

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

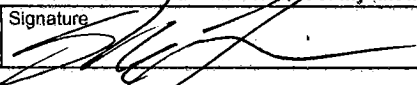
DO NOT WRITE IN THIS SPACE

Case No. 18-RC-236917

Date Filed  
March 01, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> InterContinental Minneapolis - St. Paul Airport		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 5005 Glumack Dr, Minneapolis, MN 55450	
<b>3a. Employer Representative - Name and Title:</b> Ben Graves, CEO		<b>3b. Address (if same as 2b - state same):</b> 1440 W 31st St, Minneapolis, MN 55408	
<b>3c. Tel. No.</b> (612) 312-1122	<b>3d. Cell No.</b> (612) 600-4663	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> bgraves@graveshospitality.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hotel		<b>4b. Principal Product or Service</b> Hospitality	<b>5a. City and State where unit is located:</b> Minneapolis, MN
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time Engineers, Assistant Engineers, Painters, <b>Excluded:</b> employees, managers, confidential employees, and guards and supervisors as defined b			<b>6a. Number of Employees in Unit:</b> 5
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> February 28 2019 <b>and Employer declined recognition on or about (Date)</b> February 28 2019 <b>(If no reply received, so state).</b> <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> <b>If so, approximately how many employees are participating?</b> (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>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)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> March 13th		<b>11c. Election Time(s):</b> 3:30PM-4:30PM	
		<b>11d. Election Location(s):</b> 5005 Glumack Dr, Minneapolis, MN 55450	
<b>12a. Full Name of Petitioner (including local name and number):</b> UNITE HERE! Local 17		<b>12b. Address (street and number, city, State and ZIP code):</b> 312 Central Ave Suite 444 Minneapolis MN 55414	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> UNITE HERE!			
<b>12d. Tel. No.</b> 612-379-4730	<b>12e. Cell No.</b> 651-497-7573	<b>12f. Fax No.</b> 612-379-8698	<b>12g. E-Mail Address</b> sfreeberg@here17.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Sheigh Freeberg		<b>13b. Address (street and number, city, State and ZIP code):</b> 312 Central Ave Suite 444 Minneapolis MN 55414	
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b> 312 Central Ave Suite 444	<b>13e. Fax No.</b> 312 Central Ave Suite 444	<b>13f. E-Mail Address</b> 312 Central Ave Suite 444 Minneapolis MN
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Sheigh Freeberg		<b>Signature</b> 	<b>Title</b> Sect-Treas
		<b>Date</b> 3/1/19	

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.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 18-RC-237079 Date Filed March 5, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer</b> Stone Creek Coffee		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 422 N 5th Street WI Milwaukee 53203-3005	
<b>3a. Employer Representative - Name and Title</b> Eric Resch		<b>3b. Address</b> (If same as 2b - state same)	
<b>3c. Tel. No.</b> (414) 431-2157	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> eresch@stonecreekcoffee.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Retail (Specialty)		<b>4b. Principal product or service</b> Coffee, bakery	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Milwaukee, WI	
		<b>6a. No. of Employees in Unit:</b> 135	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (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)

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

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

<b>11b. Election Date(s):</b> 3/18/19	<b>11c. Election Time(s):</b> Open-Close of business	<b>11d. Election Location(s):</b> All Locations
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<b>12a. Full Name of Petitioner (including local name and number)</b> Kevin Andrew Schwerdtfeger II Teamsters Local Union No. 344	<b>12b. Address (street and number, city, state, and ZIP code)</b> 10020 W Greenfield Avenue WI Milwaukee 53214-3906
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**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

<b>12d. Tel No.</b> (414) 258-4545	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> kas@local344.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Kyle McCoy Esq. Attorney Soldon McCoy		<b>13b. Address (street and number, city, state, and ZIP code)</b> 5502 Upland Trail WI Middleton 53562-	
<b>13c. Tel No.</b> (253) 224-0181	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> kamccoy@gmail.com

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

<b>Name (Print)</b> Kevin Andrew Schwerdtfeger II	<b>Signature</b> Kevin Andrew Schwerdtfeger II	<b>Title</b> Business Representative	<b>Date</b> 03/4/2019 14:22:07
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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
18-RC-237079	March 5, 2019

**Employees Included**

All full-time and regular part-time employees employed by the Employer in all facilities in ~~Milwaukee County~~ the State of Wisconsin.

**Employees Excluded**

All office clerical employees, professional employees, managers, supervisors and guards as defined in the Act.

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.	18-RC-238618	Date Filed	March 28, 2019
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Mayfield Transfer	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 8201 Hickory St. NE MN Fridley 55432-
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<b>3a. Employer Representative - Name and Title</b> R.J. Emerick	<b>3b. Address (If same as 2b - state same)</b> 8201 Hickory St. NE MN Fridley 55432-
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<b>3c. Tel. No.</b> (763) 786-9592	<b>3d. Cell No.</b> (651) 343-1714	<b>3e. Fax No.</b> (708) 681-4483	<b>3f. E-Mail Address</b> rjemerrick@mild.net
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Trucking	<b>4b. Principal product or service</b> LTL Freight	<b>5a. City and State where unit is located:</b> Minneapolis, MN
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 2 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**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)**

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> April 15	<b>11c. Election Time(s):</b> 7:00-&:30 am	<b>11d. Election Location(s):</b> Employee Breakroom
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<b>12a. Full Name of Petitioner (including local name and number)</b> Paul Slattery Teamsters Local 120	<b>12b. Address (street and number, city, state, and ZIP code)</b> 9422 Ulysses St. NE MN Blaine 55434-
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**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

<b>12d. Tel No.</b> (763) 267-6121	<b>12e. Cell No.</b> (651) 343-1713	<b>12f. Fax No.</b> (763) 267-6121	<b>12g. E-Mail Address</b> pslattery@teamsterslocal120.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	

<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Paul Slattery	<b>Signature</b> Paul Slattery	<b>Title</b> Organizer	<b>Date</b> 03/28/2019 13:14:12
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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
18-RC-238618	March 28, 2019

**Employees Included**

All dockworkers Located at the Fridley MN facility

**Employees Excluded**

All Office employees, professional employees, managerial employees, supervisors, guards, temporary employees as defined by the act and all other employees.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 18-RD-238211 Date Filed March 22, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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: 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: Sunbelt Rentals, Inc. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): 3485 S 27th St, Franksville, WI 53126-9220

3a. Employer Representative - Name and Title: Bryan Anderson PCM 776 3b. Address (if same as 2b - state same): SAME AS ABOVE

3c. Tel. No.: (262)824-2001 3d. Cell No.: 3e. Fax No.: (262)824-2002 3f. E-Mail Address: PCM 776@SUNBELTRENTALS.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Equipment rental 4b. Principal product or service: Heavy equipment rental 5a. City and State where unit is located: Franksville, WI

5b. Description of Unit Involved: 6a. No. of Employees in Unit: 7

Included: all full-time and regular part-time mechanics, drivers, and foremen employed by the Employer at profit center 776 in Franksville, Wisconsin

Excluded: all other employees, clerical staff, salespeople, managers, guards, and supervisors, as defined in the Act.

6b. 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? Yes [ x ] No [ ]

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent: INTERNATIONAL UNION OF OPERATING ENGINEERS, LOCAL NO. 139 8b. Address: PO Box 130, N27W23233 Roundy Dr, Pewaukee, WI 53072-0130

8c. Tel. No.: 262-896-0139 8d. Cell No.: 8e. Fax No.: 262-896-0758 8f. E-Mail Address: trmcgowan@iuoe139.org

8g. Affiliation, if any: International Union of Operating Engineers, AFL-CIO 8h. Date of Recognition or Certification: 3/13/18 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): n/a

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 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: none 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: x Manual    Mail    Mixed Manual/Mail

11b. Election Date(s): 4-3-19 11c. Election Time(s): 6:00 AM 11d. Election Location(s): 3485 S 27th Franksville

12a. Full Name of Petitioner: (b) (6), (b) (7)(C) 12b. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): (b) (6), (b) (7)(C)

12c. Tel. No.: 12d. Cell No.: (b) (6), (b) (7)(C) 12e. Fax No.: 12f. 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: (b) (6), (b) (7)(C) 13b. Address (street and number, city, state, and ZIP code): SAME AS ABOVE

13c. Tel. No.: SAME AS ABOVE 13d. Cell No.: SAME AS ABOVE 13e. Fax No.: SAME AS ABOVE 13f. E-Mail Address: SAME AS ABOVE

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) Date: 3-21-19

WILLFUL FALSE STATEMENT IS PUNISHABLE BY PRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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