/A**, has picketed the Employer since (Month, Day, Year) **N/A**.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
International Union of Operating Engineers, Local 150, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
6200 Joliet Road, Countryside, IL 60525

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

12d. Tel No.
708/482-8800

12e. Cell No.
N/A

12f. Fax No.
708/588-1647

12g. E-Mail Address
N/A

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

13a. Name and Title **James Connolly, Jr., Associate General Counsel**

13b. Address (street and number, city, state, and ZIP code)
6140 Joliet Road, Countryside, IL 60525

13c. Tel No.
708/579-6628

13d. Cell No.
N/A

13e. Fax No.
708/588-1647

13f. E-Mail Address
jconnolly@local150.org

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

Name (Print) **James Connolly, Jr.** Signature  Title **Associate General Counsel** Date **06/14/2019**

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-243297	Date Filed 6/14/19

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

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

2a. Name of Employer Omni Hotels Management Corp. dba Omni Chicago Hotel		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 676 N. Michigan Avenue Chicago IL 60611	
3a. Employer Representative - Name and Title Barry Sondern, General Manager		3b. Address (if same as 2b - state same) same	
3c. Tel. No. (312)944-6664	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bsondern@omnihotels.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal product or service Hospitality	5a. City and State where unit is located: Chicago, IL

5b. Description of Unit Involved
Included: All regular part-time & full-time food and beverage employees (including stewards, cooks, hosts/hostesses, servers, room service servers, food runners, banquet servers, banquet housemen, bartenders, cashiers, cocktail servers) of the Employer at its operations at 767 N. Michigan Ave.
Excluded: Other employees, valet employees, engineering employees, housekeeping employees, front desk department employees, guards, managers, and supervisors as defined in the NLRA.

6a. No. of Employees in Unit: 57
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **6/14/2019** and Employer declined recognition on or about **no reply** (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

10a. Name none	10b. Address none	10c. Tel. No. none	10d. Cell No. none
		10e. Fax No. none	10f. E-Mail Address none

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

11b. Election Date(s):
As soon as possible 11c. Election Time(s):
11am-1pm, 4pm-7pm 11d. Election Location(s):
Omni Chicago Hotel, 676 N. Michigan Ave.

12a. Full Name of Petitioner (including local name and number)
UNITE HERE Local 1 12b. Address (street and number, city, state, and ZIP code)
218 S. Wabash Ave., Suite 700, Chicago, IL 60604


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

12d. Tel No. 312-663-4373	12e. Cell No.	12f. Fax No. 312-986-3828	12g. E-Mail Address acastillo@unitehere.org
-------------------------------------	---------------	-------------------------------------	-------------------------------------------------------

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

13a. Name and Title Angel Castillo, Organizing Director		13b. Address (street and number, city, state, and ZIP code) 218 S. Wabash Ave., Suite 700, Chicago, IL 60604	
13c. Tel No. 773-469-7131	13d. Cell No. 773-469-7131	13e. Fax No. 312-986-3828	13f. E-Mail Address acastillo@unitehere.org

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

Name (Print) Angel Castillo	Signature 	Title Organizing Director	Date 6-14-2019
---------------------------------------	--------------------------------------------------------------------------------------------------	-------------------------------------	--------------------------

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-243320

Date Filed

6/14/19

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

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

2a. Name of Employer

The American Bottling Company

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

401 North Railroad Avenue Suite 111
IL Northlake 60164-

3a. Employer Representative - Name and Title

Brad Troutman

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

401 North Railroad Avenue Suite 111
IL Northlake 60164-

3c. Tel. No.

(312) 907-7279

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

brad.troutman@kdrp.com

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

Beverages (Nonalcoholic)

4b. Principal product or service

Sales

5a. City and State where unit is located:

Harvey, IL

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

74

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

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 06/14/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received

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

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

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
6/20 or 6/27

11c. Election Time(s):
6am-8am

11d. Election Location(s):
Sales Rep Training room at the northlake facility

12a. Full Name of Petitioner (including local name and number)

Jayna Brown
Teamsters Local 727

12b. Address (street and number, city, state, and ZIP code)
1300 W. Higgins Rd Suite 111
IL Park Ridge 60068-

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

12d. Tel. No.

(847) 696-7500

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

jayna@teamsterslocal727.org

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

13a. Name and Title

Jayna Brown General Counsel
Teamsters Local 727

13b. Address (street and number, city, state, and ZIP code)

1300 W. Higgins Rd Suite 111
IL Park Ridge 60068-

13c. Tel. No.

(847) 696-7500

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

jayna@teamsterslocal727.org

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

Name (Print)

Jayna Brown

Signature

Jayna Brown

Title

General Counsel

Date

06/14/2019 11:29:06

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-243320	Date Filed 6//14/19

Employees Included

All fulltime and regular partitme area sales managers (ASM's) and Sales Service Representatives (SSR's) at the Northlake facility.

Employees Excluded

All other employees, office clerical employees, guards and professional employees and supervisors as defined by the NLRA.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

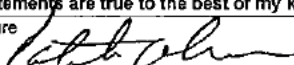
13-RC-243436

Date Filed

6/17/2019

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

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

2a. Name of Employer: The Hoxton, Chicago		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 200 N Green St, Chicago, IL 60607	
3a. Employer Representative - Name and Title: Faisal Latif, Director of Engineering		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 630-776-3593	3d. Cell No.	3e. Fax No.	3f. E-Mail Address faisal.latif@thehox.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal Product or Service Maintenance	
5a. City and State where unit is located: Chicago, IL		5b. Description of Unit Involved: Included: All full-time and regular part-time skilled maintenance employees working for The Hoxton, Chicago at 200 N Green St, Chicago, IL 60607 Excluded: Office clerical, professional employees, managers, guards and supervisors as defined by The Act	
6a. Number of Employees in Unit 4		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <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.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 07-01-2019		11c. Election Time(s): 7:00AM-7:30AM and 3:00PM-3:30PM	
11d. Election Location(s): Engineer's Shop in Basement			
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 399		12b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO			
12d. Tel. No. 312-372-9870	12e. Cell No.	12f. Fax No. 312-842-1565	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Pat O'Gorman, Organizer		13b. Address (street and number, city, State and ZIP code): 2260 S Grove St, Chicago, IL 60616	
13c. Tel. No. 312-980-6156	13d. Cell No. 773-502-7425	13e. Fax No. 312-842-1565	13f. E-Mail Address pogorman@iuoe399.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Pat O'Gorman		Signature 	Title Organizer
Date 06/17/19			

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 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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

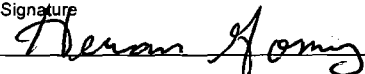
13-RC-243447

Date Filed

6/17/19

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

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

2a. Name of Employer: payless car rental inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 10255 west Zemke Blvd 10255 west Zemke Blvd Chicago IL 60666	
3a. Employer Representative - Name and Title: Michael nzegwu		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 1-773-462-2701	3d. Cell No. 1-310-569-7135	3e. Fax No. 1-773-462-2735	3f. E-Mail Address Michael.Nzegwu@avisbudget.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) car rental company		4b. Principal Product or Service car rentals	5a. City and State where unit is located: Chicago IL
5b. Description of Unit Involved: Included: rental sales agent Excluded: supervisors, management, security guards and professionals as stated in the act			6a. Number of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <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.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): june 21,28 2019		11c. Election Time(s): 9:00am-6:00pm	11d. Election Location(s): at the employee lunchroom
12a. Full Name of Petitioner (including local name and number): teamsters local union no.781		12b. Address (street and number, city, State and ZIP code): 747 Church Rd building D ELMHURST IL 60126	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International brotherhood of Teamsters			
12d. Tel. No. 202-624-6800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address www.teamster.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Hernan Gomez Vice President		13b. Address (street and number, city, State and ZIP code): 747 Church Rd building D Elmhurst IL 60126	
13c. Tel. No. 1-847-298-9999	13d. Cell No. 1-312-699-9444	13e. Fax No. 1-847-824-0781	13f. E-Mail Address hgomez@teamsters781.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Hernan Gomez	Signature 	Title Vice President	Date 6/14/19

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 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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
13-RC-243446Date Filed
6/17/19

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

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

2a. Name of Employer:
DIVERSE FACILITY SOLUTIONS

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
12838 S CICERO AVE ALSIP IL 60803

3a. Employer Representative - Name and Title:
ANDRES LEYVA MANAGER

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

3c. Tel. No.
1-773-582-1022

3d. Cell No.
1-312-270-6663

3e. Fax No.

3f. E-Mail Address
www.diversefacilitiesolutions.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
DISPATCHING SERVICES

4b. Principal Product or Service
FACILITY SUPPORT SERVICES

5a. City and State where unit is located:
CHICAGO IL

5b. Description of Unit Involved:
Included:

DISPATCHERS

Excluded:

SUPERVISORS MANAGEMENT SECURITY GUARDS AND PROFESSIONALS AS STATED IN THE

6a. Number of Employees in Unit:
5

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

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

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
JUNE 21, 28

11c. Election Time(s):
9AM-6PM

11d. Election Location(s):
10255 WEST ZEMKE BLVD CHICAGO IL 60666

12a. Full Name of Petitioner (including local name and number):
TEAMSTERS LOCAL UNION 781

12b. Address (street and number, city, State and ZIP code):
747 N CHURCH RD BUILDING D ELMHURST IL 60126

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

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

12d. Tel. No.
1-202-624-6800

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
www.teamsters.org

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

13a. Name and Title:
Hernan Gomez vice president

13b. Address (street and number, city, State and ZIP code):
747 n church Rd building d Elmhurst IL 60126

13c. Tel. No.
1-847-298-9999

13d. Cell No.
1-312-699-9444

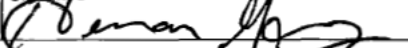
13e. Fax No.
1-847-824-0781

13f. E-Mail Address
hgomez@teamsters781.org

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

Name (Print)
HERNAN GOMEZ

Signature



Title
VICE PRESIDENT

Date
6/14/2019

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-243864

Date Filed

6/25/19

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

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

2a. Name of Employer:
Great Lakes Coca Cola

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
700 Chestnut Ave., Park City, IL 60085

3a. Employer Representative - Name and Title:
Jason Brunati Operations Mgr.

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
(847) 782-6433

3d. Cell No.
(224) 223-4176

3e. Fax No.
(847) 782-6473

3f. E-Mail Address
Jason.brunati@glccd.com

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

4b. Principal Product or Service
Beverages

5a. City and State where unit is located:
Park City, IL

5b. Description of Unit Involved:
Included:

All bulk, OFS, Full Service and Transport drivers located at 700 Chestnut Ave., Park City, IL 60085

Excluded:

All others including, dispatchers, sales, spotters, office, guards and supervisors as defined by the Act.

6a. Number of Employees in Unit:

32

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

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

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

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

None

8b. Address:

N/A

8c. Tel. No.
N/A

8d. Cell No.
N/A

8e. Fax No.
N/A

8f. E-Mail Address
N/A

8g. Affiliation, if any:
N/A

8h. Date of Recognition or Certification
N/A

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

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

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

10a. Name
N/A

10b. Address
N/A

10c. Tel. No.
N/A

10d. Cell No.
N/A

10e. Fax No.
N/A

10f. E-Mail Address
N/A

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

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Monday, July 15, 2019

11c. Election Time(s):
4 a.m. - 7 a.m. & 2 p.m. - 4 p.m.

11d. Election Location(s):
Conference Room

12a. Full Name of Petitioner (including local name and number):
Teamsters Local Union No. 301

12b. Address (street and number, city, State and ZIP code):
36990 N. Green Bay Rd. Waukegan, IL 60087

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

12d. Tel. No.
(847) 623-5430

12e. Cell No.
(708) 927-8966

12f. Fax No.
(847) 623-5795

12g. E-Mail Address
Eduardo@teamstersjc25.com

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

13a. Name and Title:
Eduardo Farrera Organizer

13b. Address (street and number, city, State and ZIP code):
1300 Higgins Rd. Suite 220, Park Ridge, IL 60068

13c. Tel. No.
708 927-8966

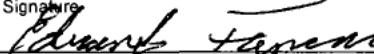
13d. Cell No.
708 927-8966

13e. Fax No.
847 292-1412

13f. E-Mail Address
Eduardo@teamstersjc25.com

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

Name (Print)
Eduardo Farrera

Signature


Title
Organizer

Date
6/24/19

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 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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-243999

Date Filed

6/27/19

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

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

2a. Name of Employer:
Jones Lang LaSalle

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
200 E Randolph, Chicago, IL 60601

3a. Employer Representative - Name and Title:
Glen Shenkin, National Operations Director-MES

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
978-831-2366

3d. Cell No.

3e. Fax No.
312-470-1665

3f. E-Mail Address
glen.shenkin@am.jll.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Grocery Store

4b. Principal Product or Service
Maintenance

5a. City and State where unit is located:
Chicago, IL

5b. Description of Unit Involved:
Included:

All full-time Control Service Technicians working for Jones Lang LaSalle on the Meijer Western Region

Excluded:

Office clerical, professional employees, managers, guards and supervisors as defined by The Act.

6a. Number of Employees in Unit:
12

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

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

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type:

☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
07-09-2019

11c. Election Time(s):
N/A

11d. Election Location(s):
N/A

12a. Full Name of Petitioner (including local name and number):
International Union of Operating Engineers Local 399

12b. Address (street and number, city, State and ZIP code):
2260 S Grove St, Chicago, IL 60616

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Operating Engineers, AFL-CIO

12d. Tel. No.
312-372-9870

12e. Cell No.

12f. Fax No.
312-842-1565

12g. E-Mail Address

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

13a. Name and Title:
Pat O'Gorman, Organizer

13b. Address (street and number, city, State and ZIP code):
2260 S Grove St, Chicago, IL 60616

13c. Tel. No.
312-980-6156

13d. Cell No.
773-502-7425

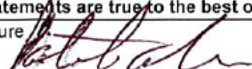
13e. Fax No.
312-842-1565

13f. E-Mail Address
pogorman@iuoe399.com

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

Name (Print)
Pat O'Gorman

Signature



Title
Organizer

Date
06-27-2019

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information 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-244042

Date Filed

6/27/19

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

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

2a. Name of Employer

Form Plastics

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

3825 Stern Ave. Saint Charles, IL 60174

3a. Employer Representative - Name and Title

Jim Pappas

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

3c. Tel. No.

630 443-1400

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

formplastics@formplastics.com

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

Manufacturing

4b. Principal product or service

Plastics trays and plastic film wrap for food

5a. City and State where unit is located:

Saint Charles, IL

5b. Description of Unit Involved

Included: All full-time and part-time materialists, packers, quality control, shipping and receiving, machine operators, forklift operators,

Excluded: Managers, security guards as defined by the Act

6a. No. of Employees in Unit:

20

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

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 6/27/19 and Employer declined recognition on or about 6/27/19 (Date) (If no reply received, so state).



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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
7/12/19

11c. Election Time(s):
1pm-5pm

11d. Election Location(s):
Break Room

12a. Full Name of Petitioner (including local name and number)

Untied Food and Commercial Workers Local 881

12b. Address (street and number, city, state, and ZIP code)

1350 E. Touhy Ave, Rosemont, IL 60018

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

Untied Food and Commercial workers International Union

12d. Tel No.

847 294-5064 x329

12e. Cell No.

630 254-3100

12f. Fax No.

847 759-7107

12g. E-Mail Address

moiseszavala@local881ufcw.org

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

13a. Name and Title

Joseph Torres, Attorney

13b. Address (street and number, city, state, and ZIP code)

221 N. LaSalle St. Chicago, IL 60601

13c. Tel No.

312 641-2910

13d. Cell No.

13e. Fax No.

312 641-0781

13f. E-Mail Address

joe@karmellawfirm.com

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

Name (Print)

Moises Zavala

Signature



Title

Director of Organizing

Date

6/27/19

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 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-244198

Date Filed

6/28/19

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

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

2a. Name of Employer
International Paper Company

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2540 Prospect Ct., Aurora, IL 60502

3a. Employer Representative - Name and Title
Ryan Carlson, Site Manager

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

3c. Tel. No.
(630) 449-7200

3d. Cell No.

3e. Fax No.
(630) 653-8598

3f. E-Mail Address
internationalpaper.comm@ipaper.com

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

4b. Principal product or service
Corrugated Containers

5a. City and State where unit is located:
Aurora, Illinois

5b. Description of Unit Involved

Included: All full-time and part-time production, shipping and receiving, warehouse, and maintenance employees employed at the Employer's facility located at 2540 Prospect Court, Aurora, Illinois 60502.

Excluded: All other employees employed at the facility, including but not limited to managers, supervisors, office clerical, guards, salesman, and confidential employees, as defined by the National Labor Relations Act.

6a. No. of Employees in Unit:
100

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

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 6/25/2019 and Employer declined recognition on or about (Date) (If no reply received, so state) no reply**

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

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

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
July 12, 2019

11c. Election Time(s):
9:00 a.m. 4:00 p.m.

11d. Election Location(s):
2540 Prospect Court, Aurora, Illinois 60502

12a. Full Name of Petitioner (including local name and number)
Chicago and Midwest Regional Joint Board

12b. Address (street and number, city, state, and ZIP code)
333 S. Ashland Avenue, Chicago, IL 60607

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

12d. Tel. No.
312-738-6100

12e. Cell No.

12f. Fax No.
312-738-9985

12g. E-Mail Address

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

13a. Name and Title
David P. Lichtman, attorney

13b. Address (street and number, city, state, and ZIP code)
Dowd, Bloch, Bennett & Cervone, 8 S. Michigan Ave., 19th Fl., Chicago, IL 60603

13c. Tel. No.
312/372-1361

13d. Cell No.

13e. Fax No.
312/372-6599

13f. E-Mail Address
dlichtman@laboradvocates.com

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

Name (Print)
David P. Lichtman

Signature
David P. Lichtman

Title
attorney

Date
6/28/2019

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

PRIVACY ACT STATEMENT

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