UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

C.			

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
08-RC-226772	9-5-18				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1380 Ford Street, Maumee, OH 43537-1733 Sun Chemical Corp 3a. Employer Representative - Name and Title Address (If same as 2b – state same) Judy Quimby, Human Resource Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (513) 830-8844 (513) 256-9104 (513) 830-8901 judy.quimby@sunchemical.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Produce ink and plates Maumee, OH 5b. Description of Unit Involved 6a. No. of Employees in Unit: Approximately 40 Included: All full-time and regular part-time production and maintenance employees (including all production, plate, lab, 6b. Do a substantial number (30% shipping and maintenance employees) located at the Employer's facility at 1380 Ford Street, Maumee, OH or more) of the employees in he Excluded: All office clerical and professional employees, guards, and supervisors as defined in the Act unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) by netition and Employer declined recognition on or about Check One: no reply (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type:

✓ Manual Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 9/21/18 7:30 - 9:30 AM and 3:30 - 5:30 PM main break room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222 United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC 12d. Tel No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address (412) 418-4333 (412) 562-2555 bmanzolillo@usw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Brad Manzolillo, USW Organizing Counsel 13b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222 13c. Tel No 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (412) 562-2529 (412) 418-4333 (412) 562-2555 bmanzolillo@usw.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) Signature Date Brad Manzolillo Organizing Counsel 9/4/18

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.

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

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
08-RC-228349	9-28-18				

		EGION'S	3			08-	-RC-22	28349		9-2	8-18
INSTRUCTIONS: Unless e-Filed of employer concerned is located the employer and all other partie Case Procedures (Form NLRB 48	using the Age The petition m synamically (1) 112). The show	ncy's website, ust be accome petition of ving of interes	www.n parisd b i) he pe t should	y both a s tition; (2) only be fi	howing of interest (s Statement of Position led with the NLRB an	ee 6b b n form (nd shou	elow) and (Form NLR Id not be s	a certifica B-505); an served on t	te of service show d (3) Description o he employer or an	ing s of Re y otl	ervice on presentation er party.
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	RC-CERTIFIC Itorial desires or Relations E	ANGAOF RH O be certified as loard proceed	TRUEN s represe under it:	TATIVE - A entative of s proper a	A substantial number on the employees. The Postutherity pursuant to	of emplo etitione Section	yees wish t r alleges t n 9 of the N	to be repres hat the foll lational La	sented for purposes owing circumstan bor Relations Act.	of co	ollective exist and
2a. Name of Employer:			2b. Add	ress(es) o	f Establishment(s) invo	olved (S	treet and n	umber, City	, State, ZIP code):		
Ten Mile of Ohio, LLC			4279	5 Gregg	g Road, Belmon	it, Ohi	io 43718	3			
3a. Employer Representative - Na	me and Title:	·	l	•	ne as 2b - state same)	•					
Jim Stajnrajh 100 Commercial Drive, Washington Pennsylvania 15301											
3c. Tel. No.	3d. Cell No.			3e. Fax No. 3f.				Idress			
724-263-6000	724-833			724-249-2990			stainrail	n@tenm			
4a. Type of Establishment (Factory,	mine, wholesa	ler, etc.)			pal Product or Service		5a. City and State where unit is located:				ated:
Construction			ļ	roads,	well-pads, etc.		Belmont, Ohio				
5b. Description of Unit Involved: Included:							6a. Number of Employees in Unit:				
All employees working o	ut of the B	almont Ol	hia aff	ioo inol	uding all worki	na fo	raman	16			
Excluded:	ut of the b	ennoni, Oi	1110 011	ice me	luding an worki	ng to	temen.	6h Doas	thetantial number (300/	or more)
All Supervisors, manager	e cacratar	iec miarde	anda	II other	e aveludad by tl	ha Ac	of the emp		ubstantial number (30% or more) mployees in the unit wish to be		
Check One: 🔯 7a. Request for red						10, 20		represented by the Petitioner? X Yes No d Employer declined recognition			× Yes No
on or about (Date)	•			ceived, so	, , ~p	10, 20	10 4110	Employer	iecimed recognition		
☐ 7b. Petitioner is cu					and desires certificatio	on under	the Act.				
Ba. Name of Recognized or Certific	ed Bargaining	Agent (If none	, so state	' 1	ddress:						
None				. NA							
A + 1-11						1					
8c. Tel. No.	8d. Cell No.			8e. Fax N	0.	- 1	. E-Mail Ad T ▲	dress			
NA 8g. Affiliation, if any:	NA		l ob	NA Data of F	Recognition or Certifica		IA Explantion	Data of Cu	rrent or Most		
NA		···	N	A		Re	ecent Conti	ract, if any	(Month, Day, Year)	N.	A
9. Is there now a strike or picketing a	it the Employer	's establishmen	nt(s) invo	$\frac{NG}{NC}$	If so, approx	•	•		are participating?		
(Name of Labor Organization)					· · · · · · · · · · · · · · · · · · ·				er since (Month, Da		
 Organizations or individuals other individuals known to have a representation 									s and other organiz	ation	s and
None	, , , , , , , , , , , , , , , , , , ,	oot iii airy oiripi	oy000	uio uriit at	John Dod III North OD abo	5 V G. (17 11	, one, 60 die				
10a. Name	10	b. Address				10	c. Tel. No.		10d. Cell No.		
Tod. Name											
							10e. Fax No. 10		10f. E-Mail Address		
11. Election Details: If the NLRB con	nducts and ele	ction in this mat	tter, state	your posi	tion with respect to any	y such e	election: 1	1a. Election	Туре:		
							1	🔀 Manua	I ∐ Mail ∐ M	lixed	Manual/Mail
11b. Election Date(s): 11c. Election Time(s):				: 11d.			11d. Election Location(s):				
October 16, 2018 6:00 a.m. to 7:30 a.m.						4.	2795 Gı	regg Ro	ad, Belmont, (Ohi	o 43718 🔝
12a. Full Name of Petitioner (includ					12b. Address (street	and nur	nber, city, i	State and Z	IP code):		
International Union of Op	erating En	gineers, Lo	ocal 18	3	3515 Prospect	Ave,	Clevela	ınd, Ohi	o 44115		
2c. Full name of national or internati	onal labor orga	nization of which	ch Petitio	ner is an a	ffiliate or constituent (i	if none,	so state):				
International Union of Op	erating En	gineers									
2d. Tel. No. 12e. Cell No.				12f. Fax No.			12g. E-Mail Address				
216-432-3138	330-612-0			330-78				• •	cal18.org		
3. Representative of the Petitione	r who will acc	ept service of									
					13b. Address (street and number, city, State and ZIP code):						
Fimothy Fadel, Attorney				18500 L	ake Road, Suite	120, R	locky Ri	ver, Ohio	44116		
3c. Tel. No.	13d. Cell No.			13e. Fax N	lo.	13	f. E-Mail Ad	dress			
140-333-2050 216-308-1348				440-333-1695			tfadel@fadelbeyer.com				ļ
declare that I have read the above											
lame (Print)		Signature	1		1	Title					Date
Timothy Fadel			w/K	y Chul			Attorney				9/28/18

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

PRIVACY ACT STATEMENT

A (U.D.A) 2011 S.C. 8.151 of sea. The principal use of the information is to assist the National Labor

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
08-RD-226970	9-7-18					

		/ 14		0-100-22077	<u>, </u>				
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nkb.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: RD- D	ECERTIFICATIO	N (REMOVAL OF	REPRESENTATIVE) - A S	ubstantial number of	employees asse	nt that the certified or currently			
 PURPOSE OF THIS PETITION: RO-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Patitioner 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. 									
Labor Helations Board proceed under 2s. Name of Employer	ils proper autho					State ZIP corio)			
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) FLO-TORK, INC. 1701 N Main St, Orrville, OH 44667-9172									
3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same)									
James York SAME AS ABOVE									
Sc. Tel. No.	3d, Cell No.	•	3e. Fax No.		31. E-Mail Add				
(330)682-0010 4a, Type of Establishment (Factory, mine, v	uhologolov ete i	4b. Principal pro	(330)683-6857		jyork@moog.com 5a. City and State where unit is located:				
Factory	инс <u>ишын</u> ог, ош.)		nd Pricumatic Actua	rtors	Orrville	s. OH			
5b. Description of Unit Involved		1 Liyonaunc a	ICI IICIMAIC ACI	1013	1 321	Ba. No, of Employees in Unit:			
•	armort time	mendiration an	A maintananaa ammi	lamas instudin	a land	29			
theluded: All full-time and regul	ar bau-mue	broome don su	n maintenance emb	ioyees, incluiii	is lean.	6b. Do a substantial number (30%			
persons and truck drivers					1	or more) of the employees in the unit no longer wish to be			
				-Affina alaminal		represented by the certified or			
Excluded: all salespersons, quali						currently recognized bergaining			
employees, production clerical of						representative? Yes [] No []			
Check One: 7s. Request for re			tive was made on (Date) _	an	id Employer ded	lined recognition on or about			
71 10 10 10 10 10 10 10 10 10 10 10 10 10		(If no reply receive			• •				
8a. Name of Recognized or Certified Bar	unently recognize	ed as Bargaining Ro	epresentative and dealres 8b, Address	ocranceson under the	ACL				
INTERNATIONAL ASSOCIATION		TISTS AND		Dennison, OH 44	621-0027				
AEROSPACE WORKERS, AFL-CI			,	, D 4	002				
LODGE 1581	-,	,,,							
8c. Tel No.	8d Cell No.		Se. Fex No.		8f. E-Mail Add				
(740)922-2318	(330) 407-5	723	(614) 239-0415	dlukens@dl54.com					
8g. Affiliation, if any		i	8h. Date of Recognition of		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)		1 7	eted the Employer since (A						
10. Organizations or individuals other than t	hose named in it	ems 8 and 9, which	have defined recognition	as representatives a	nd other organiz	ettens and Individuals known to			
have a representative interest in any emplo									
10a, Name	10b. Ad		~~~	10a. Tel. No.		10d, Cell No.			
INTERNATIONAL ASSOCIATION	OF POB	x 27, Dennison,	OH 44621-0027	(740)922-2318					
MACHINISTS AND AEROSPACE	1			10e. Fax No.		101 E-Mail Address			
WORKERS, AFL-CIO, DISTRICT LODGE 54, LOCAL LODGE 1581									
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11e, Election Type: X Manual Matter Modified									
eny such ejection,	_	•	, , , , , , , , , , , , , , , , , , , ,	//					
11b. Election Date(s):	1	lection Time(s):		11d. Election Local		RECEIVED 3			
9/28/2018	3:30	AM to 6:30 AM		Galley		1			
12s. Full Name of Petitioner (b) (6), (b) (7)(C)									
126. Full name of national or international (s	bor organization	of which Petitioner	is an affiliate or constituen		15	Na Pro Pression 6			
12d, Tel No.	12e. Cell No.		12f, Fax No.		12n, E-Mail Ad	Idress (c)			
(b) (6), (b) (7)(C)				(7)(C)					
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.									
13a. Name and rue									
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)						
(b) (6), (b) (7)(C)	13d Cell No (b) (6), (b)	(7)(C)	136, Fax No. (b) (7)(C) (5), (b) (6).			-Mail Address 5), (b) (7)(C)			
I declare that I have exist the above exist	on and that the	etatements are to		larine and helice	(p) (o), (p) (/ (C)			
I declare that I have read the above petition (b)	(6), (b) (7)(C)	Title (b) (6), (b)						
(b) (6), (b) (7)(C)			An individual (b)	(6), (b) (7)(C)	Date 9.	-6-18			
WILLFUL FALSE STATE			UNISHED BY FINE AND						
THE DE PERSON OF PARTY			CHISTING BY CIRC WITH	MITTIOUTINEN H	PAY AAAE (117)	E 10, DEC 110/1 1001)			

PRIVACY ACT STATEMENT
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