UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
07-RC-247523	September 3, 2019				

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) 517 S Division Ave MI Grand Rapids 49503-American Medical Response (AMR) 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 517 S Division Ave MI Grand Rapids 49503-Dave Skujins 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address dskujins@amr-ems.net (616) 776-1654 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Ambulance Transportation Grand Rapids, MI 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 9/18/19 and 9/19/19 6am to 10am and 4pm to 6pm both days 517 S Division Ave. Grand Rapids, MI. 49503 and N Park Dr. Holland, M 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 159 Burgin Parkway MA Quincy 02169-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of EMT's and Paramedics (IAEP), National Association of Government Employees(NAGE), Service Employees International Union 12g. E-Mail Address mlinville@nage.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (951) 334-6505 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date National Organizer Mr. Michael Linville 09/3/2019 10:00:08 Michael Linville

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			

Employees Included

All full time and regular part time EMT's, Paramedics and Field Training Officers employed by the employer working in and out of its Grand Rapids operations and deployments centers including but not limited to the following locations: 517 S Division Ave. Grand Rapids, MI 49503; N Park Dr, Holland MI. 49424; 117 S Maple, Fennville MI. 49408

Employees Excluded

Office Clerical Employees, all other employees, Confidential Employees, Dispatchers, Mechanics, Fleet Technicians 1 and 2, Couriers, Crew Chiefs, Guards and Supervisors as defined by the act, as amended.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN	THIS SPACE
. ~	Case No 07-RC-247822	Date <u>Fil</u> ed 9-9-2019

		RC PETITIO	N		ì		U/-R(24/822		9-9	2019
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.											
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.											
2a. Name of Employer: Global Rollforming (Dura)											
3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Kathy Paul, Human Resources S/A											
3c. Tel. No. 586-218-5100	3d. Cell No 586-218-			3e. Fax No 586-218			3f. E-Mail A Kathy.paเ		utosys.com		
4a. Type of Establishment (Factory, r Manufacturing	nine, whole:	saler, etc.)		4b. Princip Automot	al Product or Service	e		5a. City an Roseville	d State where u	nit is loca	ated:
5b. Description of Unit Involved: Included:								6a. Numbe	r of Employees	in Unit:	
All regular full and part time (se Excluded: All office clerical, managerial,			es & gua	ards & sup	pervisors defined	in the	e Act.	6b. Do a su	ubstantial number mployees in the inted by the Peti	unit wis	h_to be ′
Check One: 7a. Request for reconnection on or about (Date) 7b. Petitioner is cur	serve a	as reques 1 (If n	o reply re	eceived, so	state).	petition und		Employer o	leclined recognit	ion	
8a. Name of Recognized or Certifie None											
8c. Tel. No.	8d. Cell No).		8e. Fax No).		8f. E-Mail A	ddress			
8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Dáy, Year)											
Is there now a strike or picketing a (Name of Labor Organization)	t the Employ	yer's establishme	nt(s) invo	lved? No	If so, appro		•		s are participatin er since <i>(Month,</i>		
Organizations or individuals other individuals known to have a representation.						ed reco	gnition as re	presentative			
10a. Name		10b. Address					10c. Tel. No).	10d. Cell No.		
None						-	10e. Fax No).	10f. E-Mail Add	ress	
11. Election Details: If the NLRB co	nducts and	election in this ma	atter, stat	e your posit	tion with respect to a	ny suc	h election:	11a. Election		Mixed	Manual/Mail
11b. Election Date(s): October 3 & 4, 2019 11c. Election Time(s): See attached						11d. Election Location(s): Dept 10 Rob Jay's Office					
12a. Full Name of Petitioner (including local name and number): Teamsters Local Union 1038 12b. Address (street and number, city, State and ZIP code): 2741 Trumbull Ave., Detroit, MI 48216											
12c. Full name of national or internati International Brotherhood of Te		•	ich Petiti	oner is an a	iffiliate or constituent	(if non	e, so state).				
12d. Tel. No. 313-965-7450	12e. Cell N 734-395-	lo.		12f. Fax N 313-961			12g. E-Mail	Address			
13. Representative of the Petitione 13a. Name and Title: Marian Novak, Organizer	I		f all pape	ers for purp 13b. Addre		er, city	n proceedi	ng. ZIP code):			
			13e. Fax N 313-961		•	13f. E-Mail Address mlnjc43@gmail.com					
I declare that I have read the above	e petition a			re true to ti	ne best of my know						
Name (<i>Print</i>) Marian Novak		Signature) ;	. , –	noval	Title	anizer				Date 9/9/19
Mallall NUVAR			ハハ	mi	1104/001		gai ii 2Çi				3,5,19

ATTACHMENT

5b. Description of unit involved:

Included: Leaders, line leaders, (machine, rollmill, hi-lo, & press) operators, benders, welders, quality techs, packers, crib attendant and checker.

11c.

Election Times: Thursday: 4:30am to 5:00am, 1:30pm to 4:00pm.

Friday: 12:30am to 3:00am, 4:30am to 5:00am, 1:30pm to 4:00pm.

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Name (Print)

Nanette Homan

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	UNITED STATES GOVERNMENT			DO NOT WRITE IN THIS SPACE				
NATIONAL LABOR RELATIONS BOARD			Case No.		Date I	Filed	}	
RC PETITION			07	-RC-248232	Se	pt 16, 2019	}	
NSTRUCTIONS: Unless e-Filed us	ing the Agency's web	site, <u>www.r</u>	<u>nirb.gov</u> , submit a	n original of this	Petition to a	n NLRB office in	the Region	
n 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 s				,	•	•	,	
PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF REPRES	SENTATIVE -	A substantial number	of employees wish to	be represented	for purposes of colle	ective	
bargaining by Petitioner and Petitioner de							ist and	
requests that the National Labor Relat 2a. Name of Employer	ions Board proceed unde		s(es) of Establishment					
rinity Homes d/b/a Sanctuary at t	the Park		ey Street, Muske			, State, Zir Code)		
Ba. Employer Representative – Name and			. Address (If same as					
Carol Peterson, Administrator	, , , , ,		AME	LD Glate barrier		New		
Bc. Tel. No.	3d. Cell No.		. Fax No.	· · · · · · · · · · · · · · · · · · ·	3f. E-Mail Addi			
231)672-2202	GO. GO. 110.	"	. , ux 110.		peteco	-// / -	to hall	
la. Type of Establishment (Factory, mine, w	vholesaler etc.) 4b Prin	cipal product	or service			and State where unit	is located:	
lealthcare		g Home	0. 00.0.00		1	on, Michigan		
b. Description of Unit Involved		3			1	6a. No. of Employe	es in Unit:	
•	ular part tima rac	riotorod r	ourodd and llac	anned prestic	ol purooc	13		
ncluded: All full-time and reg	julai part-ume reç	jistereu i	iurses and lice	enseu practic	ai iluises	6b. Do a substantia		
Excluded:					•	or more) of the emp		
All other employee	·S.					unit wish to be repr		
Check One: 7a. Request for re	ecognition as Bargaining Re	nrecentative	was made on (Date)	an	d Employer dec			
ra. Request for re	(Date) (If no reply	•	` -	an	a Employer deci	ined recognition on t	" about	
7b Petitioner is co	urrently recognized as Barg		•	ertification under the	Act			
Ba. Name of Recognized or Certified Bar	gaining Agent (If none, so	state).	8b. Address	oranodaon dindor are	7.101.			
		•	}				}	
Bc. Tel No.	8d Cell No.	8e	. Fax No.		8f. E-Mail Add	ress		
ACCU-11-11-11-11-11-11-11-11-11-11-11-11-11	<u> </u>		<u> </u>	0.00	6: 5			
Bg. Affiliation, if any			Date of Recognition or	Certification		Date of Current or Mo y (Month, Day, Year)		
							J	
9. Is there now a strike or picketing at the E	mployer's establishment(s)	involved?	If so, approxi	imately how many en	nployees are pa	rticipating? N/A		
(Name of labor organization) N/A			the Employer since (A			. •		
						1 - 0 7 - 6	- 17 - 15 - 14	
 Organizations or individuals other than I known to have a representative interest in a 					resentatives and	otner organizations	and individuals	
lone	my compleyees in the drift at	boombed in no	00 00000: (11 110110)	oo didio)				
10a. Name	10b. Address	-		10c. Tel. No.		10d. Cell No.		
						<u> </u>		
				10e. Fax No.		10f. E-Mail Addre	ss	
11. Election Details: If the NLRB conducts	s an election in this matter,	state your pos	sition with respect to	11a. Election Type	Manuai	Mail Mixed	Manual/Mail	
any such election.								
11b. Election Date(s): 11c. Election Time(s): 6am - 8am and 2pm - 4pm				11d. Election Location(s): At the Employer's premises				
12a. Full Name of Petitioner (including to		12b. Address (street and number, city, state, and ZIP code)						
EIU Healthcare Michigan 2680 Vulcan Street, Muskegon, MI 49442						,		
12c. Full name of national or international la	abor organization of which F	Petitioner is ar	n affiliate or constituen	t (if none, so state)	-			
12d. Tel No.	12e. Cell No.	12	2f. Fax No.		12g. E-Mail Ac	Idress		
· · · · · · · · · · · · · · · · · · ·			31)726-6467		-	@seiuhealthcarem	i.org	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.								
13a. Name and Title Nanotto Homos	n Pagional Coardi	nator 13	Bb. Address (street and	number, city, state.	and ZIP code)		j	
Natelle Hollan, Newtonal Commitator 1				on, Michigan 49442				
			Be. Fax No.		13f. E-Mail Ad			
	(313)405-2844		31)726-6467		nanette.homar	n@seiuhealthcarem	i.org	
declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.								

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

Regional Coordinator

Date

9/12/2019

PRIVACY ACT STATEMENT

Title

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) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
O7-RC-248332	9-17-2019				

INSTRUCTIONS: Unless e-Filed							
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.							
PURPOSE OF THIS PETITION: RC-d bargaining by Petitioner and Petitioner	CERTIFIC <i>i</i> r desires to	TION OF REPRESENTA be certified as representa	TIVE - A substantial number	Petitioner alleges ti	hat the following	circumetances exist and	
requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 28. Name of Employer 2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)							
MotorCity Casino Hotel 29D1 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							
3c, Tel. No. 866-782-9622	NA	BII No.	3e. Fax No. NA		St. E-Mail Addr	ess otorcitycasino.com	
4a. Type of Establishment (Factory, mine		er. efc.) 4b. Principal o	roduct or service			and State where unit is located:	
Casino Hotel	,	Gaming			Detroit		
5b. Description of Unit involved		<u> </u>		•	·····	6a. No. of Employees in Unit:	
Included: all fulltime and part	time ar	med and unarmed	l security officers er	mployed by the	employer	22 6b, Do a substantial number (30%	
Excluded:						or more) of the employees in the	
clerical, manager	ial, sal	aried, and supe	rvisory personel a	as defined by	the act	unit wish to be represented by the Petitioner? Yes V No	
Check One: 7a. Request for	recognitio	n as Bargaining Represer	tative was made on (Date)	NA ar	nd Employer deci	ned recognition on or about	
H NA		_(Data) (If no reply recen	/ed, so state). NA	· · · · · · · · · · · · · · · · · · ·			
7b. Petitioner to 8a. Name of Recognized or Certified B	currently	recognized as Bargaining	Representative and destres	certification under the	≙ Act,	V 100 117 00000	
NA	នរជិនបោបន	Agent (if none, so state)	8b. Address NA				
8c. Tel No. NA	Bd C∈	il No.	8e, Fax No.		8f. E-Mall Addr	ess	
8g. Affiliation, if any	NA .		NA 1 8h Date of Recognition of	or Carlification	NA 81 Evolration D	ste of Cument or Mort Popper	
NA							
9. Is there now a strike or picketing at the	Employer	's establishment(s) Involve	d? NA If so, appro	ximately how many er	nployees are par	ticipating? NA	
(Name of labor organization) NA		, has pi	cketed the Employer since ((Month, Day, Year) <u>1</u>	VAA		
Organizations or individuals other that known to have a representative interest a NA	n Petitione n any empi	r and those named in item oyees in the unit describe	ns 6 and 9, which have claim d in Item 5b above. (If none	ned recognition as rep r, so slate)	resentatives and	other organizations and Individuels	
10a. Name		10b. Address		10c, Tel. No.		10d. Cell No.	
NA		NA		NA 10s. Fex No.		NA	
	l			NA		10f, E-Mail Address NA	
11. Election Details: If the NLRB condu any such election.	cts an elec		our position with respect to	11a. Election Type		Mail Mixed Manual/Mail	
11b. Election Date(s): first available		11c. Election Time(s): Times to cover all shifts	i	11d, Election Loca Work Site	tion(s):		
12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Government Security Officers of America and its Local 265 2879 Cranberry Highway East Warehern, MA 02538							
12c. Full name of netional or international labor organization of which Petitionar is an affiliate or constituent (if none, so state) United Government Security Officers of America International Union							
12d, Tel No. 617-620-7225		ell No. 0-7225	12f. Fax No, NA	,	12g. E-Mail Adi		
13. Representative of the Petitioner with				sentation proceeding	Mleblanc@ugs a.	98.GO[[]	
13a. Name and Title Mike LeBlanc DHS Vice President UGSOA International Union 13b. Address (street and number, city, state, and ZIP code) 2879 Crenberry Highway East Wareham, MA 02538							
13c. Tel No. 13d. Cell No. 13e. Fex No. 13f. E-Mail Address 617-620-7225 774-678-4658 Misblanc@uosoa.com							
617-820-7225 I declare that I have read the above per			774-678-4658 rue to the best of my know	viedge and boliof.	Mieblanc@ugs	oa.com	
	Signature	7/1/1/	Title	-G- 2014 HAUAII	Date		
Mike LeBlanc		1/1/5/1-	DHS Vice President UG		on 09/17/19		
WILLFUL FALSE STATEN	ENTS ON		PUNISHED BY FINE AND	IMPRISONMENT (U	.S. CODE, TITLE	18, SECTION 1001)	

PRIVACY ACT STATEMENT

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FORM NLRB-802 (RC) (4-16)

Amended

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

WILLFUL FALSE STATEMENTS

DO NOT WRITE IN THIS SPACE						
Case No 07-RC-248332	Date Filed 9-18-2019					

RC PETITION 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 Patitioner and Patitioner desires to be certified as representative of the employees. 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.

Name of Employer

| 2p. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 2a. Name of Employer 2901 Grand River Ave. Detroit, MI 48201 MotorCity Caslno Hotel 3a, Employer Representative - Name and Title 3b. Address (if same as 2b - siste same) Debbie Moffatt, VP Human Resources Same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. Se, Fax No. 866-782-9622 dmoffatt@motorcitycasino.com NA NA 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholeseler, etc.) 4b. Principal product of service Gaming Detroit MI Casino Hotel 6b. Description of Unit involved 6a. No. of Employees in Unit: 22 Included: full and part time surveillance techs and surveillance operators all levels 8b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the clerical, managerial, salaried, and supervisory personel as defined by the act Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about Check One: [Date] (If no reply received, so state). NA 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b, Address NA MA Bc. Tal No. 8d Cell No. Se. Fax No. 8f. E-Mell Address NA NA AΜ 8g. Affiliation, If any 8h, Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA NA 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA if so, approximately how many employees are participating? NA (Name of labor organization) NA , has pickeled the Employer since (Month, Day, Year) NA 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 10a Name 10c. Tel. No 10d. Cell No. NA NA 10a. Fex No. 10f. E-Mail Address NA NA 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual / Mail Mixed Manual/Mall 11a. Election Type: any such election. 11c. Election Time(s): 11d Election Location(s): 11b. Election Date(8); first evaliable Times to cover all shifts Work Site 12a, Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Government Security Officers of America and its Local 265 2879 Cranberry Highway East Wareham, MA 02538 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) United Government Security Officers of America International Union 126. Tel No. 12e, Cell No. 12f. Fax No. 12g. E-Mali Address 617-820-7225 617-820-7225 Mieblanc@ugsca.com NA 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Mike LeBlanc OHS Vice President UGSOA International Union 13b, Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538 13d. Cell No 13e Fax No. 13f. E-Mail Address 13c. Tel No. 617-620-7226 817-620-7229 774-678-4668 Miebianc@ugsoa.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 Date DHS Vice President UGSOA International Union 09/17/19 Mike LeBland

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 idigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74842-43 (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.

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

RC PETITION 07-RC-248612 9/20/2019
Submit an original of this Petition to an NLRB office in the Region INSTRUCTIONS: Unless e-Filed using the Agency's website, 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 filled with the NLRB and should not be served on the employer or any other party. PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective pargaining by Personer and Petisoner 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. 7b Appropriate of Establishmental involved (Street and re Van Buren tup MI 48111 Great Lakes 100 Coca cola dr. 35 Address (dissone as 25 - state same) Same Beverage Manufactures Full [part time reset | retail reps in the von Buran & Included: All Excluded: Highland Park location. and all Managers, supervisors, disputchers, office personal or more) of the employees in the tion as Bargaining Representative was made on (Oate) 7-18-19 and Employer declined rec (Date) (if no reply received, so state). Petitioner is currently recognized as Bargaming Representative and desires certification under the Act. Sa. Name of Recognized or Certified Bargaining Agent (If none, so state). To No None Se Fax No. 8f. E. Mail Address 8g. Affiliation, If any Bh. Diste of Recognition or Certification Contract, if any (Month, Day, Year) 9 is there now a strike or picketing at the Employer's astablishmeridis involved? NO I so, approximately flow many employees are participating? has pickeled the Employer since (Month, Day, Year). 10 Organizations or individuals other than Petitioner and Brose named in fiems 8 and 8, 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 10d, Cell No. 10e Fax No 10f, E-Mail Address 11. Election Details: If the NLRB conducts an ell 11a Election Type: Manual Mail Mixed Maruni/Mail 11d. Election Location(s) 126. Address (street and number, city, state, and ZIP code) nternational 12g. E-Mail Address (313) 965-4833

Hughes- Organizes 2801

trumboll ave.

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

DAVE HUGHES
WILLDUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE. TITLE 18, SECTION 1921)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 at seq. The principal use of the information is to sease the National Labor Relations and Inches the Information of the in Relations Board (N.RB) in processing representation and related proceedings or legisticn. The routine uses for the information are fully set forth in the Federal Register. It Fed. Rec. (1994) 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 atturnation will us see the NLRB to decline to invoke its processes.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	E IN THIS SPACE
Case No.	Date Filed
07-RC-248854	9-25-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlib.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):

H55 E GRAND RIVER SUITE 106 2a. Name of Employer: AARON LANDRY
PRESIDENT

3c. Tel. No.

810 229 8367 810 772 1473

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

ELECTRICAL CONTRACTOR

ED. Description of Unit Involved: Sa. City and State where unit is located: 4b. Principal Product or Service
ELECTIC EAL SERVICE BRIGHTON Mi 6a. Number of Employees in Unit: Included: ELECTRUAS AND APPRONTICE ELECTREMAN Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No others 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 8b. Address: 7920 TACKSON PD ANN ARBOR MI 48103 x No. 81. E-Mail Address 517 9378385 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike of 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) 10c. Tel. No. 10d. Cell No. 10a Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number).

LOCAL 252 INTERNATIONAL BROTHER HOOD 12b. Address (street and number, city, State and ZIP code): 7920 TACKSON RD OF ELECTRICAL WORKERS AFL-CIO ANN ARBOR V 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): BROTLERHOOD OF FLECTREAL WORKERS

Cell No. | 12f. Fax No. | 12g. E-Mail Address INTER NATIONAL 12e Cell No SAME Shrown olbew 252. ORG SIT 937 8385 734 HO4 9575 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): STEVE BROWN ORGANIZER 13d. Cell No 13f. E-Mail Address 13e. Fax No SAMC SAMe SAME 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) REOWN

<u> </u>	
DO NOT WRITE IN	THIS SPACE
Case No.	Date Filed
07-RC-248747	9-26-2019

UNITED STATES OF AMERICA FORM NI RB-502 (RC) NATIONAL LABOR RELATIONS BOARD (2-18)**RC PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nirb.gov/], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective 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: 10205 Mack Ave. Detroit, MI 48214 & 8145 Greenfield, Detroit, MI 48228 Trinity Transportation 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same). 10205 Mack Ave. Detroit, MI 48214 Sheldon D. Stewart, Area General Manager-**Detroit Region** 3c. Tel. No. 3d. Cell No. 3e Fax No. 3f F-Mail Address 313-483-9978 646-830-2352 Sheldon.stewart@nationalexpresstransit.com 313-228-4521 ext. 166 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Detroit, MI Transport students 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All regular full time and part time bus drivers, driver trainers, mechanics and monitors. 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? × Yes No All office clerical, managerial, administrative employees & guards & supervisors defined in the Act Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) Let petition and Employer declined recognition on or about (Date) serve as request (If no reply received, so state) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8b. Address 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 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) 10b Address 10c. Tel. No. 10d. Cell No. 10a. Name None 10f F-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: Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 10:00 a.m. until 1:00 p.m. Employee break rooms October 18, 2019 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number) 39420 Schoolcraft Rd. Plymouth Township, MI 48170 Teamsters Local 243 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters (IBT) 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 12d Tel No (734) 420-6900 (734) 244-2929 (734) 420-2610 phil@teamsters243.org 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: 39420 Schoolcraft Rd. Plymouth Township, MI 48170 Phil Turner, Recording Secretary

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

13f. E-Mail Address

Recording Secretary

Title

phil@teamsters243.org

Date

9/26/2019

13e Fax No 7734) 420-2610

13d. Cell No.

(734) 244-2929

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

Signature (I C

13c. Tel. No.

Name (Print)

Phillip Turner

(734) 420-6900

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No.

Date Filed

DO NOT WRITE IN THIS SPACE

07-RC-249107 RC PETITION 9-30-2019 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE -'A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Constellium Automotive 6331 Schooner Dr., Belleville, MI 48111 3a, Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Mary Reineke, HR Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 734-879-9700 mary.reineke@constellium.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Belleville, MI Factory Automotive parts 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 370 All full time, hourly employees, maintenance, production, team leads, material handlers Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes All salary, supervision, management employees Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 9/30/2019 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) None 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 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? N_0 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) 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address None 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 5am-8am, 2pm-3;30pm, 5pm-7pm Employee lunchroom @ company location October 22 & 23, 2019 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 8000 E. Jefferson Ave., Detroit, MI 48214 **UAW** 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Automobile, Aerospace, Agricultural Implement Workers of America 12d. Tel. No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 734-292-0484 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): 9650 S. Telegraph Rd., Taylor, MI 48180 Shannon Conry, Organizer 13c. Tel. No. 13d, Cell No. 13e. Fax No. 13f. E-Mail Address 734-292-0484 organizinguaw@yahoo.com 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) Shannon Conry Organizer 9/30/2019

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