Name (Print) Billy Myers

Signature

	S GOVERNMENT		<u> </u>	DO NOT	WRITE IN TH				
NATIONAL LABOR RC PE	RELATIONS BOA	ARD	Case No. 14- RC	-246084	Date	Filed 8/4/19			
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				.ND to izj. The si	iowing or m	nerest should only be med			
1. PURPOSE OF THIS PETITION: RC-CE				r of ampleyage wich to	ha ransar anti	ad for numeroe of collective			
bargaining by Petitioner and Petitioner d									
requests that the National Labor Rela		eed under its pro	per authority pursuant to	o Section 9 of the Na	tional Labor	Relations Act.			
2a. Name of Employer			dress(es) of Establishmer		nd number, ci	ty, State, ZIP code)			
Goodwill Festus		1255	N. Truman Blvd. Fe	stus, MO 63028					
3a. Employer Representative - Name and	d Title		3b. Address (If same a	s 2b – state same)					
David Moore, Store Manager			same						
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Ad	dress			
636-933-0103			636-933-4154		dmoore@r	mersgoodwill.org			
4a. Type of Establishment (Factory, mine, 1	vholesaler, etc.)	4b. Principal pro	duct or service		5a. City	y and State where unit is located:			
Retail Store		Retail goods			Festus	s, MO			
5b. Description of Unit Involved		l	· · · · · · · · · · · · · · · · · · ·			6a. No. of Employees in Unit:			
Included: Cashiers, Assista	nto Loado	and Datail	Accociato			26			
Casillers, Assista	ilis, Leaus	and Netan	ASSUCIALE			6b. Do a substantial number (30%			
Excluded: Store Managers/MIT security Hum	an Resources.admir	nistrative/clerical.ianit	ors interns temporary employe	es confidential employe	es.professional	or more) of the employees in the unit wish to be represented by the			
Excluded: Store Managers/MIT, security, Human Resources, administrative/clerical, janitors, interns, temporary employees, of employees as defined by the act						Petitioner? Yes No			
Petitioner? Tes V No									
, , , , , , , , , , , , , , , , , , ,									
(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									
ba. Italie of Recognized of Coranea Sar	gammg, Agent (ii	none, so suitoj.	OD. 7 (GG) COS						
8c. Tel No.	8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address								
				ľ					
8g. Affiliation, if any			8h. Date of Recognition o						
					ny (Month, Day, Year)				
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? If so, approx	cimately how many en	iployees are p	articipating?			
(Name of labor organization)		, has pick	eted the Employer since (Month, Day, Year)					
10. Organizations or individuals other than	Petitioner and tho	se named in items	8 and 9, which have claim	ed recognition as repr	resentatives ar	nd other organizations and individuals			
known to have a representative interest in a						·			
10a. Name	10b. Add	dress		10c. Tel. No.		10d, Cell No.			
				12		U)			
				10e. Fax No.		10 E-Mail Address			
11. Election Details: If the NLRB conducts	an election in thi	e matter state you	r position with respect to	44 - Election Trans	["7"]A4[Mail Mixed Manual/Mail			
any such election.	s an election in the	s matter, state you	i position with respect to	11a. Election Type:	[_ √ _] Manuai [Mail 1 1 Mixed Manua/Mail			
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Locat	ion(s):	0 9- 1.11			
8/30/19									
12a. Full Name of Petitioner (including lo						city, state, and ZIP code).			
Billy Myers, United Food & Commercial W				300 Weidman Rd B	Ballwin, MO 6				
12c. Full name of national or international la	har amanization .	of which Petitioner	is an affiliate or constituer	nt (if none, so state)		5 = 7=			
United Food & Commercial Workers Intern									
12d. Tel No. 12e. Cell No. 12f. Fax No.				·····	12a E Mail A	ddress C			
	national Union 12e. Cell No.	-			12g. E-Mail A	\ddress \(\frac{1}{3} \)			
636-736-2766	national Union 12e. Cell No. 314-853-2123	ce of all papers &	636-394-5006		bmyers@ufc	Address M655.org			
636-736-2766 13. Representative of the Petitioner who	national Union 12e. Cell No. 314-853-2123 will accept servi		636-394-5006 or purposes of the repres	sentation proceeding	bmyers@ufc\ j.	Address M655.org			
636-736-2766 13. Representative of the Petitioner who	national Union 12e. Cell No. 314-853-2123 will accept servi		636-394-5006 or purposes of the repres 13b. Address (street and	sentation proceeding d number, city, state,	bmyers@ufc\ j.	w655.org			
636-736-2766 13. Representative of the Petitioner who 13a. Name and Title Billy Myers,	national Union 12e. Cell No. 314-853-2123 will accept servi		636-394-5006 or purposes of the representation 13b. Address (street and 300 Weidman Rd. Ballwin, Marchael Ballwin, Mar	sentation proceeding d number, city, state,	bmyers@ufcv j. and ZIP code)	w655.org			
13a. Name and Title Billy Myers,	national Union 12e. Cell No. 314-853-2123 will accept servi Organizino 13d. Cell No.		636-394-5006 or purposes of the representation 13b. Address (street and 300 Weidman Rd. Ballwin, No. 13e. Fax No.	sentation proceeding d number, city, state, a MO 63011	bmyers@ufcv i. and ZIP code) 13f. E-Mail A	Address State of the state of t			
636-736-2766 13. Representative of the Petitioner who 13a. Name and Title Billy Myers,	national Union 12e. Cell No. 314-853-2123 will accept servi Organizino 13d. Cell No. 314-853-21233	Director	636-394-5006 or purposes of the representation 13b. Address (street and 300 Weidman Rd. Ballwin, Market 13e. Fax No. 636-394-5006	sentation proceeding d number, city, state, a MO 63011	bmyers@ufcv j. and ZIP code)	Address State of the state of t			

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

Date

8/6/19

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.

Name (Print) Bob Clemens

Signature,

(4-13)							
UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RM PETITION 14 Rm-24						NOT WRITE	
_	RM PETITION 144					Date	Filed \$/7/19
INSTRUCTIONS: Unless e-Filed u			www.nirb.gov. s	ubmit an	original of this	Petition to a	on NI RB Office in the Region
in which the employer concerned							
named in the petition of the follow							
Decertification Cases (Form NLRI	B 4812). The	e petition must a	iso be accompa	nied by	evidence suppo	orting the sta	tement that a labor
organization has made a demand	for recognit	tion on the empl	loyer or that the	employe	r has good faiti	h uncertainty	about majority support for an
existing representative. However		ence reveals the	names and/or n	umber o	f employees wi	no no longer (wish to be represented, the
evidence shall not be served on a	ny party.	N OF BEADCOENY	ATTUE A				
Employer/Palitioner to be recognized in support for an existing representative , not be deemed made. The Politioner , sutherity pursuant to Section 9 of the	s the represent If a charge und alleges that the	alive of employees of or Section 8(b)(7) of o following circum- or Relations Act.	of the Employer/Pell the Act has been fil stances exist and r	tioner or the led involving requests ti	e Employer/Pellilor g life Employer/Pe hat the National L	ner has a good fe tilloner named in abor Relations i	eith uncertainty about majority this patition, this statement shall Board proceed under its proper
2a. Name of Employer/Petitioner American Water Military Servi		145	Address(es) of Esta 01 Plant Rd.,	Ft. Leo	nard Wood, N		, Sialo, ZIP codo)
3a. Employer/Petitioner Representative Bob Clemens	- Name and Ti	ille	3b. Address (If 727 Craig Ro	same as 2 ad, St. Lo	b – state same) buis, MO 63141		
3c. Tel, Nő. 215-988-2744	3d, Çeli No. N/A		3e. Fax No. N/A			31, E-Mail Addi mark.foley@d	
4a. Type of Establishment (Factory, mine, military installation	wholosalor, ato		4b. Principal productivater utilities	t or service	,	· · · · · · · · · · · · · · · · · · ·	
5s. Description of Unit Involved						<u> </u>	5b City and State where unit is
Included: All maintenand	ce and	shift opera	ators (23 e	mplo	vees)	Ī	located: Ft. Leonard Wood, MO
Excluded: Salary paid employe		•	•	•	,		6. No. of Employees in Unit;
Unlass a charge alleging a violation of Sec	dion 8(b)(7) is p	onding, check EITH				h	
7a. A labor organization made a der	nand for recogn	nition on the Employ	rer/Petilioner on (Da	te) ,	·	 	
7b. The Employer/Petitioner has a g	cod faith uncer	tainly about majority	y support for an exis	ting repres	entativo.		
8a. Recognized or Certified Bargaining IBEW Local 453	Agent - Namo		-	 ;	8b. Affiliation		of Electrical Workers
8c. Address		~ ```		8d. Tel. N			Cell No.
				417-869			· · · · · · · · · · · · · · · · · · ·
2902 E. Division St., Spri	ngfield, N	MO 65803		8f. Fax N	o.	89	E-Mail Address
Date of Recognition or Certification June 2019				epiration Da	ate of Current or Mi	ost Recent Contr	act, if any (Month, Day, Year)
11, is there now a strike or picketing at the						mployees are pa	articipating?
(Name of labor organization)		has pic					
12. Organizations or individuals other than demanded recognition as representative above. (If none, so state)	es and other org	ganizations and Indi	a contract with the viduals known to ha	ve a repres	entative interest in	ent employees o eny employees	in the unit described in Item 5
12a, Name and affiliation if any		Address	-		12c, Tel. No. One		12d. Cell No.
None	No	one		l	12e. Fax No. one	<u> </u>	12f. E-Mail Address none
 Election Details: If the NLRB conduct any such election. 			our position with res		13a. Election Type:		Mail Mixed Manual/Mail
13b, Election Date(s): August 12-16, 2019	7:00	. Election Time(s): a.m 8:00 a.m.		F	13d Election Locat ort Leonard Wo	od`	
14. Representative of the Employer/Petil	ioner who will	accept service of					
14a. Name and Title Mark J. Foley and Matthew A	Fontana		One Logan S	treet and n iquare, S	umber, cily, state, Suite 2000, Ph	a <i>nd ZIP code)</i> iladelphia PA	A 19103
14c. Tel No. 215-988-2912	14d. Cell No N/A	l.	14e, Fax No. N/A	<u> </u>	·	14f. E-Mali Add mark.foley@d	fress
I declare that I have read the above petit	on and that th	e statements are t	rue to the best of r	ny knowie			

Signature, Title 8/7/2019

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

Date 8/7/2019

PRIVACY ACT STATEMENT

Title

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

ORM NLRB-502 (RC) (4-

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PFTITION

	DO NOT WRITE IN THIS SPACE
Case No 14-RC-246243	Date Filed August 8, 2019
11 10 210213	71ugust 0, 2019

ROPEI	HION			14-RC-2	46243	•	At	ugust 8, 2019	
INSTRUCTIONS: Unless e-Filed union which the employer concerned certificate of service showing sen Position form (Form NLRB-505); should only be filed with the NLRB 1. PURPOSE OF THIS PETITIONRG-CER	is located. Th vice on the en and (3) Descri 3 and should <u>n</u>	e petition mu nployer and a iption of Repro ot be served	st be acc all other p esentation on the en	companied by parties named In Case Proce Inployer or any	both a in the p dures (other p	showing o petition of Form NLF party.	of interest (: f: (1) the pe RB 4812). T	see 6b below) and a tition; (2) Statement of The showing of interest	
bargaining by Petitioner and Petitioner desire National Labor Relations Board proceed un	es to be certified as	representative of the prity pursuant to Se	he employe ection 9 of th	es, The Petitioner le National Labor F	alleges th telations A	at the follow ct.	ing circumstan	ces exist and requests that the	
2a. Name of Employer SONORAN TECHNOLOGI	ES	2b.) of Establishment /CSS 304 N.		•		tate, zip code) 2, ALTUS AFB, OK 73523	
3a. Employer Representative - Name an CHRISTINA LINNEMANN	•		(SA	rent Company Ad AME AS ABC		same as 2b -			
3c. Tel. No. 276-591-9963	3d, Cell No.			3-932-3146	3			N@SONORANTECHNOLOGY.COM	
4a. Type of Establishment (Factory, mine, w GOVERNMENT CONTRACT	holesaler, etc.)	46. Principal pr COMPLETI		rvice DULING FOR	RSIMU	LATORS		ind State where unit is located: TUS AFB, OK	
5b, Description of Unit Involved included: ALL FULL AND REGULAR PART TSCHEDULING-DOO, AND STM. Excluded: OFFICE CLERICAL EMPLOYEES, PRO AS DEFINED IN THE ACT.					•	,		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.	
7a Request for recognition about (date) 7b. Petitioner is currently re 8a. Name of Recognized or Certified Bargaining NONE	(if no reply receive scognized as Barga	ed, so state). aining Represent					nition and Em	player declined recognition on or	
8c, Tel, No, N/A	8d, Cell No. N/A		8e. Fax	No.			8f. E-Mail Ad N/A	dress	
8g. Affiliation, if any N/A				8h. Date of Recognition or Certification N/A			81, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A		
Is there now a strike or picketing at the Er (Name of labor organization)	, has picketed	the Employer since	(Month, Day	Year)				participating?	
10. Organizations or individuals other than P known to have a representative interest in an	etitioner and those y employees in the	e named in items unit described in	8 and 9, w item 5b ab	hich have claimed ove. <i>(If none, so st</i> a		on as repres DNE	entatives and	other organizations and individuals	
10a. Name	10b. Add	ress		,	10c, Te			10d, Cell No. N/A	
N/A	N/A	4			10e. Fa N/			10f. E-Mail Address N/A	
 Election Details: # the NLRB conducts an el any such election. 	ection in this matt	er, state your pos	sition with re	espect to	11a. E	lection Typ Manual	Mail ,	Mixed Manual/Mail	
11b. Election Date(s): AUGUST 27, 2019	11b. Election Date(s): 11c. Election Time(s): 10:00 AM - 11:00 AM					ection Locat REAK R			
12 a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO					690 E	. LAMAR I	et and number, city, state, and ZIP code) R BLVD., SUITE 580, ARLINGTON, TX 76011		
12c. Full name of national or international lab INTERNATIONAL ASSOCIA	or organization of TION OF MA	which Petitioner i CHINISTS A	is an affiliat ND AEF	e or constituent (# ROSPACE W	f none, so IORKEI	<i>state)</i> RS. AFL-≀	CIO		
12d. Tel. No. 817-505-0100	12e. Cell No.		12f. Fax 81	No. 7-459-0107		<u> </u>	12g. E-Mail A	ddress	
13. Representative of the Petitioner who will accept	t service of all paper	s for purposes of the							
13a, Name and Title JAMES R. LITTLE – GRAND LODGE SPE	CIAL REPRESE	NTATIVE	1	ress (street and numb	. ,,		,	CTON TV 76044	
13c. Tel. No.	13d. Cell No.	MAINE	13e, Fa		BLVD,	SUITE SE	13d, ARLINU	GTON, TX 76011	
817-505-0100 I declare that I have read the above Petition and the	682-401-7835		8	7-459-0107				@IAMAW.ORG	
		TO THE LOSE OF	A my knowle						
Name (Prini) Signal IAMES R LITTLE	1 /hum	1 2	=	Title GRAND LO	DGE RE	EPRESEN		8/08/2019	

WILLFUL FALSE S ATEMENTS 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.0 § 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.

6184629720

FORM NLR8-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No. 14-RC-246535	Date Filed					
14-18C-246535	لخسال					

		RC PETITIO	N			14	1-RC-	24653	25	- Late	\$/14/
INSTRUCTIONS: Unless a-Filed a employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition . as named in t	must be accomp the petition of: (1	panied b 1) the pa	by böth e st etition; (2) S	howing of interest (s Statement of Positics	of this see 61 on for	is Petition to to below) an rm (Form N.	o en NLRB o ld e certifica LRB-505); en	office in the Rep ete of service al nd (3) Descripti	howing ion of R	service on epresentation
1. PURPOSE OF THIS PETITION; bargaining by Petitioner and Pati requests that the National Lab	Utlaner desire:	is to be certified a:	s represe	entetive of t	the employees. The Po	atitio	oner alleges	that the following	liowing circums	stances	oxiat and
2a. Name of Employer: Jersey Farmers Elevator			2b. Add	dress(es) of	Establishment(s) invo treet, Jerseyville,	alved	(Street and		<u>· </u>		
3a. Employer Representative - Na Ben Wegener	me and Tille:		1		ne as 2b - state same) treet, Jerseyville,	•	62052			<u></u>	:
3c. Tel, No. 618-498-2191	3d. Call No 618-535-			3e. Fax No	0.		3f. E-Mail /				
4s. Type of Establishment (Factory, Grain Elevator	mine, whole:	seler, etc.)		4b. Princip grain / fe	pel Product or Service Bed	1		5a. City an	nd State where dille, Illinois	unit is lo	cated:
6b. Description of Unit Involved: Included: laborars, yard workers, truck of Excluded:	drivers		<u> </u>	<u> </u>	, , , , , , , , , , , , , , , , , , ,			4	er of Employees		as shorel
Check One: 😿 7s. Request for rec						1 is r	equest ar	of the e	substantial numb employees in the ented by the Per declined recogn	e unit wi: Utioner?	or more) sh to be X Yes No
on or about (Date) 7b, Petitioner is cu 8a. Name of Recognized or Certific	urrently recog	nized as Bargaini	ing Repn			חט חכ	der the Act.		<u></u>		_
Sc. Tel, No.	8d. Cell No.	· · · · · · · · · · · · · · · · · · ·		6s, Fax No	5.		Br. E-Mail A	Address			
8g. Affiliation, if eny:			86	h. Date of Ro	lecognition or Certifica	ation			urrent or Most (Month, Day, Ye	ear)	
Is there now a strike or picketing a (Name of Labor Organization)	at the Employ	er's establishmen	nt(s) invo	ON Speak	If so, approx			•	es are participation		
Organizations or Individuals othe Individuals known to have a representation.						d rect	n se noilinga:	representative			
10a, Name		10b, Address				-1	10c. Tel. No	o, ·	10d, Cell No.		
	. }	Į				ļ	10e, Fax N	ö .	10f. E-Mail Add	dress	
11. Election Details: If the NLRB co any such election				e your past	ton with respect to an	iy suc		Manue	el ⊠Mall [Mixed	d Manual/Mail
11b. Election Date(s): 9-3-19		11c. Election Tim	i o (a):					on Location(s	, i.		
12a. Full Name of Patitioner finclud Teamsters Local 525			•		12b, Address (street 830 É Broadway	ıy, Ai	liton, IL 62	2002	TIP code):		
12¢. Full name of national or Internet International Brotherhood of To	eamsters		ch Petitio			(if not		<u> </u>			
12d. Tel. No. 618-462-9706	12e, Cell No 618-781-7	7309		12f. Fax No 618-462-	-9720		12g. E-Mall bwessel5	25@gmail.	.com	•	
13. Representative of the Petitione 13a. Name and Title: Brett Wessel, Vice President		scopt service of	eqpą lic	13b. Addre	coses of the represers as (street and number roadway, Alton, II	er, city	ly, State and				
13c. Tel. No. 818-462-9706	13d, Cell No 618-781-7	7309	i	13a, Fax No 618-462-	-9720			Address 25@gmall.	.com		
declare that I have read the above	patition an	Signature		e true to th	o best of my knowle	Thie	٠.				Date
Briff Wessel		1	_1_			Vi	EL PARID	Ant			8/9/19

WILLFUL PALSE 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 of sog. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or illigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). 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.

555

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
14-RD-246814	August 20, 20					

(2-18)	UNITED STATES OF A		Ca	se No.	Date Filed
(=,	NATIONAL LABOR RELATI RD PETITIO			14-RD-246814	August 20, 2019
METRICOTONO, Unios - F					
employer concerned is local the employer and all other p	arties named in the petition of:f	npenied by both a showi i) the pullion; (2) Staten	ing of Interest (se nent of Position (e 7 below) and a certifica orm (Form NLRB-505); an	office, in, the Region in which the look of service and look of Representation of Representation the employer or any other party.
I recognized baroaining repres	ON: RD- DECERTIFICATION (RE centative is no longer their represe cond under its proper authority	nisibe. The Petitionar all	erres that the full	tva constanted a mixto	assert that the certified or currently at and requests that the National
2a. Name of Employer				Ned (Street and number, c	tv. state ZIP goda)
33. Employer Representative	ocporated	1502 E	La Hare	e St. Kirksvi	IL, MO, 63501
3a. Employer Representative	Name and Title	i Sh Address /if eame t	s 2b - state same)	
I hom Bahr, TI	ant Maurager	Same 3e. Celt No.			
660-665-5151	ant Manager 13d Fex No. 660-785-7010	SE CEIRNO	# 5.	mail Address om. bahr@he	illister. com
4a. Type of Establishment (Factor)	ory, mine, wholesaler, etc.)		4b. P	noipal product or service	
factory 5a. Description of Unit Invalved			//	Edical Supplie	
Included:		-1 :-			5b. City and State where unit is located:
All Full-time as	ndigular fourt-time h RPJ Jesigners, drafts n	berly production a	and mainlend	me employees.	is incared,
Excluded All Sugarant	Risidesigners, drafts n	un , office elern	cont employed	is a graduity contact	Kirksville, mo
techacanas, quards	And watermen as d.	efond online Act	. and portes	stonal employees	
6. No. of Employees in Unit 8	. IZ Do a culty-transial mumi			1 .	esented by the certified or currently
		representative? Yes	∏ No	uir un wußer Meu in be Leb	osamed by the commed or currently
8a. Name of Recognized or Cert				ab, Athliation, if any	
Jeff Schwee	<u>coler</u>				
Bc. Address		86	1. Tel No.	88. Cell No.	
3843 N. Oak	Trafficular	8	16 - 43 3 1	On E Hail Address	4
Kansas City IM	10 64116	Ä	16-454-5	365 LAN 718 (A	Sbcglobal.net
9. Date of Recognition or Certific		10. Expiration Date of	Current or Most R	ecent Contract, if any (Man	h, Day, Year)
<u> </u>	<u></u>	November	134 12	021	
11a, is there now a strike or pick	reting at the Employer's outablishm	ent(s) involved? Yes	No 110, I	so, approximately how ma	ny employees are participating?
11c. The Employer has been plo	ketad by or on behalf of (Insert N	ine)			a labor organization, of
(Insert Address)				since	(Month, Day, Year)
	other those named in items 8 and				rizations
12a. Name	re a representative interest (n any o	emblovees to the unit desc	120.	el No.	20. Fax No.
			İ		
	1		. 12ə. C	Cell No. 1	2f. E-Mail Address
14 10 10 10 10 10 10 10 10 10 10 10 10 10					
	B conducts on election in this] 13a. E	faction Type: 🖀 Manual	Mali Mixed Manual/Mail
matter, state your position wit	in respect to any such election.				
matter, state your position wit 13b, Election Date(s)	13c, Election 1		13d. E	Section Location(s)	
matter, state your position with 13b. Election Date(s) September 4**, 2	13c, Election 1	ima(a) sim And Spr	13d. E	Section Location(s)	Hollister Inc.
metter, state your position with 13b. Election Date(s) September 4 2 2 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	2019 5am - 8 (b) (6). (b) (7)(C)	am And Spm	13d. E	Section Location(s)	
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metter, state your position with 13b. Election Date(s) September 4 14 Full Name of Petition of Co. (b) (6) (b) (6) (b) (7) (C) (c) (d) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	2019 5am - 8 (b) (6). (b) (7)(C)	am And Spm	- 7pm To	el No.	Hollister Inc.
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PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

VACY ACT STATEMENT

Sobicitation of the information on this form is authorized by the National Labor Relations Board (NLRB) in processing representation and related proceedings or lifegation. The routine uses for the Information are fully set forth in the Federal Register, 74 Fed. Reg. 74842-43 (Dec. 13, 2008). 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 R C PETITION

DO NOT WRITE	IN THIS SPACE		
94-RC-247044	Date Filed	8/2	2/19

RC PETITION		7-710	- X -	7./	$U \cap I$	7		0	ノスス		/
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrt	gov,	submit a	an origi	inal	of this	Petitio	on to an NLR	B offi	ce in the	Regi	on
in which the employer concerned is located. The petition must be acc	ompa	anied by	both a	sho	wing o	f inter	est (see 6b b	elow)	and a c	ertifica	ate
of service showing service on the employer and all other parties name	ed in t	the petiti	on of: ((1) ti	he petit	ion; (2) Statement	of Pos	sition fo	rm	
(Form NLRB-505); and (3) Description of Representation Case Proced	ures ((Form NL	.RB 481	12).	The st	nowing	of interest s	should	only b	e filed	
with the NLRB and should not be served on the employer or any other	r party	y.									
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A s	ubstan	itial numbei	r of empl	oyee	s wish to	be repr	esented for pur	poses o	of collectiv	'e	
bargaining by Petitioner and Petitioner desires to be certified as representative of the	employ	vees. The	Petition	er al	lleaes th	at the fo	ollowina circur	nstanc	es exist a	ind	

with the NLRB and should <u>not</u> be se							
PURPOSE OF THIS PETITION: RC-CER bargaining by Petitioner and Petitioner de requests that the National Labor Relati	esires to be certified as	representati	ve of the employees. The	Petitioner alleges the	at the followin	g circumstances exist and	
2a. Name of Employer		ddress(es) of Establishment	nt(s) involved (Street and number, city, State, ZIP code)				
Bitrode Corporation		9787	Green Park Industria	<u> </u>	s, Missouri 6	3123	
3a. Employer Representative – Name and			3b. Address (If same as	s 2b – state same)			
Cyril Narishkin, Chief Operating O			same				
3c. Tel. No.	3d. Cell No. (314) 606-0060		3e. Fax No. (636) 343-7473		3f. E-Mail Add		
(636) 343-6112 4a. Type of Establishment (Factory, mine, w.	(/	Dringinal pro	duct or service			bitrode.com and State where unit is located:	
Manufacturer			ling, discharging & fo	rmation equipme		is, Missouri	
5b. Description of Unit Involved		tory original	Jing, disonarging a ro	matter equipine	101. 200	6a. No. of Employees in Unit:	
Included: All full time and regular part-time Electrical Technicians employed by the Employer at its facility located in St.							
Louis, Missouri.						6b. Do a substantial number (30%	
Excluded: All office clerical employees, pr	rofessional employees	s, quards and	d supervisors as defined in	the Act. and all othe	r employees	or more) of the employees in the unit wish to be represented by the	
, ooo o.ooo. op.o, ooo, p.		-, g		patition.		Petitioner? Yes ✓ No	
Check One: 7a. Request for red	cognition as Bargaining	Representa			d Employer dec	lined recognition on or about	
	(Date) (If no			0			
			epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified Barg none		e, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any			8h. Date of Recognition or	r 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 En	mployer's establishmen	nt(s) involved	l? If so, approx	imately how many em	ployees are pa	rticipating?	
(Name of labor organization)			keted the Employer since (/				
10. Organizations or individuals other than P known to have a representative interest in ar					esentatives and	d other organizations and individuals	
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 mat	ter state voi	ir position with respect to	11a. Election Type: Manual Mail Mixed Manual			
any such election.						Mail Mixed Manual/Mail	
11b. Election Date(s): September 9, 10, 12	11c. Election Start: 7am - I			11d. Election Location(s): Conference room: Verona			
12a. Full Name of Petitioner (including loc Local Union No. 1, International Brotherho			12b. Address (street and number, city, state, and ZIP code) ouis, Missouri 5850 Elizabeth Avenue, St. Louis, Missouri 63110				
12c. Full name of national or international lat Local Union No. 1, International Brotherhoo	bor organization of whi	ich Petitioner	r is an affiliate or constituen				
12d. Tel No.	12e. Cell No.	ora, Carre Lo	12f. Fax No.	Т	12g. E-Mail Ad	ddress	
314-647-5900	314-637-0359		314-647-1358		john.kahrhoff@	Dibewlocal1.org	
13. Representative of the Petitioner who versions and Title John R. Kah	•	all papers to	or purposes of the repres 13b. Address (street and 5850 Elizabeth Avenue, Sair	d number, city, state, a			
13c. Tel No.	13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address					dress	
	314-637-0359		314-647-1358	}	john.kahrhoff@	Dibewlocal1.org	
I declare that I have read the above petitic	314-637-0359	nents are tr	314-647-1358		john.kahrhoff@	Dibewlocal1.org	

Hoff
Business Representative
August 22, 2019
WILLFUL FALSE STATEMENTS ON THIS PETITION CAMBE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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.

Mike Maddock

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

14-RC-246961

DO NOT WRITE IN THIS SPACE August 22, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Omaha World Herald 1334 Douglas Street, Suite #600, Omaha, NE 68102 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Todd Sears, Publisher same 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 402,444,1211 401.444.1179 todd.sears@owh.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service newspaper Omaha, NE factory 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Pre-Press/Plate Room 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the All office clerical, truck drivers, guards and supervisors, as defined by the act. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Teamsters District Council 2 710 E Commonwealth Ave, Fullerton, CA 92831 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 714.447.3382 714.447.3385 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. approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Teamsters District Council 2 - Local 543M 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. 12e. Cell No. 12g. E-Mail Address 12f. Fax No. 714.447.3382 714.447.3385 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 13e. Fax No. 13d Cell No. 13f F-Mail Address 13c. Tel No 714.447.3382 714.447.3385 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. Signature Name (Print)

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

Executive Representative

8/19/19

PRIVACY ACT STATEMENT

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

UNITED STÂTES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN	THIS SPACE
14-RC-247091	Date Filed 23/19

	RC	PEIIIION	i 		/	14-18	C-24	1707 1		8/23/19	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition mus named in the p	t be accompa edition of: (1)	nled by the pet	both a sitton: (2)	nowing of inte Statement of F	rest (see Position f	6b below) . orm (Form	and a certifica NLRB-505); ai	te of service show and (3) Description	n in which the wing service on of Representation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratory	ioner desires to	oe certified as i	represer	ntative of t	he employees.	The Peti	lloner alleg	es that the fol	lowing circumsta	nces exist and	
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 seme es 2b - state same): 11960 Westline Industrial Dr., #321 St. Louis, MO 63146								
3c. Tel. No. 314-275-2075 x3	3d. Cell No. 314-574-0687			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. Description of Unit Involved: Included: All Full-Time and Part-Time Drivers, Monitors and Dispatchers				ns.				12	6a. Number of Employees in Unit: 12 6b. Do a substantial number (30% or more)		
Excluded: Office Clerical and Professional employees, Guards and Supervise Check One: 7a. Request for recognition as Bargaining Representative was					visors as defined in the Act of the employees in the unit wish to be represented by the Petitioner? Yes					nit wish to be oner? X Yes No	
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 Certific											
8c. Tel. No.	8d. Cell No.			8e. Fax No.			8f. E-Ma	8f. E-Mail Address			
8g. Affiliation, If any:				h. 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 a	t the Employers	establishment((s) invol	ved? No	lf so	approxin	-		s are participating		
(Name of Labor Organization)									er since (Month, D		
10. Organizations or individuals othe individuals known to have a repre	r than Petitioner esentative interes	and those nam t in any emplo	yees in ite	ims 8 and the unit de	e, which have scribed in Item	ciaimed re 5b above	o. (if none, s	s representativ o state)	es aug orvet otdau	nzavons and	
10a. Name	10b	Address				·	10c. Tel.	No.	10d. Cell No.		
							10e. Fex	No.	10f. E-Mail Addre	93	
11. Election Details: If the NLRB conducts and election in this matter, state				te your position with respect to any such e					11a. Election Type: Manual Máil Mixed Manual/Mail		
11b. Election Date(s): 11c. Election Time(s):				11d. Elect				ction Location(on Location(a):		
12a. Full Name of Petitioner (including local name end 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 internat International Brotherhood of To		ization of which				lituent <i>(if i</i>		*		,	
2d. Tel. No. 12e. Cell No. 314-209-0018 636-221-3129			- 1	1			1 -	12g. E-Mell Address danthacker@teamsterslocal610.org			
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Title:				ers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code):							
13c. Tel. No.	No. 13d. Cell No.		1	13e, Fáx No.			13f. E-M	13f. E-Mail Address			
declare that I have read the above	petition and th		enterare	lrue to t	ne best of my			of.			
Name (Print) Daniel G. Thacker		Signature	<i>رل</i>	07	harde		ite Business F	Representati	/8	8/23/19	

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					

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION; RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Marty Cancila Chrysler 1200 S. State Street, Jerseyville, IL 62052 Jersey County 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Tony Cancila, General Manager same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 618-498-5113 618-498-2143 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service New Car Dealership Auto Repair and Service Jerseyville, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: All full-time and regular part-time mechanics employed at the employer's facility located at 1200 S. State Street, Included: Jerseyville, IL 62052. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All parts department employees, service writers, porters, sales employees managerial employees, guards, unit wish to be represented by the supervisors as defined in the act, and all other employees. Petitioner? Yes ✓ No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (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). 8b. Address None 8f. E-Mail Address 8c Tel No 8d Cell No. 8e Fax No. 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 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) 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): September 17, 2019 9:00 a.m. - 9:30 a.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) District Lodge 9, International Association of Machinists & Aerospace Workers AFL-CIO 113 Republic Avenue, Ste. 100, Joliet, IL 60435 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists & Aerospace Workers AFL-CIO 12g. E-Mail Address 12f. Fax No. 12d. Tel No. 12e. Cell No. wlepinske@iamaw.org 815-280-6400 815-214-4587 815-280-6345 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title William J. LePinske, Grand Lodge Representative 13b. Address (street and number, city, state, and ZIP code) 113 Republic Avenue, Ste. 100, Joliet, IL 60435 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f F-Mail Address 815-280-6400 815-214-4587 815-280-6345 wlepinske@iamaw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature William J. LePinske Grand Lodge Representative/TOL August 23, 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

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.

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