UNITED STATE		DO NOT WRITE IN THIS SPACE Case No. Date Filed							
RC PE	TITION	ARD	Case No. 14-RC-2	55703	Feb	pruary 4, 2020			
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	v's website wy	w nlrb gov submit a	n original of this	Petition to a	an NI RB office in the Region			
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , 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 <u>not</u> 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 representa ive 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)									
Meramos Instrument Transformer Co. (Hubbell Device Sustaine Inc. 1 Andrews Way									
Mo Cuba 65453- 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)									
Wendy Nye			1 Andrews Way MO Cuba 65453-	aure annum " y contracted from a million waard it actor. •					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	iress			
(573) 885-2521			(573) 885-2543		wnye@hubbell	com			
4a. Type of Establishment (Factory, mine,	wholesaler, etc)	4b. Principal proc	duct or service		5a. City	and State where unit is located:			
Others		Manufac	turing plant-instrument cur	rent transformers		Cuba, MO			
5b. Description of Unit Involved						6a. No. of Employees in Unit:			
Included: See Attached Page 2 for addition	onal details					110			
						6b. Do a substantial number (30% or more) of the employees in the			
Excluded: See Attached Page 2 for addition	onal details					unit wish to be represented by the			
		ninin - Denne ente	tion was made an (Data)		. Caralana da	Petitioner? Yes [No []			
Check One: 7a. Request for r				and	a Employer dec	clined recognition on or about			
7b Petitioner is ((If no reply received	epresentative and desires	certification under the	Act				
8a. Name of Recognized or Certified Ba			8b. Address		AU.				
8c. Tel No.	8d Cell No.		8e, Fax No.		8f. E-Mail Add	Iress			
oc. rento.	ou oci no.		00.1 44 110.			1035			
8g. Affiliation, if any	•		8h. Date of Recognition or	r Certification		Date of Current or Most Recent			
					Contract, if an	ny (Month, Day, Year)			
		have a the bis sector of	0 No	in state barran					
9. Is there now a strike or picketing at the F				imately how many em					
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)					
10. Organizations or individuals other than					esentatives an	d other organizations and individuals			
known to have a representative interest in	any employees in	the unit described i	n item 5b above. (If none,	so state)					
10a. Name	10b. Ad	dress		10c, Tel, No,		10d, Cell No.			
loa. Hante	100. Au	01035		100. 10. 10.					
				10e. Fax No.		10f. E-Mail Address			
 Election Details: If the NLRB conduct any such election. 	s an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail			
11b. Election Date(s): 02/27/20 & 02/28/20	to other and the second s	lection Time(s):		11d. Election Locati	on(s):				
	100-275-201-2775	30pm (27th) & 6:00)-7:00pm (28th)	Training room					
12a. Full Name of Petitioner (including I Philip Meyer	ocal name and n	umber)		12b. Address (stree 2131 59th Street MO St Louis 63110-	t and number,	city, state, and ZIP code)			
Philip Meyer Local Union No. 2, International Brotherhood of Electronic Structure of No. 2 (International International Internat	abor organization	of which Petitioner	is an affiliate or constituen						
International Brotherhood of Electrical Work				e (in none, ee etato)					
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail A Phil_Meyer@i	ddress			
(314) 645-2236	(417) 689-2837		(314) 645-2228		2018 2021 2022	bew.org			
13. Representative of the Petitioner who	will accept serv	ice of all papers fo							
13a. Name and Title Amanda Hansen Attorney			13b. Address (street and 1221 Locust Street Suit		and ZIP code)				
Schuchat, Cook & Werner	101 0		1221 Locust Street, Suit MO St. Louis 63103-		101				
13c. Tel No. (314) 621-2626	13d. Cell No. (314) 479-3399		13e. Fax No. (314) 621-2378		13f. E-Mail Ad akh@schucha				
I declare that I have read the above petit			122 64	ledge and belief.					
					Date				
Name (Print) Signature Title Date									
Amanda Hansen A	manda K. Hansen		Attorney		02/4/2020	11-40-44			

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.

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included

Attachment

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

ORM NLRB-502 (RC) UNITED STATES OF AMERICA					DO NOT WRITE IN THIS SPACE						
(2-18)		ABOR RELATIONS	BOARD		Case No. 14-RC-25	5756		2-5-20			
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 bargaining by Petitioner and Pe requests that the National Lat	titioner desires to	be certified as repr	resentative of	the employees. The F	Petitioner alleges	that the fo	llowing circumsta	nces exist and			
2a. Name of Employer:											
				Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 370 E. Main Street, Carbondale, IL							
3a. Employer Representative - Na	0.0000000000000000000000000000000000000	me as 2b - state same	<i>)</i> ;								
Ann Seiler, General Man	lager	san	ne								
3c. Tel. No.	3d. Cell No.		3e. Fax N	lo.	3f. E-Mail A	Address					
618-529-5156						La Long					
4a. Type of Establishment (Factory Movie Theater	, mine, wholesale	r, etc.)		pal Product or Service ainment		5a. City a	nd State where unit	is located:			
5b. Description of Unit Involved:			Enterta	amment		6a Numb	er of Employees in	1 Init:			
Included:						1000	er or Employees in	Onic			
All full and part time em	ployees, inc	luding Crew,	Crew Lea	ads and Bartend	lers	18					
security guards and supe	rvisoris as d	efined by the	Act			of the	substantial number employees in the u	nit wish to be			
Check One: 7a. Request for re				e on (Date)	n/a an		ented by the Petitic declined recognitio				
on or about (Date)	(If no reply	y received, so	state).		a Employer	decimed recognitio				
8a. Name of Recognized or Certif				and desires certification	on under the Act.						
8c. Tel. No.	8d. Cell No.		8e. Fax N	0.	8f. E-Mail A	ddress	- 4, 6)				
8g. Affiliation, if any:			8h. Date of R	Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing	at the Employer's	establishment(s) in	volved? No	If so, appro	ximately how man	y employee	s are participating?				
(Name of Labor Organization)					, has picketed	the Employ	er since (Month, Da	ay, Year)			
 Organizations or individuals othe individuals known to have a repr 							es and other organi	zations and			
10a. Name	10b	. Address			10c. Tel. No	o. 10d. Cell No.					
		593.			10e. Fax No	10e. Fax No. 10f. E-Mail A		35			
11. Election Details: If the NLRB co	onducts and elect	ion in this matter, st	tate your posit	tion with respect to an	y such election:		· · · · · · · · · · · · · · · · · · ·				
11b. Election Date(s):	110	Election Time(s):			11d. Electio	× Manua		Aixed Manual/Mail			
Tuesday, 2/18/20	57 B2593	00pm to 6:00p	m		crewroo		»J.				
12a. Full Name of Petitioner (inclus				12b. Address (street			ZIP code):				
Local 881 United Food a				#1 Sunset Hill 62025		5	102, Edward	sville, IL			
12c. Full name of national or interna United Food and Comme											
12d. Tel. No.	12e. Cell No.	is memation	12f. Fax N		12g. E-Mail Address						
13. Representative of the Petitione 13a. Name and Title:	er who will accept	ot service of all pa									
Joseph C. Torres, Attorney					er, city, State and ZIP code): te. 1550, Chicago, IL 60601						
13c. Tel. No.	13d. Cell No.		13e. Fax N	10.	13f. E-Mail A	Address					
312-641-2910			312-64			rmellaw	firm.com				
I declare that I have read the abov	e petition and th	1	are true to th	e best of my knowle				Inc			
Name (Print) Wesley Tartt		Signature	0.000		Title Union Repr	ecentatio	10	Date 2/3/20			
trobicy rain		1016	iA		omon Kepi	coontati		2/3/20			

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

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *el 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.

FORM NUR8-502 (RC) (4-15)

NATIONAL LABOR	ES GOVERNMENT			DO NOT	WRITE IN THI	SPACE
	RC PETITION				Fet	Filed pruary 5, 2020
INSTRUCTIONS: Unless e-Filed u in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Descrip with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Ref 2a. Name of Employer Progress Rail Services	Ising the Agency of is located. The e employer and a plion of Represent served on the er ERTIFICATION OF F desires to be certified lations Board process	petition must II other partie Intation Case F mployer or an REPRESENTATI S as representable ed under its pro 2b. Ad	be accompanied by s named in the petition Procedures (Form NL y other party. VE - A substantial number of the employees. The	both a showing c on of: (1) the peti RB 4812). The si of employees wish to Petitioner alleges th Section 9 of the Ne ((s) involvéd (Streat a	Petition to a of interest (se tion; (2) State howing of int o be represente the following atonal Labor R and number, city	In NLRB office in the Region the 6b below) and a certificate ement of Position form terest should only be filed of for purposes of collective g circumstances exist and elations Act.
3a. Employer Representative - Name en Auden Hinojosa, Plant Mana	ger		3b. Address (If same at SAME	s 2b – state same)		
,3c. Tel. No. (618) 875-7544	3d. Cell No. (508) 380-42	248	'3e. Fax No.	<u>(</u> 4	3f. E-Mail Add	ress
4a. Type of Establishment (Factory, mine, Factory		4b. Principal pro Railroad Pai				and State where unli is located: It. LOUIS, IL
5b. Description of Unit Involved Included: All full-time and regular part-lin East St Louis, IL facility. Excluded: All other employees includin .supervisors, as defined by th	ng engineers, oilice cl				0.000	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 // No
8a. Name of Recognized or Certified Ba	(Date) (// currently recognized	no reply received as Bargaining Re	tive was made on (Date) d, so state). Petition to presentative and desires &b. Address	serve as reques	it.	lined recognition on or about
None Sc. Tel No.	8d Cell No.		8e. Fax No.	1	.8f. E-Mail Add	ress
8g. Affiliation, if any	8h. Date of Recognition of	Certification	Date of Current or Most Recent y (Month, Day, Year)			
10. Organizations or individuals other than known to have a representative interest in	n Pelliloner and those any employees in the	named in tiems a named in tiems a unit described i	eled the Employer since (8 and 9, which have claim	ed recognition as rep		
	10b. Addre	355				
IVa. Nällie	1			10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduc	its an election in this r	matter, state your	r position with respect to		Manual	
11. Election Details: If the NLRB conduc any such election. 116. Election Date(s): February 26, 2020	11c. Elec 3:00 PM	tion Time(s): - 5:00 PM	r position with respect to	10e. Fax No. 11a. Election Type 11d. Election Locat Lunch Room	lion(s):	10f. E-Mail Address
11. Election Details: If the NLRB conduction any such election. 116. Election Date(s): February 26, 2020 12e. Full Name of Petitioner (Including of District Lodge 8, International Associational 22. Full name of pational or International	11c. Elec 3:00 PM local name and num ciation of Machinis labor organization of	tion Time(s): - 5:00 PM (ber) sts & Aerospa which Petitioner	ce Workers AFL-CIO	10e. Fax No. 11a. Election Type 11d. Election Locat Lunch Room 12b. Address (Street 113 Republic Avi	lion(s):	10f. E-Mail Address Mall Mixed Manual/Mall
11. Election Details: If the NLRB conduc any such election. 11b. Election Date(s): ebruary 26, 2020 12e. Full Name of Petitioner (<i>including</i> J District Lodge 8, International Association of International nternational Association of Machinis	11c. Elec 3:00 PM local name and num ciation of Machinis labor organization of	tion Time(s): - 5:00 PM (ber) sts & Aerospa which Petitioner	ce Workers AFL-CIO is an affiliate or constituen IO 12t. Fax No.	10e. Fax No. 11a. Election Type 11d. Election Locat Lunch Room 12b. Address (Street 113 Republic Avi	lion(s): el and number, enue, Ste. 10 12g. E-Mail Ac	10f. E-Mail Address Mall Mixed Manual/Mall city, state, and ZIP code) 0, Joliet, 1L 60435
11. Election Details: If the NLRB conduc any such election. 116. Election Date(s): ebruary 26, 2020 12e. Full Name of Petitioner (Including i District Lodge 8, International Association 12c. Full name of national or International International Association of Machinis 12d. Tel No. 315-280-6400 13. Representative of the Petitioner who	11c. Elec 3:00 PM local name and num ciation of Machinis labor organization of sts & Aerospace W 12e. Cell No. 815-214-4587 o will accept service	tion Time(s): - 5:00 PM (ber) sts & Aerospa which Petitioner Vorkers AFL-C of all papers fo	ce Workers AFL-CIO is an affiliate or constituen IO 121. Føx No. 815-280-6345	10e. Fax No. 11a. Election Type 11d. Election Locat Lunch Room 12b. Address (stree 113 Republic Av (if none, so state) centation proceeding d number, city, state,	lion(s): enue, Ste. 10 12g. E-Mail Ac wlepinske@i g. and ZIP code)	10f. E-Mail Address Mall Mixed Manual/Mall City, stele, and ZIP code) 0, Joliet, 1L 60435
any such election. 116. Election Dat(s): February 26, 2020 12e. Full Name of Petitioner (<i>including</i> i District Lodge 8, International Association 12e. Full name of national or international International Association of Machinis 120. Tel No. 815-280-6400 13. Representative of the Petitioner who 13e. Name and Title William J. Lepinsk 13c. Tel No. 815-280-6400	11c. Elec 3:00 PM local name and num ciation of Machinis labor organization of sts & Aerospace W 12c. Cell No. 815-214-4587 o will accept service te, Grand Lodge Re 13d. Cell No. 815-214-4587	tion Time(s): - 5:00 PM (ber) sts & Aerospa which Petitioner Vorkers AFL-C of all papers fo presentative	ce Workers AFL-CIO Is an affiliate or constituen IO 121. Fax No. 815-280-6345 or purposes of the repres 13b. Address (street and 13b. Address (street and 13c. Fax No. 815-280-6345	10e. Fax No. 11a. Election Type: 11d. Election Local Lunch Room 12b. Address (street 113 Republic Av. (if none, so state) entation proceeding number, city, state, ue, Ste. 100, Jol	lion(s): enue, Ste. 10 12g. E-Mail Ac wlepinske@i g. and ZIP code)	10f. E-Mail Address Mall Mixed Manual/Mall city, stale, and ZIP code) 0, Joliet, IL 60435 storess amaw.org
11. Election Datails: If the NLRB conduction any such election. 116. Election Date(s): February 26, 2020 12a. Full Name of Petitioner (Including J District Lodge 8, International Association 12c. Full name of national or international International Association of Machinis 12d. Tel No. 815-280-6400 13. Representative of the Petitioner who 13a. Name and Title William J. Lepinsk	11c. Elec 3:00 PM local name and num ciation of Machinis labor organization of sts & Aerospace W 12c. Cell No. 815-214-4587 o will accept service te, Grand Lodge Re 13d. Cell No. 815-214-4587	tion Time(s): - 5:00 PM (ber) sts & Aerospa which Petitioner Vorkers AFL-C of all papers fo presentative	ce Workers AFL-CIO Is an affiliate or constituen IO 121. Fax No. 815-280-6345 or purposes of the repres 13b. Address (street and 13b. Address (street and 13c. Fax No. 815-280-6345	10e. Fax No. 11a. Election Type: 11d. Election Local Lunch Room 12b. Address (street 113 Republic Av. (if none, so state) entation proceeding number, city, state, ue, Ste. 100, Jol	129. E-Mail Ac nue, Ste. 10 129. E-Mail Ac wlepinske@i g. and ZIP code) iiet. IL 60438 131. E-Mail Ad	10f. E-Mail Address Mall Mixed Manual/Mall city, stale, and ZIP code) 0, Joliet, IL 60435 storess amaw.org

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FORM 14 00 For 100	UNITED STATES OF AMERICA			Г			DO NOT WRITE IN THIS SPACE					
FORM NLRB-502 (RC) (2-18)						Cano I de			Dale Fi	leid 2020		
INSTRUCTIONS: Unless e-Filed us employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he polition	must be accomp the petition of: (1	nenied (by both ofition	1 0 sh	owing of Interest (s telement of Positio	n forn	below) and n (Form NLF	a certil/cat 18-505); and	o of service sh 1 (3) Descriptio	owing s m of Re	ervice on presentation
1. PURPOSE OF THIS PETITION: I bargaining by Politioner and Petit requests that the National Laboration	ioner desire	s to be certified a	s repres	sentativ	e of th	e employees The P	atitio	ner alleges i	hat the foll	wing circums	tances	cliective exist and
Luxfer Graphic Arts 1001					Address(es) of Establishment(s) Involved (Street end number. City, State, ZiP code): 01 College Street Idison, IL 62060							
3a. Employer Representative - Name and Title: 3b. Add Peter Gibbons same Vice President and General Manager						e as 2b - stale same	9):				-	
3c. Tel. No 518-452-5190	3d Cell No).		3c. F	ax No			3f. E-Mail A	ddress			
4a. Type of Establishment (Factory,				4b. F	Principa	al Product or Service	è		5a. City on	d State where u	nit is loc	ated;
Graphic arts/Magnesium shee 5b. Description of Unit Involved:	t and plate	,			_				Ba. Numbe	of Employees		nois
Full time and Part time Product	dion and N	laintenance er	molove	125					арргох	. 70		
Excluded:			picyc						of the e	ibstantial numb mployees in the rited by the Pet	unit wis	h to be
Check One: [x] 7a. Request for rec on cr about (Date)			esentalin to reply				-5-20	anc		leclined recogni		
7b. Petilioner is cu							ion una	der the Act.				
8a. Name of Recognized or Cortific	and the second se	and the second se			-	dreas;						
none												
8c. Tel. No.	8d. Cell No			8e. F	ax No			Bf, E-Mail A	ddress			
ag. Attiliation, if any:			1	8h. Date	e of Re	econition or Certific	ation			Month, Day, Ye	aar)	
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	nt(s) in	volved?	<u> </u>	If so, appro	oximat	ely how man	y employee	are participatin	197	
(Name of Labor Organization)			no str	ike			11	has picketed	the Employ	er since (Month	Day, Ye	rar)
10. Organizations or individuals othe individuals known to have a representation on the second secon										es and other org	anizatic	ns and
10a. Name		10b. Address						10c. Tel. No		tod. Cell No.		
								1Ce. Fax No		10/ E-Mai Add	Imee	
								TOD. CALK INC			21 5343	
11. Election Details: If the NLRB co manual	inducts and			ate you	r posit	on with respect to a	iny suc	ch election:			Mixed	i Manual/Mail
11b. Electica Date(s): within 28 days	Jaco	11c. Election Tir shift changes	1 .	0	2	ile E	_	11d. Elecilo cafeteria-				
12a. Full Name of Petitioner (inclus	ing local na	ma and number).	+			12b. Address (since 10 Central Indu	et and	number, city	-			
United Sleel, Paper, and For Allied Industrial and Service					ei ĝy	Suite 4 Granite			•			
12c. Full name of national or internat AFL-CIO-CLC	lonal labor d	rganization of wr	hich Pet	lioner	s an a	foliale or constituent	(if no	ne, so state):	· · · ·			
12d. Tel. No.	12e. Cell N		-		Fax No			12g. E-Mai				
618-452-1130	618-972					5366		jchism@u				
13. Representative of the Petitione 13a. Name and Title:	r who will a	accept service of	f all paj			oses of the represe ss (street and numb						
Jason Chism	Charlens					al Industrial Driv		~				
Staff Representative United	Steelworl 13d. Cell N	Statistic Research Street Stre		-	Fax N	Granite City, IL 6	6204	0 13f. E-Mail	Address			
618-452-1130	618-972			1.10300		5. 5366		jchism@u				
I declare that I have read the above	e petition a			are tru	e to th	e best of my knowl						
Name (Print; Jason Chism		SID Lature	-	0	•	N .	Title	s 💊 Sta	FReeres	entative		Date 2-5-20
				A					neprese	a nalive		2-0-20

p.2

WILLFUL FALSE STATEMENTS ON THE FITTION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1931) 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 (bigation. The routine uses for the information are fully set forth in the Federal Register 71 Fed. Reg. 74942-43 (Dec. 13, 2036). The NLRB will further explain these uses upor 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				DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR RELATIONS BOARD				Case No. Date Filed					
RC PE	14-RC-250	5887	Feb	ruary 25, 2020					
INSTRUCTIONS: Unless e-Filed us	ing the Agend	v's website. w	ww.nlrb.gov. submit a	n original of this	Petition to a	n NLRB office in the Region			
in which the employer concerned i	-	· ·							
	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.									
with the NLRB and should hot be s	served on the	employer or an	y other party.	ef employees with to					
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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and									
requests that the National Labor Relat									
2a. Name of Employer			Idress(es) of Establishmen	t(s) involved (Street a	nd number, city	, State, ZIP code)			
Dillons Stores		77	707 E Central Ave S Wichita 67206-						
3a. Employer Representative - Name and	1 Title		3b. Address (If same as						
Scott Rigg			2700 East 4th Ave KS Hutchinson 67	501-					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress			
(620) 669-3387	(620) 966-430	3	(620) 669-3167		scott.rigg@dillor	nstores com			
4a. Type of Establishment (Factory, mine, v	wholesaler, etc)	4b. Principal pro	duct or service		5a. City	and State where unit is located:			
Retail (Grocery)			Grocery			Wichita, KS			
5b. Description of Unit Involved						6a. No. of Employees in Unit:			
Included: See Attached Page 2 for addition	nal details					9			
						6b. Do a substantial number (30%			
Excluded: See Attached Page 2 for addition						or more) of the employees in the			
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the Petitioner? Yes Ves			
Check One: 7a. Request for re	cognition as Par	naining Depresenta	tivo was mado on (Dato)	20	d Employor doc	lined recognition on or about			
The request for the	and the second se	(If no reply received		div	u Employer dec	lined recognition on or about			
The Detitioner is c			epresentative and desires	contification under the	Act				
8a. Name of Recognized or Certified Bar			8b. Address		ACL.				
ou nume of recognized of octaned but	Bauma Adem (00.71441000						
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress			
8g. Affiliation, if any			8h. Date of Recognition of	Certification		Date of Current or Most Recent			
				Contract, if any (Month, Day, Year)					
			0 No						
9. Is there now a strike or picketing at the E	mpioyer's establi	snment(s) involved	ir so, approx	imately how many en	ipioyees are pa				
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)					
10. Organizations or individuals other than					resentatives and	d other organizations and individuals			
known to have a representative interest in a	iny employees in	the unit described	in item 5b above. (If none,	so state)		1771a			
10a, Name	10b Ad	droce		10c Tol No		10d. Cell No.			
IVa. Name	10b. Ad	uless		10c. Tel. No.		Tod. Cell No.			
				10e, Fax No.		10f. E-Mail Address			
				TOC. FUX TO.					
11. Election Details: If the NLRB conducts	s an election in th	is matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail			
any such election.			355 6						
11b. Election Date(s): March 6, 2020		lection Time(s):		11d. Election Locat					
	11am-					this Dillons location.			
12a. Full Name of Petitioner (including lo Maricruz Cecena UFCW District Local Local 2				3951 N Woodlawn C KS Bel Aire 67220-	et and number, o t	city, state, and ZIP code)			
12c. Full name of national or international la United Food and Commercial Workers Intern	abor organization national Union	of which Petitioner	is an affiliate or cons ituen	t (if none, so state)					
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	ddress			
(323) 203-6042	(323) 203-6042		(316) 941-4582		mcecena@ufc	cw.org			
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	or purposes of the repres	entation proceeding].				
13a. Name and Title			13b. Address (street and	d number, city, state,	and ZIP code)				
Amanda Jaret Assistant General Counsel UFCW International Union			1775 K St NW DC Washington 20006-	1598					
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad				
(202) 466-1521	(202) 417-5665				ajaret@ufcw.o	ng			
I declare that I have read the above petiti	on and that the	statements are tru	le to the best of my know	ledge and belief.					
	gnature		Title		Date				
Maria a Cocoria	aricruz Cecena		International Representa		02/24/2020	0 13:34:51			
WILLFUL FALSE STATEME	NTS ON THIS P	ETITION CAN BE F	PUNISHED BY FINE AND	IMPRISONMENT (U.	S. CODE. TITL	E 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.

Employees Included

Attachment

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.

	D STATES GOVERN			DO NOT WRITE IN THIS SPACE Case No. Date Filed				
						Date Filed February 14, 2020		
	RD PETITION 14-RD-256364 FG INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Regio							
located. The petition must be accompa	anied by both a showi atement of Position fo LRB and should <u>not</u> b	ing of interest (see form (Form NLRB-50 be served on the en	6b below) and a cert 05); and (3) Descripti 1ployer or any other	ificate of service showing on of Representation Cas party.	g service o se Proced	on the employer and all other parties named ures (Form NLRB 4812). The showing of		
recognized bargaining representative Labor Relations Board proceed ur	e is no longer their rep	presentative. The lority pursuant to S	Petitioner alleges th Section 9 of the Nati	at the following circum onal Labor Relations A	stances e	exist and requests that the National		
2a. Name of Employer Midwest Air Traffic Control Services Inc.			nt(s) involved (Street and number, city, State, ZIP code)					
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) Andrew Groth Director of Nor h American Operations 7300 W. 129th Street								
3c. Tel. No.	3d. Cell No.		KS Overland Park 3e, Fax No.	66213-	3f F.M	Aail Address		
(913) 787-2085	Su. Centro.		5C. T 4X 140.			roth@midwestatcs.com		
4a. Type of Establishment (Factory, min	ne, wholesaler, etc)	4b. Principal pro	duct or service		1	5a. City and State where unit is located:		
Services			Air Traffic Contro	I Services		Murphysboro, IL		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
Included: See Attached Page 2 f	or additional details	5				5 6b. Do a substantial number (30% or more) of the employees in he		
	1 (11) (11) (11) (11) (11) (11) (11) (1					unit no longer wish to be		
Excluded: See Attached Page 2 f	or additional details	5				represented by the cer ified or currently recognized bargaining representative? Yes 1 No		
Check One: 7a. Request for	or recognition as Bard	aining Representa	tive was made on (D	ate)a	and Emplo	over declined recognition on or about		
		(If no reply received	223.000			,		
		ed as Bargaining Re	epresenta ive and de	sires certification under th	he Act.			
8a. Name of Recognized or Certified			8b. Addr	I O DON 1000				
PATCO Gerald Tuso National Represen 8c. Tel No.	8d Cell No.		8e. Fax No.	FL Perry 32348	8f F-N	Aail Address		
00. 10110.	ou con no.		00.144140.)comcast.net		
8g. Affiliation, if any FPD/AFSCME			8h. Date of Recogni		Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the	a Employeda astablic	hmont(s) involved		02/2002		09/30/2010		
(Name of labor organization)		, has pick	eted the Employer si	pproximately how many ence (Month, Day, Year)				
10. Organizations or individuals other the have a representative interest in any en					and other	organizations and individuals known to		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cond	lucts an election in thi	is matter, state you	r position with respe	t to 11a. Election Typ	e: 🔽 M	lanual 🔲 Mail 🔲 Mixed Manual/Mail		
any such election. 11b. Election Date(s):	11c FI	lection Time(s):		11d. Election Loc	ation(s):			
as soon as practical	Open					sboro, IL. 62966. Meeting room		
12a. Full Name of Petitioner (b) (6), (b)) (7)(C)					umber, city, state, and ZIP code) (b) (7)(C)		
12c. Full name of national or internation	al labor organization	of which Petitioner	is an affiliate or cons					
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Address			
(b) (6), (b) (7)(C) 13. Representative of the Petitioner v	who will accord corvi	ion of all papers fo	r purposes of the r	oprocontation procoodi), (b) (7)(C)		
13a. Name and Title	and will accept servi	te of all papers to		et and number, city, state		code)		
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-	. E-Mail Address		
I declare that I have read the above p	etition and that the	statements are tru	e to the best of my	knowledge and belief.				
Name (Print)	Signature		Title	1 (M	Da	ate		
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C			AND IMPRISONMENT (1.1	14/2020 07:43:17 DE, TITLE 18, SECTION 1001)		

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DO NOT WRITE IN THIS SPACE

Attachment

Date Filed

Case

Employees Included All Full Time Line Air Traffic Controllers

Employees Excluded All Maintenance, Supervisors, Manager