FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 14-RC-249811	Date Filed 10/11/2019						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Woodard & Curran, Inc. 100 Water Dr. O'Fallon, MO 63368 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Michael Pratt; O and M Project Manager PO Box 956034, Saint Louis, MO, 63195 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 636-561-3737 mpratt@woodardcurran.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Water distribution and treatment water and wastewater O'Fallon, Missouri 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attachment Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes All other Woodard & Curran employees and those excluded by the Act. Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) October 11, 2019 and Employer declined recognition (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 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 10c. Tel. No. 10d. Cell No. 10b. Address 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 Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): PSWD#2, Water Plant and Wright City 7:30 a.m to 8:30 a.m. Date agreed on by parties 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Union of Operating Engineers, Local 148 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. 12e. Cell No. 12g. E-Mail Address 12f. Fax No. 314-865-13000, Ext. 107 616-604-8752 314-865-1423 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: 13b. Address (street and number, city, State and ZIP code): Stephen G. Joyce; Organizer 11000 Lin Valle Drive; St. Louis, Missouri 63123 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 618-604-8752 314-865-1423 steve@iuoe148.com 314-865-1300, Ext.107 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) 10-11-19 Stephen G. Joyce Organizer

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

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.

FURM NLKB-502 (KC) (2-18)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

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No.					Т

SPACE Case Date Filed 14-RC-249893 10/11/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation

Case Procedures (Form NLRB 481	2). The show	wing of interest	should	only be file	d with the NLRB and sh	ould not be s	erved on the	employer or any other	party.	
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti- requests that the National Labo	oner desires	to be certified as	s represe	ntative of th	e employees. The Petitio	ner alleges t	hat the follow	ving circumstances exis		
ta. Name of Employer: The Martin Brower Comp	The Martin Brower Company 720 W. McAllister St., Lebanon, IL 62254									
a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same):										
ason Jacobs, General Ma			Same							
6c. Tel. No. (618) 808-8851	3d. Cell No.				37-6755	3f. E-Mail Adjacobs	martin-b	rower.com		
ta. Type of Establishment <i>(Factory, r</i> Warehouse/food distributi		aler, etc.)			al Product or Service buse/food distribut	tion		State where unit is locate n, Illinois	d:	
5b. Description of Unit Involved: ncluded: All full-time and regu employed by the Emp	ployer at its	facility locate	ed at 720	) West Mc	Allister Street, Lebano	n, Illinois	67	of Employees in Unit:		
_					upervisors as defined		of the er represer	bstantial number (30% or nployees in the unit wish the thick by the Petitioner?	obe l	
Check One: 7a. Request for reconnection on or about (Date)  7b. Petitioner is cu	_	(lf r	no reply r	eceived, so			d Employer de	eclined recognition .		
8a. Name of Recognized or Certific None.					ddress:	nua	4,	795 10 0 0 0 0 0 0 0 0		
8c. Tel. No.	8d. Cell No			8e. Fax N	0.	8f. E-Mail A	ddress			
8g. Affiliation, if any:			[8	Bh. Date of F	Recognition or Certification			rrent or Most Month, Day, Year)		
9. Is there now a strike or picketing a	at the Employ	yer's establishm	ent(s) inv	olved? No	If so, approxim	•		are participating?		
(Name of Labor Organization)  10. Organizations or individuals other	er than Petitio	oner and those r	named in	items 8 and	9 which have claimed re			er since (Month, Day, Yea es and other organizations		
individuals known to have a repr None.										
10a. Name		10b. Address				10c. Tel. N	0.	10d. Cell No.		
						10e. Fax No. 10f. E-Mail Addres				
11. Election Details: If the NLRB o	onducts and	l election in this r	natter, st	ate your pos	ition with respect to any s	such election:			Manual/Mail	
11b. Election Date(s): TBD		11c. Election T	ime(s):			11d. Electi	on Location(s		Manual/Mail	
12a. Full Name of Petitioner (inclu Teamsters Local Union I			r):	10 11	12b. Address (street at 1609 N. Illinois	nd number, cit				
12c. Full name of national or international Brotherhoo	ational labor d of Tear	organization of v nsters	which Pe	titioner is an	affiliate or constituent (if					
12d. Tel. No. (618) 233-0313	12e. Cell	No.		12f. Fax (618)	No. 233-2317		iil Address hols@tea	msters50.com		
13. Representative of the Petition 13a. Name and Title: James R. Kimmey, Esq.	ner who will	accept service	of all pa	13b. Add Cavan	rposes of the represent fress (street and number, agh & O'Hara LLP . Vandalia St., Suite	city, State and 245, Edw	ardsville,	IL 62025		
13c. Tel. No. (618) 692-5250	13d. Cell			1 '	692-5254	jaykim		vanagh-ohara.com		
Name (Print) James R. Kimmey	ove petition	and that the sta		are true to		ige and belie Title Attorney	f.		Date 10/11/19	
			1	1						

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.

FORM NLR8-502 (RC) (2-18)

#### 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

				•					1/6	<u>1-K('-</u>	$\alpha 50$	101		0123117
INSTRUCTIONS: Unless e-Filed of employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 48	The petition s named in	must l	be accompa lition of: (1)	nied by the peti	bo itio	ih a s n; (2)	howir State	ng of inte ment of P	rest (see 6 Position for	ib below) an rm (Form Ni	d a certifica .RB-505); ar	te of service id (3) Descrip	showing so	service on epresentation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Pet     requests that the National Lab	itioner desire	es to be	certified as i	represer	ntati	ve of	the en	nployees.	The Petition	oner alleges	that the fol	lowing circur	nstances	
2a. Name of Employer: Clinton County Electric (	Cooperat	ive, I							(s) involved IL 6223		number, City	, State, ZIP c	ode):	
3a. Employer Representative - Na Bob Kroeger	me and Title	<b>:</b> :		3b. Addre Same	ess	(if sai	me as	2b - state	same):			<del>, 5 11 - 1</del>		
3c. Tel. No. (618) 526-7282	3d. Cell N	0.				Fax N 8-52	lo. 26-4:	561	··· •••	3f. E-Mail / kroeger	Address @cceci.c	com		
4a. Type of Establishment <i>(Factory,</i> Utility	mine, whole	saler, e	etc.)					oduct or S Power	Service			nd State where , Illinois		cated:
5b. Description of Unit Involved: Included: See attachment				•						· · · · · · · · · · · · · · · · · · ·	3	er of Employe		
Excluded: See attachment											of the repres	ubstantial nur employees in ented by the F	the unit wis Petitioner?	sh to be
Check One: X 7a. Request for re on or about (Date)  7b. Petitioner is cu	rrently reco	gnized a	(If no as Bargaining	reply red g Repre	ceiv sent	ed, so ative	state and d	). esires cer	petition tification ur	<del></del> -	d Employer	declined reco	gnition	
8a. Name of Recognized or Certif	ied Bargain	ing Age	ent (If none, .	so state,	,	8b. A	.ddres	S:						
8c. Tel. No.	8d. Cell N	0.	<del> </del>		8e. Fax No. 8f. E-Mail Address									
8g. Affiliation, if any:	<u> </u>			8h.	h. 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 Emplo	yer's es	stablishment(	(s) involv	/ed	No.	)	If so,		<del>-</del>		s are participa		
(Name of Labor Organization)  10. Organizations or individuals othe individuals known to have a repr None									claimed rec	ognition as r	epresentativ	er since (Mon		<u> </u>
10a. Name		10b. A	ddress	<del></del>		•				10c. Tel. N	o.	10d. Cell No	).	<del></del>
										10e. Fax N	ō.	10f. E-Mail A	Address	
11. Election Details: If the NLRB or in person election	onducts and				you	ır pos	ition w	vith respec	ct to any su		<b>⋉</b> Manua	ıl Mail	Mixed	d Manual/Mail
11b. Election Date(s): sometime week of Nover	nber 11		lection Time ldling be		nd	afte	er sta	ırt time	;	headqua	on Location(: arters	s):		
12a. Full Name of Petitioner (inclu International Brotherhood Union 309	ding local na d of Elec	me and trical	number): Workers	s, Loc	al					number, city Collinsvi				
12c. Full name of national or interna International Brotherhood					ner	is an	affiliat	e or const	tituent <i>(if no</i>	one, so state)	i.			
12d. Tel. No. 618-345-5112	12e. Cell 1 618-78		37			Fax N 3-34	10. 5-38	310		12g. E-Mai chankin	Address s@ibew.	309.org		
13. Representative of the Petition 13a. Name and Title: Chris Hankins, Organizer	er who will	accept	service of a	1	1 <b>3</b> b.	Addr	ess (s	treet and	number, ci	ion proceed ty, State and c, Illinois (	ZIP code):	-,		
13c. Tel, No. 618-345-5112	13d. Cell N 618-78		7			Fax 1 3-34	No. -5-38	310		131. E-Mail chankin	Address s@ibew:	09.org		<u>.</u>
I declare that I have read the abov	e petition a	nd that	- a	ents are	tru	e to t	he be	st of my						Dete
Name (Print) Chris Hankins			Signalate	<u>_</u>		A	Ц		O	e rganizer	•			Date 10/23/19

### 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.

FORM NLRB-502 (RC) (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD PC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	14-RC-250452	October 23, 2019						

	RG F	EIIION			14	-KC-2504	152	Octob	er 23, 2019
INSTRUCTIONS: Unless e-Filed usemployer concorned is located. The employer and all other parties Case Procedures (Form NLRB 48:	e 8b below) and form (Form NL	i a certificat RB-606); an	e of service shi d (3) Descriptio	owing se in of Rep	rvice an rasentation				
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Politioner and Politioner desires to be confined as representative of the employees. The Politioner allages that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.									
2a. Name of Employer:  2b. Address(ss) of Establishment(s) Involved (Street and number, City, State, ZIP code):  2b. Address(ss) of Establishment(s) Involved (Street and number, City, State, ZIP code):  208 Charles St., Gillespie, IL 62033									
Je. Employer Representative - Nar Josh Ross	ne and Title;	3b. Ad Same		ne as 2b - state some):					
3c, Tel. No. 217-839-3032	3d. Call No.		3e. Fax No	0,	3f, E-Mall / gbambul	Address ance@hotr	nall.com		·
4a. Type of Establishment (Factory, Emergency service	mine, wholeseler, e	tc.)	4b. Princip	ncy		5a. City an Illindis	d State where u	init is loca	ted:
5b. Description of Unit Involved:						Ga. Numbo	r of Employees	in Unit:	
Included: All full time EMT and paremed	ics					17			
Excluded:						of the a	ubstantial number imployees in the inted by the Pet	unit wish	to be
Check Onc: 🔯 7a. Request for recon or about (Osta)		(If no reply	received, an	state).	is request an				
7b. Petitioner is cu					n under the Act.				
Sa. Name of Recognized or Certific NONE	eo esidawiud ydd	mt (I/ none, 50 sii	80.A	ddrass:					
			-						
8c. Tel, No.	8d. Cell No.		8e. Fax N	0,	8f, E-Mell /	Address	OVE	2019	
8g. Affillation, if any:			8h. Date of R	tecognition or Certificat				en) 🖺	360
9. Is there now a strike or picketing a	t the Employer's es	tablishment(s) in	volvod? No	lf so, eoorox	imately how ma	ov emploves	s see padiologic	107	710
(Name of Labor Organization)	,		110	· · · · · ·	-		er since (Month,	90	
10. Organizations or individuals other	than Petitioner an	d those named in	items 8 and	9, which have claimed	_ '	, -	•	-	
individuals known to have a repre							<u> </u>	بيا	N ON
10a. Namo	10b. A	daress			10c. Tel. N	Ó.	10d, Coff No.	87	17
					10e. Fax N	ΙΩ,	10f, E-Mail Add	iress	
11. Election Details: If the NLRB co any such election	nducts and el <del>ec</del> tion	in this matter, st	ate your posi	tion with respect to any	such election:	11a. Electio		Mixed	Manual/Mall
11b. Election Date(s):	1 -	ection Time(s):			11d. Electi	on Location(a	1):		
10/28/19	9am								
12a. Full Name of Petitioner (Includ Teamsters Local 525	ang local name and	number);		830 E Broadway		-	ZIP code):		
12c. Full name of national or internat	innel labor cransis	ating of which Bod	Honris le ce :	dillete or constitues of	I none at title	11			
International Brotherhood of To	eamsters	addit of which PE	moner is en	ortidate of constituent to	ir none, so state,				
12a. Tel, No. 618-462-9706	12e. Cell No. 618-781-7309		12f. Fax N 618-462		12g. E-Mai	l Address 525@gmai	com		
12. Representative of the Petitions		service of all par	1						
13a, Name and Tito:			13b. Addr	ess (street and number	r, city, \$tate and	ZIP code):			
Brett Wessel, Vice President	t		830 E B	Broadway, Alton, It	L, 62002				
12s, Tel. No. 118 462-9706	13d. Cell No. 618-781-7309		13e, Fax I 618-462		13f. E-Mail	Address 525@gmai	l.com		
I northere that I have read the above		the statements							
i (Print)		Signature	> /	,	Title	0			Oste
Dreft Wessel		2600	- 6		UP	13A			16-23-19

FORM NLRB-502 (RD) (4-15)

> UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RD PETITION

_DO NOT W	RITE IN THIS SPACE
Case No.	Date Filed
14-RD-250800	October 30, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filled 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 assent 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. 2b. Address(es) of Establishment(e) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Laird Noller Ford, Inc., Body Shop 2245 SW Topeka Blvd, Topeka, KS 66611-1284 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) SAME AS ABOVE Gary Bennett, President 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address gbennett@lairdnoller.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Automotive Services Topeka, KS Auto body repair 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time automotive painters, bodymen, glassmen, and clean up employees 6b. Do a substantial number (30% employed by the Employer at its 2245 SW Topeka Blvd., Topeka, Kansas facility. or mare) of the employees in the unit no longer wish to be Excluded: All sales personnel, office clerical employees, professional employees, guards and supervisors as defined in represented by the certified or currently recognized bargaining the Act. representative? Yes [ ) No Check One: and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) (Dale) (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 8b. Address Teamsters Local Union No. 696 (Matt Hall) 3600 NE Sardou Avenue, Topeka, KS 66616-Sc. Tel No. 8d Cell No. Be. Fax No. 6f. E-Mail Address (785)232-3866 matthall696@gmail.com Si. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) International Brotherhood of Teamsters 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 6 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. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): November 13 12a. Full Name of Pelitioner (b) (e) (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) al or international labor organization of which Petitioner te an affiliate or constituent (fr none, so srace, NONE 12d. Tel No. 12g. E-Mall Address 12f. Fax No. 12a, Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of ait papers for purposes of the representation proceeding 13a. Name and Tille 13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) an Individual SAME AS ABOVE 13d. Oell No. 13f. E-Mall Address 13e. Fax No. SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE I declare that I have read the above polition and that the atalements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Tive Dale (b) (6), (b) (7)(C) an Individual

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, fallure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
14-RC-250943	10/31/2019							

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): American Medical Response DBA Abbott 2500 Abbott Pl. ST. Louis, MO 63143 (AMR) 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Anne O'Malley, Dispatcher? supervisor same 3d Cell No 3c. Tel. No. 3e. Fax No. Ann. Omulley CAMR. Net 314-768-1000 314-502-6764 800-243-4163 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service St. Louis, MO Private Ambulance Co. Dispatch/medical transport 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full time and part time dispatchers and call takers Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No Supervisors/ Managers Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 10/30/2019 and Employer declined recognition no reply 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: none 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No (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 G 10d. Cell No. 10a Name 10h Address 10c Tel No J., Daniel G. Thacker 11472 Schenk, Maryland Heights, MO 63043 314-209-0018 636-221-3129 10f. E-Mail Address Suite E 10e Fay No 314-209-0035 danthacker@teamsterslocal610 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: 0 requesting 3 election times due to 24/7 operations X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 1/2 November 22, 2019 5-8am, noon-3pm, 6-9pm Abbott Classroom 1 543 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local 610 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 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. 12f. Fax No. 314-209-0018 danthacker@teamsterslocal610.org 636-221-3129 314-209-0035 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): 11472 Schenk, Maryland Heights, MO 63043 Suite E Dan Thacker / Business Representative 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) Date 10/30/2019 Dan Thacker Business Representative