

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

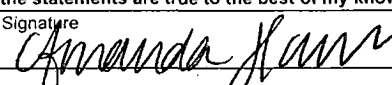
14-RC-224717

Date Filed

8/1/18

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: Georgian Gardens		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Georgian Gardens Drive, Potosi, MO 63664	
3a. Employer Representative - Name and Title: Joseph Shafer, Manager of Operations		3b. Address (if same as 2b - state same): Same as 2b	
3c. Tel. No. (573) 438-6261	3d. Cell No.	3e. Fax No. (573) 438-2807	3f. E-Mail Address jshafer@advantagehcm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal Product or Service Resident Care	5a. City and State where unit is located: Potosi, MO
5b. Description of Unit Involved: Included: All licensed practical nurses Excluded: Office clerical, and professional employees, PRN LPNs, registered nurses, and supervisors as defined in the Act.			6a. Number of Employees in Unit: 5 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
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) June 21, 2018 and Employer declined recognition on or about (Date) no response (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? 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) 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): August 23, 2018		11c. Election Time(s): 6 p.m. - 8 p.m.	11d. Election Location(s): Georgian Gardens
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare MO and KS, a division of SEIU Healthcare Illinois/Indiana		12b. Address (street and number, city, State and ZIP code): 5585 Pershing Avenue, Suite 230, St. Louis, MO 63112	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union (SEIU)			
12d. Tel. No. (314) 533-3633	12e. Cell No. (314) 368-9821	12f. Fax No. (314) 361-3266	12g. E-Mail Address lenny.jones@seiuuhcks.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Amanda K. Hansen, Attorney		13b. Address (street and number, city, State and ZIP code): 1221 Locust Street, 2nd Floor, St. Louis, MO 63103-2364	
13c. Tel. No. (314) 621-2626	13d. Cell No. (314) 479-3399	13e. Fax No. (314) 621-2378	13f. E-Mail Address akh@schuchatcw.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) Amanda K. Hansen		Signature 	Title Attorney Date 08/01/18

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

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

14-RC-225663

Date Filed

8-6-18

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 Virbac		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 13001 St. Charles Rock Rd, Bridgeton MO Bridgeton 63044-	
3a. Employer Representative - Name and Title Sara Carey		3b. Address (If same as 2b - state same) 13001 St. Charles Rock Rd, Bridgeton MO Bridgeton 63044-	
3c. Tel. No. (314) 291-6270	3d. Cell No.	3e. Fax No.	3f. E-Mail Address sara.carey@virbacuc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Animal Health Products	
5a. City and State where unit is located: Bridgeton, MO		5b. Description of Unit Involved	
Included: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 70	
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: <input 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).			
<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).		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? _____ 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) International Longshoremans 1765			
10a. Name Carlos Brown I Union Representative	10b. Address 6025 chippewa MO St louis 63109-	10c. Tel. No. (314) 752-5848	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address carlos1765@ila-stl.org
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): 8/28/18	11c. Election Time(s): 230pm 330pm	11d. Election Location(s): 13001 St Charles Rock Rd, Bridgeton Mo, 63044	
12a. Full Name of Petitioner (including local name and number) Mike Schlueter Mike Schlueter		12b. Address (street and number, city, state, and ZIP code) 4349 Woodson Rd Ste 200 MO Saint Louis 63134-3719	
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			
12d. Tel No. (314) 513-5813	12e. Cell No.	12f. Fax No. (314) 426-4450	12g. E-Mail Address Mschlueter@688online.org
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) Mike Schlueter	Signature Mike Schlueter	Title Business Representative	Date 08/6/2018 09:51

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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RECEIVED
NLRB REGION 14
2018 AUG -6 AM 10:58
SAINT LOUIS, MO 63106

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
14-RC-225018	8-6-18

Employees Included
Production

Employees Excluded
Quality Control, Research and Development, Quality Assurance, Maintenance,
Supervisor /Management, Office Personnel, Temporarys, Seasonals, Guards, as defined
in the act.

RECEIVED
NLRB REGION 14
2018 AUG -6 AM 10:59
SAINT LOUIS, MO 63103

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	14-RC-225796	Date Filed	August 17, 2018
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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 Apple Bus Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 230 E Main St PO Box 155 MO Cleveland 64734-9029	
3a. Employer Representative - Name and Title Mike Oyster		3b. Address (If same as 2b - state same) 230 E Main St PO Box 155 MO Cleveland 64734-9029	
3c. Tel. No. (816) 618-3310	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mike.oyster@applebuscompany.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Bus Transportation	
4c. City and State where unit is located: Saint Joseph, MO		5a. City and State where unit is located: Saint Joseph, MO	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 70 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) 08/16/2018 and Employer declined recognition on or about 08/16/2018 (Date) (If no reply received, so state). Yes
☐ 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): September 17, 2018	11c. Election Time(s): 6:00am to 12:00pm	11d. Election Location(s): Driver's Room - Employer's facility located at 4713 St. Joseph Ave., St. J
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12a. Full Name of Petitioner (including local name and number) Jerry Wood International Brotherhood of Teamsters, Local Union No. 955	12b. Address (street and number, city, state, and ZIP code) 4501 Emanuel Cleaver II Blvd MO Kansas City 64130
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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

12d. Tel No. (816) 923-3500	12e. Cell No.	12f. Fax No. (816) 923-1948	12g. E-Mail Address jwood@kcteamsters.com
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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 Michael E. Amash Attorney Blake & Uhlig, P.A.	13b. Address (street and number, city, state, and ZIP code) 753 State Ave Ste 475 KS Kansas City 66101-		
13c. Tel No. (913) 321-8884	13d. Cell No.	13e. Fax No. (913) 321-2396	13f. E-Mail Address mea@blake-uhlig.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) Michael E. Amash	Signature Michael E. Amash	Title Attorney	Date 08/16/2018 14:41:57
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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

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time Drivers, Monitors and Mechanics employed out of the Company's St. Joseph Missouri Location

Employees Excluded

All yardmen, aides, clerical employees, foremen, dispatchers, managers, guards and supervisors as defined in the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 14-RC-226287	Date Filed 8/27/18

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 Durham School Services	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 250 Miller Ct., Carbondale, IL 62901
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3a. Employer Representative - Name and Title Bryon Poston, General Manager	3b. Address (If same as 2b - state same) same
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3c. Tel. No. 618-549-2877	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bposton@durhamschoolservices.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) School bus transportation	4b. Principal product or service transporting students	5a. City and State where unit is located: Carbondale, IL
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5b. Description of Unit Involved

Included: All regular full time and regular part-time monitors/aides employed at the Carbondale facility.

Excluded: All supervisors, drivers, drivers in training, mechanics, dispatchers, and clerical employees.

6a. No. of Employees in Unit: 23	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"/>
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Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 8/27/2018 and Employer declined recognition on or about 8/27/2018 (Date) (If no reply received, so state). Refused.**

☐ **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
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number) Teamster Local #50	12b. Address (street and number, city, state, and ZIP code) 1609 North Illinois St., Swansea, IL 62226-3947
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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

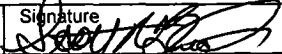
12d. Tel No. 716-310-9734	12e. Cell No. 716-310-9734	12f. Fax No.	12g. E-Mail Address teamsterbusch74@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Scott R. Busch	13b. Address (street and number, city, state, and ZIP code) 1609 North Illinois St., Swansea, IL 62226-3947
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13c. Tel No. 716-310-9734	13d. Cell No. 716-310-9734	13e. Fax No.	13f. E-Mail Address teamsterbusch74@gmail.com
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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.

Name (Print) Scott R. Busch	Signature 	Title Organizer	Date 8/27/2018
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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

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RECEIVED
2018 AUG 27 10 10
NLRB REGIONAL OFFICE
ST. LOUIS, MO 63103

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-226288

Date Filed

August 27, 2018

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: Case New Holland		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3301 South Hoover Road	
3a. Employer Representative - Name and Title: Jeffery Bolander Plant manager		3b. Address (if same as 2b - state same): 3301 South Hoover Road	

3c. Tel. No. 316-945-0111	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jeffery.bolander@cnhind.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal Product or Service Skid Steers	5a. City and State where unit is located: Wichita Kansas
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5b. Description of Unit Involved: Included: All full time, part time maintenance & production hourly employees see attached Excluded: All other employees, professional, guards & supervisors as defined by the act	6a. Number of Employees in Unit: 355 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
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 8-27-18 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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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 and 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): September 12th, 2018	11c. Election Time(s): 5:30-9:30 AM and 5-8 PM	11d. Election Location(s): New hire training room by maintenance
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12a. Full Name of Petitioner (including local name and number): International UAW	12b. Address (street and number, city, State and ZIP code): 721 Dunn Road, Hazlewood, MO, 63042
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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 Union, United Automobile, Aerospace and Agricultural Implement Workers of America

12d. Tel. No. 314-680-1417	12e. Cell No. 314-680-1417	12f. Fax No. 314-731-2729	12g. E-Mail Address ssy1859@gmail.com
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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: Clint McGill, UAW Organizer	13b. Address (street and number, city, State and ZIP code): 721 Dunn Road, Hazlewood, MO, 63042

13c. Tel. No. 314-680-1417	13d. Cell No. 314-680-1417	13e. Fax No. 314-731-2729	13f. E-Mail Address ssy1859@gmail.com
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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.

Name (Print) Clint McGill	Signature 	Title UAW organizer	Date 08/27/18
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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 may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RD-225797

Date Filed

August 17, 2018

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 Archer Daniels Midland Company		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) P.O. Box 958, 1000 S. Mill Road, Arkansas City, KS 67005	
3a. Employer Representative - Name and Title Joe Woodard, Supervisor Plant Production		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. (620) 442-2309	3d. Fax No. (620) 442-2309	3e. Cell No.	3f. E-Mail Address Joe.Woodard@ADM.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing		4b. Principal product or service Flour Mill	
5a. Description of Unit Involved Included: See Attachment Excluded:			5b. City and State where unit is located: Arkansas City, KS

6. No. of Employees in Unit 28	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 UFCW District Union Local 2		8b. Affiliation, if any	
8c. Address 3951 North Woodlawn Ct. Bel Aire, KS 67220		8d. Tel. No. (816) 842-4086	8e. Cell No.
		8f. Fax No. (316) 941-4582	8g. E-Mail Address
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) July 28, 2018	

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.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) Thursday, August 2, 2018	13c. Election Time(s) (6:30 - 7:30 AM) (2:30 - 3:30 PM)	13d. Election Location(s) BREAK ROOM	

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. (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		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. 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) (b) (6), (b) (7)(C)	S (b) (6), (b) (7)(C)	Title Petitioner	Date Filed 8-15-18

WILLFUL FALSE STATEMENTS ON

IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

5a. Description of Unit Involved

All full-time and regular part-time Warehouse employees including Operator One, Operator Two and Bulk Loader; Maintenance employees including Electrician, Maintenance Training Grade One and Maintenance Training Grade Two; Plant Wide Utility and Plant Wide Utility Training; and, Milling Department Operator employed by the Employer at the Employer's facility located at 1000 S. Mill Road, Arkansas City, Kansas, but EXCLUDING all office clerical employees, temporary employees, professional employees, guards and supervisors as defined in the Act, and all other employees.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

14-RD-226626

8/31/18

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 Pinnacle Foods Group, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1000 Brewbaker Drive, St Elmo, IL 62458	
3a. Employer Representative - Name and Title Sean Blankley, Plant Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 618-829-4007	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory		4b. Principal product or service food products	
5a. Description of Unit Involved Included: All full-time hourly production employees including maintenance, warehouse and distribution, sanitation, team leads, coordinators and quality assurance employees, employed by the Employer at its St. Elmo, Illinois facility Excluded: Office clerical employees, office coordinators, temporary employees, professional employees, guards, and supervisors as defined in the Act.			5b. City and State where unit is located: St. Elmo, Illinois
6. No. of Employees in Unit 214		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 Local 881, United Food and Commercial Workers Union		8b. Affiliation, if any United Food and Commercial Workers International Union, AFL-CIO, CLC	
8c. Address 10400 W. Higgins Road Rosemont, IL 60018-3712		8d. Tel. No. 618-692-6400	8e. Cell No.
		8f. Fax No. 847-759-7106	8g. E-Mail Address
9. Date of Recognition or Certification March 7, 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) No contract	
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)		11d. If so, approximately how many employees are participating? a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other 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.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) September 14, 2018	13c. Election Time(s) 5:30 a.m. to 8:30 a.m. and 1:30 p.m. to 4:30 p.m.	13d. Election Location(s) Training Room, 1000 Brewbaker Dr., St. Elmo, IL 62458	
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.	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. Title Petitioner	
15c. Address (Street and number, city, state, ZIP code) (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.			
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	Title Petitioner
			Date Filed 8-29-18

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.