


UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-240700 Date Filed 5/2/19

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

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

2a. Name of Employer Gonnella Baking Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1117 E. Wiley Road, Shaumburg, IL	
3a. Employer Representative - Name and Title Mark Schmidt Director of HR		3b. Address (If same as 2b - state same) Same as above	
3c. Tel. No. (847) 884-8829	3d. Cell No. N/A	3e. Fax No. (847) 884-9469	3f. E-Mail Address mschmidt@gonnella.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Baked Goods	5a. City and State where unit is located: Shaumburg, IL
5b. Description of Unit Involved <b>Included:</b> All full-time and regular part-time Maintenance employees, employed at the employers Shaumburg, IL facility <b>Excluded:</b> All other employees including, Office Clerical, Managers, Guards and Supervisors as defined in 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"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 4-17-19 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). NA		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any NA		8h. Date of Recognition or Certification NA	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? NA 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 NA		10b. Address NA	
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): May 15, 2019		11c. Election Time(s):	
11d. Election Location(s):		12a. Full Name of Petitioner (including local name and number) Bakery, Confectionery, Tobacco Workers and Grain Millers, Int'l Union, AFL-CIO Local No. 01	
12b. Address (street and number, city, state, and ZIP code) 7310 W. 39th Street, Lyons, IL 60534-1247		12c. Full name of national or international labor 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. (708) 442-3636	12e. Cell No.	12f. Fax No. (708) 442-4393	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 Rochelle Ross - Business Agent		13b. Address (street and number, city, state, and ZIP code) Same as above	
13c. Tel No. Same as above	13d. Cell No. (708) 328-9866	13e. Fax No. Same as above	13f. E-Mail Address ross@local1bctgm.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) Rochelle Ross	Signature 	Title BCTGM Local 1 Business Agent	Date 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

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  
RD PETITION

Case No.

13-RD-240847

Date Filed

5/6/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 DirectSAT USA	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 401 W. TAFT South Holland IL 60473
3a. Employer Representative - Name and Title AARON SIMMONS	3b. Address (If same as 2b - state name) 883 Cambridge Dr. Elk Grove Village IL 60007
3c. Tel. No. 3d. Fax No.	3e. Cell No. 1-560-6763088 3f. E-Mail Address ASimmons@directsatusa.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Satellite Technicians	4b. Principal product or service DirectV / ATT
5a. Description of Unit Involved Included: Technicians Excluded: MANAGERS / SUPERVISORS / WAREHOUSE	5b. City and State where unit is located: South Holland IL

6. No. of Employees in Unit 24 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent DAVE WEBSTER	8b. Affiliation, if any
8c. Address 1307 W. Butterfield Rd Suite 422 Downers Grove IL 60515	8d. Tel. No. 630-960-4466 8e. Cell No. 630-222-9121 8f. Fax No. 630-960-9607 8g. E-Mail Address DWebster@IGW21.org

9. Date of Recognition or Certification 1-29-2014 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?  
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s) 13c. Election Time(s)  
8:00 A.M.

13d. Election Location(s)  
401 W. TAFT South Holland IL 60473

14. Full Name of Petitioner  
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)  
(b) (6), (b) (7)(C)

14b. Tel. No.

14c. Fax No.

14d. Cell No.  
(b) (6), (b) (7)(C)

14e. E-Mail Address  
(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 5-6-19
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UNLAWFUL FALSE STATEMENTS

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.

1ST AMENDED

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **13-RC-240700** Date Filed **5/6/19**

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

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

2a. Name of Employer **Gonnella Baking Company** 2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)  
**1117 E. Wiley Road, Schaumburg, IL**

3a. Employer Representative - Name and Title **Mark Schmidt Director of HR** 3b. Address (if same as 2b - state same)  
**Same as above**

3c. Tel. No. **(847) 884-8829** 3d. Cell No. **N/A** 3e. Fax No. 3f. E-Mail Address  
**mschmidt@gonnella.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.) **Factory** 4b. Principal product or service **Baked Goods** 6a. City and State where unit is located:  
**Aurora, IL**

5b. Description of Unit Involved  
Included: All full-time and regular part-time Maintenance employees, employed at the employers Aurora, IL facility  
Excluded: All other employees including, Office Clerical, Managers, Guards and Supervisors as defined in 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 ☒ 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). **NA** 8b. Address

8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address

8g. Affiliation, if any **NA** 8h. Date of Recognition or Certification **NA** 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? **NA** 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 **NA** 10b. Address **NA** 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): **May 15, 2019** 11c. Election Time(s): 11d. Election Location(s):

12a. Full Name of Petitioner (Including local name and number)  
**Bakery, Confectionery, Tobacco Workers and Grain Millers, Int'l Union, AFL-CIO Local No. 01** 12b. Address (street and number, city, state, and ZIP code)  
**7310 W. 39th Street, Lyons, IL 60534-1247**

12c. Full name of national or international labor 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. **(708) 442-3636** 12e. Cell No. 12f. Fax No. **(708) 442-4393** 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 **Rochelle Ross - Business Agent** 13b. Address (street and number, city, state, and ZIP code)  
**Same as above**

13c. Tel. No. **Same as above** 13d. Cell No. **(708) 328-9866** 13e. Fax No. **Same as above** 13f. E-Mail Address  
**ross@local1bctgm.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) **Rochelle Ross** Signature *Rochelle Ross* Title **BCTGM Local 1 Business Agent** Date **05/3/2019**

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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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

Case No.

13-RD-240921

Date Filed

5/6/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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.

1. **PURPOSE OF THIS PETITION:** RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 <b>Langer Transportation Corp.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>1862 Terry Dr., Joliet, IL 60436-8541</b>	
3a. Employer Representative - Name and Title <b>John Vanbuskirk, Terminal Manager</b>		3b. Address (If same as 2b - state name)	
3c. Tel. No. <b>815-725 2519</b>	3d. Fax No. <b>815-741 9524</b>	3e. Cell No.	3f. E-Mail Address <b>jvanbuskirk@langertransport.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Trucking</b>		4b. Principal product or service <b>Liquid bulk transportation</b>	
5a. Description of Unit Involved Included: <b>Employee drivers at Joliet terminal</b> Excluded:			5b. City and State where unit is located: <b>Joliet IL</b>

6. No. of Employees in Unit **13** 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent <b>Teamsters Local 705</b>		8b. Affiliation, if any	
8c. Address <b>1645 W. Jackson Blvd, 7th Fl. Chicago, IL 60613</b>		8d. Tel. No. <b>312-738 2800</b>	8e. Cell No.
		8f. Fax No. <b>312-738 2823</b>	8g. E-Mail Address <b>ats@l705ibt.org</b>

9. Date of Recognition or Certification <b>June 6, 2017</b>	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>N/A</b>
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) since (Month, Day, Year)	

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name <b>None</b>	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s) <b>Joliet terminal</b>	

14. Full Name (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address

14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address

I declare that I have read the above petition and that the statement of best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		Signature (b) (6), (b) (7)(C)	Title <b>Petitioner</b>
			Date Filed <b>5-2-19</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CONSTITUTE A VIOLATION OF THE NATIONAL LABOR RELATIONS ACT AND MAY BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

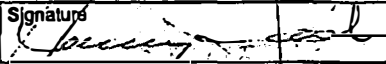
13-RC-241095

Date Filed

5/9/19

**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.

<b>2a. Name of Employer:</b> Penske Logistics		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4000 Cline Avenue, East Chicago, Indiana 46312	
<b>3a. Employer Representative - Name and Title:</b> Mamie McGill		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> 773-633-4186	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mamie.mcgill@penske.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Trucking and Hauling		<b>4b. Principal Product or Service</b> Toyota Parts and Products	
<b>5a. City and State where unit is located:</b> East Chicago, Indiana		<b>5b. Description of Unit Involved:</b> Included: All full and part time truck drivers hauling Toyota parts and products Excluded: Guards and clerical as defined by the Act	
<b>6a. Number of Employees in Unit:</b> 27		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 5/9/19 and Employer declined recognition on or about (Date) No reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> May 30, 2019	<b>11c. Election Time(s):</b> 3:00 a.m. to 9:00 p.m.	<b>11d. Election Location(s):</b> The drivers' room at employers facility	
<b>12a. Full Name of Petitioner (including local name and number):</b> International Brotherhood of Teamsters Local Union No. 142		<b>12b. Address (street and number, city, State and ZIP code):</b> 1300 Clark Road, Gary, Indiana 46404	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters Local Union No. 142			
<b>12d. Tel. No.</b> 219-949-1550	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 219-944-6278	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Harvey Jackson, Vice President/Business Agent		<b>13b. Address (street and number, city, State and ZIP code):</b> 1300 Clark Road, Gary, Indiana 46404	
<b>13c. Tel. No.</b> 219-949-1550 ext. 309	<b>13d. Cell No.</b> 219-746-8400	<b>13e. Fax No.</b> 219-844-6278	<b>13f. E-Mail Address</b> harvey@teamsters142.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Harvey Jackson	<b>Signature</b> 	<b>Title</b> Vice President/Business Agent	<b>Date</b> May 9, 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. <b>13-RC-241175</b>	Date Filed <b>5/9/19</b>

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

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

<b>2a. Name of Employer</b> Lowe's Home Improvement		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2630 N. Narragansett Ave, Chicago, IL 60639	
<b>3a. Employer Representative - Name and Title</b> Adrian Davis		<b>3b. Address (If same as 2b - state same)</b> Same	
<b>3c. Tel. No.</b> 773 413-5120	<b>3d. Cell No.</b> 224 829-7409	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> adrian.davis@store.lowes.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Retail		<b>4b. Principal product or service</b> Home Improvement	
		<b>5a. City and State where unit is located:</b> Chicago, IL	

**5b. Description of Unit Involved**  
Included: All full-time and part-time associates and specialists.  
Excluded: Managers, supervisors, and security guards as defined by the Act

<b>6a. No. of Employees in Unit:</b> 67
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 5/9/19 and Employer declined recognition on or about 5/9/19 (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

**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)**

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

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

<b>11b. Election Date(s):</b> 5/23/19	<b>11c. Election Time(s):</b> 6am-9am and 3pm-6pm	<b>11d. Election Location(s):</b> Breakroom
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<b>12a. Full Name of Petitioner (including local name and number)</b> Untied Food and Commercial Workers Local 881	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1350 E. Touhy Ave, Rosemont, IL 60018
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<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Untied Food and Commercial workers International Union
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<b>12d. Tel No.</b> 847 294-5064 x329	<b>12e. Cell No.</b> 630 254-3100	<b>12f. Fax No.</b> 847 759-7107	<b>12g. E-Mail Address</b> moiseszavala@local881ufcw.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Joseph Torres, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> 221 N. LaSalle St. Chicago, IL 60601	
<b>13c. Tel No.</b> 312 641-12910	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 312 641-0781	<b>13f. E-Mail Address</b> 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.

<b>Name (Print)</b> Moises Zavala	<b>Signature</b> 	<b>Title</b> Director of Organizing	<b>Date</b> 5/9/19
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**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-241180	Date Filed	5/10/19
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

<b>2a. Name of Employer</b> WEC Business Services, LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 2300 Beatty Lane IL Joliet 60433	
<b>3a. Employer Representative - Name and Title</b> Andy Hebein		<b>3b. Address</b> (If same as 2b - state same) 231 W Michigan Street WI Milwaukee 53203	
<b>3c. Tel. No.</b> (414) 221-3750	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> andy.hebein@wecenergygroup.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Natural Gas Utilities		<b>4b. Principal product or service</b> Gas Control	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Joliet, IL	
		<b>6a. No. of Employees in Unit:</b> 11	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 04/09/2019 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.

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

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

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

<b>10a. Name</b>		<b>10b. Address</b>		<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
				<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.				<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Monday June 3 and Tuesday June 4		<b>11c. Election Time(s):</b> 5 a.m. - 7 a.m. and 4 p.m. to 6 p.m., each day.		<b>11d. Election Location(s):</b> 2300 Beatty Lane, Joliet, Illinois 60433			
<b>12a. Full Name of Petitioner (including local name and number)</b> Brandonn Ellis International Brotherhood of Electrical Workers, Local Union 19				<b>12b. Address (street and number, city, state, and ZIP code)</b> 1885 N Farnsworth Avenue Suite 8 IL Aurora 60506			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Brotherhood of Electrical Workers							
<b>12d. Tel No.</b> (630) 820-3950		<b>12e. Cell No.</b> (630) 301-8597		<b>12f. Fax No.</b> (630) 820-3925		<b>12g. E-Mail Address</b> bellis@ibew19.org	

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Bart Sheard Attorney Sherman Dunn, P.C.		<b>13b. Address (street and number, city, state, and ZIP code)</b> 900 7th Street, NW Suite 1000 DC Washington 20001	
<b>13c. Tel No.</b> (202) 785-9300	<b>13d. Cell No.</b> (321) 626-3995	<b>13e. Fax No.</b> (202) 775-1950	<b>13f. E-Mail Address</b> sheard@shermardunn.com

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

<b>Name (Print)</b> Bart Sheard	<b>Signature</b> Bart Sheard	<b>Title</b> Attorney	<b>Date</b> 05/10/2019 09:49:50
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**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	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

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

13-RC-241657

Date Filed

5/17/19

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

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

**2a. Name of Employer**  
Ozinga Ready Mix Concrete Inc., d/b/a Northern Materials, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
400 Blaine Street, Gary, IN 46406

**3a. Employer Representative -- Name and Title**  
Donald J. Rapley

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

**3c. Tel. No.**  
708/326-4550

**3d. Cell No.**  
N/A

**3e. Fax No.**  
N/A

**3f. E-Mail Address**  
donrapley@ozinga.com

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

**4b. Principal product or service**  
Concrete

**5a. City and State where unit is located:**  
Gary, IN

**5b. Description of Unit Involved**  
Included: All regular full-time and part-time plant operators, loader operators, oilers, plant maintenance workers, and mechanics.  
Excluded: Guards and supervisors, as defined by the Act.

**6a. No. of Employees in Unit:**  
8

**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) N/A and Employer declined recognition on or about N/A (Date) (If no reply received, so state). N/A  
☐ 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)**  
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):**  
May 24, 2019

**11c. Election Time(s):**  
6:00 a.m. - 7:00 a.m.

**11d. Election Location(s):**  
General Contractor's job trailer

**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.**  
708/588-1629

**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**  
Charles R. Kiser, Attorney

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

**13c. Tel No.**  
708/579-6663

**13d. Cell No.**  
N/A

**13e. Fax No.**  
708/588-1647

**13f. E-Mail Address**  
ckiser@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)**  
Charles R. Kiser

**Signature**  


**Title**  
Attorney

**Date**  
May 17, 2019

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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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

13-RC-241754

Date Filed

5/20/19

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

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

<b>2a. Name of Employer</b> AA RESTORATION LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 6140 S CENTRAL IL CHICAGO 80638-	
<b>3a. Employer Representative - Name and Title</b> JOHN MANUEL CINTRON		<b>3b. Address</b> (If same as 2b - state same) 6140 S CENTRAL IL CHICAGO 80638-	
<b>3c. Tel. No.</b> (312) 307-6665	<b>3d. Cell No.</b> (312) 505-2300	<b>3e. Fax No.</b> (000) 000-0000	<b>3f. E-Mail Address</b> john@aarestorationservice.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Construction		<b>4b. Principal product or service</b> MASONRY RESTORATION	
		<b>5a. City and State where unit is located:</b> Chicago, IL	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 12
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

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

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

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

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

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

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

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> ASAP
<b>11c. Election Time(s):</b> FLEXIBLE
<b>11d. Election Location(s):</b> MAIL PREFERRED

<b>12a. Full Name of Petitioner (including local name and number)</b> STEPHEN NELMS INTERNATIONAL UNION OF BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL 21 OF ILL NOIS	<b>12b. Address</b> (street and number, city, state, and ZIP code) 620 F ST NW WA DC 20004-
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**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

<b>12d. Tel No.</b> (202) 383-3210	<b>12e. Cell No.</b> (202) 316-6611	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> snelms@bacweb.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address</b> (street and number, city, state, and ZIP code)	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name (Print)</b> STEPHEN NELMS	<b>Signature</b> STEPHEN R NELMS	<b>Title</b> DIRECTOR	<b>Date</b> 05/19/2019 15:52:51
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**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-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 SPACE**

Case No.

13-RC-241750

Date Filed

5/20/19

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

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

**2a. Name of Employer**

WEC Business Services, LLC

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

2300 Beatty Lane  
IL Joliet 60433-

**3a. Employer Representative - Name and Title**

Andy Hebein

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

231 W Michigan Street  
WI Milwaukee 53203-

**3c. Tel. No.**

(414) 221-3750

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

andy.hebein@wecenergygroup.com

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

Natural Gas Utilities

**4b. Principal product or service**

Gas Control

**5a. City and State where unit is located:**

Joliet, 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:**

11

**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) 04/09/2019 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:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

Monday June 3 and Tuesday June 4

**11c. Election Time(s):**

5 a.m. - 7 a.m. and 4 p.m. to 6 p.m., each day.

**11d. Election Location(s):**

2300 Beatty Lane, Joliet, Illinois 60433

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

Brandonn Ellis  
International Brotherhood of Electrical Workers Local Union 19

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

1885 N Farnsworth Avenue Suite 8  
IL Aurora 60506-

**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

**12d. Tel No.**

(630) 820-3950

**12e. Cell No.**

**12f. Fax No.**

(630) 820-3925

**12g. E-Mail Address**

bellis@ibew19.org

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

**13a. Name and Title**

Bart Sheard Attorney  
Sherman Dunn, P.C.

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

900 7th Street NW Suite 1000  
DC Washington 20001-

**13c. Tel No.**

(202) 785-9300

**13d. Cell No.**

(321) 626-3995

**13e. Fax No.**

(202) 775-1950

**13f. E-Mail Address**

sheard@shermadunn.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)**

Bart Sheard

**Signature**

Bart Sheard

**Title**

Attorney

**Date**

05/20/2019 09:20:26

**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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Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-241750	Date Filed 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.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
13-RC-242173

Date Filed  
5/28/19

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

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

2a. Name of Employer: Jackson Park Hospital	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7531 S. Stony Island
3a. Employer Representative - Name and Title: Fountain Hendricks	3b. Address (if same as 2b - state same).

3c. Tel. No. 773-947-7512	3d. Cell No.	3e. Fax No.	3f. E-Mail Address FountainHendricks@jacksonpark.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital	4b. Principal Product or Service health care	5a. City and State where unit is located: Chicago IL
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6a. Description of Unit Involved: Included: Transporter Excluded: Attachment 2	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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) Teamster Local 743	8b. Address: 4620 S. Tripp Chicago IL
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Denise Stiger Teamsters Local 743	12b. Address (street and number, city, State and ZIP code): 4620 s. Tripp Chicago IL
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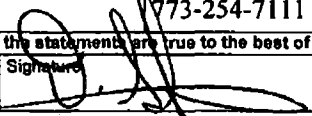
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
Teamsters Local 743

12d. Tel. No. 773-254-7460	12e. Cell No. 773633-5333	12f. Fax No.	12g. E-Mail Address dstiger@teamsterslocal743.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Denise Stiger Organizer	13b. Address (street and number, city, State and ZIP code): 4620 s. Tripp Chicago IL
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13c. Tel. No. 773633-5333	13d. Cell No.	13e. Fax No. 773-254-7111	13f. E-Mail Address
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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) Denise Stiger	Signature 	Title organizer	Date 5/23/2019
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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 employees, professional employees, managerial employees, confidential employees, office clerical, guards and supervisors

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No  
**13-RC-242259**

Date Filed  
**5/28/19**

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

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

2a. Name of Employer Porchlight Music Theatre Chicago		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4200 W. Diversey Ave IL Chicago 60639-	
3a. Employer Representative - Name and Title Jeannie Lukow		3b. Address (If same as 2b - state same) 4200 W. Diversey Ave IL Chicago 60639-	
3c. Tel. No. (773) 777-9884	3d. Cell No.	3e. Fax No. (773) 777-9886	3f. E-Mail Address jeannie@porchlightmusictheatre.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Musical theater	
5a. City and State where unit is located: Chicago, 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: 30		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) 01/25/2019 and Employer declined recognition on or about 05/23/2019 (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.	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): TBD	11c. Election Time(s): TBD	11d. Election Location(s): Union office	

12a. Full Name of Petitioner (including local name and number) Terry Jares Chicago Federation of Musicians, Local 10-208 A.F.M.		12b. Address (street and number, city, state, and ZIP code) 656 West Randolph St Suite 2W IL Chicago 60661-	
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.)			

12d. Tel No. (312) 782-0063	12e. Cell No. (312) 310-4100	12f. Fax No. (312) 782-7880	12g. E-Mail Address tjares@cfm10208.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Kevin Case Attorney Case Arts Law LLC		13b. Address (street and number, city, state, and ZIP code) 53 W Jackson Blvd Suite 209 IL Chicago 60604-	
13c. Tel No. (312) 234-9926	13d. Cell No. (312) 933-5108	13e. Fax No. (312) 962-4908	13f. E-Mail Address kcase@caseartslaw.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) Kevin Case	Signature Kevin Case	Title Attorney	Date 05/28/2019 16:11:31
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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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**DO NOT WRITE IN THIS SPACE**

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

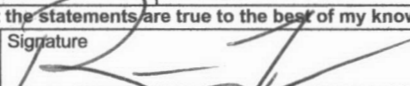
13-RC-242341

Date Filed

5/29/19

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

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

<b>2a. Name of Employer:</b> Midwest Air Traffic Control Service, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3540 N. Mcaree Rd. Waukegan, IL 60087	
<b>3a. Employer Representative - Name and Title:</b> Mr. Shanes Cordes President/ CEO		<b>3b. Address (if same as 2b - state same):</b> 7300 W 129th Street Overland Park, KS 66213	
<b>3c. Tel. No.</b> (913) 782-7082	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (913) 897-9300	<b>3f. E-Mail Address</b> shanelc@att.net
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Air Traffic Control Services		<b>4b. Principal Product or Service</b> Air Traffic Control	
<b>5a. City and State where unit is located:</b> Waukegan, IL		<b>5b. Description of Unit Involved:</b> <b>Included:</b> Air Traffic Control Specialist (full & Part Time) <b>Excluded:</b> Guards, Supervisors, & Air Traffic Manager	
<b>6a. Number of Employees in Unit:</b> 4		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ N/A and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b> N/A	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: Flexible, but within 3 weeks of this filing. ASAP			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Flexible to allow folks to vote.		<b>11c. Election Time(s):</b> Flexible to allow controllers chance to vote	
<b>11d. Election Location(s):</b> On site at control tower			
<b>12a. Full Name of Petitioner (including local name and number):</b> Professional Air Traffic Controllers Organization, Inc		<b>12b. Address (street and number, city, State and ZIP code):</b> 161 SW Willow Lake Trail Stuart, Florida 34997	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Office & Professional Employees International Union, AFL-CIO, CLC			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Ron Taylor, President PATCO		<b>13b. Address (street and number, city, State and ZIP code):</b> 161 SW Willow Lake Trail Stuart, Florida 34997	
<b>13c. Tel. No.</b> (772) 283-3369	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (772) 286-4154	<b>13f. E-Mail Address</b> patcoron@bellsouth.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Ron Taylor		<b>Signature</b> 	<b>Title</b> President
		<b>Date</b> 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

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>13-RC-242387</b>	Date Filed <b>5/30/19</b>

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

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

<b>2a. Name of Employer</b> <b>Aryzta</b>	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> <b>401 E. Joe Orr Road, Chicago Heights, IL 60411 Cook County</b>
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<b>3a. Employer Representative - Name and Title</b> <b>Joseph Diaz, Plant Director</b>	<b>3b. Address (if same as 2b - state same)</b> <b>SAME</b>
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<b>3c. Tel. No.</b> <b>708-757-7750</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> <b>Factory</b>	<b>4b. Principal product or service</b> <b>Food Manufacturer</b>	<b>5a. City and State where unit is located:</b> <b>Chicago Heights, IL</b>
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All Full-Time and Regular Part-Time Maintenance Mechanics including Maintenance Electricians employed by the employer at their 401 E. Joe Orr Rd, Chicago Heights location. <b>Excluded:</b> All other employees, including production workers, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.	<b>6a. No. of Employees in Unit:</b> <b>6</b> <b>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"/></b>
--	---

**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.**

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> <b>None</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_**  
**(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.**

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

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> <b>June 20, 2019</b>	<b>11c. Election Time(s):</b> <b>6:00 AM - 7:00 AM / 2:00 PM - 3:00 PM</b>	<b>11d. Election Location(s):</b> <b>1st Floor Conference Room</b>
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<b>12a. Full Name of Petitioner (including local name and number)</b> <b>District Lodge 8, International Association of Machinists &amp; Aerospace Workers AFL-CIO</b>	<b>12b. Address (street and number, city, state, and ZIP code)</b> <b>113 Republic Avenue, Ste. 100, Joliet, IL 60435</b>
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**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**


<b>12d. Tel No.</b> <b>815-280-6400</b>	<b>12e. Cell No.</b> <b>815-214-4587</b>	<b>12f. Fax No.</b> <b>815-280-6345</b>	<b>12g. E-Mail Address</b> <b>wlepinske@iamaw.org</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> <b>William J. LePinske, Grand Lodge Representative/TOL</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b> <b>113 Republic Avenue, Ste. 100, Joliet, IL 60435</b>
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<b>13c. Tel No.</b> <b>815-280-6400</b>	<b>13d. Cell No.</b> <b>815-214-4587</b>	<b>13e. Fax No.</b> <b>815-280-6345</b>	<b>13f. E-Mail Address</b> <b>wlepinske@iamaw.org</b>
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> <b>William J. LePinske</b>	<b>Signature</b> 	<b>Title</b> <b>Grand Lodge Representative/TOL</b>	<b>Date</b> <b>May 30, 2019</b>
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**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.

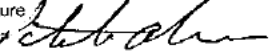
13-RC-242462

Date Filed

5/31/19

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

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

<b>2a. Name of Employer:</b> CBRE, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 6111 N River Rd, Rosemont, IL	
<b>3a. Employer Representative - Name and Title:</b> Randy McCord, Regional Engineering Manager		<b>3b. Address (if same as 2b - state same):</b> 6111 N River Rd, Rosemont, IL	
<b>3c. Tel. No.</b> 815-901-3747	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> randy.mccord@cbre.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Office/Bank		<b>4b. Principal Product or Service</b> Maintenance	<b>5a. City and State where unit is located:</b> Chicago, IL
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time skilled maintenance employees working for CBRE, Inc. on the Fifth Third Account in the Midwest Region <b>Excluded:</b> Office clerical, professional employees, managers, guards and supervisors as defined by The Act			<b>6a. Number of Employees in Unit</b> 8 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b> <b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 06/11/2019		<b>11c. Election Time(s):</b> N/A	<b>11d. Election Location(s):</b> N/A
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union Operating Engineers Local 399		<b>12b. Address (street and number, city, State and ZIP code):</b> 2260 S Grove St, Chicago, IL 60616	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers, AFL-CIO			
<b>12d. Tel. No.</b> 312-372-9870	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 312-842-1565	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Pat O'Gorman, Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 2260 S Grove St, Chicago, IL 60616	
<b>13c. Tel. No.</b> 312-980-6156	<b>13d. Cell No.</b> 773-502-7425	<b>13e. Fax No.</b> 312-842-1565	<b>13f. E-Mail Address</b> pogorman@iuoe399.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Pat O'Gorman		<b>Signature</b> 	<b>Title</b> Organizer <b>Date</b> 05/31/19

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

**13-RC-242118**

Date Filed  
**5/24/19**

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

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

<b>2a. Name of Employer</b> Ozinga Ready Mix Concrete Inc./Northern Materials, Inc., Joint Employer		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 400 Blaine Street, Gary, IN 46406 / P.O. Box 671, Frankfort, IL 60423	
<b>3a. Employer Representative - Name and Title</b> Donald J. Rapley / Todd Loid		<b>3b. Address</b> (If same as 2b - state same) Same / Same	
<b>3c. Tel. No.</b> 708/326-4550 / 708/326-4274	<b>3d. Cell No.</b> N/A	<b>3e. Fax No.</b> N/A	<b>3f. E-Mail Address</b> donrapley@ozinga.com / toddloid@gmail.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Concrete plant		<b>4b. Principal product or service</b> Concrete	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All regular full-time and part-time plant operators, loader operators, oilers, plant maintenance workers, and mechanics in Lake, Porter, LaPorte, and St. Joseph Counties, Indiana. <b>Excluded:</b> Guards and supervisors, as defined by the Act.		<b>5a. City and State where unit is located:</b> Gary, IN	
		<b>6a. No. of Employees in Unit:</b> Approx. 8	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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


<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None.		<b>8b. Address</b> N/A	
<b>8c. Tel No.</b> N/A	<b>8d. Cell No.</b> N/A	<b>8e. Fax No.</b> N/A	<b>8f. E-Mail Address</b> N/A
<b>8g. Affiliation, if any</b> N/A		<b>8h. Date of Recognition or Certification</b> N/A	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) N/A	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? <u>N/A</u> (Name of labor organization) <u>N/A</u> , has picketed the Employer since (Month, Day, Year) <u>N/A</u> .			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.</b> (If none, so state) None			

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> June 5, 2019	<b>11c. Election Time(s):</b> 6:00 a.m. - 7:00 a.m.	<b>11d. Election Location(s):</b> Job trailer	
<b>12a. Full Name of Petitioner (including local name and number)</b> International Union of Operating Engineers, Local 150, AFL-CIO		<b>12b. Address (street and number, city, state, and ZIP code)</b> 6200 Joliet Road, Countryside, IL 60525	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Union of Operating Engineers			
<b>12d. Tel No.</b> 708/482-8800	<b>12e. Cell No.</b> N/A	<b>12f. Fax No.</b> 708/588-1629	<b>12g. E-Mail Address</b> N/A

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Charles R. Kiser, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> 6140 Joliet Road, Countryside, IL 60525	
<b>13c. Tel No.</b> 708/579-6663	<b>13d. Cell No.</b> N/A	<b>13e. Fax No.</b> 708/588-1647	<b>13f. E-Mail Address</b> ckiser@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.

<b>Name (Print)</b> Charles R. Kiser	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> May 24, 2019
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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-242259**

Date Filed  
**5/28/19**

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

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

<b>2a. Name of Employer</b> Porchlight Music Theatre Chicago		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 4200 W. Diversey Ave IL Chicago 60639-	
<b>3a. Employer Representative - Name and Title</b> Jeannie Lukow		<b>3b. Address (If same as 2b - state same)</b> 4200 W. Diversey Ave IL Chicago 60639-	
<b>3c. Tel. No.</b> (773) 777-9884	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (773) 777-9886	<b>3f. E-Mail Address</b> jeannie@porchlightmusictheatre.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Others		<b>4b. Principal product or service</b> Musical theater	
<b>5a. City and State where unit is located:</b> Chicago, IL		<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	
<b>6a. No. of Employees in Unit:</b> 30		<b>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"/></b>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 01/25/2019 and Employer declined recognition on or about 05/23/2019 (Date) (If no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

**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)**

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

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

<b>11b. Election Date(s):</b> TBD	<b>11c. Election Time(s):</b> TBD	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
		<b>11d. Election Location(s):</b> Union office

**12a. Full Name of Petitioner (including local name and number)**  
Terry Jares  
Chicago Federation of Musicians, Local 10-208 A.F.M.

**12b. Address (street and number, city, state, and ZIP code)**  
656 West Randolph St Suite 2W  
IL Chicago 60661-

**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.)

<b>12d. Tel No.</b> (312) 782-0063	<b>12e. Cell No.</b> (312) 310-4100	<b>12f. Fax No.</b> (312) 782-7880	<b>12g. E-Mail Address</b> tjares@cfm10208.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Kevin Case Attorney Case Arts Law LLC		<b>13b. Address (street and number, city, state, and ZIP code)</b> 53 W Jackson Blvd Suite 209 IL Chicago 60604-	
<b>13c. Tel No.</b> (312) 234-9926	<b>13d. Cell No.</b> (312) 933-5108	<b>13e. Fax No.</b> (312) 962-4908	<b>13f. E-Mail Address</b> kcase@caseartslaw.com

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

<b>Name (Print)</b> Kevin Case	<b>Signature</b> Kevin Case	<b>Title</b> Attorney	<b>Date</b> 05/28/2019 16:11:31
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**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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**DO NOT WRITE IN THIS SPACE**

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