



STATE OF MISSOURI
STATE BOARD OF MEDIATION
TALLY OF BALLOTS

Public Case No.: R 2005-004
Date Issued: September 9, 2004
Election to Determine
Exclusive Bargaining Representative

The undersigned agent of the State Board of Mediation certifies that the results of the tabulation of ballots cast in the election held in the above case, and concluded on the date indicated above, were as follows:

1. Number of eligible voters	-----	<u>61</u>
2. Void ballots	-----	<u>0</u>
3. Votes cast for <u>Service Employees International Union, Local 2000</u>	-----	<u>25</u>
4. Votes cast for _____	-----	<u>N/A</u>
5. Votes cast for _____	-----	<u>N/A</u>
6. Votes cast against participating labor organizations	-----	<u>20</u>
7. Valid votes counted (total 3, 4, 5 and 6)	-----	<u>45</u>
8. Challenged ballots	-----	<u>0</u>
9. Valid votes counted, plus challenged ballots (total 7 and 8)	-----	<u>45</u>
10. Challenged are (<u>not</u>) sufficient to affect the results of the election	-----	
11. Sustained challenges (ineligible voters)	-----	
12. Challenged ballots cast for <u>Service Employees Int'l Union, Local 2000</u>	-----	
13. Challenged ballots cast against participating labor organization	-----	
14. Revised total of ballots cast for participating labor organization	-----	<u>25</u>
15. Revised total of ballots cast against participating labor organization	-----	<u>20</u>
16. Revised total of eligible voters	-----	<u>61</u>
17. A majority of valid votes counted has (<u>not</u>) been cast for:	-----	
	<u>Service Employees International Union, Local 2000</u>	

For the STATE BOARD OF MEDIATION

John A. Birch
Chairman – John A. Birch

The undersigned acted as authorized observers in the counting and tabulating of ballots indicated above. We hereby certify that the counting and tabulating were fairly and accurately done; that the secrecy of the ballots was maintained; and that the results were as indicated above.

FOR Service Employees Int'l Union, Local 2000

Glennah Sulcher - Tate

FOR _____

FOR St. Louis County - Lakeside Residential Treatment

Center
[Signature]

FOR _____

