

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

14-RC-238828

Date Filed

April 1, 2019

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Criterion Corporation		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1635 Engman Lake Road MI Skandia 49885-	
<b>3a. Employer Representative - Name and Title</b> Paul Ross		<b>3b. Address (if same as 2b - state same)</b> 600 6th st Bldg 140 MO Whiteman Air Force Base 65305-	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> (660) 287-8282	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> paul.ross.9.ctr@us.af.mil
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Services		<b>4b. Principal product or service</b> Facility Services	
<b>5a. City and State where unit is located:</b> Knob Noster, MO			<b>5b. Description of Unit Involved</b>
<b>Included:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 7
<b>Excluded:</b> See Attached Page 2 for additional details			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

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

**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)**

<b>10a. Name</b>		<b>10b. Address</b>		<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
				<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.				<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> April 30		<b>11c. Election Time(s):</b> 2pm		<b>11d. Election Location(s):</b> NRLB			
<b>12a. Full Name of Petitioner (including local name and number)</b> Kevin Rusnak Kevin Rusnak				<b>12b. Address (street and number, city, state, and ZIP code)</b> 6601 Winchester suite 280 MO Kansas City 64133-			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> MO							
<b>12d. Tel No.</b> (816) 737-8600		<b>12e. Cell No.</b> (816) 591-2466		<b>12f. Fax No.</b> (816) 737-8700		<b>12g. E-Mail Address</b> kr@iuoelocal101.org	

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name (Print)</b> Kevin Rusnak	<b>Signature</b> Kevin Rusnak	<b>Title</b> Business Representative	<b>Date</b> 04/1/2019 09:00:27
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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**

All maintenance, boiler operators, labors employees including leads.

**Employees Excluded**

Supervisors, clerical and security employees

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RD-238749

Date Filed

4/1/2019

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

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

2a. Name of Employer

SCHUMBERGER (BTL)

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

509 W. HENSLEY BLVD. BARTLESVILLE, OK 74003

3a. Employer Representative - Name and title

TERRI JOSLEN

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

SAME

3c. Tel. No.

918-661-2921

3d. Fax No.

3e. Cell No.

918-331-8011

3f. E-Mail Address

TJOSLEN@EXCHANGE.SLB.COM

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

OILFIELD SERVICES COMPANY (TECH. CENTER)

4b. Principal product or service

ARTIFICIAL LIFT/HPS PUMP SYSTEMS

5a. Description of Unit Involved

Included: All employees engaged in the productive operation and maintenance of the Schlumberger Bartlesville Technology Center, Bartlesville, Oklahoma;  
Excluded: All office, professional, and confidential employees and all supervisors as defined in Section 2 of the Act as amended.

5b. City and State where unit is located:

BARTLESVILLE,  
OK 74003

6. No. of Employees in Unit

103

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 UNION OF OPERATING ENGINEERS AFL-CIO LOCAL #351

8b. Affiliation, if any

8c. Address (b) (6), (b) (7)(C)

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

8e. Cell No.

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

8f. Fax No.

8g. E-Mail Address

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

9. Date of Recognition or Certification

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

MAY, 31ST 2019

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

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)

13c. Election Time(s)

13d. Election Location(s)

14. Full Name of Petitioner

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

14a. Address (Street and number, city, state, ZIP code)

14b. Tel. No.

14c. Fax No.

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

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

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

14d. 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. Address

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

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

Title

Date Filed

3-29-2019

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



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

14-RC-239185

Date Filed

April 8, 2019

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> BHI Energy		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 97 Libbey Industrial Parkway 4th Floor MA Weymouth 02189-	
<b>3a. Employer Representative - Name and Title</b> Rebecca Reed		<b>3b. Address (If same as 2b - state same)</b> 97 Libbey Industrial Parkway 4th Floor MA Weymouth 02189-	
<b>3c. Tel. No.</b> (508) 591-1140	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (508) 747-4279	<b>3f. E-Mail Address</b> Rebecca.Reed@bhienergy.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Energy		<b>4b. Principal product or service</b>	
		<b>5a. City and State where unit is located:</b> Burlington, KS	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 8
<b>Included:</b> See Attached Page 2 for additional details		<b>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"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 04/04/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> IBEW Local Union 304 John Garretson		<b>8b. Address</b> 3906 NW 16TH ST. KS TOPEKA 66618-	
<b>8c. Tel No.</b> (785) 235-2301	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> johnhg@ibew304.org
<b>8g. Affiliation, if any</b> International Brotherhood of Electrical Workers		<b>8h. Date of Recognition or Certification</b> 09/21/2021	

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

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

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

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

<b>11b. Election Date(s):</b> ASAP	<b>11c. Election Time(s):</b> ASAP	<b>11d. Election Location(s):</b> Worksite
<b>12a. Full Name of Petitioner (including local name and number)</b> John Garretson IBEW Local Union 304		<b>12b. Address (street and number, city, state, and ZIP code)</b> 3906 NW 16th St KS Topeka 66618-

**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

<b>12d. Tel No.</b> (785) 235-2301	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (785) 235-3342	<b>12g. E-Mail Address</b> johnhg@ibew304.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

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

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

<b>Name (Print)</b> John Garretson	<b>Signature</b> John Garretson	<b>Title</b> Business Manager / Financial Secretary	<b>Date</b> 04/4/2019 16:22:15
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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  
Radiation Protection at Wolf Creek Nuclear Power Plant

Employees Excluded  
All non Radiation Protection employees of BHI

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

Case No.

14-RC-239808

Date Filed

4-16-19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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: <i>American Water</i>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <i>1060 Fox Chase Industrial Dr, Arnold Mo 63010</i>	
3a. Employer Representative - Name and Title: <i>Bob Clemens Labor Relations</i>		3b. Address (if same as 2b - state same): <i>727 Craig Road, Creve Coeur, Mo 63141</i>	
3c. Tel. No. <i>314-996-2395</i>	3d. Cell No. <i>314-281-4348</i>	3e. Fax No. <i>314-991-2715</i>	3f. E-Mail Address <i>BobClemens@amwater.com</i>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <i>Utility</i>		4b. Principal Product or Service <i>Water</i>	
4c. City and State where unit is located: <i>Arnold Mo</i>		4d. Number of Employees in Unit: <i>9</i>	
5b. Description of Unit Involved: Included: <i>all full time and regular part time Foreperson, chief operator operator plant operator, operator, technician, operations specialist and utility person.</i> Excluded: <i>all managers and supervisors as defined by the Act.</i>		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 type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) <i>none</i>		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)		8j. 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) <i>None</i>			
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: <i>on company site</i>			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): <i>Monday May 13 2019</i>		11c. Election Time(s): <i>open</i>	
11d. Election Location(s): <i>company work site</i>		11e. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): <i>Utility Workers Union of America AFL-CIO</i>		12b. Address (street and number, city, State and ZIP code): <i>42 Reverwood Blvd Bernget NJ 08005</i>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <i>Utility Workers Union of America AFL-CIO</i>			
12d. Tel. No. <i>888-843-8982</i>	12e. Cell No. <i>609-618-3176</i>	12f. Fax No. <i>609-607-0679</i>	12g. E-Mail Address <i>bobhouse2ULWA.net</i>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: <i>Robert A. House, Director of organizing</i>		13b. Address (street and number, city, State and ZIP code): <i>42 Reverwood Blvd, Bernget NJ 08005</i>	
13c. Tel. No. <i>888-843-8982</i>	13d. Cell No. <i>609-618-3176</i>	13e. Fax No. <i>609-607-0679</i>	13f. E-Mail Address <i>bobhouse2ulwa.net</i>
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) <i>Robert A. House</i>		Signature <i>[Signature]</i>	
Title <i>Director of Organizing</i>		Date <i>4/10/19</i>	

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

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  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

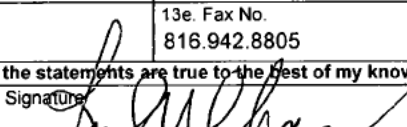
14-RC-239707

Date Filed

April 16, 2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> ITS Con Global Integratin Intermodel		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4800 North Kimball Drive, Kansas City, Missouri 64161	
<b>3a. Employer Representative - Name and Title:</b> Kelsey Berger, Field HR Leader		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> 817.526.2400	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> kberger@itsconglobal
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Logistics Facility		<b>4b. Principal Product or Service</b> Loading and Unloading Cargo Container:	
<b>5a. City and State where unit is located:</b> Kansas City, Missouri		<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached Exhibit A <b>Excluded:</b> See attached Exhibit A	
<b>6a. Number of Employees in Unit:</b> 45		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> NONE		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>		<b>8j. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> <u>NONE</u>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Tuesday, May 14th, 2019 and Wednesday, May 15th, 2019		<b>11c. Election Time(s):</b> 5:00 AM to 7:30 AM and 5:00 PM to 7:30 PM both days	
<b>11d. Election Location(s):</b> Employee break room 4800 North Kimball Drive, Kansas City, Missouri 64161			
<b>12a. Full Name of Petitioner (including local name and number):</b> International Brotherhood of Electrical Workers Local 124		<b>12b. Address (street and number, city, State and ZIP code):</b> 301 East 103rd Terrace, Kansas City, Missouri 64114	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Electrical Workers			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Rudy Chavez		<b>13b. Address (street and number, city, State and ZIP code):</b> 301 East 103rd Terrace, Kansas City, Missouri 64114	
<b>13c. Tel. No.</b> 816.285.8340	<b>13d. Cell No.</b> 816.806.1840	<b>13e. Fax No.</b> 816.942.8805	<b>13f. E-Mail Address</b> rchavez@ibewlocal124.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Rudy Chavez	<b>Signature</b> 	<b>Title</b> Business Representative	<b>Date</b> 4-15-19

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.

## EXHIBIT A

5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.)

**Included;** All full-time and regular part-time Terminal Operators, Terminal Operator Leads and Gate Clerks employed by the employer at the facility located at 4800 N. Kimball Drive, Kansas City, Missouri 64161

**Excluded;** All other employees including Operations Managers, maintenance employees, managerial employees, office employees and guards, professional employees and supervisors defined by the act.

RECEIVED  
NLRB, REGION 17  
2019 APR 16 AM 9:59  
OVERLAND PARK, KS



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RD-239828

Date Filed

4/17/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 <b>East Side Lumberyard Supply CO.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>726 James R Thompson Blvd E. ST. LOUIS MO 62202</b>	
3a. Employer Representative - Name and Title <b>Ralph Reis Jr.</b>		3b. Address (If same as 2b - state same) <b>4520 Permod St. Louis MO 63139</b>	
3c. Tel. No. <b>618-271-8187</b>	3d. Fax No. <b>618-271-7782</b>	3e. Cell No. <b>(314) 440-2501</b>	3f. E-Mail Address <b>EASTSEDESL@YAHOO.COM</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Wholesaler</b>		4b. Principal product or service <b>Building Materials</b>	
5a. Description of Unit Involved Included: <b>Warehouse and Drivers</b>  Excluded:			5b. City and State where unit is located: <b>E. ST. LOUIS MO 62202</b>
6. No. of Employees in Unit <b>7</b>	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 <b>Pat Nichols</b>		8b. Affiliation, if any <b>Business Agent</b>	
8c. Address <b>1609 W. ILLINOIS STREET SUNSHINE, IL 62226</b>		8d. Tel. No. <b>(618) 233-0313</b>	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address <b>pat.nichols@teamsters50.com</b>
9. Date of Recognition or Certification		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>No Current Contract</b>	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in Items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)	
14. (b) (6), (b) (7)(C)		14. (b) (6), (b) (7)(C)	
14. (b) (6), (b) (7)(C)		14. (b) (6), (b) (7)(C)	
14. (b) (6), (b) (7)(C)		14. (b) (6), (b) (7)(C)	
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name <b>(b) (6), (b) (7)(C)</b>		15b. Title	
15c. Address <b>(b) (6), (b) (7)(C)</b>		15d. Tel. No. <b>(b) (6), (b) (7)(C)</b>	
		15e. Fax No. <b>(b) (6), (b) (7)(C)</b>	
		15f. E-Mail Address <b>(b) (6), (b) (7)(C)</b>	
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>(b) (6), (b) (7)(C)</b>		Title <b>Warehouse</b>	
Date Filed <b>(b) (6), (b) (7)(C)</b>		Date Filed	

STATEMENTS

FILED 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  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

14-RC-240508

4/30/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> Schilli Corporation d/b/a Keightley Bros.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2280 Cassens Drive Fenton, Mo 63026
<b>3a. Employer Representative - Name and Title:</b> Dennis Frey Vice President of Operations	<b>3b. Address (if same as 2b - state same):</b> Same

<b>3c. Tel. No.</b> 636-717-2600	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> dfrey@schillicorp.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Construction-Raw Materials	<b>4b. Principal Product or Service</b> Transportation of Bulk Products	<b>5a. City and State where unit is located:</b> Fenton, Missouri
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attachment <b>Excluded:</b>	<b>6a. Number of Employees in Unit:</b> 15 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

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

<b>10a. Name</b> Teamsters Local 600	<b>10b. Address</b> 161 Weldon Parkway Maryland Heights, Mo 63043	<b>10c. Tel. No.</b> 314-388-4400	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b> 314-388-4413	<b>10f. E-Mail Address</b> jkelting@teamsters600.org

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

<b>11b. Election Date(s):</b> May 13, 2019	<b>11c. Election Time(s):</b> 3am-8am	<b>11d. Election Location(s):</b> Safety conference room
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<b>12a. Full Name of Petitioner (including local name and number):</b> John Kelting Teamsters Local 600	<b>12b. Address (street and number, city, State and ZIP code):</b> 161 Weldon Parkway Maryland Heights, Mo 63043
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Teamsters

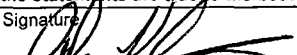
<b>12d. Tel. No.</b> 314-388-4400	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 314-388-4413	<b>12g. E-Mail Address</b> jkelting@teamsters600.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title:</b> John Kelting Recording Secretary	<b>13b. Address (street and number, city, State and ZIP code):</b> 161 Weldon Parkway Maryland Heights, Mo 63043
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<b>13c. Tel. No.</b> 314-388-4400	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 314-388-4413	<b>13f. E-Mail Address</b> jkelting@teamsters600.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> John Kelting	<b>Signature</b> 	<b>Title</b> Recording Secretary	<b>Date</b> 4/30/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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

5b. Description of Unit Involved: Included

All full-time, and regular part-time drivers employed by the Employer, dispatched out of its Fenton Missouri terminal only

Excluded:

All clerical and shop employees, salesmen, guards and supervisors as defined by the act

SAINT LOUIS, MO 63103

2019 APR 30 AM 10:46

RECEIVED  
LAB REGION

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>14-RC-240546</b>	Date Filed <b>4/30/19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 <b>LMI Aerospace</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>6325 Avantha Drive, Washington MO 63090 Franklin County</b>	
3a. Employer Representative - Name and Title <b>Tad Dewalt, Operations Manager</b>		3b. Address (if same as 2b - state same) <b>SAME</b>	
3c. Tel. No. <b>636-231-4200</b>	3d. Cell No.	3e. Fax No. <b>636-231-4201</b>	3f. E-Mail Address <b>taddewalt@lmiaerospace.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Factory</b>		4b. Principal product or service <b>Aircraft Components</b>	
		5a. City and State where unit is located: <b>Washington, MO</b>	

**5b. Description of Unit Involved**

**Included:** All full time and regular part time Production and Maintenance Employees.

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

6a. No. of Employees in Unit: <b>125</b>
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Petition to serve as request.	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>None</b>		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):  
**May 23 & 24, 2019**

11c. Election Time(s):  
**1:30 pm - 2:30 pm and 5:30 pm - 6:30 pm**

11d. Election Location(s):  
**Conference 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. <b>815-280-6400</b>	12e. Cell No. <b>630-430-6455</b>	12f. Fax No. <b>815-280-6345</b>	12g. E-Mail Address <b>rmickschl@iamaw.org</b>
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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 <b>Rick Mickschl, Grand Lodge Representative</b>		13b. Address (street and number, city, state, and ZIP code) <b>113 Republic Avenue, Ste. 100, Joliet, IL 60435</b>	
13c. Tel No. <b>815-280-6400</b>	13d. Cell No. <b>630-430-6455</b>	13e. Fax No. <b>815-280-6345</b>	13f. E-Mail Address <b>rmickschl@iamaw.org</b>

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>Rick Mickschl</b>	Signature 	Title <b>Grand Lodge Representative</b>	Date <b>April 30, 2019</b>
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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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