

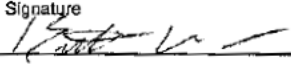
FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-251022Date Filed
11/1/2019

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: Gillespie Benld Area Ambulance Service		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 321 S. Oak	
3a. Employer Representative - Name and Title: Josh Ross		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 217-839-3032	3d. Cell No.	3e. Fax No.	3f. E-Mail Address gbambulance@hotmail.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) emergency service		4b. Principal Product or Service emergency	
5a. City and State where unit is located: Illinois		5b. 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	
6a. Number of Employees in Unit: 13		6b. Description of Unit Involved: Included: all regular full and part time EMT and Paramedics employed at employers Carlinville facility Excluded: office clericals, guards and supervisors as defined by the act	
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 an election in this matter, state your position with respect to any such election: <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 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. 618-462-9706	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, Business Representative		13b. Address (street and number, city, State and ZIP code): 830 E Broadway, Alton, IL 62002	
13c. Tel. No. 618-462-9706	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 VP / Business Rep	Date 11-1-19

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-251637Date Filed
11-13-19

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: Northview Village		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2415 North Kingshighway Boulevard, St. Louis, MO 63113	
3a. Employer Representative - Name and Title: Ralph "Buzz" Menees, HR Director		3b. Address (if same as 2b - state same): 2415 North Kingshighway Boulevard, St. Louis, MO 63113	
3c. Tel. No. (314) 361-1300	3d. Cell No.	3e. Fax No. (314) 361-3906	3f. E-Mail Address buzz.menees@hma-usa.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal Product or Service Resident Care	5a. City and State where unit is located: St. Louis, MO
5b. Description of Unit Involved: Included: All full-time and regular part-time patient care assistants Excluded: LPNs, clerical, and professional employees, guards and supervisors, as defined by the Act			6a. Number of Employees in Unit: Approximately 8 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) 06/18/19 and Employer declined recognition on or about (Date) No response (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
			10e. Fax No.
			10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): Early December		11c. Election Time(s): 6:30-7:30 a.m. and 2:30-3:30 p.m.	11d. Election Location(s): Northview Village
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare MO and KS, a Division of SEIU Healthcare Illinois/Indiana		12b. Address (street and number, city, State and ZIP code): 5585 Pershing Avenue, Suite 230, St. Louis, MO 63112	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
12d. Tel. No. (314) 533-3633	12e. Cell No. (314) 368-9821	12f. Fax No. (314) 361-3266	12g. E-Mail Address Lenny.Jones@seiuhealth.org and twayna.thompson@seiuhealth.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Amanda K. Hansen, Attorney		13b. Address (street and number, city, State and ZIP code): Schuchat, Cook & Werner, 1221 Locust Street, Suite 250, St. Louis, MO 63103	
13c. Tel. No. (314) 621-2626	13d. Cell No.	13e. Fax No. (314) 621-2378	13f. E-Mail Address akh@schuchatcw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Amanda K. Hansen		Signature 	Title Attorney At Law
			Date 11/13/19

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-251913

Date Filed
11-18-19

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
Titanium Metals Corp. (Timet)

2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code)
1250 Interstate Dr., Wentzville, MO 63385-4515 County of St. Charles

3a. Employer Representative - Name and Title
Steve Harris, General Manager

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

3c. Tel. No.
636-887-9060

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service
Titanium Aerospace Manufacturing

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

5b. Description of Unit Involved

Included: All full-time and regular part-time production and Maintenance employees who are employed at the employers 1250 Interstate Drive Wentzville, MO facility.

Excluded: All other employees, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act.

6a. No. of Employees in Unit:
46

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). 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

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):
12/10/2019 and 12/11/2019

11c. Election Time(s):
3:30 - 6:30 pm (both days)

11d. Election Location(s):
Lunch Room

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

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

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/TOL

13b. Address (street and number, city, state, and ZIP code)
113 Republic Avenue, Ste. 100, Joliet, IL 60435

13c. Tel No.
815-280-6400

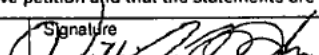
13d. Cell No.
815-214-4587

13e. Fax No.
815-280-6345

13f. E-Mail Address
wlepinske@iamaw.org

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

Date
November 18, 2019

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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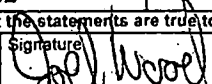
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-251914Date Filed
11-18-19

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: Frist Student		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1700 Jerome Lane East Saint Louis, IL 62206	
3a. Employer Representative - Name and Title: Cynthia Moore		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 618-332-0255	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Bus		4b. Principal Product or Service Transit	
5a. City and State where unit is located: East Saint Louis, IL		5b. Description of Unit Involved: Included: Drivers Excluded: Monitors, Office, Clerical, professional employees, confidential employees and supervisory	
6a. Number of Employees in Unit: 32		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) 11-18-19 and Employer declined recognition on or about (Date) 11-18-19 (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? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and 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): December 5th 2019		11c. Election Time(s): 7:30 am to 11:30 am	
11d. Election Location(s): Employer Training/Break Room			
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 50		12b. Address (street and number, city, State and ZIP code): 1609 N Illinois St Swansea, IL 62226	
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. 618-233-0313	12e. Cell No. 615-512-4682	12f. Fax No.	12g. E-Mail Address jwood@teamster.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Joel Wood		13b. Address (street and number, city, State and ZIP code): 1609 N Illinois St Swansea, IL 62226	
13c. Tel. No. 618-233-0313	13d. Cell No. 615-512-4682	13e. Fax No.	13f. E-Mail Address jwood@teamster.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) Joel Wood		Signature 	
Title International Organizer		Date 11-18-19	

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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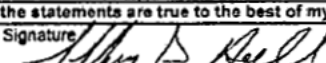
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-252430Date Filed
11-25-19

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: STUDENT TRANSPORTATION OF AMERICA		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1832 Derhake Rd. Florissant, MO. 63033	
3a. Employer Representative - Name and Title: Annette ORF - Lot Manger		3b. Address (if same as 2b - state same): sa 2b	
3c. Tel. No. 314-989-7750	3d. Cell No. 314-818-9674	3e. Fax No. not working	3f. E-Mail Address AORF@ridesta.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) School Bus Transportation		4b. Principal Product or Service Transportation	
5a. City and State where unit is located: Florissant, MO.		5b. 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	
6a. Description of Unit Involved: Included: All Full-time and part-time Drivers and Monitors Excluded: Supervisors/Managers		6a. Number of Employees in Unit: 210	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>15 Nov 19</u> on or about (Date) <u>15 Nov 19</u> (If no reply received, so state). and Employer declined recognition <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? <u>no</u> 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) Teamsters Local 610			
10a. Name Jeff Hall		10b. Address 11472 Schenk Dr., Maryland Heights MO. 63043 Suite E	
10c. Tel. No. 314-209-0018		10d. Cell No. 314-766-0971	
10e. Fax No. 314-209-0035		10f. E-Mail Address jeff@teamsterslocal610.org	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): December 13, 2019		11c. Election Time(s): 8am until noon	
11d. Election Location(s): breakroom			
12a. Full Name of Petitioner (including local name and number): Teamsters Local 610		12b. Address (street and number, city, State and ZIP code): 11472 Schenk Dr., Maryland Heights MO. 63043 Suite E	
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. 314-766-0971	
12f. Fax No. 314-209-0035		12g. E-Mail Address jeff@teamsterslocal610.org	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jeff Hall/Business Representative		13b. Address (street and number, city, State and ZIP code): 11472 Schenk Dr., Maryland Heights MO. 63043 Suite E	
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) Jeff Hall		Signature 	
Title Business Representative		Date 25 Nov 19	

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RD-252395

Date Filed

11/25/19

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 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 Marathon Pipe Line		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 700 S. 6th St. Wood River, IL 62095	
3a. Employer Representative - Name and Title Jayson Nohl - Wood River Area Manager		3b. Address (If same as 2b - state same) 700 S. 6th St. Wood River, IL 62095	
3c. Tel. No.	3d. Fax No.	3e. Cell No. 317-402-9939	3f. E-Mail Address jwnohl@marathonpetroleum.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Pipe Line Company		4b. Principal product or service ship crude oil and refined products	
5a. Description of Unit Involved Included: Operations Technician, Mechanical Technician, Electrical and Instrumentation Technician Excluded:			5b. City and State where unit is located: Wood River, IL
6. No. of Employees in Unit 21	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 Dan Simmons		8b. Affiliation, if any United Steelworkers Local 1899	
8c. Address 2014 A State St. Rm. 304 Granite City, IL 62040		8d. Tel. No. 618-452-1899	8e. Cell No.
		8f. Fax No. 618-877-0325	8g. E-Mail Address DSimmons@local1899.org
9. Date of Recognition or Certification February 1, 2018		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) January 31, 2020	
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) None			
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. Petitioner		13e. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 12-16-19	13c. Election Time(s) 3:30pm-6:30pm	13d. Election Location(s) 700 S. 6th St. Wood River, IL	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any employee of Marathon Pipe Line (Ops. Tech.)			
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)	Title (b) (6), (b) (7)(C)	Date Filed 11-25-19

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-252364

Date Filed

11-25-19

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 Americold Logistics, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2500 Rose Parkway Sikeston, MO 63801	
3a. Employer Representative - Name and Title William Rushing - General Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 573-471-7727	3d. Cell No.	3e. Fax No.	3f. E-Mail Address William.Rushing@americold.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Storage and Distribution Center		4b. Principal product or service Ice Cream	5a. City and State where unit is located: Sikeston, MO
5b. Description of Unit Involved Included: All full-time and regular part-time production and maintenance employees employed by the Employer at its 2500 Rose Parkway facility in Sikeston, MO. Excluded: All other employees including: temporary employees, professional employees, technical employees, office clerical employees, security guards and supervisors as defined by the Act, as amended.			6a. No. of Employees in Unit: 42 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) by petition and Employer declined recognition on or about (Date) (If no reply received, so state). no reply
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

11b. Election Date(s): December 16, 2019	11c. Election Time(s): 5:30am to 7am and 1:30pm to 2:30pm	11d. Election Location(s): Conference room at the Employer's facility
12a. Full Name of Petitioner (including local name and number) United Steelworkers, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO, CLC		12b. Address (street and number, city, state, and ZIP code) 60 Blvd. of the Allies Pittsburgh, PA 15222

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Steelworkers, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO, CLC

12d. Tel No. 412-562-2553	12e. Cell No.	12f. Fax No. 412-562-2555	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 Robert L Gooch - USW Organizer		13b. Address (street and number, city, state, and ZIP code) 60 Blvd. of the Allies, Room 913 Pittsburgh, PA 15222	
13c. Tel No. 816-863-9679	13d. Cell No. 816-863-9679	13e. Fax No. 412-562-2555	13f. E-Mail Address bgooch@usw.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) Robert L Gooch	Signature <i>Robert L Gooch</i>	Title USW Organizer	Date November 25, 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)

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