UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	13-RC-240700	Date Filed 5/2/19		

INSTRUCTIONS: Unless e-Filed u	ısina the Age	ncy's website.	www.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 th							
(Form NLRB-505); and (3) Descri							
with the NLRB and should not be	e served on th	he employer or a	ny other	party.	•	_	•
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Re	desires to be ce	ertified as representa	ative of the	employees. The l	Petitioner alleges th	at the following	g circumstances exist and
2a. Name of Employer	rations Board p				t(s) involved (Street a		
Gonnella Baking Company				y Road, Shau		,	,,,
3a. Employer Representative – Name a Mark Schmidt Director			1 _	Idress (If same as as above	2b – state same)		
3c. Tel. No.	3d. Cell No.		3e. Fa:	x No.		3f. E-Mail Add	ress
(847) 884-8829	N/A		(847)	884-9469		mschmidt(	@gonnella.com
4a. Type of Establishment (Factory, mine	, wholesaler, etc	.) 4b. Principal p	roduct or se	ervice		5a. City	and State where unit is located:
Factory		Baked Good	ds			. Shaum	burg, IL
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: All full-time and regular	part-time Mair	ntenance employe	ees, empl	oyed at the em	ployers Shaumbui	rg, IL facility	7
Excluded:  All other employees including, Office Clerical, Managers, Guards and Supervisors as defined in the ACT.  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Continuous of the employees including.							
Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 4-17-19 and Employer declined recognition on or about							
Ta. Request for	-	e) (If no reply receiv		· · · -	4-17-19 411	u Employer deci	med recognition on or about
7b. Petitioner is		, , , , ,	•	•	certification under the	Act.	
8a. Name of Recognized or Certified B				8b. Address			
NA				<u></u>			
8c. Tel No.	8d Cell No.		8e. Fax			8f. E-Mail Add	
8g. Affiliation, if any			1	of Recognition or	Certification	•	Date of Current or Most Recent
NA			NA			Contract, if any	y (Month, Day, Year)
9. Is there now a strike or picketing at the	Employer's esta	iblishment(s) involve	ed? NA	if so, approxi	imately how many en	nlovees are pa	rticinating?
(Name of labor organization)					Month, Day, Year)	.,,	
	- D-44i						
<ol> <li>Organizations or individuals other tha known to have a representative interest in</li> </ol>						resentatives and	other organizations and individuals
10a. Name	10b.	Address			10c. Tel. No.		10d. Cell No.
NIA	l N I	٨					
NA	N	4			10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB condu	cts an election ir	this matter, state yo	our position	with respect to	11a. Election Type:	✓ Manual _	Mail Mixed Manual/Mail
11b. Election Date(s):	110	:. Election Time(s):			11d. Election Locat	ion(s):	
May 15, 2019  12a. Full Name of Petitioner (including	local name and	d numberl			12h Address (stree	at and number	city, state, and ZIP code)
Bakery, Confectionery, Tobacco Worke			FL-CIO Lo	cal No. 01	7310 W. 39th Stree	,	
12c. Full name of national or international Bakery, Confectionery, Tobacco Worker					t (if none, so state)	· · · · · · · · · · · · · · · · · · ·	
12d. Tel No. (708) 442-3636	12e. Cell No	).	12f. Fa (708) 4	x No. 42-4393		12g. E-Mail Ad	dress
13. Representative of the Petitioner wh	o will accept se	ervice of all papers			entation proceeding	].	
13a. Name and Title Rochelle Ro	oss - Bus	iness Agent	13b. A		number, city, state,	and ZIP code)	
13c. Tel No.	13d. Cell No		13e. Fa	ax No.		13f. E-Mail Ad	dress
Same as above	(708) 328-98			is above		rross@local1b	ctgm.org
I declare that I have read the above pet		he statements are t		best of my know	ledge and belief.		
Name (Print)	Signar@re	1. Airo	Title	A Local 4 Dusines	^	Date	

BCTGM Local 1 Business Agent 04/25/2019
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-502 (RD) (8-15)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No.	Date Filed
13-RD-240847	5/6/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.gov</u>, 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 7 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.

employer and all other parties named in Case Procedures (Form NLRB 4812). 1	n the petition of:(1) the he showing of interest	petition; (2) Staten should only be file	ent of Position d with the NLI	n form (Fo	rm NLRB-505); and ould <u>not</u> be served o	(3) Description of on the employer or	Representation any other party.
PURPOSE OF THIS PETITION: RD- DE recognized bargaining representative is Labor Relations Board proceed under	no longer their represents	tive. The Petitione	r alleges that t	he followir	ig circumstances ex		
2a. Name of Employer DICEC+5A	4150	2b. Address(es) of 401 W. T			(Street and number,		<del>)</del>
3a. Employer Representative - Name and	Title	3b. Address (If san		nama1		1.	
AARON SIMMONS	17415		tm Brid		DR. ElkG	rovevillage	IL60007
3c, Tel. No. 3d. Fax f		3e: Cell No: }-54(0-6716	308 E	がE-Mail ASin	Address MMON3 Odi	reusa+vsa	·Net
4a. Type of Establishment (Factory, mine, w SAHEIINE Tec				4b. Princip	pal product or service Drectu	1	
5a. Description of Unit Involved						5h Ciby and	State where unit
Excluded: MANASers / Sufer	11SW7 / 111Are	.kau34				is located Source	th Holland =L
	'		ha amulayaan iy	the unit no	lanaarudah ta ha sa	area and and leave this are	
29	Do a substantial number recognized bargaining re			the unit no			enmed or currently
8a. Name of Recognized or Certified Bargai	ning Agent				8b, Affiliation, if any	'	
	Sula 422		8d, Tel, No.		8e. Cell No.		•••
8c. Address 1307 W. Butter Field Rd	1 Julie 100		630.960.	4466	630 222 8g. E-Mail Address	19121	
Downers Grove ILE	10515		81: Fax No.	607	8g. E-Mail Address	re Intui	ા . ાલ
9. Date of Recognition or Certification		10. Expiration Date	of Current or I	Aost Recen	t Contract, if any (Mo		
1-29-2014							
11a. Is there now a strike or picketing at the	Employer's establishmen	it(s) involved?	Yes 🔀 No	11b. If so,	approximately how n	nany employees are	participating?
11c, The Employer has been picketed by or		$\overline{}$					a labor organization, of
(Insert Address)					sino	e (Month, Day, Yea	r)
12. Organizations or individuals other those						anizations	
and individuals known to have a representation and have a representation	entative interest in any em o. Address	ployees in the unit	described in ite	m 5 above. 12c. Tel. N		12d, Fax No.	
				12e, Cell N	10.	12f. E-Mail Addres	s
13. Election Details: If the NLR8 conducts	an election in this			13a, Electi	on Type: 📈 Manua	☐ Mail ☐	Mixed Manual/Mail
matter, state your position with respect to		/->			on Location(s)	السا السار	
13b, Election Date(s)	13c. Election Times 13c. A.	, ,		401 6	TAPT S	outh Hollan	d at 600173
14(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	1 0.00	,		10			
(b) (6), (b) (7)(C)	. ZIP code)			14b. Tel. M		14c. Fax No.	
				14d Cell ( <b>b) (6)</b> ,	(b) (7)(C)	(b) (6), (b) (7)	(C)
14f. Affiliation, if any					*************		
15. Representative of the Petitioner who	will accept service of all	papers for purpos	ses of the repr	esentation	proceeding.		
15a, Name	· · · · · · · · · · · · · · · · · · ·		.,	15b.Title			
15c. Address (Street and number, city, state	, ZIP code)			15d. Tel. N	la.	15e. Fax No.	
				15f. Cell N	0.	15g. E-Mail Addres	s
declare that I have read the above petition	on and that the stateme	nts are true to the	best of my kno	wledge an	id belief,		
b) (6), (b) (7)(C) (b) (6), (b) (7)(C)				Title			Date Filed
	(b) (6), (b) (7)				), (b) (7)(C)		5-4-19
LEFUL FALSE STATEMEN	ITS (		D BY FINE AND T STATEMENT		NMENT (U.S. CODE	, TITLE 18, SECTION	ON 1001)

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

Name (Print)

Rochelle Ross

#### 1ST AMENDED

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
13-RC-240700	5/6/19

PETITION 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 bergaining 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 1117 E. Wiley Road, Shaumburg, IL Gonnella Baking Company 3b. Address (if same as 2b - state same) 3a. Employer Representative - Name and Title Mark Schmidt Director of HR Same as above 3d, Cell No. 38. Fax No. 3f. E-Mall Address 3c Tel No mschmidt@gonnella.com (847) 884-8829 N/A 6a. City and State where unit is located: 4a, Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Aurora, IL **Baked Goods** Factory 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All full-time and regular part-time Maintenance employees, employed at the employers Aurora, IL 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees including, Office Clerical, Managers, Guards and Supervisors as defined in the ACT. unit wish to be represented by the Petitionar? Yes 7 No 7a. Request for recognition as Bargeining Representative was made on (Date) and Employer declined recognition on or about Check One: (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 NA 8c. Tel No. Bd Cell No. Br. E-Mail Address Ar. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA NA 9. Is there now a strike or picketing at the Employer's establishment(s) involved? MA \_\_\_\_ If so, approximately how many employees are participating? 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 Fay No. 10/. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any auch election 11b. Election Date(s): 11d. Election Location(s): May 15, 2019 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) Bakery, Confectionery, Tobacco Workers and Grain Millers, Int'l Union, AFL-CIQ Local No. 01 7310 W. 39th Street, Lyons, IL 60534-1247 12c. Full name of national or International tabor organization of which Petitioner is an affiliate or constituent (if none, so state) Bakery, Confectionery, Tobacco Workers and Grain Millers, International Union, AFL-CIO, CLC 12d. Tel No. 12f Fax No 12g. E-Mail Address (708) 442-3630 (708) 442-4393 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13s. Name and Title Rochelle Ross - Business Agent \_13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d, Cell No. 13e. Fax No.

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

ന്തടെതിocal1bctgm.org

Date

05/3/2019

PRIVACY ACT STATEMENT

**BCTGM Local 1 Business Agent** 

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.

Same as above

(708) 328-9866

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

Me

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FORM NLRB-502 (RD) (8-16)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

Case	No.
1	3-RD-240921

Date Filed 5/6/19

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 7 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.

	ie and ming or interest	onound only be me	0 mm 110 mm	LD and silv	ard not be served o	ii die employer or	any other party.	
PURPOSE OF THIS PETITION: RD- DE recognized bargaining representative is no Labor Relations Board proceed under it	o longer their representa	ative. The Petitioner	r alleges that t	he followin	g circumstances ex	es assert that the ce tist and requests the	rtified or currently hat the National	
Langer Transportation	on Corp.				(Street and number,		)	
3a. Employer Representative - Name and T	itle	3b. Address (If sam						
John Vanbuskirk, Term								
3c. Tel. No. 3d. Fax No. 815 -	741 95 24	3e. Cell No.		3f. E-Mail	askirk@la	ngertians	port, com	,
4a. Type of Establishment (Factory, mine, wh				4b. Princip	product or service	s sac tadle	)n	
5a. Description of Unit Involved				Liqui			State where unit	
Included:	\ 7	41 1 1-	٠ ^			is located		
Employee dri	vers at d	oliet ter	minel	-		Zolie	4 IL	
	Do a substantial number recognized bargaining re			the unit no	longer wish to be re	presented by the ce	rtified or currently	
8a. Name of Recognized or Certified Bargaini Team sters Local	ing Agent	<u> </u>			8b. Affiliation, if any	,		
8c. Address 1645 W. Jackson Blv			8d. Tel. No.	3 2800	8e. Cell No.	1.		
Chicago , IL 606			8f. Fax No. 3 \ 2 ~ 738	2823	8g. E-Mail Address	bt, org		
9. Date of Recognition or Certification  June 6, 2017		10. Expiration Date	of Current or N	Most Recent	Contract, if any (Mon	nth, Day, Year)		
11a. Is there now a strike or picketing at the E	mployer's establishmen	t(s) involved?	es 🗹 No	11b. If so, a	approximately how m	any employees are	participating?	
11c. The Employer has been picketed by or o	n behalf of (Insert Nam	ne)					a labor organizatio	n, of
(Insert Address)					sino	e (Month, Day, Yea	r)	
<ol> <li>Organizations or individuals other those nand individuals known to have a represent</li> </ol>						anizations		
	Address	ployees in the unit o	iescribed in iter	12c. Tel. N		12d. Fax No.		_
Mone				12e. Cell N	0.	12f. E-Mail Address		
<ol> <li>Election Details: If the NLRB conducts a matter, state your position with respect to</li> </ol>				13a. Election	on Type: 🇹 Manual	Mail N	Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Tim	ne(s)		13d. Election	n Location(s)	eminal		,
14. Full (b) (6), (b) (7)(C) (D)(6), (D) (7)	(b) (6), (b) (7)(C)				4			
14a. Address (Street and number, city, state,				14b. Tel. N		14c. Fax No.		
(b) (6), (b) (7)(C) (b) (b) (c) (7)(C)	ZIP COUE)					140. Fax 110.		
(b) (6), (b) (	o) (6), (b) (7)(C)			(b) (6),	(b) (7)(C)	14e. E-Mail Addres	s	
14f. Affiliation, if any								
15. Representative of the Petitioner who wi	ill accept service of all	papers for purpos	es of the repr	esentation	proceeding.			
15a. Name				15b.Title				
15c. Address (Street and number, city, state,	ZIP code)			15d. Tel. N	0.	15e. Fax No.		
		(b) (6), (b) (7)(C)		15f. Cell No	).	15g. E-Mail Address	s	
declare that I have read the above petition	and that the statemen		est of my kno	wledge and	d belief.			
b) (6), (b) (7)(C) <sub>(b) (6), (b) (7</sub> (b) (6), (b) (7)(C)	Signature			Title			Date Filed	
					noner		5-2-19	
WILL FUL FALSE STATEMENT	S ON THIS PETITION	C.	BY FINE AND	IMPRISO	MENT (U.S. CODE	TITLE 18, SECTIO	N 1001)	

D BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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

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

	05.45, 35 a.m.	03-03-2013	213
	DO NOT WRIT	E IN THIS SPACE	
Case N	No.	Date Filed	
1 1	13-RC-241095	5/9/19	

			ر نوبونو آ جار	nkrb.gov/ ], s	submit an original of	this Petition to	an NI RR o	ffice in the Reg	alon in which the	
INSTRUCTIONS: Unless e- employer concerned is loc the employer and all other Case Procedures (Form NL	ated. The petition parties named i	n must be acco n the petition o	ompanied E f: (1) the pe	y both a sh etition; (2) S	tatement of Position t	form (Form NL	d a certifica: .RB-505); an	te of service sl id (3) Descripti	howing service of on of Represent	n etion
PURPOSE OF THIS PETT bargaining by Petitioner ar requests that the National	nd Petitioner desi	res to be certifie	d as repres	entative of th	e employees. The Pet	itioner alleges	that the fol	lowing circums	stances exist an	1
2a. Name of Employer:			2b. Add	dress(es) of (	Establishment(s) involv	ed (Street and	number, City	, State, ZIP cod	ie):	
Penske Logistics			4000	Cline A	venue, East Chie	cago, India	na 46312	2		
3a. Employer Representativ	e - Name and Tit	le:	3b. Add	dress (if sam	e as 2b - state same):					
Mamie McGill			Same	e						
3c. Tel. No.		3d. Céll No. 773-633-4186		3e. Fax No		3f. E-Mail / mamie.		penske.con	n	
4a. Type of Establishment (Fe	actory, mine, who	leseler, etc.)		4b. Principa	al Product or Service		5a. City ar	nd State where	unit is located:	
Trucking and Haulin				Toyota	Parts and Produ	cts	East Chi	cago, Indiana		
b. Description of Unit Invol	lved:						6a. Numbe	er of Employees	in Unit:	
Included:	a <del>C</del> arle deissa	ro houling	Tarrata m	o-to ond	mmo divoto		27			
All full and part time	t truck drive	as nauring	i oyota p	aits and	products			uhefantial numb	er (30% or more)	
Guards and clerical a	as defined h	v the Act					of the	employees in th	e unit wis <u>h t</u> o be	_
Check One: 🔀 7a. Request	:		presentativ	e was made	on (Date) 5/9	/19 an		ented by the Pe declined recogn	titioner? X Yes	☐ No
on or about	(Date) No	reply (	(if no reply r	eceived, so s	statè).					
	<del></del>				nd destres certification	under the Act.		<del></del>	<u> </u>	<u>-</u>
Ba. Name of Recognized or (	Certified Bargal	ning Agent (if n	ione, so stat	(e) 8b. Ad	dress:					
None										
			8e. Fax No.				8f. E-Mail Address			
Bc. Tel. No.	8d. Cell I	No.		8e. Fax No		8f. E-Mail	Address	•	-	
8c. Tel. No. 8g. Affiliation, If any:	8d. Cell I	No.	81		cognition or Certification	on 8i. Expiration	on Date of C	urrent or Most (Month, Day, Y		
3g. Affiliation, if any:				h. Date of Re	ecognition or Certification	8i. Expiration Recent Co	on Date of Contract, if any			
Bg. Affiliation, If any:	celing at the Emp			h. Date of Re	ecognition or Certification	8i. Expiration Recent Connately how ma	on Date of Contract, if any	(Month, Day, Y	ng?	
8g. Affiliation, If any: 3. Is there now a strike or pick (Name of Labor Organizatio	celing at the Emplors)	loyer's establish	ment(s) invo	h. Date of Repolved?	If so, approxi	8i. Expiration Recent Connately how ma	on Date of Contract, if any my employee if the Employ epresentative	(Month, Day, Yos s ere participati er since (Month	ng? , Day, Year)	-
3g. Affiliation, if any: 3. Is there now a strike or pick (Name of Labor Organization) 10. Organizations or individual individuals known to have	celing at the Emplors)	loyer's establish	ment(s) invo	h. Date of Repolved?	If so, approxi	8i. Expiration Recent Connately how ma	on Date of Contract, if any my employee if the Employ epresentative state)	(Month, Day, Yos s ere participati er since (Month	ng? , Day, Year)	
Bg. Affiliation, if any:  3. Is there now a strike or pick (Name of Labor Organizatio) 10. Organizations or individual (ndividuals known to have	celing at the Emplors)	loyer's establish Itioner and those interest in any e	ment(s) invo	h. Date of Repolved?	If so, approxi	8i. Expirati Recent Co mately how ma , has picketed ecognition as r e. (If none, so	on Date of Contract, if any my employee if the Employ espresentative state)	(Month, Day, Yos ere participati er since (Month es and other org	ng? , <i>Day</i> , <i>Year)</i> ganizations and	
3g. Affiliation, if any:  3. Is there now a strike or pick (Name of Labor Organization)  10. Organizations or individual individuals known to have	celing at the Emplorn) als other than Pet a representative	loyer's establish tioner and those interest in any e	ment(s) invo	h. Date of Report of Repor	If so, approxi which have claimed recribed in Item 5b above	8i. Expiration Recent Contact Now may has picketed ecognition as recognition as r	on Date of Contract, if any my employee if the Employ epresentative state)	(Month, Day, Yos sere participatier since (Monthes and other or 100. Cell No.	ng? , <i>Day</i> , <i>Year)</i> ganizations and	
3g. Affiliation, if any:  3. Is there now a strike or pick (Name of Labor Organization)  10. Organizations or individual individuals known to have	celing at the Emplorn) als other than Pet a representative	loyer's establish tioner and those interest in any e	ment(s) invo	h. Date of Report of Repor	If so, approxi which have claimed recribed in Item 5b above	8i. Expiration Recent Contact Now may has picketed ecognition as recognition as r	on Date of Contract, if any my employee if the Employ epresentative state)  o.  11a. Election	(Month, Day, Yos sere participatier since (Monthes and other or 100. Cell No. 100. E-Mail Ad	ng? , Day, Year) ganizations and dress	- I/Mail
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# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

WILLFUL FALSE STATEMEN

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
13-RC-241175	5/9/19		

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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Lowe's Home Improvement 2630 N. Narraganset Ave, Chicago, IL 60639 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Adrian Davis Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 773 413-5120 224 829-7409 adrian.davis@store.lowes.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Retail Home Improvement Chicago, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and part-time associates and specialists. 6b. Do a substantial number (30% or more) of the employees in the Managers, supervisors, and security guards as defined by the Act unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 5/0/10 and Employer declined recognition on or about Check One: (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 8e. Fax No. 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have daimed 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) 10c. Tel No. 10d. Cell No. 10b. Address 10a, Name 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 6am-9am and 3pm-6pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1350 E. Touhy Ave, Rosemont, IL 60018 Untied Food and Commercial Workers Local 881 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 12e. Cell No. 12d. Tel No. 12a, E-Mail Address 847 294-5064 x329 630 254-3100 847 759-7107 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. 13e. Fax No. 13f. E-Mail Address 312 641-0781 joe@karmellawfirm.com 3126412910 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) **Director of Organizing** 5/9/19 Mois es Zavala win

#### **PRIVACY ACT STATEMENT**

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

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	13-RC-241180	Date Filed	5/10/19	

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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2300 Beatty Lane IL Joliet 60433-WEC Business Services, LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 231 W Michigan Street WI Milwaukee 53203-Andy Hebein 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address andy.hebein@wecenergygroup.com (414) 221-3750 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Natural Gas Utilities Gas Control Joliet, II 5b. Description of Unit Involved 6a. No. of Employees in Unit: 11 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 04/09/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is curren ly 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 8q. 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): Monday June 3 and Tuesday June 4 11c. Election Time(s): 11d. Election Loca ion(s): 5 a.m - 7 a.m. and 4 p.m. to 6 p.m., each day 2300 Beatty Lane, Joliet, Illinois 60433 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1885 N Farnsworth Avenue Suite 8 Brandonn Ellis International Brotherhood of Electrical Workers, Local Union 19 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers 12g. E-Mail Address bellis@ibew19.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (630) 301-8597 (630) 820-3925 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Bart Sheard Attorney 900 7th Street, NW Suite 1000 DC Washington 20001-Sherman Dunn, P. 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address sheard@shermandunn.com (202) 785-9300 (321) 626-3995 (202) 775-1950 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) Signature Title Date **Bart Sheard** Attorney 05/10/2019 09:49:50 **Bart Sheard** 

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

#### PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
13-RC-241180	5/10/19	

## Employees Included

All full-time and part-time Gas Control Specialists 1 and Gas Control Specialists 2 in the Gas Control Department.

## **Employees Excluded**

Supervisory, Managerial, Confidential, and Guard employees as defined under the National Labor Relations Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE	IN THIS SPACE
Case No. 13-RC-241657	Date Filed 5/17/19

in which the employer concerned	is located. Ti	ne petition must	be accompanied by I	both a showing o	f interest (se	e 6b below) and a certificate
of service showing service on the						
(Form NLRB-505); and (3) Descrip	tion of Repres	sentation Case F	Procedures (Form NLI	RB 4812). The sh	owing of inte	erest should only be filed
with the NLRB and should not be	served on the	employer or an	y other party.	•	•	,
1. PURPOSE OF THIS PETITION: RC-CI	RTIFICATION O	F REPRESENTATI	VE - A substantial number	of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petitioner	desires to be certi	fied as representativ	ve of the employees. The l	Petitioner alleges th	at the following	circumstances exist and
requests that the National Labor Rela 2a. Name of Employer	mons Board pro		dress(es) of Establishment			
Ozinga Ready Mix Concrete Inc., d/b/a	a Northern Mate				110 1101111001, 4.7,	State, 2.17 Sout,
3a. Employer Representative - Name an			3b. Address (If same as			
Donald J. Rapley			Same	,		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess
708/326-4550	N/A		N/A		donrapley@	ozinga.com
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal pro	duct or service		5a. City a	and State where unit is located:
Concrete plant		Concrete			Gary, IN	1
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All regular full-time and pa	ırt-time plant op	erators, loader of	perators, oilers, plant ma	aintenance workers	s, and	8
mechanics.					- 1	6b. Do a substantial number (30% or more) of the employees in the
Excluded: Guards and super	visors as o	defined by th	ne Act		- 1	unit wish to be represented by the
Oddido dila odpoi	VISOIS, GC .		ie Act.			Petitioner? Yes ✓ No
1 [			itive was made on (Date) 🎝	I/A and	d Employer deci	ined recognition on or about
<u> </u>			d, so state). N/A			
7b. Petitioner is	currently recogniz	ed as Bargaining Re	epresentative and desires of	certification under the	Act.	
8a. Name of Recognized or Certified Ba None.		If none, so state).	8b. Address N/A			
8c. Tel No. N/A	8d Cell No. N/A		8e. Fax No. N/A		8f. E-Mail Addr	ess
8g. Affiliation, if any	INA		8h. Date of Recognition or		N/A Ri Expiration C	ate of Current or Most Recent
		1.		Cermication		(Month, Day, Year)
N/A			N/A		N/A	
9. Is there now a strike or picketing at the i	Employer's establ	ishment(s) involved	? No If so, approxi	imately how many em	ployees are par	ticipating? N/A
(Name of labor organization) N/A			seted the Employer since (f			
10. Organizations or individuals other than					esentatives and	other organizations and individuals
known to have a representative interest in None	any employees in	the unit described i	n item 50 above. (if none,	so state)		
10a. Name	10b. Ad	ddress		10c. Tel. No.		10d. Cell No.
				N/A		N/A
N/A	N/A	4		10e. Fax No.		10f. E-Mail Address
	1 1/1			N/A		N/a
11. Election Details: If the NLRB conduct any such election.			r position with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): May 24, 2019	6:00 a	Election Time(s): .m 7:00 a.m.		11d. Election Locati General Contractor		
12a. Full Name of Petitioner (including I International Union of Operating Engineer				12b. Address (stree 6200 Joliet Road, C	et and number, co Countryside, IL	ity, state, and ZIP code) 60525
12c. Full name of national or international International Union of Operating Enginee	abor organization		is an affiliate or constituent		•	
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress
708/482-8800	N/A		708/588-1629		N/A	
13. Representative of the Petitioner who			or purposes of the repres	entation proceeding	J.	
13a. Name and Title Charles R.	Kiser, Atto	orney	13b. Address (street and 6140 Joliet Road, Countrysid		and ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	
708/579-6663	N/A		708/588-1647		ckiser@local15	0.org
I declare that I have read the above peti-	ion and that the	statements are tru		rledge and belief.		
Name (Print) S	grature .	O V	Title		Date May 17, 20	10

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

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

#### PRIVACY ACT STATEMENT

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT W	VRITE IN THIS SPACE
Case No.	Date Filed
13-RC-241754	5/20/19

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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6140 S CENTRAL IL CHICAGO 80638 AA RESTORATION LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 6140 S CENTRAL IL CHICAGO 80638 JOHN MANUEL CINTRON 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (312) 307-6665 john@aarestorationservice.com (312) 505-2300 (000) 000-0000 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: MASONRY RESTORATION Chicago, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 12 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): FI FXIBI F MAIL PREFERRED 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) STEPHEN NELMS INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 21 OF ILL NOIS 620 E ST NW 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTWORKERS 12g. E-Mail Address snelms@bacweb.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (202) 316-6611 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date DIRECTOR STEPHEN R NELMS 05/19/2019 15:52:51 STEPHEN NELMS

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

#### PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE	IN THIS SPACE
Case 13-RC-241754	Date Filed 5/20/19

Employees Included ALL MASONRY RESTORATION WORKERS INCLUDING BRICKLAYERS, TUCKPOINTERS AND CAULKERS

Employees Excluded
GENERAL LABORERS, SUPERVISORS, GUARDS AND OFFICE STAFF AS
DEFINED BY THE ACT.

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE	IN THIS SPA	CE	
Case No. 13-RC-241750	Date Filed	5/20/19	

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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2300 Beatty Lane IL Joliet 60433-WEC Business Services, LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 231 W Michigan Street WI Milwaukee 53203-Andy Hebein 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address andy.hebein@wecenergygroup.com (414) 221-3750 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Natural Gas Utilities Gas Control Joliet, II 5b. Description of Unit Involved 6a. No. of Employees in Unit: 11 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 04/09/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is curren ly 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 8q. 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 Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): Monday June 3 and Tuesday June 4 11c. Election Time(s): 11d. Election Loca ion(s): 5 a.m - 7 a.m. and 4 p.m. to 6 p.m., each day 2300 Beatty Lane, Joliet, Illinois 60433 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1885 N Farnsworth Avenue Suite 8 Brandonn Ellis International Brotherhood of Electrical Workers Local Union 19 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers 12g. E-Mail Address bellis@ibew19.org 12d. Tel No. 12e Cell No 12f. Fax No. (630) 820-3925 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Bart Sheard Attorney 900 7th Street NW Suite 1000 DC Washington 20001-Sherman Dunn, P. 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address sheard@shermandunn.com (202) 785-9300 (321) 626-3995 (202) 775-1950 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) Signature Title Date **Bart Sheard** Attorney 05/20/2019 09:20:26 **Bart Sheard** 

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

#### PRIVACY ACT STATEMENT

Attachment

	DO NOT WRITE	IN THIS SPACE
Case		Date Filed
	13-RC-241750	5/20/19

## Employees Included

All full-time and part-time Gas Control Specialists 1 and Gas Control Specialists 2 in the Gas Control Department.

## **Employees Excluded**

Supervisory, Managerial, Confidential, and Guard employees as defined under the National Labor Relations Act.

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

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

DO NOT WRITE IN	THIS SPACE
13-RC-242173	Date Filed 5/28/19

		KC PETITIO	/19			13-	-KC-Z4	21/3		5/28	3/19
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition i named in t	must be accomp the petition of: (	panied b <sub>.</sub> 1) the pe	y both # sh tition; (2) \$	lowing of interest (s tatement of Position	ee 6b n form	below) and (Form NLI	l a certificat RB-505); and	e of service sh d (3) Description	owing son of Rej	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires	s to be certified a	is represe	entative of the	ne employees. The Pe	etition	er alleges (	that the follo	owing circums	tances e	
2a. Name of Employer: Jackson Park Hosptial				ress(es) of S. Stony	Establishment(s) invo / Island	olved (	Street and r	number, City,	State, ZIP cod	e):	
3a. Employer Representative - Nam	ne and Title		3h Add	ress (if sam	e as 2b - state same		•				
Fountain Hendricks	io and this.		J. Add	1005 (1/ 5011	o as 20 - siale saine,	<b>7</b> -					
3c. Tel. No. 773-947-7512	3d. Cell No			3e. Fax No			3f. E-Mail A Fountair	ıHendric	ks@jackso	_	
4a. Type of Establishment (Factory. / Hosptial	nine, wholes	saler, etc.)		4b. Princip health (	el Product or Service Care	)		5a. City and Chicag	d State where u	init is loc	ated;
6b. Description of Unit Involved: Included:								6a. Numbe	r of Employees	in Unit:	
Transporter								٦			
Excluded: Attachment 2								of the e	ibstantial numb mployees in the nted by the Pet	unit wis	h to be
Check One: 7a. Request for reconnect (Data)	ognition as I			was made			and	Employer d	eclined recogni	tion	
7b. Petitioner is cur		nized as Bargain	ning Repr	esentative a	ind desires certification	on und	er the Act.				
8a. Name of Recognized or Certifie Teamster Local 743	d Bargainir	ng Agent (If non	e, so stat		o S. Tripp Chic	ago	IL				
8c. Tel. No.	8d. Cell No	1.		8e. Fax No	).		er. E-Mali A	ddress			
8g. Affiliation, if any:			81	n. Date of R	ecognition or Certifica	ation			ment or Most Month, Day, Ye	ear)	
9. Is there now a strike or picketing at	the Employ	er's establishme	nt(s) invo	No No	if so, appro	ximate	ely how man	y employees	are participatir	ıg?	
(Name of Labor Organization)				.,					er since (Month,		
<ol> <li>Organizations or individuals other individuals known to have a repre-</li> </ol>									s and other org	anization	ns and
10a. Name		10b. Address			·		10c. Tel. No	),	10d, Cell No.		
							10e, Fax No	),	10f. E-Mail Add	iress	
11. Election Details: If the NLRB co	nducts and	election in this m	atter, stal	e your posi	tion with respect to an	ny suc	h election:		• •		
44h Floring Pateloli		11c. Election Tir					44d Flooris			Mixed	Manual/Mail
11b. Election Date(s):		TIC. Election in	ne(a):				1 10° Electio	n Location(s	Ji.		
12a. Full Name of Petitioner (included Denise Stiger	ing local nar	me and number):			12b. Address (street 4620 s. Tripp			State and 2	IP code):		_
Teamsters Local 743											
12c. Full name of national or internati Teamsters Local 743	onal labor o	rganization of wh	nich Petiti	ioner is an a	iffiliate or constituent	(if nor	ie, so state).				
12d. Tel. No. 773 -254-7460	12e. Cell N 773633	-5333		12f, Fax N				teamste	rslocal743.	com	
13. Representative of the Petitione 13a. Name and Title: Denise Stiger Organizer	r who will a	iccept service o	f all pape	13b. Addre	poses of the represe pss (street and number Tripp Chicago II	er, city					-
13c. Tel. No. 773633-5333	13d. Cell N	io.	<u></u>	13e, Fax N ♥73-25			13f, E-Mail	Address		-	
I declare that I have read the above	petition ar			rue to ti	he best of my knowl						
Name (Print) Denise Stiger		Signatur	لسل	<del>H</del>		Title OF	ganizer				Date 5/23/2019

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.

All other empolyees, professional employees, managerial employees, conficantial empolyees, office clerical ,guards and supervisors

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

Kevin Case

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRI	TE IN THIS SPACE
Case No. 13-RC-242259	Date Filed <b>5/28/19</b>

RC PETITION

INSTRUCTIONS: Unless e-rilea				•		
in which the employer concerne	ed is located. Th	e petition must	be accompanied by I	both a showing o	of interest (se	e 6b below) and a certificate
of service showing service on t	he employer and	all other partie	s named in the petition	on of: (1) the peti	ition; (2) State	ment of Position form
(Form NLRB-505); and (3) Desci	ription of Repres	entation Case I	Procedures (Form NLI	RB 4812). The s	howing of inte	erest should only be filed
with the NLRB and should not b						
1. PURPOSE OF THIS PETITION: RC-				of employees wish t	o be represented	for purposes of collective
bargaining by Petitioner and Petitions	er desires to be certif	ied as representati	ve of the employees. The	Petitioner alleges ti	hat the following	circumstances exist and
requests that the National Labor R	elations Board proc					
2a. Name of Employer			fdress(es) of Establishment	t(s) involved (Street	and number, city,	State, ZIP code)
Porchlight Music Theatre Chicago			200 W. Diversey Ave Chicago 60639-			
3a. Employer Representative – Name	and Title		3b. Address (If same as			
Jeannie Lukow			4200 W. Diversey IL Chicago 60639-	Ave		· · · · · · · · · · · · · · · · · · ·
3c. Tel. No.	3d. Cell No.		3e, Fax No.		3f. E-Mail Addr	
(773) 777-9884			(773) 777-9886			htmusictheatre.org
4a. Type of Establishment (Factory, min	e, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City a	and State where unit is located:
Others			Musical theater			Chicago, IL
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	ditional details				L	30
-						6b. Do a substantial number (30%
Excluded: See Attached Page 2 for add	ditional dataila					or more) of the employees in the unit wish to be represented by the
Excluded: See Attached Page 2 for add	ullonal details				ļ	Petitioner? Yes [ No [ ]
Check One: 7a. Request for	or recognition as Barr	naining Representa	itive was made on (Date) 0	1/25/2010 ar	nd Employer decli	ned recognition on or about
05/23/201		(If no reply receive		1/20/2010	ia Employor doon	nou roodgilladii dir dir dibadi.
			epresentative and desires	certification under the	e Act	
8a. Name of Recognized or Certified			8b. Address	ocranoual and an	<u> </u>	
		,				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess
8g. Affiliation, if any			8h. Date of Recognition or	Certification		ate of Current or Most Recent
					Contract, if any	(Month, Day, Year)
,			<del></del>		L	
9. Is there now a strike or picketing at the	ne Employer's establi	shment(s) involved	? If so, approx	imately how many e	mployees are par	ticipating?
(Name of labor organization)		, has pick	keted the Employer since (I	Month, Day, Year)		
10. Organizations or individuals other th						
known to have a representative interest						
			•			
10a. Name	10b. Ad	Idress		10c, Tel, No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
44 51 11 5 4 11 11 11 11 11 11 11 11 11 11 11 11 1	1 1 1 1		70.		parties, part	
<ol> <li>Election Details: If the NLRB cond any such election.</li> </ol>	lucts an election in th	iis matter, state you	ir position with respect to	11a. Election Type	e: 🔼 Manual 📗	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Loca	ation(s):	
TBD	TBD	. ,		Union office	, ,	
_12a. Full Name of Petitioner (including	g local name and n	umber)		12b. Address (stre	eet and number, o	ity, state, and ZIP code)
Terryl Jares Chicago Federation of Musicians, Local 10-208	A.F.M.			656 West Randolph IL Chicago 60661-	h St Suite 2W	
12c. Full name of national or internation	al labor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)		
American Federation of Musicians (A.F.M	<u> </u>				,	
12d, Tel No.	12e. Cell No.		12f, Fax No.		12g. E-Mail Ad tjares@cfm102	dress 108 org
(312) 782-0063	(312) 310-4100		(312) 782-7880	4.41	·	
13. Representative of the Petitioner v	vno will accept serv	ice of all papers f		-	-	
Kevin Case Attorney			13b. Address (street and 53 W Jackson Blvd Suit		, and ZIP code)	
Case Arts Law LLC			IL Chicago 60604-		·	· · · · · · · · · · · · · · · · · · ·
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f, E-Mail Add kcase@casear	
(312) 234-9926	(312) 933-5108		(312) 962-4908	dadaa aad katta		,
I declare that I have read the above p	etition and that the	statements are tr	<u> </u>	vieuge and beliet.		
Name (Print)	Signature		Title		Date	
Kevin Case	Kevin Case		Attorney		1 05/28/2019	16:11:31

Kevin Case Attorney 05/28/2019 16:11:31
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Case Date Filed

Attachment

Employees Included
Musicians employed by the Employer

Employees Excluded
Stage non-instrumental performers, administrative staff, stage crew, box office employees, ushers

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

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

DO NOT WRITE II	N THIS SPACE
Case No.	Date Filed
13-RC-242341	5/29/19

INSTRUCTIONS: Unless e-File									
employer concerned is locate the employer and all other par Case Procedures (Form NLRB	d. The petition rties named in	must be accome the petition of:	panied b (1) the pe	by both a sh etition; (2) S	Statement of Position	ee 6b below) an form (Form NL	d a certific .RB-505): a	ate of service s	howing service on
PURPOSE OF THIS PETITIO bargaining by Petitioner and F requests that the National L	N: RC-CERTIF	EICATION OF RE	PRESEN as represe	ITATIVE - A entative of the	substantial number of ne employees. The Pe	employees wisl	n to be repr	esented for purp	oses of collective
2a. Name of Employer:			2b. Add	dress(es) of	Establishment(s) invol	ved (Street and	number, Ci	ty, State, ZIP co	de):
Midwest Air Traffic Co	ontrol Serv	rice, Inc.	3540	3540 N. Mcaree Rd. Waukegan, IL 60087					
3a. Employer Representative -	Name and Title	:	3b. Add	dress (if sam	e as 2b - state same):				
Mr. Shanes Cordes Pro	esident/ CI	EO	7300	W 129t	h Street Overla	nd Park, KS	66213		
3c. Tel. No.	3d. Cell N	Э.		3e. Fax No	),	3f. E-Mail A	Address		
(913) 782-7082				(913) 8	97-9300	shanelo	@att.ne	t	
a. Type of Establishment (Facto		esaler, etc.)			al Product or Service		5a. City a	nd State where	unit is located:
Air Traffic Control Ser				Air Tra	ffic Control		Waukeg		
<ol><li>Description of Unit Involved ncluded:</li></ol>	d:						6a. Numb	per of Employees	in Unit:
Air Traffic Control Spe	ecialist (fu	ll & Part Ti	me)				4		
Excluded:	00141150 (14		110)				6b. Do a	substantial numb	per (30% or more)
Guards, Supervisors, &	Air Traff	c Manager					of the	employees in th	e unit wish to be
Check One: 7a. Request for			esentative	e was made	on (Date) N	I/A an		declined recogn	
on or about (Da	,			eceived, so					
Ba. Name of Recognized or Cer					nd desires certification	under the Act.			
None	uneu bargani	ing Agent (ii non	e, 30 Stat	N/A					
TONE				14/14					
Bc. Tel. No.	8d. Cell No	),		8e. Fax No. 8f. E-Ma			ail Address		
Bg. Affiliation, if any:			181	h. Date of Re	ecognition or Certificat	ion 8i Expiratio	on Date of C	Current or Most	
.,								(Month, Day, Y	ear)
9. Is there now a strike or picketing	ng at the Emplo	ver's establishme	ent(s) invo	olved? No	If so, approxi	imately how man	ny employe	es are participati	na?
(Name of Labor Organization)	,	,	(-)	140	200			yer since (Month	
Organizations or individuals or individuals known to have a re						recognition as re	epresentativ		
None									
0a. Name		10b. Address				10c. Tel. N	0.	10d. Cell No.	
						10e. Fax N	0.	10f. E-Mail Ad	dress
4 Floring Battle (Chan)									dress
				te your positi	ion with respect to any		11a. Election	on Type:	
Flexible, but within 3 w		is filing. AS	AP	te your positi	ion with respect to any	such election:	11a. Electio	on Type:	dress  Mixed Manual/Mail
Flexible, but within 3 w 1b. Election Date(s):	veeks of th	11c. Election Ti	AP me(s):			such election:	11a. Election  Manual  Manual	on Type: al  Mail [	
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Flexible, but within 3 with Election Date(s): Flexible to allow folks IZa. Full Name of Petitioner (inc.) Professional Air Traffic IZc. Full name of national or inter Office & Professional II IZd. Tel. No. IX. Representative of the Petitic IX. Name and Title: Ron Taylor, President II IX. Tel. No.	to vote. cluding local nace Controlle mational labor of Employees  12e. Cell Noner who will a	is filing. AS  11c. Election Til  Flexible to  me and number).  rs Organizat  organization of wl  International  occept service of	AP me(s): allow tion, In nich Petitial Unic	controlled one is an arbn, AFL- 12f. Fax Notes for purp 13b. Addre 161 SW 13e. Fax Note (772) 25	ers chance to vo	te On site and number, city W Lake Train Trainer, so state)  12g. E-Mail tation proceeding, city, State and nil Stuart, Fl	11a. Electic  Manuary  n Location( at control  state and il Stuart  Address  Address  Address  Address	on Type: al Mail [ss): bl tower ZIP code): c, Florida 34	Mixed Manual/Mail

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Date Filed

DO NOT WRITE IN THIS SPACE

RC PETITION 13-RC-242387 5/30/19 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 401 E. Joe Orr Road, Chicago Heights, IL 60411 Cook County Arvzta 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Joseph Diaz, Plant Director SAME 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 708-757-7750 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Factory Food Manufacturer Chicago Heights, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Full-Time and Regular Part-Time Maintenance Mechanics including Maintenance Electricians employed by the 6b. Do a substantial number (30% employer at their 401 E. Joe Orr Rd, Chicago Heights location. or more) of the employees in the Excluded: All other employees, including production workers, office clerical employees, professional employees, unit wish to be represented by the managerial employees, guards and supervisors, as defined by the Act. 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). 8b. Address None 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 F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 

✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 6:00 AM - 7:00 AM / 2:00 PM - 3:00 PM 1st Floor Conference Room June 20, 2019 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) District Lodge 8, International Association of Machinists & Aerospace Workers AFL-CIO 113 Republic Avenue, Ste. 100, Joliet, IL 60435 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) International Association of Machinists & Aerospace Workers AFL-CIO 12d, Tel No. 12e. Cell No. 12g. E-Mail Address 815-280-6400 815-214-4587 815-280-6345 wlepinske@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) William J. LePinske, Grand Lodge Representative/TOL 113 Republic Avenue, Ste. 100, Joliet, IL 60435 13f. E-Mail Address 13c. Tel No 13d. Cell No. 13e. Fax No. 815-214-4587 815-280-6400 815-280-6345 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 Grand Lodge Representative/TOL May 30, 2019

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

#### PRIVACY ACT STATEMENT

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

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

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
13-RC-242462	5/31/19				

		C PETITIO				13-R	.C-24246	2	5/3	31/19
INSTRUCTIONS: Unless e-Filed usemployer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48	he petition m named in th	ust be accomp e petition of: (	oanied b 1) the pe	y both a sh tition; (2) S	owing of interest (se tatement of Position	e 6b below) a form (Form N	nd a certifica: ILRB-505); an	te of service si d (3) Descripti	howing se on of Rep	ervice on Presentation
<ol> <li>PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo</li> </ol>	ioner desires	to be certified a	s represe	ntative of th	ne employees. The Pe	titioner allege	s that the fol	owing circum:	stances ex	
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invol	ved (Street an	d number, City	State, ZIP cod	ie):	
CBRE, Inc.	6111	5111 N River Rd, Rosemont, IL								
3a. Employer Representative - Nan	ne and Title:		3b. Add	ress (if sam	e as 2b - state same):					
Randy McCord, Regional Manager	l Enginee	ring	6111	N Rive	r Rd, Rosemont	, IL				
3c. Tel. No.	3d. Cell No.			3e. Fax No	۵.	3f. E-Mai	Address			
815-901-3747						randy.	mccord@	cbre.com		
4a. Type of Establishment (Factory, I	nine, wholesa	eler, etc.)		4b. Principal Product or Service				d State where	unit is loca	ited:
Office/Bank				Maintenance			Chicago	o, IL		
5b. Description of Unit Involved:								er of Employees	s in Unit:	
Included:	lad maintane	naa amplayaas	waskina t	or CDDE In	o on the Eifth Third A	coount in	8			
All full-time and regular part-time skil the Midwest Region	teo maintenai	nce employees	working	OF CBRE, II	ic. On the Fight Third A	ccount in	0			
Excluded: Office clerical, professional employee	es, managers,	guards and su	pervisors	as defined	by The Act		of the e	ubstantial numb employees in the ented by the Pe	e unit wish	to be
Check One: 7a, Request for reconnect on or about (Date) 7b, Petitioner is cur		(lf n	o reply re	ceived, so	state).			declined recogn	nition	
8a. Name of Recognized or Certifie	<u> </u>					I dilder the Vo	·-		<del></del> -	
ou. Name of Nessganzea of Strans	u Darganing	g regette (ir florit	., 00 0.0.	5, 02.713						
8c. Tel. No.	8d. Cell No.			8e. Fax No	1.	8f. E-Mai	l Address			
Bg. Affiliation, if any:				n. 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 a	t the Employe	r's establishme	nt(s) invo	lved?	lf so, approx	imately how m	any employee	s are participat	ing?	
(Name of Labor Organization)						, has picket	ed the Employ	er since (Monti	n, Day, Ye	ar)
<ol> <li>Organizations or individuals other individuals known to have a repre-</li> </ol>								es and other or	ganization	s and
10a. Name	1	0b. Address				10c. Tel.	No.	10d. Cell No.		
TOD. AUGIGSS										
						10e. Fax	10e. Fax No. 10f. E-Ma			
11. Election Details: If the NLRB co	nducts and el	ection in this ma	atter, stat	e your posit	ion with respect to any	such election		_	Mixed	Manual/Mail
11b. Election Date(s):	-	11c. Election Tir	ne(s):			11d. Elec	tion Location(	s):		
06/11/2019	]	N/A				N/A				
12a. Full Name of Petitioner (includ	fing local nam	e and number):			12b. Address (street	and number, o	ity, State and	ZIP code):		
International Union Oper	ating Eng	ineers Loc	al 399		2260 S Grove	St, Chicag	go, IL 606	16		
12c. Full name of national or internat International Union of Op					iffiliate or constituent (a	if none, so sta	!e):			
12d. Tel. No.	12e. Cell No	<u> </u>		12f. Fax N	0.	12g. E-M	ail Address			
312-372-9870				312-842	2-1565	•				
13. Representative of the Petitione	r who will ac	cept service o	fall pape			ntation proces	eding.			
13a. Name and Title:				13b. Address (street and number, city, State and ZIP code):						
Pat O'Gorman, Organizer 2260 S Grove St, Chicago, IL 60616										
13c. Tel. No. 13d. Cell No.			13e, Fax N			13f. E-Mail Address				
12-980-6156 773-502-7425				312-842			pogorman@iuoe399.com			
I declare that I have read the above	e petitlon and			re true to th	ne best of my knowle		ıf.			
Name (Print)		Signature		100	<i>(</i> ,	Title	_			Date 05/21/10
Pat O'Gorman		7	cu	voc		Organize	I			05/31/19

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

*	
DO NOT WRIT	E IN THIS SPACE
13-RC-242118	5/24/19

11 0 1		0 11			i		_	-		
INSTRUCTIONS: Unless e-Filed	using the	Agenc	y's websit	e, wv	/w.nlrb.gov, submit a	n original of this	Petition to	an NLRB office in the Region		
in which the employer concern										
of service showing service on t										
(Form NLRB-505); and (3) Desc			•		•					
with the NLRB and should not be						(D 4012). The 31	ownig or in	nerest should only be med		
1. PURPOSE OF THIS PETITION: RC	CERTIFICA	TION OF	REPRESE	VTATI	/F - A substantial number	of employees wish to	be represente	ed for purposes of collective		
bargaining by Petitioner and Petition	er desires to	be certifi	ed as repres	entativ	e of the employees. The I	Petitioner alleges th	at the following	ng circumstances exist and		
requests that the National Labor R	elations Bo	ard proc								
2a. Name of Employer			ddress(es) of Establishment(s) involved (Street and number, city, State, ZIP code)							
Ozinga Ready Mix Concrete Inc./Northern Materials, Inc., Joint Employer 400 Blaine Street, Gary, IN 46406 / P.O. Box 671, Frankfort, IL 60423							anktort, IL 60423			
3a. Employer Representative – Name	and Title				3b. Address (If same as 2b – state same)					
Donald J. Rapley / Todd Loid					Same / Same	<del>-</del>				
3c. Tel. No.	3d. Ce	ell No.			3e. Fax No.		3f. E-Mail Address			
708/326-4550 / 708/326-4274	N/A		r		N/A			ozinga.com / toddloidl@gmail.com		
4a. Type of Establishment (Factory, mir	ne, wholesale	er, etc.)	· - '		luct or service		-	y and State where unit is located:		
Concrete plant			Concrete	<del>}</del>		,	Gary,			
5b. Description of Unit Involved							_	6a. No. of Employees in Unit:		
Included: All regular full-time and						aintenance worker	s, and	Approx. 8 6b. Do a substantial number (30%		
mechanics in Lake, Por	ter, LaPort	e, and S	st. Joseph (	Jounti	es, Indiana.			or more) of the employees in the		
Excluded: Guards and sup-	envisors	as d	lefined b	w th	e Act			unit wish to be represented by the		
Odards and sup	C1 V13013	, 45 0	iciiiica k		C / lot.			Petitioner? Yes ✓ No		
Check One: / 7a. Request for	or recognitio	n as Barg	aining Repre	esentat	ive was made on (Date) 🛭	nril 2019 an	d Employer de	clined recognition on or about		
N/A					l, so state). N/A	.,				
7b. Petitioner					presentative and desires of	certification under the	Act.			
8a. Name of Recognized or Certified	Bargaining	Agent (//	fnone, so si	tate).	8b. Address					
None.					N/A					
8c. Tel No.	8d Ce	l No.			8e. Fax No.		8f. E-Mail Address N/A			
N/A	N/A	_			N/A			Date of Current or Most Recent		
8g. Affiliation, if any				- 1	Continue if any			ny (Month, Day, Year)		
N/A					N/A (Month, Day, Year)			, , , , , , , , , , , , , , , , , , , ,		
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No										
(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	many empi	oyees iii	ine unit acac	iiibça i	THEM OD ADOVE. (IT NOTE,	30 31010)		į		
10a. Name 10b. Address						10c. Tel. No.		10d. Cell No.		
	ļ					N/A		N/A		
N/A		N/A	7			10e. Fax No.		10f. E-Mail Address		
					N/A			N/a		
11. Election Details: If the NLRB cond	lucts an elec	tion in th	is matter, sta	te you	position with respect to	11a. Election Type:  Manual Mail Mixed Manual/Mail				
any such election.  11b. Election Date(s):  11c. Election Time(s):					11d. Election Location(s):					
June 5, 2019 6:00 a.m 7:00 a.m.						Job trailer				
12a. Full Name of Petitioner (Including local name and number)  12b. Address (street and number, city, state, and ZIP code)										
International Union of Operating Engineers, Local 150, AFL-CIÓ 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 Engir										
12d. Tel No. 12e. Cell No. 12f. Fax No.						12g. E-Mail Address				
708/482-8800 N/A 708/588-1629 N/A										
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.										
13a. Name and Title Charles R. Kiser, Attorney 13b. Address (street and number, city, state, and ZIP code)										
					6140 Joliet Road, Countryside, IL 60525  13e. Fax No. 13f. E-Mail Address			ddress		
13c. Tel No. 708/579-6663	13d. Cell No. N/A				1			Mail Address Diocal150.org		
		that the	statements	are tru		ledge and belief.				
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)  Date										
Name (Print)	Signature Date Attorney May 24, 2019			2019						
Charles R. Kiser										

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

#### PRIVACY ACT STATEMENT

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

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

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Case No	Date Filed <b>5/28/19</b>			
13-RC-242250	5/28/19			

RC PETITION 13-RC-242259 5/28/19

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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4200 W. Diversey Ave IL Chicago 60639-3b. Address (If same as 2b – state same) Porchlight Music Theatre Chicago 3a. Employer Representative - Name and Title 4200 W. Diversey Ave IL Chicago 60639-Jeannie Lukow 3c. Tel. No. 3d Cell No. 3e. Fax No. 3f. E-Mail Address jeannie@porchlightmusictheatre.org (773) 777-9884 (773) 777-9886 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Chicago, IL Others Musical theater 5b. Description of Unit Involved 6a, No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [ ] No [ ] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 01/25/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 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. 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 11a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): TBD 12b. Address (street and number, city, state, and ZIP code) 656 West Randolph St Suite 2W IL Chicago 60661-12a. Full Name of Petitioner (including local name and number) Terryl Jares Chicago Federation of Musicians, Local 10-208 A.F.M. 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Musicians (A.F.M.) 12g. E-Mail Address tjares@cfm10208.org 12d Tel No 12e Cell No. 12f Fax No. (312) 782-0063 (312) 310-4100 (312) 782-7880 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 53 W Jackson Blvd Suite 209 IL Chicago 60604-Kevin Case Attorney Case Arts Law LLC 13d. Cell No. 13f. E-Mail Address kcase@caseartslaw.com 13c. Tel No. 13e. Fax No. (312) 234-9926 (312) 933-5108 (312) 962-4908 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) Title Signature Kevin Case Kevin Case Attorney 05/28/2019 16:11:31

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

#### PRIVACY ACT STATEMENT

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Case Date Filed

Attachment

Employees Included Musicians employed by the Employer

Employees Excluded Stage non-instrumental performers, administrative staff, stage crew, box office employees, ushers