

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 14-RC-228548	Date Filed 10/3/18

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

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

2a. Name of Employer pepsi beverage co.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 114 business loop 70 west columbia, missouri, 65203 MO columbia 65203-
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3a. Employer Representative - Name and Title brad kempker	3b. Address (If same as 2b - state same) 114 business loop 70 west columbia, missouri, 65203 MO columbia 65203-
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3c. Tel. No. (573) 449-0911	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Beverages (Nonalcoholic)	4b. Principal product or service pepsi	5a. City and State where unit is located: Columbia, MO
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 18 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).	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): october 15 or 22	11c. Election Time(s): 2:00 to 4:00	11d. Election Location(s): break room
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12a. Full Name of Petitioner (including local name and number) mark l bruemmer teamsters local no. 833	12b. Address (street and number, city, state, and ZIP code) 230 west dunklin MO jefferson city 65101-
---	--

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. (573) 635-7133	12e. Cell No. (573) 690-2518	12f. Fax No. (573) 635-0290	12g. E-Mail Address teamsters833@earthlink.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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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) mark l bruemmer	Signature Mark L. Bruemmer	Title secretary-treasurer	Date 10/1/2018 12:58:16: NLRB
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 14-RC-228548	Date Filed 10/3/18

Employees Included
all full-time drivers

Employees Excluded
all managers, supervisors, merchandizers, loaders and clerical as by the act.

SAINT LOUIS, MO 63103

2018 OCT -3 AM 11:15

RECEIVED
MLN

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-228764

Date Filed
October 5, 2018

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 Asplundh Tree Expert Co		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 501 SE Washington Blvd OK Bartlesville 74006-8299	
3a. Employer Representative - Name and Title Tracey Combs		3b. Address (If same as 2b - state same) 501 SE Washington Blvd OK Bartlesville 74006-8299	
3c. Tel. No. (918) 851-6065	3d. Cell No.	3e. Fax No.	3f. E-Mail Address reg168@asplundh.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Forestry & Wood Products	4b. Principal product or service Right of Way Clearing for AEP/PSO	5a. City and State where unit is located: Bartlesville, OK
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 13 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).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

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

11b. Election Date(s): 10/25/2018	11c. Election Time(s): 7:00 am	11d. Election Location(s): 501 SE Washington Blvd, Bartlesville, OK, 74006
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12a. Full Name of Petitioner (including local name and number) William A Schenk William A Schenk, IBEW Local 1002	12b. Address (street and number, city, state, and ZIP code) 12510 E 21st St OK Tulsa 74129-1806
--	--

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

12d. Tel No. (918) 438-7344	12e. Cell No. (918) 527-0946	12f. Fax No. (918) 438-7345	12g. E-Mail Address wschenk@ibew1002.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		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) William A Schenk	Signature William A Schenk	Title Organizer	Date 10/4/2018 15:19:56
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 14-RC-228764	Date Filed October 5, 2018

Employees Included

Non supervisory employees/Non management. Working Foreman will be included

Employees Excluded

All supervisory and management employees, professional and clerical, as applied to the act.

95-2121 9-10-2018 12:56

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

14-RC-228942

10/11/18

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

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

2a. Name of Employer
Sensory Effects
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
231 Rock Industrial Park Dr
MO Bridgeton 63044-1249

3a. Employer Representative - Name and Title
latisha Smiyh
3b. Address (If same as 2b - state same)
231 Rock Industrial Park Dr
MO Bridgeton 63044-1249

3c. Tel. No.
(314) 291-5444
3d. Cell No.
3e. Fax No.
(314) 291-3289
3f. E-Mail Address
ltsmith@balchem

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Food Processing
4b. Principal product or service
Flavor Concentrates
5a. City and State where unit is located:
Bridgeton, MO

5b. Description of Unit Involved
Included: See Attached Page 2 for additional details
Excluded: See Attached Page 2 for additional details
6a. No. of Employees in Unit:
45
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
8b. Address

8c. Tel No.
8d. Cell No.
8e. Fax No.
8f. E-Mail Address

8g. Affiliation, if any
8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
10/30/18
11c. Election Time(s):
6 to 7 am and 2 to 3 pm
11d. Election Location(s):
Sensory Effects

12a. Full Name of Petitioner (including local name and number)
Mike schluter
Mike Schluter Teamsters local 688
12b. Address (street and number, city, state, and ZIP code)
4347 Woodson Rd
MO Saint Louis 63134-6313

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

12d. Tel No.
(314) 513-5813
12e. Cell No.
(314) 973-6100
12f. Fax No.
(314) 426-4450
12g. E-Mail Address
Mschluter@688online.org

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

13a. Name and Title
13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.
13d. Cell No.
13e. Fax No.
13f. E-Mail Address

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

Name (Print)
Mike schluter
Signature
Mike Schluter
Title
Business Rep
Date
10/11/2018 09:02:26

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

PRIVACY ACT STATEMENT

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RECEIVED
NLRB
2018 OCT 11 14
SAINT LOUIS, MO 63103

Attachment

DO NOT WRITE IN THIS SPACE	
Case 14 RC-228942	Date Filed 10/11/18

Employees Included

All full time, machine operators, material Handlers, shipping, receiving, warehouse, makers and wet/dry processing employees at the Employer's Bridgeton, MO facility

Employees Excluded

Temporary, seasonal, office, lab, and professional employees, guards and supervisors, as defined in the act

RECEIVED
MLRB REGION 14
2018 OCT 11 AM 10:19
SAINT LOUIS, MO 63103

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **14-RC-229499** Date Filed **October 18, 2018**

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 Core Civic		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 100 Highway Terrace, Leavenworth, KS 66048	
3a. Employer Representative - Name and Title Jeff Rainey, Managing Director		3b. Address (If same as 2b - state same) 10 Burton Hills Blvd., Nashville, TN 37215	
3c. Tel. No. 615-263-6641	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jeff.rainey@Corecivic.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Correction-Detention Management		4b. Principal product or service Security	
4c. City and State where unit is located: Leavenworth, KS		5a. City and State where unit is located: Leavenworth, KS	
5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED CORRECTIONAL OFFICERS AND OTHERS PERFORMING SIMILAR GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY CORE CIVIC @ 100 HIGHWAY TERRACE, LEAVENWORTH, KS 66048 Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.			6a. No. of Employees in Unit: 170 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) NO 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	
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? 10
(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): 11/6/18	11c. Election Time(s): 5:00-7:00 AM & 5:00-7:00 PM	11d. Election Location(s): BREAKROOM
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12a. Full Name of Petitioner (including local name and number)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12b. Address (street and number, city, state, and ZIP code)
25510 Kelly Road, Roseville, MI 48066

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.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 Gordon Gregory, General Counsel

13b. Address (street and number, city, state, and ZIP code)
65 Cadillac Square, Suite 3727, Detroit, MI 48226

13c. Tel No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net
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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) Dwayne Phillips	Signature 	Title ORGANIZING DIRECTOR	Date 10/17/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18/SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-229538

Date Filed

October 18, 2018

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.

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2a. Name of Employer
CENTERRA GROUP LLC

2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code)
7121 FAIRWAY DR ST 301 PALM BEACH GARDENS, FL 33418

3a. Employer Representative - Name and Title
BENJAMIN MORROW, FIRE CHIEF

3b. Address (if same as 2b - state same)
25201 E 78 HWY, BLD 157, INDEPENDENCE MO 64058

3c. Tel. No.
816-796-7107

3d. Cell No.
816-274-2276

3e. Fax No.

3f. E-Mail Address
BENJAMIN.MORROW@NGC.COM

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

4b. Principal product or service
FIRE PROTECTION/EMS

5a. City and State where unit is located:
INDEPENDENCE, MO

5b. Description of Unit Involved
Included: **SEE ATTACHMENT**
Excluded:

6a. No. of Employees in Unit:
3
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ 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

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? **N/A**
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

5-10 DAYS FROM DATE OF FILING

10AM-1PM

WELCOME CENTER

12a. Full Name of Petitioner (including local name and number)

12b. Address (street and number, city, state, and ZIP code)

IAFF I-66

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

IAFF

12d. Tel. No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

816-606-6917

816-606-6917

RHESTERBERG@HOTMAIL.COM

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

13a. Name and Title **ROY HESTERBERG VP I-66**

13b. Address (street and number, city, state, and ZIP code)
700 NW 19TH ST. BLUE SPRINGS, MO 64015

13c. Tel. No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

816-606-6917

816-606-6917

RHESTERBERG@HOTMAIL.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)

Signature

Title

Date

ROY HESTERBERG

[Signature]

VICE PRESIDENT I-66

10/18/2018

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

PRIVACY ACT STATEMENT

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

ATTACHMENT A

Case 14-RC- 229538

If a majority of valid ballots are cast for IAFF I-66, they will be taken to have indicated the employees' desire to be included in the existing unit currently represented by the petitioner of:

All full-time Fire Captains employed by the Employer at its facility located at Lake City Army Ammunition Plant; Independence Missouri, but excluding the Fire Chief, office clerical employees, professional employees, guards and supervisors as defined in the ACT.

If a majority of valid ballots are not cast for representation, they will be taken to have indicated the employees' desire to remain unrepresented.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RD-228682

Date Filed

10/5/2018

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

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

2a. Name of Employer: **Smithfield direct LLC**
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): **1901 W. IOLA Broken Arrow, OK 74012**
3a. Employer Representative - Name and Title: **SR manager Bradley Thornton**
3b. Address (If same as 2b - state same): **Smithfield food 4225 naperville rd. Suite 600 Broken Arrow, OK 74012**
3c. Tel. No.: **630-281-5073**
3d. Fax No.: **408-220-6802**
3e. Cell No.: **507-621-2976**
3f. E-Mail Address: **BThornton@smithfield.com**
4a. Type of Establishment (Factory, mine, wholesaler, etc.): **Warehouse, sales, Dist. center**
4b. Principal product or service: **Food Service sales**

5a. Description of Unit Involved
Included: **all sales representatives - relief sales rep**
Excluded: **general workers**
all others
5b. City and State where unit is located: **Broken Arrow, OK**

6. No. of Employees in Unit: **12**
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? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent: **International Brotherhood of Teamsters 523 local**
8b. Affiliation, if any: **local**
8c. Address: **1648 S.W. BLVD Tulsa, OK 74017**
8d. Tel. No.: **918-587-3358**
8e. Cell No.: **202-439-8439**
8f. Fax No.: **918-587-3361**
8g. E-Mail Address: **galder@teamster.org**
tmst523@sbcglobal.net

9. Date of Recognition or Certification: **may, 2 2017**
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): **none**

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No
11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year) _____

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name: **none**
12b. Address: **none**
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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s): **10-26-18**
13c. Election Time(s): **0530 to 0730**
13d. Election Location(s): **Broken Arrow, OK warehouse / Branch**

14. Full Name: **(b) (6), (b) (7)(C)**

14a. **(b) (6), (b) (7)(C)**
14b. Tel. No.: **(b) (6), (b) (7)(C)**
(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)
14c. **(b) (6), (b) (7)(C)**
(b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name: _____
15b. Title: _____
15c. Address (Street and number, city, state, ZIP code): _____
15d. Tel. No.: _____
15e. Fax No.: _____
15f. Cell No.: _____
15g. E-Mail Address: _____

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

Name (Print): **(b) (6), (b) (7)(C)**
Signature: **(b) (6), (b) (7)(C)**
Date Filed: **10-2-18**

STATEMENTS ON TH

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RD-228750

Date Filed
October 9, 2018

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: 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 KETV-TV		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1001 S 10th St NE Omaha 68108-3209	
3a. Employer Representative - Name and Title Ariel Roblin General Manager		3b. Address (If same as 2b - state same) 1001 S 10th St NE Omaha 68108-3209	
3c. Tel. No. (402) 978-8971	3d. Cell No.	3e. Fax No.	3f. E-Mail Address aroblin@hearst.com
4a. Type of Establishment (Factory, mine, wholesaler, etc) Others		4b. Principal product or service Local television	
5a. City and State where unit is located: Omaha, NE		5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	
6a. No. of Employees in Unit: 63		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

8a. Name of Recognized or Certified Bargaining Agent Missouri Valley Local Tanya Cella Membership Services Administrator		8b. Address 1034 S. Brentwood Blvd. Ste. 1310 MO Richmond Heights 63117-	
8c. Tel No. (314) 231-8410	8d. Cell No.	8e. Fax No. (314) 231-8412	8f. E-Mail Address tanya.cella@sagafta.org
8g. Affiliation, if any SAG-AFTRA		8h. Date of Recognition or Certification 06/01/2015	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 05/31/2018			

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

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

10a. Name		10b. Address		10c. Tel. No.	10d. Cell No.
				10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s): ASAP				11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
11c. Election Time(s): ASAP				11d. Election Location(s): Omaha	
12a. Full Name of Petitioner (b) (6), (b) (7)(C)				12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C)
SAG-AFTRA

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title	Date 10/8/2018 09:07:55
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

News gathering & production: reporters, producers, photographers

Employees Excluded

Station operations: engineers

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

14-RD-229886

10/25/18

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

BRIA OF CAHOKIA

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)

3354 JEROME LN CAHOKIA IL 62206

3a. Employer Representative - Name and Title

MELISSA GRAY - Amber McGinnis

3b. Address (If same as 2b - state same)

SAME

3c. Tel. No.

618 337-9400

3d. Fax No.

618 332-1811

3e. Cell No.

NA

3f. E-Mail Address

mmgray@briahs.com AMCGINNIS@BRIAH.S.COM

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

NURSING HOME

4b. Principal product or service

RESIDENT CARE

5a. Description of Unit Involved

Included: CNA - DIETARY - ACTIVITIES - HOUSEKEEPING
LAUNDRY - MAINTENANCE - PSYCH. SOCIAL

Excluded:

NURSES OFFICE MANAGEMENT

5b. City and State where unit is located:

6. No. of Employees in Unit

95

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? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent

SEIU

8b. Affiliation, if any

8c. Address

5585 Pershing AVE
ST. LOUIS AVE SUITE 200

8d. Tel. No.

314-533-3633

8e. Cell No.

8f. Fax No.

314-361-3266

8g. E-Mail Address

Nicholas.James@seiu-hcil.org

9. Date of Recognition or Certification

2014

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

8-12-17

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name)

a labor organization, of

(Insert Address)

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)

NO

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: ☐ Manual ☐ Mail ☒ Mixed Manual/Mail

13b. Election Date(s)

ASAP

13c. Election Time(s)

ASAP

13d. Election Location(s)

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

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

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

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

14c. Fax No.

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

14f. Affiliation, if any

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

15a. Name

15b. Title

15c. Address (Street and number, city, state, ZIP code)

15d. Tel. No.

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

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

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

my knowledge and belief.

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

Date Filed

10-23-18

PRIVACY ACT STATEMENT

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