

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
**14-RC-260008**

Date Filed  
May 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.**

<b>2a. Name of Employer</b> United States Gypsum Co.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1115 Armor Road MO North Kansas City 64116-	
<b>3a. Employer Representative - Name and Title</b> Jason Kankey		<b>3b. Address (If same as 2b - state same)</b> 1115 Armor Road MO North Kansas City 64116-	
<b>3c. Tel. No.</b> (816) 471-4298	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jkankey@usg.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Constr. - Supplies & Fixtures		<b>4b. Principal product or service</b> Drywall	
<b>5a. City and State where unit is located:</b> Kansas City, MO			<b>5b. Description of Unit Involved</b>
<b>Included:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 28
<b>Excluded:</b> See Attached Page 2 for additional details			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 04/23/2020 and Employer declined recognition on or about 04/23/2020 (Date) (If no reply received, so state). Yes  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

<b>10a. Name</b>		<b>10b. Address</b>		<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
				<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.				<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> As soon as possible		<b>11c. Election Time(s):</b> As soon as possible		<b>11d. Election Location(s):</b> Via mail			
<b>12a. Full Name of Petitioner (including local name and number)</b> Landon Johnson Teamsters Local Union No. 838				<b>12b. Address (street and number, city, state, and ZIP code)</b> 4501 Emmanuel Cleaver JLBld MO Kansas City 64130-2371			
<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> (816) 924-3460		<b>12e. Cell No.</b>		<b>12f. Fax No.</b> (816) 924-3485		<b>12g. E-Mail Address</b> landon@kcteamsters.com	

<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> Paul Torlina Blake & Uhlig, P.A.		<b>13b. Address (street and number, city, state, and ZIP code)</b> 753 State Ave Suite 475 KS Kansas City 66101-2560	
<b>13c. Tel No.</b> (913) 321-8884	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (913) 321-2396	<b>13f. E-Mail Address</b> pet@blake-uhlig.com

**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> Paul Torlina	<b>Signature</b> Paul Torlina	<b>Title</b>	<b>Date</b> 04/23/2020 12:32:27
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Full-time & regular part-time Production & Warehouse employees at NKC MO facility

Employees Excluded

All other employees at North KC facility



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-260021

Date Filed

May 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**  
Delta Gases

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2470 Adie Road  
MO Maryland Heights 63043-

**3a. Employer Representative - Name and Title**  
Todd Linnenbringer

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

**3c. Tel. No.**  
(314) 567-7121

**3d. Cell No.**

**3e. Fax No.**  
(314) 567-7287

**3f. E-Mail Address**  
tlinnenbringer@deltagases.com

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

**4b. Principal product or service**  
gas and welding equipment

**5a. City and State where unit is located:**  
Maryland Heights, MO

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
8

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**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?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
asap

**11c. Election Time(s):**  
any

**11d. Election Location(s):**  
Employers facility

**12a. Full Name of Petitioner (including local name and number)**  
john flach  
Congress of Independent Unions

**12b. Address (street and number, city, state, and ZIP code)**  
303 ridge st  
IL alton 62002-

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

**12d. Tel. No.**  
(618) 462-2447

**12e. Cell No.**

**12f. Fax No.**  
(618) 462-5579

**12g. E-Mail Address**  
jflach@ciu1958.org

**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)**  
john flach

**Signature**  
John Flach

**Title**  
National President

**Date**  
05/4/2020 13:08:35

**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**

Customer Service representatives, Salespeople, Warehouse Employees, Maintenance Employees, Quality Assurance Employees, Clerical Employees, Technicians, Production Employees, Transportation Employees, Assistants

**Employees Excluded**

Drivers, Guards, and Supervises defined under the Act



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
**14-RC-260254**

Date Filed  
**May 12, 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> Heartland Waste		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 12 State Highway V MO Warrensburg 64093-	
<b>3a. Employer Representative - Name and Title</b> Robert Morgan		<b>3b. Address (If same as 2b - state same)</b> 12 State Highway V MO Warrensburg 64093-	
<b>3c. Tel. No.</b> (660) 429-1040	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> heartlandwaste@hotmail.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Waste Management Services		<b>4b. Principal product or service</b> Waste collection	
<b>5a. City and State where unit is located:</b> Warrensburg, MO		<b>5b. Description of Unit Involved</b>	
<b>Included:</b> See Attached Page 2 for additional details		<b>6a. No. of Employees in Unit:</b> 35	
<b>Excluded:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 04/30/2020 and Employer declined recognition on or about 04/30/2020 (Date) (If no reply received, so state). Yes  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

<b>11b. Election Date(s):</b> As soon as possible	<b>11c. Election Time(s):</b> As soon as possible	<b>11d. Election Location(s):</b> 12 Highway V, Warrensburg, MO, 64093
<b>12a. Full Name of Petitioner (including local name and number)</b> Landon Johnson Teamsters Local Union No. 838		<b>12b. Address (street and number, city, state, and ZIP code)</b> 4501 Emmanuel Cleaver JBLVd MO Kansas City 64130-2371

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

<b>12d. Tel No.</b> (816) 924-3460	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (816) 924-3485	<b>12g. E-Mail Address</b> landon@kcteamsters.com
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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> Paul Torlina Attorney Blake & Uhlig, P.A.		<b>13b. Address (street and number, city, state, and ZIP code)</b> 753 State Ave Suite 475 KS Kansas City 66101-	
<b>13c. Tel No.</b> (913) 321-8884	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (913) 321-2396	<b>13f. E-Mail Address</b> pet@blake-uhlig.com

**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> Paul Torlina	<b>Signature</b> Paul Torlina	<b>Title</b> Attorney	<b>Date</b> 04/30/2020 14:55:40
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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

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Class A & Class E CDL drivers, Throwers/Helpers, and Mechanics

Employees Excluded

All other employees



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-260905

Date Filed

May 28, 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> Truman Medical Centers Incorporated		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2301 Holmes Street, Kansas City, MO 64108	
<b>3a. Employer Representative - Name and Title:</b> Ruth Stricklen Pullins, Chief Human Resources Officer		<b>3b. Address (if same as 2b - state same):</b> same as 2b	
<b>3c. Tel. No.</b> (816) 404-2545	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ruth.pullins@tmcmcd.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Health care provider		<b>4b. Principal Product or Service</b> Health Care	<b>5a. City and State where unit is located:</b> Kansas City, Missouri
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full time, regular part time, and eligible PRN certified medication technicians (CMT) employed by the Employer, to add to the existing unit of nonprofessional employees represented by SEIU Healthcare Missouri-Kansas. <b>Excluded:</b> Business office clerical, supervisors, guards as defined by the Act, registered nurses, physicians, professionals and technical employees.			<b>6a. Number of Employees in Unit:</b> 12 <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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>May 2019</u> and Employer declined recognition on or about (Date) <u>no reply</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> 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:		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> ASAP	<b>11c. Election Time(s):</b> Mail Ballot	<b>11d. Election Location(s):</b> Mail Ballot	
<b>12a. Full Name of Petitioner (including local name and number):</b> SEIU Healthcare Missouri-Kansas, a division of SEIU Healthcare Illinois/Indiana		<b>12b. Address (street and number, city, State and ZIP code):</b> 555 Pershing Avenue, Suite 230, St. Louis, MO 63112	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union (SEIU)			
<b>12d. Tel. No.</b> (314) 533-3633	<b>12e. Cell No.</b> (314) 608-5489	<b>12f. Fax No.</b> (314) 361-3266	<b>12g. E-Mail Address</b> aly.young@seiuhcil.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Christopher N. Grant, Attorney at Law		<b>13b. Address (street and number, city, State and ZIP code):</b> Schuchat, Cook & Werner, 1221 Locust Street, Second Floor, St. Louis, MO 63103	
<b>13c. Tel. No.</b> (314) 621-2626	<b>13d. Cell No.</b> (314) 420-0206	<b>13e. Fax No.</b> (314) 621-2378	<b>13f. E-Mail Address</b> cng@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.			
<b>Name (Print)</b> Christopher N. Grant	<b>Signature</b> 	<b>Title</b> Attorney At Law	<b>Date</b> 05/27/20

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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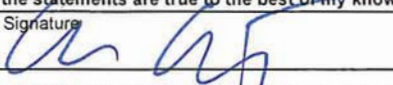
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
14-RC-260907Date Filed  
May 28, 2020

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

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Truman Medical Centers Incorporated		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2301 Holmes Street, Kansas City, MO 64108	
<b>3a. Employer Representative - Name and Title:</b> Ruth Stricklen Pullins, Chief Human Resources Officer		<b>3b. Address (if same as 2b - state same):</b> same as 2b	
<b>3c. Tel. No.</b> (816) 404-2545	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ruth.pullins@tmcmed.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Health care provider		<b>4b. Principal Product or Service</b> Health Care	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full time, regular part time, and eligible PRN cashiers employed by the Employer, to add to the existing unit of nonprofessional employees represented by SEIU Healthcare Missouri-Kansas <b>Excluded:</b> Business office clerical, supervisors, guards as defined by the Act, registered nurses, physicians, professionals and technical employees		<b>5a. City and State where unit is located:</b> Kansas City, Missouri <b>6a. Number of Employees in Unit:</b> 7 <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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) May 2019 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No 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 an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> ASAP		<b>11c. Election Time(s):</b> Mail Ballot	
<b>11d. Election Location(s):</b> Mail Ballot			
<b>12a. Full Name of Petitioner (including local name and number):</b> SEIU Healthcare Missouri-Kansas, a division of SEIU Healthcare Illinois/Indiana		<b>12b. Address (street and number, city, State and ZIP code):</b> 555 Pershing Avenue, Suite 230, St. Louis, MO 63112	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union (SEIU)			
<b>12d. Tel. No.</b> (314) 533-3633	<b>12e. Cell No.</b> (314) 608-5489	<b>12f. Fax No.</b> (314) 361-3266	<b>12g. E-Mail Address</b> aly.young@seiuhcil.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Christopher N. Grant, Attorney at Law		<b>13b. Address (street and number, city, State and ZIP code):</b> Schuchat, Cook & Werner, 1221 Locust Street, Second Floor, St. Louis, MO 63103	
<b>13c. Tel. No.</b> (314) 621-2626	<b>13d. Cell No.</b> (314) 420-0206	<b>13e. Fax No.</b> (314) 621-2378	<b>13f. E-Mail Address</b> cng@schuchatcw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Christopher N. Grant		<b>Signature</b> 	<b>Title</b> Attorney At Law
<b>Date</b> 05/27/20			

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.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

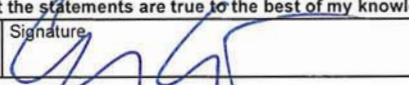
14-RC-260908

Date Filed

May 28, 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> Truman Medical Centers Incorporated		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2301 Holmes Street, Kansas City, MO 64108	
<b>3a. Employer Representative - Name and Title:</b> Ruth Stricklen Pullins, Chief Human Resources Officer		<b>3b. Address (if same as 2b - state same):</b> same as 2b	
<b>3c. Tel. No.</b> (816) 404-2545	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ruth.pullins@tmcmed.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Health care provider		<b>4b. Principal Product or Service</b> Health Care	
<b>5a. City and State where unit is located:</b> Kansas City, Missouri		<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full time, regular part time, and eligible PRN patient care technicians (PCT) employed by the Employer, to add to the existing unit of nonprofessional employees represented by SEIU Healthcare Missouri-Kansas. <b>Excluded:</b> Business office clerical, supervisors, guards as defined by the Act, registered nurses, physicians, professionals and technical employees.	
<b>6a. Number of Employees in Unit:</b> 120		<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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>May 2019</u> and Employer declined recognition on or about (Date) <u>no reply</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> 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:			<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> ASAP		<b>11c. Election Time(s):</b> Mail Ballot	
<b>11d. Election Location(s):</b> Mail Ballot			
<b>12a. Full Name of Petitioner (including local name and number):</b> SEIU Healthcare Missouri-Kansas, a division of SEIU Healthcare Illinois/Indiana		<b>12b. Address (street and number, city, State and ZIP code):</b> 555 Pershing Avenue, Suite 230, St. Louis, MO 63112	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union (SEIU)			
<b>12d. Tel. No.</b> (314) 533-3633	<b>12e. Cell No.</b> (314) 608-5489	<b>12f. Fax No.</b> (314) 361-3266	<b>12g. E-Mail Address</b> aly.young@seiuhcil.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Christopher N. Grant, Attorney at Law		<b>13b. Address (street and number, city, State and ZIP code):</b> Schuchat, Cook & Werner, 1221 Locust Street, Second Floor, St. Louis, MO 63103	
<b>13c. Tel. No.</b> (314) 621-2626	<b>13d. Cell No.</b> (314) 420-0206	<b>13e. Fax No.</b> (314) 621-2378	<b>13f. E-Mail Address</b> cng@schuchatcw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Christopher N. Grant		<b>Signature</b> 	<b>Title</b> Attorney At Law
		<b>Date</b> 05/27/20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

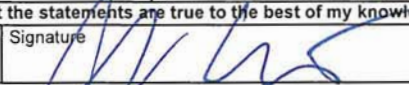
14-RC-260909

Date Filed

May 28, 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.

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<b>2a. Name of Employer:</b> Truman Medical Centers Incorporated		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2301 Holmes Street, Kansas City, MO 64108	
<b>3a. Employer Representative - Name and Title:</b> Ruth Stricklen Pullins, Chief Human Resources Officer		<b>3b. Address (if same as 2b - state same):</b> same as 2b	
<b>3c. Tel. No.</b> (816) 404-2545	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ruth.pullins@tmcmed.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Health care provider		<b>4b. Principal Product or Service</b> Health Care	<b>5a. City and State where unit is located:</b> Kansas City, Missouri
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full time, regular part time, and eligible PRN specimen receivers employed by the Employer, to add to the existing unit of nonprofessional employees represented by SEIU Healthcare Missouri-Kansas. <b>Excluded:</b> Business office clerical, supervisors, guards as defined by the Act, registered nurses, physicians, professionals and technical employees.			<b>6a. Number of Employees in Unit:</b> 18
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> <u>May 2019</u> <b>and Employer declined recognition</b> on or about (Date) <u>no reply</u> (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			<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>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <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:		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> ASAP		<b>11c. Election Time(s):</b> Mail Ballot	
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<b>12a. Full Name of Petitioner (including local name and number):</b> SEIU Healthcare Missouri-Kansas, a division of SEIU Healthcare Illinois/Indiana		<b>12b. Address (street and number, city, State and ZIP code):</b> 555 Pershing Avenue, Suite 230, St. Louis, MO 63112	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union (SEIU)			
<b>12d. Tel. No.</b> (314) 533-3633	<b>12e. Cell No.</b> (314) 608-5489	<b>12f. Fax No.</b> (314) 361-3266	<b>12g. E-Mail Address</b> aly.young@seiuhcil.org
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<b>13c. Tel. No.</b> (314) 621-2626	<b>13d. Cell No.</b> (314) 420-0206	<b>13e. Fax No.</b> (314) 621-2378	<b>13f. E-Mail Address</b> cng@schuchatcw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Christopher N. Grant		<b>Signature</b> 	<b>Title</b> Attorney At Law
		<b>Date</b> 05/27/20	

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.

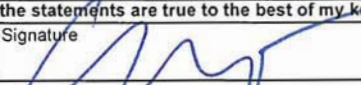
14-RC-260910

Date Filed

May 28, 2020

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<b>3a. Employer Representative - Name and Title:</b> Ruth Stricklen Pullins, Chief Human Resources Officer		<b>3b. Address (if same as 2b - state same):</b> same as 2b	
<b>3c. Tel. No.</b> (816) 404-2545	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ruth.pullins@tmcmed.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Health care provider		<b>4b. Principal Product or Service</b> Health Care	<b>5a. City and State where unit is located:</b> Kansas City, Missouri
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full time, regular part time, and eligible PRN mental health technicians (MHT) employed by the Employer, to add to the existing unit of nonprofessional employees represented by SEIU Healthcare Missouri-Kansas. <b>Excluded:</b> Business office clerical, supervisors, guards as defined by the Act, registered nurses, physicians, professionals and technical employees			<b>6a. Number of Employees in Unit:</b> 35 <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 checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>May 2019</u> and Employer declined recognition on or about (Date) <u>no reply</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
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<b>12a. Full Name of Petitioner (including local name and number):</b> SEIU Healthcare Missouri-Kansas, a division of SEIU Healthcare Illinois/Indiana		<b>12b. Address (street and number, city, State and ZIP code):</b> 555 Pershing Avenue, Suite 230, St. Louis, MO 63112	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union (SEIU)			
<b>12d. Tel. No.</b> (314) 533-3633	<b>12e. Cell No.</b> (314) 608-5489	<b>12f. Fax No.</b> (314) 361-3266	<b>12g. E-Mail Address</b> aly.young@seiuhcil.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Christopher N. Grant, Attorney at Law		<b>13b. Address (street and number, city, State and ZIP code):</b> Schuchat, Cook & Werner, 1221 Locust Street, Second Floor, St. Louis, MO 63103	
<b>13c. Tel. No.</b> (314) 621-2626	<b>13d. Cell No.</b> (314) 420-0206	<b>13e. Fax No.</b> (314) 621-2378	<b>13f. E-Mail Address</b> cng@schuchatew.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Christopher N. Grant		<b>Signature</b> 	<b>Title</b> Attorney At Law
		<b>Date</b> 05/27/20	

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
14-RC-260922

Date Filed  
May 28, 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**  
Beyond Hello, Jushi Holdings Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2021 Goose Lake Rd. Sauget, IL 62206

**3a. Employer Representative - Name and Title**  
Andrew Cordes

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

**3c. Tel. No.**  
618 663-4311

**3d. Cell No.**  
618 795-4609

**3e. Fax No.**

**3f. E-Mail Address**  
acordes@beyond-hello.com

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

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

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

**5b. Description of Unit Involved**  
**Included:** All full-time and part-time Retail Associates and Agent in Charge Leads.

**Excluded:** Managers, supervisors, agent in charge and security guards as defined by the Act

**6a. No. 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?** Yes ☒ No ☐

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 5/20/20 and Employer declined recognition on or about 5/27/20 (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?** If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
6/8/20

**11c. Election Time(s):**

**11d. Election Location(s):**  
Mail in Ballot

**12a. Full Name of Petitioner (including local name and number)**  
Untied Food and Commercial Workers Local 881

**12b. Address (street and number, city, state, and ZIP code)**  
1350 E. Touhy Ave, Rosemont, IL 60018

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

**12d. Tel No.**  
847 294-5064 x329

**12e. Cell No.**  
630 254-3100

**12f. Fax No.**  
847 759-7107

**12g. E-Mail Address**  
moiseszavala@local881ufcw.org

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

**13a. Name and Title**  
Joseph Torres, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
221 N. LaSalle St., Suite 1550 Chicago, IL 60601

**13c. Tel No.**  
3126412910

**13d. Cell No.**

**13e. Fax No.**  
312 641-0781

**13f. E-Mail Address**  
joe@karmellawfirm.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)**  
Moises Zavala

**Signature**

**Title**  
Director of Organizing, Local 881 UFCW

**Date**  
05/27/2020

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 will cause the NLRB to decline to invoke its processes.