

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

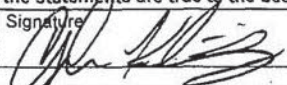
14-RC-254037

Date Filed

1/3/2020

**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> Southern Glazer's Wine & Spirits		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1 Glazer's way, St. Charles, Missouri 63301	
<b>3a. Employer Representative - Name and Title:</b> Tim Dippel Transportation Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 636-925-8800	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Wholesaler		<b>4b. Principal Product or Service</b> Wine & Spirit delivery	<b>5a. City and State where unit is located:</b> St. Charles, Missouri
<b>5b. Description of Unit Involved:</b> Included: See Attachment Excluded:		<b>6a. Number of Employees in Unit:</b> 42 <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. <i>Petitioner LONGEVITIES REQUEST</i>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <b>If so, approximately how many employees are participating?</b> _____ (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 an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> January 22, 2020		<b>11c. Election Time(s):</b> 5am-8am	
		<b>11d. Election Location(s):</b> Conference room	
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 600		<b>12b. Address (street and number, city, State and ZIP code):</b> 161 Weldon Parkway, Maryland Heights Missouri 63043	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> John Kelting, Recording Secretary		<b>13b. Address (street and number, city, State and ZIP code):</b> 161 Weldon Parkway, Maryland Heights Missouri 63043	
<b>13c. Tel. No.</b> 314-388-4400	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 314-388-4413	<b>13f. E-Mail Address</b> jkelting@teamsters600.org
<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> John Kelting	<b>Signature</b> 	<b>Title</b> Recording Secretary	<b>Date</b> 1/2/20

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

**5b. Description of Unit Involved:**

**Included:**

All full-time and regular part-time route delivery drivers and helpers employed by the Employer at its location currently located at 1 Glazer's way, St. Charles Missouri 63301

**Excluded:**

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

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2018 DEC 26 AM 8 02

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

DO NOT WRITE IN THIS SPACE

Case No. **14-RC-254107** Date Filed **January 6, 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> Research Medical Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2323 E 63rd St, Kansas City, MO 64130	
<b>3a. Employer Representative - Name and Title</b> Charlotte O'Neal, Vice President of Human Resources		<b>3b. Address (If same as 2b - state same)</b> 2316 E Meyer Blvd., Kansas City, MO 64132	
<b>3c. Tel. No.</b> (816) 276-9492	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Charlotte.ONeal2@hcamidwest.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Acute Care Hospital		<b>4b. Principal product or service</b> Healthcare	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attachment A <b>Excluded:</b> See Attachment A		<b>5a. City and State where unit is located:</b> Kansas City, Missouri	
		<b>6a. No. of Employees in Unit:</b> 70	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	

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

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> 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>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 6b above. (If none, so state)**  
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>

**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):** January 15, 2020 **11c. Election Time(s):** 6am-9am; 6pm-9pm **11d. Election Location(s):** Hospital Conference Room, 2323 E. 63rd St., Kansas City, MO

**12a. Full Name of Petitioner (including local name and number)**  
NNOC-Missouri & Kansas/NNU **12b. Address (street and number, city, state, and ZIP code)**  
155 Grand Ave., Oakland, CA 94612


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)

<b>12d. Tel No.</b> 510-273-2200	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 510-663-4822	<b>12g. E-Mail Address</b>
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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> Nicole Daro, Legal Counsel		<b>13b. Address (street and number, city, state, and ZIP code)</b> 155 Grand Ave., Oakland, CA 94612	
<b>13c. Tel No.</b> 510-273-2294	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-663-4822	<b>13f. E-Mail Address</b> ndaro@calnurses.org

**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> Nicole Daro	<b>Signature</b> 	<b>Title</b> Legal Counsel	<b>Date</b> January 3, 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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**Attachment A**

**RC Petition  
Research Medical Center**

**NNOC-Missouri & Kansas/NNU**

**5. Unit Involved:**

**Existing Unit:**

All full-time, part-time, and per diem Registered Nurses, employed by the Employer at 2316 East Meyer Boulevard, Kansas City, Missouri 64132 and 6601 Rockhill Road, Kansas City, Missouri 64131, but excluding confidential employees, physicians, nurse and/or clinical educators or coordinators, clinical nurse specialists, clinical coordinators, case managers/utilization review and/or discharge planners, nurse practitioners, accounting or auditing RNs, infection control/employee health nurses, risk management/performance improvement and/or quality assurance or quality management nurses, employees of outside registries and other agencies supplying labor to the Employer, already represented employees, permanent charge nurses, managerial employees, guards, and supervisors within the meaning of the Act and all other employees.

**Voting Group:**

All Registered Nurses employed by the employer at its 2323 E 63rd St, Kansas City, Missouri facility.

**Resulting Unit:**

All full-time, regular part-time, and per diem Registered Nurses employed by the Employer at the following facilities: 2316 E Meyer Blvd., Kansas City, Missouri 64132; 6601 Rockhill Road, Kansas City, Missouri 64131; and 2323 E 63rd St, Kansas City, Missouri 64130.

**Eligibility date** is pay period ending Friday, January 3, 2020.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
**14-RC-254216**

Date Filed  
January 6, 2020

**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**  
Gannett Missouri Publishing, Inc. d/b/a Springfield News-Leader

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
651 Boonville Ave., Springfield, MO 65806

**3a. Employer Representative - Name and Title**  
Allen Jones

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

**3c. Tel. No.**  
(417) 836-1100

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
aljones@gannett.com

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

**4b. Principal product or service**  
News

**5a. City and State where unit is located:**  
14

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time newsroom employees employed by the Employer.

**Excluded:** All other employees, including all managers, guards, and supervisors as defined by the Act.

**6a. No. of Employees in Unit:**  
14

**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) 1/6/20 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **no reply**

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

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
None

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
January 28, 29, or 30

**11c. Election Time(s):**  
4-6

**11d. Election Location(s):**  
Employer's photo lab

**12a. Full Name of Petitioner (including local name and number)**  
United Media Guild, TNG-CWA Local 36047

**12b. Address (street and number, city, state, and ZIP code)**  
1015 Locust St., Suite 735, St. Louis, MO 63101

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

**12d. Tel No.**  
(314) 241-7046

**12e. Cell No.**  
(314) 560-7492

**12f. Fax No.**  
(314) 241-7459

**12g. E-Mail Address**  
sduffy@unitedmediaguild.org

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

**13a. Name and Title**  
Michael Melick, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
1025 Connecticut Ave., N.W., Suite 1000, Washington, D.C. 20036

**13c. Tel No.**  
(202) 293-9222

**13d. Cell No.**  
(443) 682-3867

**13e. Fax No.**

**13f. E-Mail Address**  
mmelick@barrcamens.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)**  
Michael Melick

**Signature**  
/s/ Michael Melick

**Title**  
Attorney

**Date**  
1/6/20

**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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

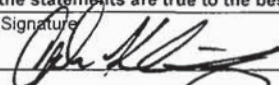
DO NOT WRITE IN THIS SPACE

Case No.  
14-RC-254378

Date Filed  
1/9/2020

**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> Southern Glazer's Wine & Spirits Quality first distribution		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1 Glazer's way, St. Charles Missouri, 63301 130 Byassee Drive, Hazelwood Missouri, 63042	
<b>3a. Employer Representative - Name and Title:</b> Joe Quinn Vice President of Operations Richard Goode President		<b>3b. Address (if same as 2b - state same):</b> Same Same	
<b>3c. Tel. No.</b> 636-925-8800	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> joe.quinn@sgws.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Wholesaler		<b>4b. Principal Product or Service</b> Wine & Spirit delivery	
<b>5a. City and State where unit is located:</b> St. Charles, Missouri		<b>5b. Description of Unit Involved:</b> Included: See Attachment Excluded: See Attachment	
<b>6a. Number of Employees in Unit:</b> 42		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <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> PETITION CONSTITUTES REQUEST	
<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 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> January 22, 2020		<b>11c. Election Time(s):</b> 5am-8am	
<b>11d. Election Location(s):</b> Southern Glazer's conference room			
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 600		<b>12b. Address (street and number, city, State and ZIP code):</b> 161 Weldon Parkway, Maryland Heights Missouri 63043	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> John Kelting, Recording Secretary		<b>13b. Address (street and number, city, State and ZIP code):</b> 161 Weldon Parkway, Maryland Heights Missouri 63043	
<b>13c. Tel. No.</b> 314-388-4400	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 314-388-4413	<b>13f. E-Mail Address</b> jkelting@teamsters600.org
<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> John Kelting	<b>Signature</b> 	<b>Title</b> Recording Secretary	<b>Date</b> 1/9/20

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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**5b. Description of Unit Involved:**

**Included:**

All full-time and regular part-time employees classified as drivers and helpers who work out of the facility currently located at 1 Glazer's way, St. Charles Missouri 63301

**Excluded:**

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



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

Case No.

14-RD-254803

Date Filed

January 17, 2020

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

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

2a. Name of Employer <b>KETV</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>1001 S 10<sup>th</sup> St Omaha Nebraska 68108</b>	
3a. Employer Representative - Name and Title <b>ARIEL ROBLIN</b>		3b. Address (if same as 2b - state name) <b>SAME AS 2B</b>	
3c. Tel. No. <b>402-345-7777</b>	3d. Fax No.	3e. Cell No.	3f. E-Mail Address <b>aroblin@hearst.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>TV STATION</b>		4b. Principal product or service <b>NEWS + ENTERTAINMENT</b>	
5a. Description of Unit Involved Included: <b>NEWS OPERATIONS + ENGINEERING</b> Excluded: <b>NEWS GATHERING/REPORTING STAFF</b>			5b. City and State where unit is located: <b>OMAHA, NE</b>

6. No. of Employees in Unit <b>18</b>	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent <b>NABET-CWA Local 54041</b>		8b. Affiliation, if any <b>AFL-CIO</b>	
8c. Address <b>211 WEST WACILER DRIVE STE 1030 CHICAGO, IL 60606</b>		8d. Tel. No. <b>312-372-4111</b>	8e. Cell No.
		8f. Fax No. <b>312-372-2115</b>	8g. E-Mail Address <b>christopherw@nabet41.org</b>
9. Date of Recognition or Certification <b>MARCH 12 2017 (last contract)</b>		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>MARCH 12, 2020</b>	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) <b>N/A</b>		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) <b>N/A</b>			

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) <b>ASAP</b>	13c. Election Time(s) <b>ASAP</b>	13d. Election Location(s) <b>OMAHA, NE</b>	

14. Full Name of Petitioner <b>(b) (6), (b) (7)(C)</b>			
14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>		14b. Tel. No. <b>(b) (6), (b) (7)(C)</b>	14c. Fax No. <b>N/A</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>KETV Employee (b) (6), (b) (7)(C)</b>			

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name <b>(b) (6), (b) (7)(C)</b>		15b. Title <b>(b) (6), (b) (7)(C)</b>	
15c. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>		15d. Tel. No. <b>(b) (6), (b) (7)(C)</b>	15e. Fax No. <b>N/A</b>
		15f. Cell No. <b>(b) (6), (b) (7)(C)</b>	15g. E-Mail Address <b>(b) (6), (b) (7)(C)</b>

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

Name (Print) <b>(b) (6), (b) (7)(C)</b>	Title <b>(b) (6), (b) (7)(C)</b>	Date Filed <b>1-15-2020</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


14-RC-255200

Date Filed

1/27/2020

**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> Veolia Environmental Services		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, City, State, ZIP code): 7 Mobile Street, Sauget, IL 62201	
<b>3a. Employer Representative - Name and Title:</b> Doug Harris, Plant Manager		<b>3b. Address</b> (if same as 2b - state same): Same	
<b>3c. Tel. No.</b> (618) 271-2804	<b>3d. Cell No.</b> 618-235-7799	<b>3e. Fax No.</b>	<b>3f. E Mail Address</b> doug.harris@veolia.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Hazardous Waste Inceneratorator		<b>4b. Principal Product or Service</b> Processing Hazardous Waste	
<b>5a. City and State where unit is located:</b> Sauget, IL		<b>5b. Description of Unit Involved:</b> Included: See Attachment A Excluded: See Attachment A	
<b>6a. Number of Employees in Unit:</b> 90		<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</b> (If none, so state) 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</b> (Month, Day, Year)			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <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.</b> (If none, so state)			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> February 11 & 12, 2020		<b>11c. Election Time(s):</b> 2/11 14:00-19:00 2/12 17:00-19:00	
<b>11d. Election Location(s):</b> Unit 4 Breakroom			
<b>12a. Full Name of Petitioner</b> (including local name and number): See Attachment A		<b>12b. Address</b> (street and number, city, State and ZIP code): Suite 600, 1655 West Market Street, Akron, OH 44313	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state): See Attachment A			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Lance Heasley, ICWUC/UFCW Organizer		<b>13b. Address</b> (street and number, city, State and ZIP code): Suite 600, 1655 West Market Street, Akron, OH 44313	
<b>13c. Tel. No.</b> 330-926-1444	<b>13d. Cell No.</b> 202-394-4561	<b>13e. Fax No.</b> 330-926-0816	<b>13f. E-Mail Address</b> lheasley@icwuc.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Lance Heasley		<b>Signature</b> 	<b>Title</b> ICWUC/UFCW Organizer
		<b>Date</b> 1/27/2020	

**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.

## ATTACHMENT A

### **5b. Description of Unit Involved:**

**Included:** All full and regular part-time laboratory, Operations and Maintenance employees

**Excluded:** All other employees, including all, professional & managerial, office/clericals, guards, & supervisors as defined in the act.

### **12a. Full Name of Petitioner (including local name and number):**

International Chemical Workers Union Council of the United Food and Commercial Workers  
International Union, AFL-CIO, CLC

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

International Chemical Workers Union Council of the United Food and Commercial Workers  
International Union, AFL-CIO, CLC



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
14-RD-255268

Date Filed  
1-28-20

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

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

2a. Name of Employer <i>North Manitowish</i>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <i>70349 630 Ave Oshkosh, NE 68345</i>	
3a. Employer Representative - Name and Title <i>Tom Nelson</i>		3b. Address (If same as 2b - state same) <i>11252 Aurora Ave, Des Moines, IA 50322</i>	
3c. Tel. No. <i>515-697-3403</i>	3d. Fax No.	3e. Cell No. <i>515-689-1526</i>	3f. E-Mail Address <i>Thomas.Nelson@northmanitowish.com</i>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <i>Quarry</i>		4b. Principal product or service <i>Limestone</i>	
5a. Description of Unit Involved Included: <i>Hourly Employees</i> Excluded: <i>Salvage Employees</i>			5b. City and State where unit is located: <i>Oshkosh, NE</i>

6. No. of Employees in Unit *9* 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent <i>Aaron Fichter</i>		8b. Affiliation, if any	
8c. Address <i>4660 South 60th Ave Omaha, NE 68117</i>		8d. Tel. No. <i>402-733-1600</i>	8e. Cell No. <i>402-681-0221</i>
		8f. Fax No.	8g. E-Mail Address <i>a.fichter@IUOE571.org</i>

9. Date of Recognition or Certification *4-1-17* 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
*3-31-2020*

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?  
11c. The Employer has been picketed by or on behalf of (Insert Name) *\_\_\_\_\_* a labor organization, of (Insert Address) *\_\_\_\_\_* since (Month, Day, Year) *\_\_\_\_\_*

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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

13b. Election Date(s) <i>02-14-2020</i>	13c. Election Time(s) <i>12:00pm</i>	13d. Election Location(s) <i>Employee Shack / North Manitowish 70349 630 Ave Oshkosh, NE 68345</i>
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14. Full Name of Petitioner *(b) (6), (b) (7)(C)*

14a. Address (Street and number, city, state, ZIP code) <i>(b) (6), (b) (7)(C)</i>	14b. Tel. No.	14c. Fax No.
	14d. Cell No. <i>(b) (6), (b) (7)(C)</i>	14e. E-Mail Address <i>(b) (6), (b) (7)(C)</i>

14f. Affiliation, if any *employee*

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

15a. Name <i>See 14 above</i>	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

I declare that I have read the above petition and the contents of my knowledge and belief.

(b) (6), (b) (7)(C)	Signature	Title <i>Employee</i>
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STATEMENTS ON THE PETITION BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 48, SECTION 1001)

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.

RECEIVED  
NLRB, REGION 17  
2020 JAN 27  
OVERLAND PARK, KS