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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
07-RC-247472	8-30-2019						

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 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: MotorCity Casino Hotel 2901 Grand River Ave. Detroit, MI 48201 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Debbie Moffatt, VP Human Resources Same 3f. E-Mail Address 3c Tel No 3d. Cell No. 3e. Fax No. 866-782-9622 dmoffatt@motorcitycasino.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Detroit, MI Casino Hotel Gaming 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: full and part time surveillance techs and surveillance operators all levels 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? X Yes assistant managers, managers, supervisors, office clerical, professional, other employees Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 08-21-2019 and Employer declined recognition on or about (Date) no reply (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: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 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? has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have 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) 10d. Cell No. 10c. Tel. No. 10a. Name 10b. Address None 10f. E-Mail Address 10e Fax No 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: To be recognized as this units bargaining representation Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 1640 Porter St. Detroit, MI 48216 September 24, 2019 6am-9am, 1pm-4pm 12a. Full Name of Petitioner (including local name and number). 12b. Address (street and number, city, State and ZIP code): 1358 Abbott St. Detroit, MI 48226-2411 International Brotherhood of Electrical Workers Local 58 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/ AFL-CIO 12e. Cell No. 12f. Fax No. 12a. E-Mail Address 12d Tel No 313-963-9348 ibew58@ibewlocal58.org 313-963-2130 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 1358 Abbott St. Detroit, MI 48226-2411 Karen Gorny 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c Tel No 313-819-4429 karen.gorny@ibewlocal58.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Title 8-30-2019 Membership Development Karen Gorny

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

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE								
07-RD-246482	Tiled /3/	201	9					

INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other par Case Procedures (Form NLRB	d. The petition i ties named in th	nust be accomp e petition of;(1) :	enled by both a sho the petition; (2) Ste	owing of interested tement of Pos	est (see 7 b Ition form	nelow) and a certifica (Form NLRB-605); a	ite of service nd (3) Descri	showing service on Iption of Representation	
PURPOSE OF THIS PETITION recognized bargaining representations Board process	ntative is no longe	er their representa	ative. The Petitioner	alleges that t	he followin	ig circumstances ex			
2a. Name of Employer Granco Clark Inc			2b. Address(es) of Establishment(a) Involved (Street and number, city, state, ZIP code) 7298 N. Storey Rd Belding Michigan 48809						
3a. Employer Representative - N	lame and Title		3b. Address (if sam	e as 2b - state	same)				
David Walker - Operations &	flanager		Same as above						
3c. Tel. No.	3d, Fax No.		3e. Cell No.		3f. E-Mail Address				
616-794-2600	616-794-1899		Ĺ			ker@grancoclark			
4a. Type of Establishment (Factor Factory	y, mine, wholesai	er, etc.)			4b. Principal product or service Aluminum Extrusion Equipment				
5a. Description of Unit Involved					Alulililiu	III EXITUSION EQUIP		and State where unit	
Included:		- ~						ocated:	
Full & PT empl in Group 1,2&3, Paint, Crib, & Janitorial, employed at 7298						rey Rd. Belding	Beldi	ng Michigan	
Excluded: Office,clerical,confidenti					<u>.</u>				
6. No. of Employees in Unit 46	recogn	Nzed bargaining re	r (30% or more) of th epresentative? 🔀 Y		n the unit no		presented by	the certified or currently	
8a. Name of Recognized or Certifi International Associatio			il and Transpo	ortation Wo	rkers	Rb. Affiliation, if any			
^{8c.} Address 4931 Contec Drive. Lansir	ng Michigan 4	8910		8d. Tel. No. 517-882-4					
•				8f. Fax No. 517-882-45	510	8g. E-Mail Address			
Date of Recognition or Certification Around 1995	tion		10. Expiration Date November 1, 20		Most Recen	t Contract, if any (Mo.	nth, Day, Yea		
11a. Is there now a strike or picke	ting at the Employ	ver's establishmer	nt(s) involved?	∕es ⊠ No	11b. If 60,	approximately how m	any employe	es are participating?	
11c. The Employer has been picke			~					a labor organization, of	
(Insert Address)		•	-			sin≏	= (Month, Da	v, Year)	
12. Organizations or individuals of	her those named	in items 8 and 11	c, which have claims	ed recognition :	as represer	ntatives and other orga	anizations		
and individuals known to have 12a. Name	a representative		nployees in the unit o	described in ite	m 5 above.		12d, Fax No.		
12а. Нале	12b. Addit	166				·			
					12e. Cell I	No.	121. 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: X Manua		Mail Mixed Manual/Mail			
13b: Election Date(≤) ASAP		13c. Election Tir 3:30 pm to	• •	13d. Election Location(s) Granco Clark Inc					
14. Full Name of Petitioner		3.30 pm to	4.50 pm		Giance	J Clark IIIC			
(b) (6), (b) (7)(C)	770				AAL TOLI	N- I	140 Fay No	·	
(b) (6), (b) (7)(C)					14b. Tel. No. (b) (6), (b) (7)(C)		14c. Fax No.		
					14d. Cell No.		14e. E-Mail Address		
14f. Affiliation, if any									
15. Representative of the Petitic	nor who will acc	cept service of al	Il papere for purpor						
15a. Name (b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)					
b) (6), (b) (7)(C)				(b) (6), (b) (7)(C)		15e, Fax No.	5e, Fax No.		
	7	a) (6)	(b) (7)(\mathbb{C}	15f. Cell N	No.	15g, E-Mail /	Address	
I declare that I have read the ab	ove petition	J) (b),	(n) (1)(my kr	owledge g	C / / /	7\ <i>(</i> C)		
(b) (6), (b) (7)(C)				(a) (o), (b) (/)(C)	Date Filed 8-12-19	
WILLFUL FALSE S	TATEMENTS			ÎNE Â				ECTION 1001)	