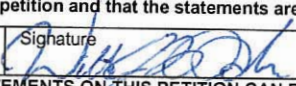


UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 25-RC-254219	Date Filed 1/7/2020

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 Denise Griesinger, Maintenance Manager		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 430 W. 76th Street, Davenport IA 52806 Scott County	
3a. Employer Representative - Name and Title Augy Vaza, General Manager		3b. Address (if same as 2b - state same) SAME	
3c. Tel. No. (563) 386-8000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Garage		4b. Principal product or service Service	
5b. Description of Unit Involved Included: All full-time and regular part-time Service Technicians who are employed at the employers 430 W. 76th Street Davenport, IA 52806 facility. Excluded: All other employees, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.		5a. City and State where unit is located: Davenport, IA	
		6a. No. of Employees in Unit: 10	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition to serve as request. <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>NO</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
		10c. Tel. No.	
		10d. Cell No.	
		10e. Fax No.	
		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11b. Election Date(s): January 30, 2020		11c. Election Time(s): 2:30 PM - 3:30 PM	
		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
		11d. Election Location(s): Upstairs Conference Room	
12a. Full Name of Petitioner (including local name and number) District Lodge 6, International Association of Machinists & Aerospace Workers AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO			
12d. Tel No. 815-280-6400	12e. Cell No. 815-214-4587	12f. Fax No. 815-280-6345	12g. E-Mail Address wlepinske@iamaw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title William J. Lepinske, Grand Lodge Representative		13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435	
13c. Tel No. 815-280-6400	13d. Cell No. 815-214-4587	13e. Fax No. 815-280-6345	13f. E-Mail Address wlepinske@iamaw.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) William J. LePinske	Signature 	Title Grand Lodge Representative	Date January 7, 2020

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

25-RC-254653

Date Filed

1/15/20

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.

2a. Name of Employer:
South Bend Tribune Corp.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
506 W. South St., South Bend, IN 46601

3a. Employer Representative - Name and Title:
Alan Achkar, Executive editor

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

3c. Tel. No.
574-235-6323

3d. Cell No.
314-565-5095

3e. Fax No.
574-236-1765

3f. E-Mail Address
aachkar@sbtinfo.com

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

4b. Principal Product or Service
News

5a. City and State where unit is located:
South Bend, IN 46601

5b. Description of Unit Involved:
Included:

All full-time and regular part-time newsroom employees employed by the South Bend Tribune.

Excluded:

All other employees, including all managers, guards, and supervisors as defined by the Act.

6a. Number of Employees in Unit:
29

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 1-15-2020 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:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?

(Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
2-5-2020

11c. Election Time(s):
12pm-4pm

11d. Election Location(s):
Employers Address

12a. Full Name of Petitioner (including local name and number):
The NewsGuild-Communications Workers of America

12b. Address (street and number, city, State and ZIP code):
501 Third St., NW, 6th Floor
Washington, DC 20001-2797

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Communications Workers of America

12d. Tel. No.
317-297-3047

12e. Cell No.
812-797-7345

12f. Fax No.
317-297-3051

12g. E-Mail Address
jhawkins@cwa-union.org

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

13a. Name and Title:
Michael Melick

13b. Address (street and number, city, State and ZIP code):
1025 Connecticut Ave., N.W. Suite 1000
Washington, D.C. 20036

13c. Tel. No.
202-293-9222

13d. Cell No.

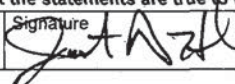
13e. Fax No.

13f. E-Mail Address
mmelick@barrcamens.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)
Justin A. Hawkins

Signature



Title
Senior Campaign Lead

Date
1-15-2020

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

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

FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE


Case No.

25-RC-254704

Date Filed

1/15/20

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Railcrew Xpress		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 9867 Widmer Rd, Lenexa, KS 66215	
3a. Employer Representative - Name and Title Brian Ohara		3b. Address (If same as 2b - state same) same	
3c. Tel. No.	3d. Cell No. 816-718-6576	3e. Fax No.	3f. E-Mail Address Brian.ohara@railcrewxpress.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Rail Crew Transport Services		4b. Principal product or service Driving Railroad Employees	5a. City and State where unit is located: Indianapolis, IN
5b. Description of Unit Involved Included: All employees who drive Excluded: All other employees including office, clerical, supervisors, guards as defined by the Act			6a. No. of Employees in Unit: 28 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>By Petition</u> and Employer declined recognition on or about <u>No Reply</u> (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Propose 2/10/2020 through 2/21/2020	11c. Election Time(s): Mail Ballot	11d. Election Location(s): Mail Ballot	
12a. Full Name of Petitioner (including local name and number) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (United Steelworkers or USW)		12b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Pittsburgh, PA 15222	
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 and Service Workers International Union (United Steelworkers or USW)			
12d. Tel No. 412-562-6005	12e. Cell No.	12f. Fax No. 412-562-2555	12g. E-Mail Address lgittlen@usw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Ike Gittlen, Organizer		13b. Address (street and number, city, state, and ZIP code) 60 Boulevard of the Allies, Pittsburgh, PA 15222	
13c. Tel No.	13d. Cell No. 717-319-4294	13e. Fax No. 412-562-2555	13f. E-Mail Address lgittlen@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) Ike Gittlen	Signature 	Title Organizer	Date 1-15-2020

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

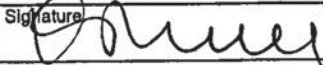
Case No.

25-RC-254910

Date Filed

1/21/20

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.			
2a. Name of Employer: Ecology Solutions LLC		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 6132 Oakton Street Morton Grove, IL 60053	
3a. Employer Representative - Name and Title: Alan T. Handley		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (773) 685-8811	3d. Cell No.	3e. Fax No. (773) 685-6043	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal Product or Service	5a. City and State where unit is located: Atkinson, IL
5b. Description of Unit Involved: Included: All Full Time and Regular Part-Time Landfill Employees Excluded: Site Manager and Second Shift Security Guard			6a. Number of Employees in Unit: 15
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>None</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
			10e. Fax No.
			10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): February 11, 2020		11c. Election Time(s): 7:00 - 9:00 A.M.	11d. Election Location(s): Shop on premises
12a. Full Name of Petitioner (including local name and number): IUOE Local No. 649		12b. Address (street and number, city, State and ZIP code): 6408 W. Plank Road Peoria, IL 61604	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers			
12d. Tel. No. (309) 697-0070	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: David W. Stuckel		13b. Address (street and number, city, State and ZIP code): 101 SW Adams St., Suite 600 Peoria, IL 61602	
13c. Tel. No. (309) 671-4900	13d. Cell No.	13e. Fax No. (309) 671-5473	13f. E-Mail Address dstuckel@hslaw.us
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) DAVID STUCKEL	Signature 	Title Attorney	Date 1-21-20

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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 25-RC-255331	Date Filed 1/28/20
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer McHenry Heating & Excavating Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1903 S. Rt. 31 IL McHenry 60050-	
3a. Employer Representative - Name and Title Matt Rogulic		3b. Address (If same as 2b - state same) 1903 S. Rt. 31 IL McHenry 60050-	
3c. Tel. No. (815) 444-9900	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Matt@mchenryheating.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services		4b. Principal product or service Heating & Excavating Service	
		5a. City and State where unit is located: McHenry, IL	

5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 33
Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11b. Election Date(s): 2/11/2020	11c. Election Time(s): 8:30	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): Breakroom
12a. Full Name of Petitioner (including local name and number) Frank Stroud National Allied Workers Union Local 831		12b. Address (street and number, city, state, and ZIP code) 125 Windsor Dr Ste 118 IL Oak Brook 60523-4087	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
None

12d. Tel No. (630) 974-6799	12e. Cell No.	12f. Fax No.	12g. E-Mail Address nawulocal831@sbcglobal.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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

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

Name (Print) Frank Stroud	Signature Frank Stroud	Title President	Date 01/28/2020 12:51:16
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
25-RC-255331	1/28/20

Employees Included

Drivers, Laborers, Operators, Service Techs, Installers, Plumbers

Employees Excluded

All office, clerical, sales personnel, supervisors, and guards as defined by the NLRA

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

25-RD-254149

Date Filed

1/6/20

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Legan County Paramedic 9550		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1300 N. Postville Dr, Lincoln, IL 62656	
3a. Employer Representative Name and Title Chris Walters, Attorney		3b. Address (if same as 2b - state same) 149 E Locust St, Canton, IL 61520	
3c. Tel. No. 309-647-6300	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Ambulance Service		4b. Principal product or service Emergency Service	
5a. Description of Unit Involved Included: Paramedics Excluded: EMT-B/Management/Supervisors/office			5b. City and State where unit is located: Lincoln, IL
6. No. of Employees in Unit 9	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent J.P. Evans - Attorney		8b. Affiliation, if any Teamsters Local Union 916	
8c. Address 3361 Teamsters Way Springfield, IL 62707		8d. Tel. No. 217-522-7932	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification 1/17/2019		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) —	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name None	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Voter		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 1/9/2019	13c. Election Time(s) 2:00pm - 3:00pm	13d. Election Location(s) 1300 Postville Dr Lincoln, IL 62656	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Address (b) (6), (b) (7)(C)	
15c. Address (b) (6), (b) (7)(C)		15d. Cell No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. E-Mail Address (b) (6), (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)		Title (b) (6), (b) (7)(C)	
Signature (b) (6), (b) (7)(C)		Date Filed 1/3/20	

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

Case No.

25-RD-254945

Date Filed

1/21/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Franklin Pest Solutions - North		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1715 Franklin Street, Michigan City, IL 46360	
3a. Employer Representative - Name and Title Dave Sloop		3b. Address (If same as 2b - state name) same	
3c. Tel. No. (219) 874-7900	3d. Fax No. (219) 932-9109	3e. Cell No. (219) 898-8178	3f. E-Mail Address d.sloop@franklinpestsolutions.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Pest Control Company		4b. Principal product or service Pest Services	
5a. Description of Unit Involved Included: Service Technicians Excluded: Management, Sales, and Administration			5b. City and State where unit is located: Michigan City, IN
6. No. of Employees in Unit 5	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Tim Courtney		8b. Affiliation, if any Teamsters Local 135	
8c. Address 1233 Shelby Street Indianapolis, IN 46203		8d. Tel. No. (317) 639-3541	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address tcourtney@local135.com
9. Date of Recognition or Certification 01/20/2020		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Observer		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any Franklin Pest Solutions Service Technician			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name Angie Novak		15b. Title Office Administrator	
15c. Address (Street and number, city, state, ZIP code) 1715 Franklin Street Michigan City, IN 46360		15d. Tel. No. (219) 874-7900	15e. Fax No. (219) 932-9109
		15f. Cell No.	15g. E-Mail Address a.novak@franklinpestsolutions.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) (b) (6), (b) (7)(C)	Sig. (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 01/20/2020

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

25-RD-255035

Date Filed

1/22/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Logan County Paramedic Assn		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1300 N. Postville Dr, Lincoln, IL 62656	
3a. Employer Representative Name and Title Chris Walters - Attorney		3b. Address (if same as 2b - state same) 149 E. Locust St. Canton, IL 61520	
3c. Tel. No. 309-647-6300	3d. Fax No. 309-647-0022	3e. Cell No. 309-338-0007	3f. E-Mail Address chris@chriswalterslaw.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Ambulance Service		4b. Principal product or service Emergency Service	
5a. Description of Unit Involved Included: Full-Time Paramedics Excluded: Part-Time Paramedics, EMT-B, Management/Supervisors/Office personnel			5b. City and State where unit is located: Lincoln IL 62656
6. No. of Employees in Unit 9	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Jerrime Hiser		8b. Affiliation, if any Teamsters Local Union 916	
8c. Address 3361 Teamsters Way Springfield, IL 62707		8d. Tel. No. 217 522-7932	8e. Cell No. 2020 JAN 22
		8f. Fax No. -	8g. E-Mail Address NLRB REGION 25
9. Date of Recognition or Certification 1/17/19		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating? 25	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) N/A		Labor organization, of since (Month, Day, Year) 1/15/19	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name N/A	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Voter		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 1/9/2019	13c. Election Time(s) 2:00-3:00 pm	13d. Election Location(s) 1300 Postville Dr Lincoln, IL 62656	
14. (b) (6), (b) (7)(C)		14b. Tel. No.	
14c. (b) (6), (b) (7)(C)		14d. Fax No.	
		14e. Cell No. (b) (6), (b) (7)(C)	
		14f. E-Mail Address (b) (6), (b) (7)(C)	

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

15a. Name (b) (6), (b) (7)(C)	15b. Title
15c. (b) (6), (b) (7)(C)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No. (b) (6), (b) (7)(C)
	15g. E-Mail Address (b) (6), (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)	Signature (b) (6), (b) (7)(C)	Date Filed 1/21/20
BY FINE AND RECOGNITION (SEE CODE, TITLE 18, SECTION 1001) STATEMENT		