

Exhibit D



To ensure your demand is processed promptly, please include a copy of the Arbitration Agreement, Plan or Contract.

Mediation: If you would like the AAA to contact the other parties and attempt to arrange mediation, please check this box .

Parties (Claimant)

Name of Claimant: Jeff Battles

Address: 4325 W. Cullerton

City: Chicago

State: Illinois

Zip Code: 60623

Phone No.: (312) 288-9192

Fax No.:

Email Address: battlesj@prodigy.net

Representative's Name (if known): Andrew C. Ficzko

Firm (if applicable): Stephan Zouras, LLP

Representative's Address: 100 N. Riverside Plaza, Ste. 2150

City: Chicago

State: Illinois

Zip Code: 60606

Phone No.: (312) 233-1550

Fax No.: (312) 233-1560

Email Address: aficzko@stephanzouras.com & rstephan@stephanzouras.com

Parties (Respondent)

Name of Respondent: Southwest Airlines Co.

Address:

City:

State: Select...

Zip Code:

Phone No.:

Fax No.:

Email Address:

Representative's Name (if known): Melissa A. Siebert & Bonnie DelGobbo

Firm (if applicable): Baker & Hostetler, LLP

Representative's Address: 191 N. Wacker Drive.

City: Chicago

State: Illinois

Zip Code: 60606

Phone No.: (312) 416-6200

Fax No.: (312) 416-6201

Email Address: msiebert@bakerlaw.com & bdelgobbo@bakerlaw.com

Claim: What was/is the employee/worker's annual wage range? Less than \$100,000 \$100,000-\$250,000 Over \$250,000

Note: This question is required by California law.

Amount of Claim:

Claim involves: Statutorily Protected Rights Non-Statutorily Protected Rights



In detail, please describe the nature of each claim. You may attach additional pages if necessary:

See attached Complaint.

Other Relief Sought: Attorneys Fees Interest Arbitration Costs Punitive/ Exemplary

Other: See attached Complaint.

Please describe the qualifications for arbitrator(s) to hear this dispute:

Experienced in wage and hour disputes.

Hearing: Estimated time needed for hearings overall: _____ hours or _____ days

Hearing Locale: Chicago, IL

(check one) Requested by Claimant Locale provision included in the contract

Filing Fee requirement or \$300 (max amount per AAA)

Filing by Company: \$2,200 single arbitrator \$2,800 three arbitrator panel

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Signature (may be signed by a representative):

s/ Andrew C. Ficzko

Date:

1/9/19

Pursuant to Section 1284.3 of the California Code of Civil Procedure, consumers with a gross monthly income of less than 300% of the federal poverty guidelines are entitled to a waiver of arbitration fees and costs, exclusive of arbitrator fees. This law applies to all consumer agreements subject to the California Arbitration Act, and to all consumer arbitrations conducted in California. Only those disputes arising out of employer plans are included in the consumer definition. If you believe that you meet these requirements, you must submit to the AAA a declaration under oath regarding your monthly income and the number of persons in your household. Please contact the AAA's Western Case Management Center at 1-800-778-7879. If you have any questions regarding the waiver of administrative fees, AAA Case Filing Services can be reached at 877-495-4185. Please visit our website at www.adr.org if you would like to file this case online. AAA Customer Service can be reached at 800-778-7879.



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Parties (Claimant)

Name of Claimant: Darrell Crooms

Address: 52 18th Ave. South

City: Birmingham

State: Alabama

Zip Code: 35205

Phone No.: (205) 532-4816

Fax No.:

Email Address: lildarrin26@gmail.com

Representative's Name (if known): Andrew C. Ficzko

Firm (if applicable): Stephan Zouras, LLP

Representative's Address: 100 N. Riverside Plaza, Ste. 2150

City: Chicago

State: Illinois

Zip Code: 60606

Phone No.: (312) 233-1550

Fax No.: (312) 233-1560

Email Address: aficzko@stephanzouras.com & rstephan@stephanzouras.com

Parties (Respondent)

Name of Respondent: Southwest Airlines Co.

Address:

City:

State: Select...

Zip Code:

Phone No.:

Fax No.:

Email Address:

Representative's Name (if known): Melissa A. Siebert & Bonnie DelGobbo

Firm (if applicable): Baker & Hostetler, LLP

Representative's Address: 191 N. Wacker Drive.

City: Chicago

State: Illinois

Zip Code: 60606

Phone No.: (312) 416-6200

Fax No.: (312) 416-6201

Email Address: msiebert@bakerlaw.com & bdelgobbo@bakerlaw.com

Claim: What was/is the employee/worker's annual wage range? Less than \$100,000 \$100,000-\$250,000 Over \$250,000

Note: This question is required by California law.

Amount of Claim:

Claim involves: Statutorily Protected Rights Non-Statutorily Protected Rights



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 Other: See attached Complaint.

Please describe the qualifications for arbitrator(s) to hear this dispute:
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Signature (may be signed by a representative): s/ Andrew C. Ficzko	Date: 1/9/19
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Parties (Claimant)

Name of Claimant: Stephanie Hill

Address: 6615 Grand Ave., 1C

City: Hammond

State: Indiana

Zip Code: 46323

Phone No.: (219) 302-0919

Fax No.:

Email Address: stephaniehill2017@gmail.com

Representative's Name (if known): Andrew C. Ficzko

Firm (if applicable): Stephan Zouras, LLP

Representative's Address: 100 N. Riverside Plaza, Ste. 2150

City: Chicago

State: Illinois

Zip Code: 60606

Phone No.: (312) 233-1550

Fax No.: (312) 233-1560

Email Address: aficzko@stephanzouras.com & rstephan@stephanzouras.com

Parties (Respondent)

Name of Respondent: Southwest Airlines Co.

Address:

City:

State: Select...

Zip Code:

Phone No.:

Fax No.:

Email Address:

Representative's Name (if known): Melissa A. Siebert & Bonnie DelGobbo

Firm (if applicable): Baker & Hostetler, LLP

Representative's Address: 191 N. Wacker Drive.

City: Chicago

State: Illinois

Zip Code: 60606

Phone No.: (312) 416-6200

Fax No.: (312) 416-6201

Email Address: msiebert@bakerlaw.com & bdelgobbo@bakerlaw.com

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Parties (Claimant)

Name of Claimant: John Lopez

Address: 12537 S. Keeler Ave.

City: Alsip

State: Illinois

Zip Code: 60803

Phone No.: (708) 289-9305

Fax No.:

Email Address: jbl111588@gmail.com

Representative's Name (if known): Andrew C. Ficzko

Firm (if applicable): Stephan Zouras, LLP

Representative's Address: 100 N. Riverside Plaza, Ste. 2150

City: Chicago

State: Illinois

Zip Code: 60606

Phone No.: (312) 233-1550

Fax No.: (312) 233-1560

Email Address: aficzko@stephanzouras.com & rstephan@stephanzouras.com

Parties (Respondent)

Name of Respondent: Southwest Airlines Co.

Address:

City:

State: Select...

Zip Code:

Phone No.:

Fax No.:

Email Address:

Representative's Name (if known): Melissa A. Siebert & Bonnie DelGobbo

Firm (if applicable): Baker & Hostetler, LLP

Representative's Address: 191 N. Wacker Drive.

City: Chicago

State: Illinois

Zip Code: 60606

Phone No.: (312) 416-6200

Fax No.: (312) 416-6201

Email Address: msiebert@bakerlaw.com & bdelgobbo@bakerlaw.com

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Parties (Claimant)

Name of Claimant: Steven Spencer

Address: 14558 Kedvale Ave.

City: Midlothian

State: Illinois

Zip Code: 60445

Phone No.: (847) 890-0659

Fax No.:

Email Address: showcline@gmail.com

Representative's Name (if known): Andrew C. Ficzko

Firm (if applicable): Stephan Zouras, LLP

Representative's Address: 100 N. Riverside Plaza, Ste. 2150

City: Chicago

State: Illinois

Zip Code: 60606

Phone No.: (312) 233-1550

Fax No.: (312) 233-1560

Email Address: aficzko@stephanzouras.com & rstephan@stephanzouras.com

Parties (Respondent)

Name of Respondent: Southwest Airlines Co.

Address:

City:

State: Select...

Zip Code:

Phone No.:

Fax No.:

Email Address:

Representative's Name (if known): Melissa A. Siebert & Bonnie Keane DelGobbo

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Parties (Claimant)

Name of Claimant: Lerome Thomas

Address: 11550 S. Lafayette Ave.

City: Chicago

State: Illinois

Zip Code: 60628

Phone No.: (312) 415-4954

Fax No.:

Email Address: lerome.thomas@gmail.com

Representative's Name (if known): Andrew C. Ficzko

Firm (if applicable): Stephan Zouras, LLP

Representative's Address: 100 N. Riverside Plaza, Ste. 2150

City: Chicago

State: Illinois

Zip Code: 60606

Phone No.: (312) 233-1550

Fax No.: (312) 233-1560

Email Address: aficzko@stephanzouras.com & rstephan@stephanzouras.com

Parties (Respondent)

Name of Respondent: Southwest Airlines Co.

Address:

City:

State: Select...

Zip Code:

Phone No.:

Fax No.:

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