

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-255703

Date Filed
February 4, 2020

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 Meramec Instrument Transformer Co./Hubbell Power Systems, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1 Andrews Way MO Cuba 65453	
3a. Employer Representative - Name and Title Wendy Nye		3b. Address (If same as 2b - state same) 1 Andrews Way MO Cuba 65453	
3c. Tel. No. (573) 885-2521	3d. Cell No.	3e. Fax No. (573) 885-2543	3f. E-Mail Address wnye@hubbell.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Manufacturing plant-instrument current transformers	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Cuba, MO	
		6a. No. of Employees in Unit: 110	
		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) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 02/27/20 & 02/28/20		11c. Election Time(s): 3:30-5:30pm (27th) & 6:00-7:00pm (28th)		11d. Election Location(s): Training room			
12a. Full Name of Petitioner (including local name and number) Philip Meyer Local Union No. 2, International Brotherhood of Electrical Workers				12b. Address (street and number, city, state, and ZIP code) 2131 59th Street MO St. Louis 63110			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers							
12d. Tel No. (314) 645-2236		12e. Cell No. (417) 689-2837		12f. Fax No. (314) 645-2228		12g. E-Mail Address Phil_Meyer@ibew.org	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Amanda Hansen Attorney Schuchat, Cook & Werner		13b. Address (street and number, city, state, and ZIP code) 1221 Locust Street, Suite 250 MO St. Louis 63103	
13c. Tel No. (314) 621-2626	13d. Cell No. (314) 479-3399	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 Hansen	Signature Amanda K. Hansen	Title Attorney	Date 02/4/2020 11:40:44
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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 and Regular Part Time production, maintenance, janitorial and shipping employees employed by the Employer at its facility in Cuba, Missouri

Employees Excluded

Office clerical, professional employees, supervisors, guards as defined by the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-255756

Date Filed
2-5-20

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: AMC University Place 8		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1370 E. Main Street, Carbondale, IL	
3a. Employer Representative - Name and Title: Ann Seiler, General Manager		3b. Address (if same as 2b - state same): same	

3c. Tel. No. 618-529-5156	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Movie Theater	4b. Principal Product or Service Entertainment	5a. City and State where unit is located:
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5b. Description of Unit Involved: Included: All full and part time employees, including Crew, Crew Leads and Bartenders Excluded: security guards and supervisors, as defined by the Act	6a. Number of Employees in Unit: 18	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ n/a and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): Tuesday, 2/18/20	11c. Election Time(s): 4:00pm to 6:00pm	11d. Election Location(s): crewroom
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12a. Full Name of Petitioner (including local name and number): Local 881 United Food and Commercial Workers	12b. Address (street and number, city, State and ZIP code): #1 Sunset Hills Executive Dr., Ste. 102, Edwardsville, IL 62025
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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):
United Food and Commercial Workers International Union, AFL-CIO, CLC

12d. Tel. No.	12e. Cell No.	12f. Fax No.	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: Joseph C. Torres, Attorney	13b. Address (street and number, city, State and ZIP code): 221 N. LaSalle Street, Ste. 1550, Chicago, IL 60601
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13c. Tel. No. 312-641-2910	13d. Cell No.	13e. Fax No. 312-641-0781	13f. E-Mail Address Joe@Karmellawfirm.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Wesley Tartt	Signature 	Title Union Representative	Date 2/3/20
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-255781

Date Filed
February 5, 2020

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 Progress Rail Services		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3901 Missouri Avenue, East St Louis, IL 62207	
3a. Employer Representative - Name and Title Auden Hinojosa, Plant Manager		3b. Address (if same as 2b - state same) SAME	
3c. Tel. No. (618) 875-7544	3d. Cell No. (508) 380-4248	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service. Railroad Parts	
		5a. City and State where unit is located: East St. Louis, IL	
5b. Description of Unit Involved Included: All full-time and regular part-time Production and Maintenance employees employed by the employer at their 3901 Missouri Ave, East St Louis, IL facility. Excluded: All other employees including engineers, office clerical employees, professional employees, managerial employees, guards and supervisors, as defined by the Act, as amended.			6a. No. of Employees in Unit: 25 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) _____ 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)

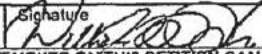
9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): February 26, 2020	11c. Election Time(s): 3:00 PM - 5:00 PM	11d. Election Location(s): Lunch Room	
12a. Full Name of Petitioner (including local name and number) District Lodge 8, 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		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 February 5, 2020
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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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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-255837

Date Filed

2/6/2020

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: Luxfer Graphic Arts		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1001 College Street Madison, IL 62060	
3a. Employer Representative - Name and Title: Peter Gibbons Vice President and General Manager		3b. Address (if same as 2b - state same): same as 2b	
3c. Tel. No. 618-452-5190	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Graphic arts/Magnesium sheet and plate		4b. Principal Product or Service	
5a. City and State where unit is located: Madison Illinois		5b. Number of Employees in Unit: approx. 70	
5b. Description of Unit involved: Included: Full time and Part time Production and Maintenance employees Excluded:		6a. 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) 2-5-20 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	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of Labor Organization) no strike		9. If so, approximately how many employees are participating? 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: manual			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): within 28 days February 26th		11c. Election Time(s): shift changes 5am-9am + 1pm-5pm	
11d. Election Location(s): cafeteria-building one		12a. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): AFL-CIO-CLC	
12a. Name of Petitioner (including local name and number): United Steel, Paper, and Forestry, Rubber, Manufacturing, Energy Allied Industrial and Service Workers International Union		12b. Address (street and number, city, State and ZIP code): 10 Central Industrial Drive Suite 4 Granite City, IL 62040	
12c. Tel. No. 618-452-1130	12d. Cell No. 618-972-8610	12e. Fax No. 618-452-5366	12f. E-Mail Address jchism@usw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jason Chism Staff Representative United Steelworkers		13b. Address (street and number, city, State and ZIP code): 10 Central Industrial Drive Suite 4 Granite City, IL 62040	
13c. Tel. No. 618-452-1130	13d. Cell No. 618-972-8610	13e. Fax No. 618-452-5366	13f. E-Mail Address jchism@usw
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): Jason Chism		Signature: 	
Title: Staff Representative		Date: 2-5-20	

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-256887

Date Filed

February 25, 2020

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 Dillons Stores		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7707 E Central Ave KS Wichita 67206-	
3a. Employer Representative - Name and Title Scott Rigg		3b. Address (If same as 2b - state same) 2700 East 4th Ave KS Hutchinson 67501-	
3c. Tel. No. (620) 669-3387	3d. Cell No. (620) 966-4303	3e. Fax No. (620) 669-3167	3f. E-Mail Address scott.rigg@dillonstores.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)		4b. Principal product or service Grocery	5a. City and State where unit is located: Wichita, KS

5b. Description of Unit Involved		6a. No. of Employees in Unit: 9
Included: See Attached Page 2 for additional details		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"/>
Excluded: See Attached Page 2 for additional details		

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

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

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

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

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

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

11b. Election Date(s): March 6, 2020	11c. Election Time(s): 11am- 5pm	11d. Election Location(s): Training room in the break area at this Dillons location.
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12a. Full Name of Petitioner (including local name and number)
Maricruz Cecena
UFCW District Local 2

12b. Address (street and number, city, state, and ZIP code)
3951 N Woodlawn Ct
KS Bel Aire 67220-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union

12d. Tel No. (323) 203-6042	12e. Cell No. (323) 203-6042	12f. Fax No. (316) 941-4582	12g. E-Mail Address mccena@ufcw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Amanda Jaret Assistant General Counsel UFCW International Union	13b. Address (street and number, city, state, and ZIP code) 1775 K St NW DC Washington 20006-1598
13c. Tel No. (202) 466-1521	13d. Cell No. (202) 417-5665
	13e. Fax No.
	13f. E-Mail Address ajaret@ufcw.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) Maricruz Cecena	Signature Maricruz Cecena	Title International Representative	Date 02/24/2020 13:34:51
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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 bistro employees in a self-determination election to determine whether they will be represented by the petitioner and join the existing meat, seafood, and deli bargaining unit represented by petitioner. (Armour Globe election)

Employees Excluded

All other department employees, guards, managers, and supervisors as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RD-256364

Date Filed

February 14, 2020

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

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

2a. Name of Employer
Midwest Air Traffic Control Services Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
7300 W. 129th Street
KS Overland Park 66213-

3a. Employer Representative - Name and Title
Andrew Groth Director of North American Operations

3b. Address (If same as 2b - state same)
7300 W. 129th Street
KS Overland Park 66213-

3c. Tel. No.
(913) 787-2085

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
andy.groth@midwestatcs.com

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

4b. Principal product or service
Air Traffic Control Services

5a. City and State where unit is located:
Murphysboro, IL

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
5

6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes ☒ No ☐

Check One: ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).**

☒ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent
PATCO Gerald Tuso National Representative

8b. Address PO Box 1838
FL Perry 32348-

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address
FPD@comcast.net

8g. Affiliation, if any

FPD/AFSCME

8h. Date of Recognition or Certification

08/02/2002

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
09/30/2010

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11b. Election Date(s):
as soon as practical

11c. Election Time(s):
Open

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

11d. Election Location(s):
556 N Airport Rd., Murphysboro, IL. 62966. Meeting room

12a. Full Name of Petitioner (b) (6), (b) (7)(C)

12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

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

12d. Tel. No.
(b) (6), (b) (7)(C)

12e. Cell No.

12f. Fax No.

12g. E-Mail Address
(b) (6), (b) (7)(C)

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

13a. Name and Title

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

13c. Tel. No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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

Name (Print)
(b) (6), (b) (7)(C)

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

Title

Date
02/14/2020 07:43:17

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Attachment

Employees Included
All Full Time Line Air Traffic Controllers

Employees Excluded
All Maintenance, Supervisors, Manager

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