

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 14-RC-246084	Date Filed 8/6/19

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 Goodwill Festus	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1255 N. Truman Blvd. Festus, MO 63028
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3a. Employer Representative - Name and Title David Moore, Store Manager	3b. Address (If same as 2b - state same) same
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3c. Tel. No. 636-933-0103	3d. Cell No.	3e. Fax No. 636-933-4154	3f. E-Mail Address dmoore@mersgoodwill.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail Store	4b. Principal product or service Retail goods	5a. City and State where unit is located: Festus, MO
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5b. Description of Unit Involved Included: Cashiers, Assistants, Leads and Retail Associate Excluded: Store Managers/MIT, security, Human Resources, administrative/clerical, janitors, interns, temporary employees, confidential employees, professional employees as defined by the act	6a. No. of Employees in Unit: 26 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) 08/06/19 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
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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? _____ 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): 8/30/19	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number) Billy Myers, United Food & Commercial Workers Union Local 655	12b. Address (street and number, city, state, and ZIP code) 300 Weidman Rd Ballwin, MO 63011
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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)
United Food & Commercial Workers International Union


12d. Tel No. 636-736-2766	12e. Cell No. 314-853-2123	12f. Fax No. 636-394-5006	12g. E-Mail Address bmyers@ufcw655.org
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13. Representative of the Petitioner who will accept service of all papers for the purposes of the representation proceeding.

13a. Name and Title Billy Myers, Organizing Director	13b. Address (street and number, city, state, and ZIP code) 300 Weidman Rd. Ballwin, MO 63011
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13c. Tel No. 636-736-2726	13d. Cell No. 314-853-21233	13e. Fax No. 636-394-5006	13f. E-Mail Address bmyers@ufcw655.org
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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) Billy Myers	Signature 	Title Organizing Director	Date 8/6/19
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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

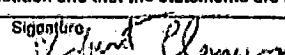
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses 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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 14-RM-246212	Date Filed 8/7/19

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner American Water Military Service Group		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 14501 Plant Rd., Ft. Leonard Wood, MO 65473	
3a. Employer/Petitioner Representative - Name and Title Bob Clemens		3b. Address (If same as 2b - state same) 727 Craig Road, St. Louis, MO 63141	
3c. Tel. No. 215-988-2744	3d. Cell No. N/A	3e. Fax No. N/A	3f. E-Mail Address mark.foley@dbr.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) military installation		4b. Principal product or service water utilities	
5a. Description of Unit Involved Included: All maintenance and shift operators (23 employees) Excluded: Salary paid employees (6 employees)			5b. City and State where unit is located: Ft. Leonard Wood, MO
6. No. of Employees in Unit: 23			
<i>Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable</i>			
7a. <input type="checkbox"/> A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____			
7b. <input checked="" type="checkbox"/> The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.			
8a. Recognized or Certified Bargaining Agent - Name IBEW Local 453		8b. Affiliation, if any International Brotherhood of Electrical Workers	
8c. Address 2902 E. Division St., Springfield, MO 65803		8d. Tel. No. 417-869-7251	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification June 2019		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
11. 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) _____			
12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded 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 and affiliation if any None	12b. Address None	12c. Tel. No. none	12d. Cell No. none
		12e. Fax No. none	12f. E-Mail Address none
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): August 12-16, 2019	13c. Election Time(s): 7:00 a.m. - 8:00 a.m.	13d. Election Location(s): Fort Leonard Wood	
14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.			
14a. Name and Title Mark J. Foley and Matthew A. Fontana		14b. Address (street and number, city, state, and ZIP code) One Logan Square, Suite 2000, Philadelphia PA 19103	
14c. Tel. No. 215-988-2912	14d. Cell No. N/A	14e. Fax No. N/A	14f. E-Mail Address mark.foley@dbr.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) Bob Clemens	Signature 	Title Labor Relations Business Partner	Date 8/7/2019

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No
14-RC-246243

Date Filed
August 8, 2019

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

1. PURPOSE OF THIS PETITION - 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 SONORAN TECHNOLOGIES		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) 56 ARS/CSS 304 N. 7TH ST. BLDG 193 SUITE 2, ALTUS AFB, OK 73523	
3a. Employer Representative - Name and Title CHRISTINA LINNEMANN		3b. Parent Company Address (if same as 2b - state same) (SAME AS ABOVE)	
3c. Tel. No. 276-591-9963	3d. Cell No.	3e. Fax No. 623-932-3146	3d. E-Mail Address CLINNEMANN@SONORANTECHNOLOGY.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) GOVERNMENT CONTRACT		4b. Principal product or service COMPLETE SCHEDULING FOR SIMULATORS	
		5a. City and State where unit is located: ALTUS AFB, OK	

5b. Description of Unit Involved
Included:
ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE: STAN/EVAL-DOV, TRAINING-DOT, SCHEDULING-DOO, AND STM.

6a. No. of Employees in Unit:
13
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Excluded:
OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.

Check One:
☐ **7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about _____ (date) (if no reply received, so state).**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). NONE		8b. Address N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	
		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? N/A 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 N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

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): AUGUST 27, 2019	11c. Election Time(s): 10:00 AM - 11:00 AM	11d. Election Location(s): BREAK ROOM
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12a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011
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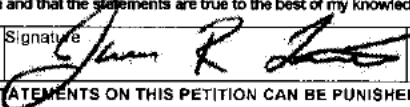
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

12d. Tel. No. 817-505-0100	12e. Cell No.	12f. Fax No. 817-459-0107	12g. E-Mail Address
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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 JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE		13b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011	
13c. Tel. No. 817-505-0100	13d. Cell No. 682-401-7835	13e. Fax No. 817-459-0107	13d. E-Mail Address JLITTLE@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) JAMES R. LITTLE	Signature 	Title GRAND LODGE REPRESENTATIVE	DATE 8/08/2019
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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.

FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


14-RC-246535

Date Filed

8/14/19

INSTRUCTIONS: Unless a 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: Jersey Farmers Elevator		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 421 Harbert Street, Jerseyville, IL, 62052	
3a. Employer Representative - Name and Title: Ben Wegener		3b. Address (if same as 2b - state same): 421 Harbert Street, Jerseyville, IL, 62052	
3c. Tel. No. 618-498-2191	3d. Cell No. 618-535-9092	3e. Fax No.	3f. E-Mail Address jfeinc@gtec.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Grain Elevator		4b. Principal Product or Service grain / feed	
5a. City and State where unit is located: Jerseyville, Illinois		5b. Number of Employees in Unit 4	
6a. Description of Unit Involved: Included: laborers, yard workers, truck drivers Excluded:		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) petition is request 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) 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)			
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: 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): 9-3-19	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Teamsters Local 525		12b. Address (street and number, city, State and ZIP code): 830 E Broadway, Alton, IL 62002	
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. 618-462-9708	12e. Cell No. 618-781-7309	12f. Fax No. 618-462-9720	12g. E-Mail Address bwessel525@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Brett Wessel, Vice President		13b. Address (street and number, city, State and ZIP code): 830 E Broadway, Alton, IL, 62002	
13c. Tel. No. 618-462-9708	13d. Cell No. 618-781-7309	13e. Fax No. 618-462-9720	13f. E-Mail Address bwessel525@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.			
Name (Print) Brett Wessel	Signature 	Title Vice President	Date 8/9/19

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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FORM NLRB-502 (RD)
(2-10)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RD-246814Date Filed
August 20, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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 Hollister Incorporated		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 1502 E LaHarpe St, Kirksville, MO, 63501	
3a. Employer Representative - Name and Title Thom Bahr, Plant Manager		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 660-665-5151	3d. Fax No. 660-785-7010	3e. Cell No. N/A	3f. E-Mail Address thom.bahr@hollister.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Medical Supplies	
5a. Description of Unit Involved Included: All full-time and regular part-time hourly production and maintenance employees. Excluded: All supervisor, TRP, JES, signers, draftsmen, office clerical employees, quality control technicians, guards and watchmen as defined in the Act, and professional employees			5b. City and State where unit is located: Kirksville, MO
6. No. of Employees in Unit 81	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 Jeff Schweedler		8b. Affiliation, if any	
8c. Address 3843 N. Oak Trafficway Kansas City, MO 64116		8d. Tel. No. 816-453-7007	8e. Cell No. N/A
		8f. Fax No. 816-454-5365	8g. E-Mail Address uaw710@sbglobal.net
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) November 13th, 2021	
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) September 4th, 2019	13c. Election Time(s) 5am-8am And 5pm-7pm	13d. Election Location(s) Training room, Hollister Inc.	
14. Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
14a. Street and number, city, state, ZIP code (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)		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 N/A		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) (b) (6), (b) (7)(C)		Title Petitioner	Date Filed 8-19-19

WILLFUL FALSE STATEMENTS OF

PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
FACED ACT STATEMENT

Substitution 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 this 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, 74 Fed. Reg. 74842-43 (Dec. 13, 2009). 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-247044	Date Filed 8/22/19

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 Bitrode Corporation		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9787 Green Park Industrial Drive, St. Louis, Missouri 63123	
3a. Employer Representative - Name and Title Cyril Narishkin, Chief Operating Officer		3b. Address (If same as 2b - state same) same	
3c. Tel. No. (636) 343-6112	3d. Cell No. (314) 606-0060	3e. Fax No. (636) 343-7473	3f. E-Mail Address cnarishkin@bitrode.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturer		4b. Principal product or service Battery charging, discharging & formation equipment	
5a. City and State where unit is located: St. Louis, Missouri		6a. No. of Employees in Unit: 11	
5b. Description of Unit Involved Included: All full time and regular part-time Electrical Technicians employed by the Employer at its facility located in St. Louis, Missouri. Excluded: All office clerical employees, professional employees, guards and supervisors as defined in the Act, and all other employees		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>8/22/19</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.			
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? _____ 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): September 9, 10, 12	
11c. Election Time(s): Start: 7am - End: 10am		11d. Election Location(s): Conference room: Verona	
12a. Full Name of Petitioner (including local name and number) Local Union No. 1, International Brotherhood of Electrical Workers, Saint Louis, Missouri		12b. Address (street and number, city, state, and ZIP code) 5850 Elizabeth Avenue, St. Louis, Missouri 63110	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Local Union No. 1, International Brotherhood of Electrical Workers, Saint Louis, Missouri			
12d. Tel No. 314-647-5900	12e. Cell No. 314-637-0359	12f. Fax No. 314-647-1358	12g. E-Mail Address john.kahrhoff@ibewlocal1.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title John R. Kahrhoff		13b. Address (street and number, city, state, and ZIP code) 5850 Elizabeth Avenue, Saint Louis, MO 63110	
13c. Tel No. 314-647-5900	13d. Cell No. 314-637-0359	13e. Fax No. 314-647-1358	13f. E-Mail Address john.kahrhoff@ibewlocal1.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) John R. Kahrhoff	Signature 	Title Business Representative	Date August 22, 2019

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-246961

Date Filed
August 22, 2019

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 Omaha World Herald		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1334 Douglas Street, Suite #600, Omaha, NE 68102	
3a. Employer Representative - Name and Title Todd Sears, Publisher		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 401.444.1179	3d. Cell No.	3e. Fax No. 402.444.1211	3f. E-Mail Address todd.sears@owh.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) factory		4b. Principal product or service newspaper	5a. City and State where unit is located: Omaha, NE

5b. Description of Unit Involved Included: Pre-Press/Plate Room Excluded: All office clerical, truck drivers, guards and supervisors, as defined by the act.	6a. No. of Employees in Unit: 4 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) _____ 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). Teamsters District Council 2		8b. Address 710 E Commonwealth Ave, Fullerton, CA 92831	
8c. Tel No. 714.447.3382	8d. Cell No.	8e. Fax No. 714.447.3385	8f. E-Mail Address espy@teamstersdc2.org
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 1, 23, 2021

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 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):	

12a. Full Name of Petitioner (including local name and number) Teamsters District Council 2 - Local 543M	12b. Address (street and number, city, state, and ZIP code) 710 E Commonwealth Avenue, Fullerton, CA 92831
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 - Graphic Communications Conference	

12d. Tel No. 714.447.3382	12e. Cell No.	12f. Fax No. 714.447.3385	12g. E-Mail Address espy@teamstersdc2.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Mike Maddock, Executive Representative		13b. Address (street and number, city, state, and ZIP code) 710 E Commonwealth Ave., Fullerton, CA 92831	
13c. Tel No. 714.447.3382	13d. Cell No.	13e. Fax No. 714.447.3385	13f. E-Mail Address espy@teamstersdc2.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) Mike Maddock	Signature 	Title Executive Representative	Date 8/19/19
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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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

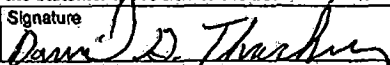
14-RC-247091

Date Filed

8/23/19

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: First Student (Mapaville Location)		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3657 Baptist Park Rd. Mapaville, MO 63065	
3a. Employer Representative - Name and Title: Aimee Sides Area General Manager		3b. Address (if same as 2b - state same): 11960 Westline Industrial Dr., #321 St. Louis, MO 63146	
3c. Tel. No. 314-275-2075 x3	3d. Cell No. 314-574-0667	3e. Fax No.	3f. E-Mail Address aimee.sides@firstgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Bus, Transportation		4b. Principal Product or Service Student Transportation	
5a. City and State where unit is located: Mapaville, MO		5b. Number of Employees in Unit: 12	
5c. Description of Unit Involved: Included: All Full-Time and Part-Time Drivers, Monitors and Dispatchers Excluded: Office Clerical and Professional employees, Guards and Supervisors as defined in the Act		6a. 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) _____ 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? 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):			
12a. Full Name of Petitioner (including local name and number): Daniel G. Thacker Teamsters Local 610		12b. Address (street and number, city, State and ZIP code): 11472 Schenk Dr., Suite E Maryland Heights, MO 63043	
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. 314-209-0018	12e. Cell No. 636-221-3129	12f. Fax No. 314-209-0035	12g. E-Mail Address danthacker@teamsterslocal610.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) Daniel G. Thacker	Signature 	Title Business Representative	Date 8/23/19

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.	14-RC-247094	Date Filed	August 23, 2019
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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 Marty Cancila Chrysler	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1200 S. State Street, Jerseyville, IL 62052 Jersey County
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3a. Employer Representative - Name and Title Tony Cancila, General Manager	3b. Address (If same as 2b - state same) same
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3c. Tel. No. 618-498-2143	3d. Cell No.	3e. Fax No. 618-498-5113	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) New Car Dealership	4b. Principal product or service Auto Repair and Service	5a. City and State where unit is located: Jerseyville, IL
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5b. Description of Unit Involved Included: All full-time and regular part-time mechanics employed at the employer's facility located at 1200 S. State Street, Jerseyville, IL 62052. Excluded: All parts department employees, service writers, porters, sales employees managerial employees, guards, supervisors as defined in the act, and all other employees.	6a. No. of Employees in Unit: 6 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) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition to serve as request.
☐ 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
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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
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11b. Election Date(s): September 17, 2019	11c. Election Time(s): 9:00 a.m. - 9:30 a.m.	11d. Election Location(s): Lunchroom
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12a. Full Name of Petitioner (including local name and number) District Lodge 9, 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
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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 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
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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 William J. LePinske, Grand Lodge Representative	13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435
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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
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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) William J. LePinske	Signature 	Title Grand Lodge Representative/TOL	Date August 23, 2019
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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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