# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case	No	
		238893
09-	-KC-	·230093

DO NOT WRITE	IN THIS SPACE	-	
	Date Filed		
	APRIL 3,	2019	

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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 <u>not</u> be served on the employer or any other party.

with the NLRB and should not					ND 4072). The one	wing or into		
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	-CERTIFICA er desires to	TION OF REPRESEN be certified as represe	ITATIVE entative of	- A substantial number of the employees. The	Petitioner alleges that	the following	circumstances exist and	
requests that the National Labor F  2a. Name of Employer	Relations Boa			r authority pursuant to ess(es) of Establishment				
Cabell Huntington Hospital Family Urge	nt Care	*	2 Sto	necrest Drive	u(s) involved (Street and	indiliber, city,	State, ZIF Code)	
3a. Employer Representative – Name				Huntington 25704- 3b. Address (If same as	2h – state same)			
Molly Frick			] ]	1340 Hal Greer Bl Huntington 25701-				
3c. Tel. No.	3d. Cel	II No.	<del>-   3</del>	Be. Fax No.		sf. E-Mail Addre	ess	
(304) 526-2000								
4a. Type of Establishment (Factory, mi	ne, wholesale	er, etc.) 4b. Principa	al produc	ot or service		5a. City a	nd State where unit is located:	
Healthcare	,	, , ,					Huntington, WV	
5b. Description of Unit Involved							6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ac	ditional details					i	10	
Soo Amadica Fage 2 for all						Ī	6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for ac	4-41411		_				or more) of the employees in the unit wish to be represented by the	
<b>EXCluded:</b> See Attached Page 2 for ac	Iditional details						Petitioner? Yes [ No [ ]	
Check One: 7a. Request	or recognition	as Barnaining Repres	sentative	was made on (Date)	and i		ned recognition on or about	
		(Date) (If no reply red		_	and .		nea recognition on or about	
7b. Petitioner				esentative and desires of	certification under the A	ct.		
8a. Name of Recognized or Certified	Bargaining A	Agent (If none, so sta	ate).	8b. Address				
8c. Tel No. 8d Cell No.				8e. Fax No. 8f. E-			ess	
8g. Affiliation, if any			8h.	. Date of Recognition or	Certification 8	i. Expiration D	ate of Current or Most Recent	
3					Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the	he Employer's	s establishment(s) invo	olved?	If so, approxi	imately how many emp	loyees are part	ticipating?	
(Name of labor organization)		has	s nickete	ed the Employer since (A	Month Day Year)			
10. Organizations or individuals other the								
known to have a representative interes						semanves and	other organizations and mulviduals	
10a. Name		10b. Address			10c. Tel. No.		10d. Cell No.	
·					,			
					10e. Fax No.		10f. E-Mail Address	
Election Details: If the NLRB cond any such election.	ducts an elect	ion in this matter, state	e your po	osition with respect to	11a. Election Type: _	🕖 Manual 📗	Mail Mixed Manual/Mail	
11b. Election Date(s): ASAP		11c. Election Time(s	s):	11d. Election Location(s):				
12a. Full Name of Petitioner (including	n local name	Working Hours			At the facility	and number ci	ity, state, and ZIP code)	
Robert Ware Robert Jason Ware	iy ivcai name	e and number)			9 Meadow Ln WY Huntington 25704-	and number, cr	ty, state, and zir code)	
12c. Full name of national or internation Retail Wholesale Department Store Unio		nization of which Petiti	ioner is a	an affiliate or constituent	t (if none, so state)			
12d. Tel No.	12e. Ce	ell No.	1	I2f. Fax No.		2g. E-Mail Add		
(304) 690-5789 jware@rwdsu.o						rg		
13. Representative of the Petitioner	who will acce	ept service of all pape	-	•				
13a. Name and Title			1	I3b. Address (street and	l number, city, state, an	d ZIP code)		
	1			<del></del>	i i			
13c. Tel No.	13d. Ce	ell No.	1	I3e. Fax No.	1	3f. E-Mail Add	ress	
I declare that I have read the above p	etition and t	hat the statements a	re true t	o the best of my know	ledge and belief.			
Name (Print)	Signature		T	- Title	<del>.</del>	Date		
				International Demonstration			04/1/2019 14:18:20	

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

#### PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
09-RC-238893	APRIL 3, 2019

Employees Included MA, RAD Tech, MA/Recpetionist, Receptionist, R.T (n), MA, X-Ray

Employees Excluded
Superviorry with authority to hire, fire, discipline

FORM NLR8-502 (RC) (2-18)

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

DO NOT WRITE IN THIS S	PACE
Care No. C-239026	Date Filed
U9-RC-239020	4-4-2019

									4-4	-2019
INSTRUCTIONS: Unless e-Filed using the Agency's website, [Www.nirb.gov/:], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the potition; (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.										
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire	s to be certified as	represe	entative of th	e employees. The Petition	oner alleges t	hat the folio	wing circumsta	nces e	lective xist and
2a. Name of Employer:			2b. Add	ress(es) of l	Establishment(s) involved	(Street and n	umber, City,	State, ZIP code,	):	
Blackhawk Mining, LLC Toms Fork Plant				oms For						
				ale, WV						
3a. Employer Representative - Nan Colin Milam, Human Res	ne and Tille Ources			lress (if sam OX 57	e as 2b - state same):					
				ton, WV						
3c. Tel. No. 304-380-0311				3e Fax No 304-24:	5-5622	omilam (	@blackha	wkmining.		
4a. Type of Establishment (Factory, a Plant & Loadout	mine, whole	saler, etc.)		46 Princip Coal	al Product or Service		5a. City and Eskdale	State where ur e, WV 250	175	iled:
5b. Description of Unit Involved: Included: All prod. & maint, employ	ms Fo	rk Plant	MSHA #4608465	i	6a. Numbe 31	of Employees i	n Unit:			
Excluded:  All supervisory, office, clerical, technical, professional, security as defined in the Act.  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?  Yes							n to be			
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).										
	rently recog				nd desires certification u	nder the Act.				
8a. Name of Recognized or Certifie	d Bargaini	ng Agent (if non-	e, so sta	te) 8b. Ad	dress:					
Bc. Tel. No.	8d. Cell No	),		8e. Fax No	1.	8f. E-Mail Address				
8g. Affiliation, if any:			8	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 a	t the Emplo	yer's establishme	nt(s) inve	olved? If so, approximately how many employees are participating?						
(Name of Labor Organization)						, has picketed	the Employe	er since (Month,	Day, Ye	ar)
Organizations or individuals othe individuals known to have a representation.								s and other orga	inization	s and
10a, Name		10b. Address				10c. Tel. No	o.	10d. Cell No.		
						10e. Fax N	10e. Fax No. 10f. E-		Mail Address	
11. Election Details: If the NLRB co	nducts and	election in this m	atter, sta	te your posit	ion with respect to any s	uch election:	11a. Election		7 Miyed	Manual/Mail
11b. Election Date(s):		11c. Election Tir	ne(s):	·		11d. Election	in Location(s		Juniver	ividitiodinvidi.
April 18, 2019		5:30 a.m	6:30 p	o.m.		Safety n	neeting o	ffice		
12a. Full Name of Petitioner (included) United Mine Workers of A	ing local na America	me and number): , Region II			12b. Address (street and 2306 S. Fayette S Beckley, WV 25	Street	, State and 2	iP code):		
12c. Full name of national of internal International Union, Unite	lonal labor o ed Mine	organization of wi Workers of	nich Petit Amer	ioner is an a ica - AFI	Iffiliate or constituent (if n	one, so state)	:			
12d. Tel. No. 304-252-0611	12e. Cell N	ło,		12f. Fax N 304-25		12g. E-Mai jrichard	Address son@um	wa.org		
Floyd Conley, UMWA International Representative					noses of the representa less (street and number, of Fayette St. , WV 25801					
13c, Tel. No. 13d, Cell No. 13e, Fax No. 13e, Fax No. 13f, E-Mail Address 1304-252-0611 304-206-5883 304-252-0615 fconley@umwa.org					org					
I declare that I have read the above	e petitlon a			re true to ti						D-1-
Name (Print) Floyd Conley		Signatur	nual	BC		<sup>tle</sup> IMWA In	t'l Repres	entative		Date 4/4/2019

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 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or fitigation. 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, feiture to supply the information may cause the NLRB to decline to invoke its processes.

Cathrine Harshman

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	Case No.
PETITION	09-RC-2

DO NOT WRITE IN THIS SPACE						
Case No. 09-RC-239976	Date Filed April 19, 2019					

04/19/2019 11:52:20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 200 West Nationwide Blvd OH Columbus 43215-Columbus Arenas Sports and Entertainment (CASE)/Nationwide aka Co 3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 200 West Nationwide Blvd OH Columbus 43215-Xen Rigss 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (614) 292-6455 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Columbus, OH Arena management 5b. Description of Unit Involved 6a: No. of Employees in Unit: 150 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [ ] No [ ] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10a. Name 10d. Cell No. 10e Fax No 10f F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): Beginning May 6th 11c. Election Time(s): 11d. Election Location(s): period of at least 2 weeks mail ballot 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Brian Thomas
International Alliance of Theatrical Stage Employees and Moving Picture Operators (IATSE), Local 12 566 East Rich Street OH Columbus 43215 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Alliance of Theatrical Stage Employees and Moving Picture Operators (IATSE) 12g. E-Mail Address businessagent@iatse.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (614) 221-3753 (614) 560-0579 (614) 221-0078 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Cathrine Harshman Attorney Hunter Carnahan Shoub Byard & Harshman 3360 TREMONT RD SUITE 230 OH COLUMBUS 43221-13d. Cell No. 13f. E-Mail Address 13c. Tel No. 13e. Fax No. charshman@hcands.com (614) 442-5626 (614) 442-5625 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Signature Date

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

#### PRIVACY ACT STATEMENT

Attorney

Cathrine Harshman

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Attachment

DO NOT WRITE	IN THIS SPACE
Case	Date Filed
09-RC-239976	April 19, 2019

### **Employees Included**

All part-time, on-call, and per diem stagehands, including stage riggers, stage electricians, carpenters, loaders, spotlight operators, aerial lift operators, cable pagers, scaffold crew, stage building crew, video operators, sound/audio operators, wardrobe, hair, and make-up employed to work at the Nationwide Arena facility.

## **Employees Excluded**

All arena electricians, box office employees/ticket takers, ushers, concession staff, custodians, maintenance, changeover crew, operations, building engineers, office and clerical staff, security, and other employees excluded by the Act.

Name (Print) Amber Stenman

UNITED STATE		DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR		ARD		Case No.		Date	Filed
INSTRUCTIONS: Unless e-Filed us	TITION			09-RC-240	0286	AP	RIL 25, 2019
in which the employer concerned							
of service showing service on the							
(Form NLRB-505); and (3) Descript					RB 4812). The s	howing of in	terest should only be filed
with the NLRB and should <u>not</u> be s	served on the	employer or an	y other	oarty.			
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF	REPRESENTAT	IVE - A sul	ostantial number	of employees wish t	o be represente	d for purposes of collective
bargaining by Petitioner and Petitioner d requests that the National Labor Rela							
2a. Name of Employer	•	2b. Ac	dress(es)	of Establishmen	t(s) involved (Street	and number, cit	
Pleasant Valley Hospital		2520	Valley [	Orive, Point P	Pleasant, WV 25	550	
3a. Employer Representative - Name and	d Title			dress (If same as	s 2b – state same)		· · · · · · · · · · · · · · · · · · ·
Emily Gaskins, HR Director			Same				
3c. Tel. No.	3d. Cell No.		3e. Fax			3f. E-Mail Add	
3046751708		I dh Diadada	30467			egaskins@	·
4a. Type of Establishment (Factory, mine, v Hospital	wnoiesaier, etc.)	4b. Principal pro Patient Care	auct or se	rvice			and State where unit is located: Pleasant, WV
5b. Description of Unit Involved		Tallett Care				Font	6a. No. of Employees in Unit:
Included: All full-time and regular par	rt-time and ner	diem Registered	Nurces	employed by P	leasant Valley Ho	enital at ite	Approximately 70
acute care hospital located			1101303	simpleyed by i	reasant valley i lo	spital at its	6b. Do a substantial number (30%
Excluded: All other employees including temp			assional emi	nlovees technical a	and skilled maintenance	unit employees	or more) of the employees in the
guards, and supervisors as defined	in the Act	mos cionoci ana pron	ssionar om	oroyooo, tooriinoar t	and bring mamoriane	. um employees,	unit wish to be represented by the Petitioner? Yes No
Check One: / 7a. Request for re	ecognition as Baro	aining Representa	tive was n	nade on (Date) h	v petition a	nd Employer dec	clined recognition on or about
no reply		(If no reply receive			<del>//  /**********************************</del>		,
		d as Bargaining R	epresentat	ive and desires	certification under the	e Act.	
8a. Name of Recognized or Certified Bar	gaining Agent (H	none, so state).		8b. Address			- · · · · ·
None 8c. Tel No.	8d Cell No.	<del></del>	8e. Fax	No.		8f. E-Mail Add	drace
oc. 161140.	od Oen No.		00.122	140.		OI. L-Wall Add	11033
8g. Affiliation, if any			8h. Date	of Recognition or	Certification		Date of Current or Most Recent
						Contract, if ar	y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mplovor's astablis	hment(e) involved	2 NJ 2	If co. approx	imatoly how many o	mployage are no	articipating?
							incipating?
					Month, Day, Year)		
<ol> <li>Organizations or individuals other than I known to have a representative interest in a</li> </ol>						resentatives an	d other organizations and individuals
none	any employees in		III ILCIII OO	aboto: (/////a//o,	00 0.0.0)		
10a. Name	10b. Add	dress			10c. Tel. No.		10d. Cell No.
					40- 5 11-		406 5 4441 4 444
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts	an election in thi	s matter, state you	r position	with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
any such election.	1 44- 51			<u> </u>			
11b. Election Date(s): 5/15/19		ection Time(s): im, 11:30am-1pm	6-7nm		11d. Election Loca McNeill Conference		
12a. Full Name of Petitioner (including lo		<del></del>	, о-тріп				city, state, and ZIP code)
United Steel, Paper and Forestry, Rubber, Manufacturing			temational U	nion, AFL-CIO, CLC			ay Center Room 913Pittsburgh, PA 15222
12c. Full name of national or international la						AEI 010 01	•
United Steel, Paper and Forestry, Rubber, 12d. Tel No.	12e. Cell No.	Energy, Allied & I	12f. Fax		s international Union	12g. E-Mail A	
12d. Fel No. (412) 562-2529		(412) 56			astenman@us		
13. Representative of the Petitioner who	(724) 840-4398 will accept servi		<u> </u>		entation proceedin		
13a. Name and Title Amber Stenma	n USW Field	d Organizer	13b. Ad	dress (street and	d number, city, state,	and ZIP code)	
		- Organizei			ive Gateway Center Roo	<del></del> .	
13c. Tel No. (412) 562-2529	13d. Cell No. (724) 840-4398		13e. Fa: (412) 56			13f. E-Mail Ad astenman@us	
(TIL) JUE-LULU	1 (, 27) 07077330		1 (712) 30			uu	J

Signature Title Date
4/25/19

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

#### PRIVACY ACT STATEMENT

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

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.

DO NOT WRITE IN THIS S	PACE
Case No.	Date Filed
09-RD-239639	4-15-2019

				L	DONOI	AK(1E IN 11419 26	AUE }				
FORM NLRB-502 (RD)	UNITED STATES OF AME			Case N	0.	C	ate Filed				
(2-18)	RD PETITION	IS BOARD		09-1	RD-239639		4-15-2019				
INSTRUCTIONS: Unless e-Filed of employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4)	The petition must be accomp- s named in the petition of:(1)	anled by both a show the petition; (2) State	ving of interes ement of Posi	st (see 7 b tion form (	elow) and a certific (Form NLRB-505); a	ate of service sho nd (3) Description	wing service on of Representation				
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.											
a. Name of Employer		2b. Address(es) of E					9)				
Republic Suc 1577 w River Rd DAYton 0 H 45417  3b. Address (If same as 2b - state same)											
a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same)											
Jeff Soule         SAMO           Ic. Tel. No.         3d. Fax No.         3e. Cell No.         3f. E-Mail Address											
c. Tel. No. 513) 6/2-3786	I. Fax No.	3e. Cell No.	-9423	3f. E-Mail /	Address مال هال	Aublic 5	VC (0.00				
a. Type of Establishment (Factory, I	mine, wholesaler, etc.)	(513)377		4b. Princip	al product or service		va. com				
• • • • • • • • • • • • • • • • • • • •			l	Ref	vae Rem	ova1	,				
SAnitanion  Sa. Description of Unit Involved						5b. City and	State where unit				
noluded: Privers, Hel	pers, mechan	1054071	, ty /2/	SONE	/	is locate	···.				
						VAY	ton				
Excluded:						0	Hio				
i. No. of Employees in Unit 4/5	<ul> <li>7. Do a substantial number recognized bargaining re</li> </ul>			the unit no	longer wish to be re	presented by the co	ertified or currently				
a. Name of Recognized or Certified					8b. Affiliation, if any						
Local # 95	7 TeamsT	215									
Sc. Address		1	Bd. Tel. No.		8e. Cell No.						
c. Address 2719 ArmsTro. Dayton OH	19 20	L	(937)2 8f. Fax No.								
DAYTON OH	15417	1	oi. Fax No.		8g. E-Mail Address						
. Date of Recognition or Certification	1	10. Expiration Date	of Current or M	ost Recent	Contract, if any (Mo	nth, Day, Year)					
9/22/2015		8/	15/20	219							
1a. Is there now a strike or picketing	g at the Employer's establishmen	nt(s) involved? 🔲 Ye	s XNo	11b. If so,	approximately how m	any employees are	participating?				
1c. The Employer has been pickete	d by or on behalf of (Insert Nan	ne)					a labor organization, of				
(Insert Address)					sino	e (Month, Day, Yea	er)				
<ol><li>Organizations or individuals othe and individuals known to have a</li></ol>						anizations					
2a. Name	12b. Address	nployees in the unit di		12c. Tel. N		12d. Fax No.					
			Ī	12e. Cell N	lo.	12f. E-Mail Addres	s				
	1										
<ol> <li>Election Details: If the NLRB or matter, state your position with re</li> </ol>				13a. Electi	on Type: 🔀 Manua	Mail	Mixed Manual/Mail				
3b. Election Date(s)	13c. Election Tir	. ,		13d. Election Location(s)							
5/1/19	11:00 AM	-7:00 PM		RePul	blic SVC						
4. Full Name of Petitioner	)(C)										
$\frac{1}{2}$ (D) (O), (D) (1	)( <b>U</b> )		Т	14b. Tel. N	lo.	14c. Fax No.					
(h) (6)  (h	(7)(C)										
(D) $(D)$ , $(D)$			Ċ	b) (6)	, (b) (7)(C)	14e F-Mail Addre	ا ا ۱				
				, , ,		(b) (b), (	b) (7)(C)				
14f. Affiliation, if any 15. Representative of the Petitions	- who will account socilor of al	U names for numar	e of the reason	contation	nesseding						
15a. Name(b) (6). (b) (	7)(C)	Leabers for purpose		15b.Tite	proceeding.						
			Į				ĺ				
15c. Address /Street and number, cit	tv. state. ZIP code)		<del>}</del>	15d. Tel. N	ło.	15e. Fax No.					
(h) (6) (h)	(7)(C)		1								
(D) $(D)$ , $(D)$	( ) ( )		Ì	b) (6)	, (b) (7)(C)	150. E-Mail Addre (b) (6),	(1-) (7) (0)				
				(0)	, (0) (1)(0)	(b) (b), (	(b) (7)(C)				

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)

(b) (6), (b) (7)(C)

NE AND IMPRISONMENT (U

Title
(b) (6), (b) (7)(C)

NE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)