

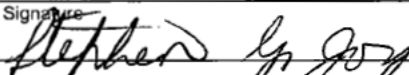
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-249811Date Filed
10/11/2019

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

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

2a. Name of Employer: Woodard & Curran, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 Water Dr, O'Fallon, MO 63368	
3a. Employer Representative - Name and Title: Michael Pratt; O and M Project Manager		3b. Address (if same as 2b - state same): PO Box 956034, Saint Louis, MO, 63195	
3c. Tel. No. 636-561-3737	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mpratt@woodardcurran.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Water distribution and treatment		4b. Principal Product or Service water and wastewater	
5a. City and State where unit is located: O'Fallon, Missouri		5b. Description of Unit Involved: Included: See Attachment Excluded: All other Woodard & Curran employees and those excluded by the Act.	
6a. Number of Employees in Unit: 40		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>October 11, 2019</u> and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
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? <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) _____			
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 and election in this matter, state your position with respect to any such election: 11a. Election Type: Election take place as soon as legally possible <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Date agreed on by parties		11c. Election Time(s): 7:30 a.m. to 8:30 a.m.	
11d. Election Location(s): PSWD#2, Water Plant and Wright City			
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 148		12b. Address (street and number, city, State and ZIP code): 11000 Lin Valle Drive; St. Louis, Missouri 63123	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers, AFL-CIO			
12d. Tel. No. 314-865-13000, Ext. 107	12e. Cell No. 616-604-8752	12f. Fax No. 314-865-1423	12g. E-Mail Address steve@iuoe148.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Stephen G. Joyce; Organizer		13b. Address (street and number, city, State and ZIP code): 11000 Lin Valle Drive; St. Louis, Missouri 63123	
13c. Tel. No. 314-865-1300, Ext.107	13d. Cell No. 618-604-8752	13e. Fax No. 314-865-1423	13f. E-Mail Address steve@iuoe148.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) Stephen G. Joyce		Signature 	
Title Organizer		Date 10-11-19	

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.

Included in the proposed bargaining unit:

All Woodard & Curran, Inc. employees working under the contract with Public Water Supply District No. 2, including: collections and treatment, distribution, water plant, Wright City and customer service operations.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-249893

Date Filed
10/11/2019

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

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

2a. Name of Employer:
The Martin Brower Company

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
720 W. McAllister St., Lebanon, IL 62254

3a. Employer Representative - Name and Title:
Jason Jacobs, General Manager

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
(618) 808-8851

3d. Cell No.

3e. Fax No.
(618) 537-6755

3f. E-Mail Address
jjacobs@martin-brower.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Warehouse/food distribution

4b. Principal Product or Service
Warehouse/food distribution

5a. City and State where unit is located:
Lebanon, Illinois

5b. Description of Unit Involved:
Included: All full-time and regular part-time warehousemen, mechanics and sanitation employees employed by the Employer at its facility located at 720 West McAllister Street, Lebanon, Illinois
Excluded: Office clerical employees, professional employees, guards and supervisors as defined by the Act

6a. Number of Employees in Unit:
67

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) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
TBD

11c. Election Time(s):
TBD

11d. Election Location(s):
TBD

12a. Full Name of Petitioner (including local name and number):
Teamsters Local Union No. 50

12b. Address (street and number, city, State and ZIP code):
1609 N. Illinois St., Swansea, IL 62226

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

12d. Tel. No.
(618) 233-0313

12e. Cell No.

12f. Fax No.
(618) 233-2317

12g. E-Mail Address
pat.nichols@teamsters50.com

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

13a. Name and Title:
James R. Kimmey, Esq.

13b. Address (street and number, city, State and ZIP code):
Cavanagh & O'Hara LLP
101 W. Vandalia St., Suite 245, Edwardsville, IL 62025

13c. Tel. No.
(618) 692-5250

13d. Cell No.

13e. Fax No.
(618) 692-5254

13f. E-Mail Address
jaykimmey@cavanagh-ohara.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)
James R. Kimmey

Signature


Title
Attorney

Date
10/11/19

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.

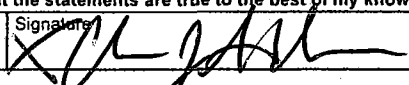
14-RC-250439

Date Filed

10/23/19

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

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

2a. Name of Employer: Clinton County Electric Cooperative, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 475 N Main St, Breese, IL 62230	
3a. Employer Representative - Name and Title: Bob Kroeger		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (618) 526-7282	3d. Cell No.	3e. Fax No. 618-526-4561	3f. E-Mail Address kroeger@cceci.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Utility		4b. Principal Product or Service Electrical Power	5a. City and State where unit is located: Breese, Illinois
5b. Description of Unit Involved: Included: See attachment Excluded: See attachment			6a. Number of Employees in Unit: 3 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ petition _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		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? <u>No</u> 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: in person election			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): sometime week of November 11		11c. Election Time(s): straddling before and after start time	
		11d. Election Location(s): headquarters	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electrical Workers, Local Union 309		12b. Address (street and number, city, State and ZIP code): 2000A Mall St., Collinsville, Illinois 62234	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers			
12d. Tel. No. 618-345-5112	12e. Cell No. 618-781-2037	12f. Fax No. 618-345-3810	12g. E-Mail Address chankins@ibew309.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Chris Hankins, Organizer		13b. Address (street and number, city, State and ZIP code): 2000A Mall St., Collinsville, Illinois 62234	
13c. Tel. No. 618-345-5112	13d. Cell No. 618-781-2037	13e. Fax No. 618-345-3810	13f. E-Mail Address chankins@ibew309.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Chris Hankins		Signature 	Title Organizer
			Date 10/23/19

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 TO RC PETITION

5b. Description of Unit Involved:

Included:

Add customer service representatives and billing coordinator to existing unit represented by IBEW, Local 309.

Excluded:

Engineer, professional employees, managers, guards, and supervisors as defined by the Act, and all other employees not included in the existing unit represented by IBEW, Local 309.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RC-250452

Date Filed

October 23, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-606); 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:
Gillespie - Benld Area Ambulance Service

2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):
208 Charles St., Gillespie, IL 62033

3a. Employer Representative - Name and Title:
Josh Ross

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
217-839-3032

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
gbambulance@hotmail.com

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

4b. Principal Product or Service
Emergency

5a. City and State where unit is located:
Illinois

5b. Description of Unit Involved:
Included:
All full time EMT and paramedics
Excluded:

6a. Number of Employees in Unit:

17

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) petition is request and Employer declined recognition**
on or about (Date) (If no reply received, so state).

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

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

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

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

10a. Name

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:
any such election

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
10/28/19

11c. Election Time(s):
9am

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
Teamsters Local 525

12b. Address (street and number, city, State and ZIP code):
830 E Broadway, Alton, IL 62002

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

12d. Tel. No.
618-462-9706

12e. Cell No.
618-781-7309

12f. Fax No.
618-462-9720

12g. E-Mail Address
bwessel525@gmail.com

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

13a. Name and Title:
Brett Wessel, Vice President

13b. Address (street and number, city, State and ZIP code):
830 E Broadway, Alton, IL, 62002

13c. Tel. No.
618-462-9706

13d. Cell No.
618-781-7309

13e. Fax No.
618-462-9720

13f. E-Mail Address
bwessel525@gmail.com

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

Print (Print)

Signature

Title

Date

Brett Wessel

[Signature]

UP / BA

10-23-19

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

Submission 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 not explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RD)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

14-RD-250800

Date Filed

October 30, 2019

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

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

2a. Name of Employer Laird Noller Ford, Inc., Body Shop		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2245 SW Topeka Blvd, Topeka, KS 66611-1284	
3a. Employer Representative - Name and Title Gary Bennett, President		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address gbennett@lairdnoller.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Automotive Services		4b. Principal product or service Auto body repair	
5a. City and State where unit is located: Topeka, KS		5b. Description of Unit Involved Included: All full-time and regular part-time automotive painters, bodymen, glassmen, and clean up employees employed by the Employer at its 2245 SW Topeka Blvd., Topeka, Kansas facility. Excluded: All sales personnel, office clerical employees, professional employees, guards and supervisors as defined in the Act.	
6a. No. of Employees in Unit: 3		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [] No [X]	

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 Teamsters Local Union No. 696 (Malt Hall)		8b. Address 3600 NE Sardou Avenue, Topeka, KS 66616-	
8c. Tel. No. (785)232-3866	8d. Cell No.	8e. Fax No.	8f. E-Mail Address mattiall696@gmail.com
8g. Affiliation, if any International Brotherhood of Teamsters		8h. Date of Recognition or Certification December 31, 2019	

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

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): November 13, 2019		11d. Election Location(s): 2:00 pm	

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NONE	

12d. Tel. No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title (b) (6), (b) (7)(C) an Individual		13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE	
13c. Tel. No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE

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

Name (Print) (b) (6), (b) (7)(C)	Title an Individual	Date 10-29-2019
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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.

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
14-RC-250943Date Filed
10/31/2019

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

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

2a. Name of Employer: American Medical Response DBA Abbott (AMR)		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2500 Abbott Pl. ST. Louis, MO 63143	
3a. Employer Representative - Name and Title: Anne O'Malley, Dispatcher? supervisor		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 314-768-1000	3d. Cell No. 314-502-6764	3e. Fax No. 800-243-4163	3f. E-Mail Address Ann.O'Malley@AMR.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Private Ambulance Co.		4b. Principal Product or Service Dispatch/medical transport	5a. City and State where unit is located: St. Louis, MO
5b. Description of Unit Involved: Included: All full time and part time dispatchers and call takers Excluded: Supervisors/ Managers		6a. Number of Employees in Unit: 68 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/30/2019 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.			
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) Teamsters Local 610			
10a. Name Daniel G. Thacker		10b. Address 11472 Schenk, Maryland Heights, MO 63043 Suite E	10c. Tel. No. 314-209-0018 10d. Cell No. 636-221-3129 10e. Fax No. 314-209-0035 10f. E-Mail Address danthacker@teamsterslocal610
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: requesting 3 election times due to 24/7 operations		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): November 22, 2019		11c. Election Time(s): 5-8am, noon-3pm, 6-9pm	11d. Election Location(s): Abbott Classroom
12a. Full Name of Petitioner (including local name and number): Teamsters Local 610		12b. Address (street and number, city, State and ZIP code): 11472 Schenk, Maryland Heights, MO 63043 Suite E	
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			
12d. Tel. No. 314-209-0018	12e. Cell No. 636-221-3129	12f. Fax No. 314-209-0035	12g. E-Mail Address danthacker@teamsterslocal610.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Dan Thacker / Business Representative		13b. Address (street and number, city, State and ZIP code): 11472 Schenk, Maryland Heights, MO 63043 Suite E	
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) Dan Thacker	Signature Dan Thacker	Title Business Representative	Date 10/30/2019

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