

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

DO NOT WRITE IN THIS SPACE

Case No.  
**14-RC-252716**

Date Filed  
**December 3, 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.**

**2a. Name of Employer**  
Strategic Resources, Inc. (SRI)

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
4700 Mow-Way Road, Fort Sill, OK 73503

**3a. Employer Representative - Name and Title**  
Kirby Collins Senior Human Resources Manager

**3b. Address (If same as 2b - state same)**  
7927 Jones Branch Drive, Suite 600W McLean, VA 22102-3329

**3c. Tel. No.**  
(703) 749-3040

**3d. Cell No.**

**3e. Fax No.**  
(703) 749-3046

**3f. E-Mail Address**  
kcollins@sri-hq.com

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

**4b. Principal product or service**  
Military Support

**5a. City and State where unit is located:**  
Fort Sill, OK

**5b. Description of Unit Involved**  
**Included:** All full-time and regular part-time Military Family Life Counselors (MFLC) working for the MFLC Program, which is based at Fort Sill, Oklahoma.  
**Excluded:** All other employees, managers, office clericals, guards, and supervisors as defined by the Act.

**6a. No. of Employees in Unit:**  
5

**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) By Petition 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? \_\_\_\_\_**  
(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**  
none

**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):**  
December 16, 2019

**11c. Election Time(s):**  
12:00 pm - 1:00 pm

**11d. Election Location(s):**  
Lawton Public Library, 110 SW 4th Street Lawton, OK 73501

**12a. Full Name of Petitioner (including local name and number)**  
International Association of Machinists and Aerospace Workers, Local Lodge 47

**12b. Address (street and number, city, state, and ZIP code)**  
5621 Bowen Ct., Commerce City, CO 80022

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

**12d. Tel. No.**  
(916) 985-8101

**12e. Cell No.**  
(916) 597-6100

**12f. Fax No.**  
(916) 985-8121

**12g. E-Mail Address**  
mward@iamaw.org

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

**13a. Name and Title** **David W. M. Fujimoto, Attorney**

**13b. Address (street and number, city, state, and ZIP code)**  
Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

**13c. Tel. No.**  
510-337-1001

**13d. Cell No.**

**13e. Fax No.**  
510-337-1023

**13f. E-Mail Address** **nlrbnotices@unioncounsel.net**  
dfujimoto@unioncounsel.net

**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)** **David W. M. Fujimoto**

**Signature** 

**Title** **Attorney**

**Date** **December 3, 2019**

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

**PRIVACY ACT STATEMENT**

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

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RD PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
**14-RD-253269**

Date Filed  
**December 12, 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: 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.**

<b>2a. Name of Employer</b> Steve Schmitt Inc		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 12631 St. Rt. 143 IL Highland 62249-	
<b>3a. Employer Representative - Name and Title</b> Steven Schmitt Executive Manager		<b>3b. Address (If same as 2b - state same)</b> 12631 St. Rt. 143 IL Highland 62249-	
<b>3c. Tel. No.</b> (618) 654-2181	<b>3d. Cell No.</b> (618) 779-0926	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> steven@stevesschmitt.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc )</b> O hers		<b>4b. Principal product or service</b> Automotive sales, leasing and service	
		<b>5a. City and State where unit is located:</b> Highland, IL	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details  <b>Excluded:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 6  <b>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?</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</b> District #9 I.A. of M. & A. W. David Weaver		<b>8b. Address</b> 12635 S.Charles Rock Rd MO Bridgeton 63044-	
<b>8c. Tel No.</b> (314) 739-6200	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> (314) 739-1342	<b>8f. E-Mail Address</b> district9@district9.org
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b> 07/18/2016	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 10/31/2019

**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)**

<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>11b. Election Date(s):</b> 12/17/2019		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail <b>11d. Election Location(s):</b> Steve Schmitt Inc.	
<b>11c. Election Time(s):</b> 12:00 noon		<b>12b. Address (street and number, city, state, and ZIP code)</b> (b) (6), (b) (7)(C)	
<b>12a. Full Name of Petitioner</b> (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)  
International Association of Machinists and Aerospace Workers

<b>12d. Tel No.</b> (b) (6), (b) (7)(C)	<b>12e. Cell No.</b> (b) (6), (b) (7)(C)	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (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.**

<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> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date</b> 12/12/2019 18:19:53
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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 full-time & regular part-time service advisors, journeymen body techs, apprentice body techs & helpers

**Employees Excluded**

All porters, parts dept employees, auto techs, office, clerical, professional, and managerial employees.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

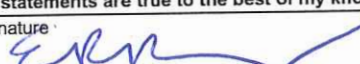
14-RC-253852

Date Filed

12/26/2019

**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> Marriott Courtyard Convention Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 823 Washinton Avenue, St. Louis, MO 63101	
<b>3a. Employer Representative - Name and Title:</b> Jacob Hopper, General Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 314-231-7560	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 314-231-7570	<b>3f. E-Mail Address</b> jacob.hopper@marriott.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hotel and Restaurant		<b>4b. Principal Product or Service</b> Loding and eatery	<b>5a. City and State where unit is located:</b> St. Louis, MO
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached <b>Excluded:</b> See attached			<b>6a. Number of Employees in Unit:</b> 25
			<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>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> 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> None			
<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> Wednesday, 1/15/20	<b>11c. Election Time(s):</b> 8am-10am and 4pm-6pm		<b>11d. Election Location(s):</b> Negotiable
<b>12a. Full Name of Petitioner (including local name and number):</b> UNITE HERE Local 74		<b>12b. Address (street and number, city, State and ZIP code):</b> 12105 Bridgeton Square Dr., Bridgeton, MO 63044	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> UNITE HERE International Union			
<b>12d. Tel. No.</b> 314-890-0250	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 314-423-4148	<b>12g. E-Mail Address</b> dmorton@unitehere.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> Emily Perez, Hammond and Shinnors, P.C.		<b>13b. Address (street and number, city, State and ZIP code):</b> 13205 Manchester Rd., Ste. 210, St. Louis, MO 63131	
<b>13c. Tel. No.</b> 314-727-1015	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 314-727-6804	<b>13f. E-Mail Address</b> eperez@hammondshinnors.com
<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> Emily R. Perez		<b>Signature</b> 	<b>Title</b> Counsel for Petitioner
			<b>Date</b> 12/26/19

**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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## **ATTACHMENT TO RC PETITION**

**INCLUDING:** All full-time and regular part-time employees in Food and Beverage Department and the Housekeeping Department at 823 Washington Avenue, St. Louis, MO facility.

**EXCLUDING:** All other employees including front desk and maintenance employees, office clerical employees, professional employees, confidential employees, managerial employees, guards, security and supervisors as defined by the Act

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RD-254082

Date Filed

12/26/2019

**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.

<b>2a. Name of Employer</b> Sysco Oklahoma		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, state, ZIP code) 1350 W. Tecumseh Road, Norman, Oklahoma	
<b>3a. Employer Representative - Name and Title</b> Eric Bentley		<b>3b. Address</b> (If same as 2b - state same)	
<b>3c. Tel. No.</b> 405-717-2700	<b>3d. Fax No.</b> 405-717-2660	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) warehouse and distribution		<b>4b. Principal product or service</b> distribution of products	
<b>5a. Description of Unit Involved</b> <b>Included:</b> All delivery and warehouse associates employed at 1350 W. Tecumseh Road, Norman, Oklahoma <b>Excluded:</b> Supervisors, managers, guards 73071 (b) (6), (b) (7)(C) 67			<b>5b. City and State where unit is located:</b> Norman, OK
<b>6. No. of Employees in Unit</b> 120	<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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8a. Name of Recognized or Certified Bargaining Agent</b> TEAMSTERS LOCAL UNION NO. 886		<b>8b. Affiliation, if any</b> Int'l Brotherhood of Teamsters	
<b>8c. Address</b> 3528 W. Reno Ave., Oklahoma City, OK 73107		<b>8d. Tel. No.</b> 405-947-2333	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b> 405-943-1026	<b>8g. E-Mail Address</b>
<b>9. Date of Recognition or Certification</b>		<b>10. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) Contract runs from March 12, 2016 to March 31, 2020	
<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>11b. If so, approximately how many employees are participating?</b>	
<b>11c. The Employer has been picketed by or on behalf of</b> (Insert Name) (Insert Address)		<b>11d. If so, approximately how many employees are participating?</b> a labor organization, of since (Month, Day, Year)	
<b>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)</b>			
<b>12a. Name</b> N/A	<b>12b. Address</b> N/A	<b>12c. Tel. No.</b>	<b>12d. Fax No.</b>
		<b>12e. Cell No.</b>	<b>12f. E-Mail Address</b>
<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>13b. Election Date(s)</b> January 9-10, 2020	<b>13c. Election Time(s)</b>	<b>13d. Election Location(s)</b> 1350 W. Tecumseh Road, Norman, Oklahoma	
<b>14. Full Name of Petitioner</b> (b) (6), (b) (7)(C)			
<b>14b. Tel. No.</b>		<b>14c. Fax No.</b>	
<b>14d. Cell No.</b> (b) (6), (b) (7)(C)		<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)	
<b>14f. Affiliation, if any</b>			
<b>15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>15a. Name</b> N/A		<b>15b. Title</b> N/A	
<b>15c. Address</b> (Street and number, city, state, ZIP code) N/A		<b>15d. Tel. No.</b>	<b>15e. Fax No.</b>
		<b>15f. Cell No.</b>	<b>15g. 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) (6), (b) (7)(C)

Title  
Petitioner

Date Filed

12-18-19

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

of seq. The principal use of the information is to assist the National Labor Relations Board by 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.