UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPAC	E
Case No. 21-RC-238719	Date Filed	4-01-2019

IATIONAL	LABOR	RELA	TIONS	BOARD	
RC	PE	TI	110	N	

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.

with the NLRB and should not b	e served on the	employer or a	ny other party.		• · · · · · · ·	in the same of the
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner requests that the National Labor R	er desires to be certi	fied as representa ceed under its p	ative of the employees. The roper authority pursuant to	Petitioner alleges the Section 9 of the Nat	at the following ional Labor Re	circumstances exist and elations Act
2a. Name of Employer City Of Hope		I	Address(es) of Establishmer O Rivergrade Rd, Irwi		nd number, city.	State, ZIP code)
3a. Employer Representative - Name	and Title	1490	3b. Address (If same a		»	
Henry Farber	and me		ł.,	•	venue NE, S	uite 2300, Bellevue, WA 98004
3c. Tel. No.	3d. Cell No.	,	3e. Fax No.		3f. E-Mail Addr	
(425) 646-6138	(206) 954-6	695	(425) 646-6199	[nenryfarber	@dwt.com
4a. Type of Establishment (Factory, min Hospital	e, wholesaler, etc.)	4b. Principal p	roduct or service		5a. City a	and State where unit is localed:
5b. Description of Unit Involved		Theorem Care				6a. No. of Employees in Unit:
Included: SEE ATTACHMENT						143
Excluded: All other classifications. in by the Act.	cluding but not limi	ted to guards, m	anagers, confidential emp	loyees and supervisor	s as defined	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
7b. Petitioner i	(Date) s currently recognize	(If no reply received as Bargaining	ed. so state). Representative and desires		. ,	ined recognition on or about
Ba. Name of Recognized or Certified E None	Bargaining Agent (I	f none, so state)	. 8b. Address		•	
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess
8g. Affiliation, if any.			8h. Date of Recognition o			Pate of Current or Most Recent (Month. Day. Year)
9. Is there now a strike or picketing at the (Name of labor organization)	e Employer's establi	•	d? No If so, approximately the Employer since (kimalely how many emp Month, Day, Year)	oloyees are par	ticipating?
Organizations or individuals other the known to have a representative interest None					sentatives and	other organizations and individuals
10a. Name	10b. Ad	dress		10c, Tel. No.		10d. Celi No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB condu any such election. 	ucts an election in th	is matter, state yo	our position with respect to	11a. Election Type:	✓ Manual	MailMixed Manual/Mail
11b. Election Date(s): April 17, 2019		lection Time(s): n and 11 am - 2	pm	11d. Election Location(s): 2nd floor large break room on the patient care rep side.		
12a. Full Name of Petitioner (including Service Employees International Union				12b. Address (street and number, city, state, and ZIP code) 5480 Ferguson Drive, Los Angeles, CA 90022		
12c. Full name of national or international Service Employees International Union	l labor organization	of which Petitione	er is an affiliate or constituen		<u> </u>	
12d. Tel No. (323) 734-8399	12e. Cell No.		12f. Fax No. (323) 721-3538		12g. E-Mail Ad	dress
13. Representative of the Petitioner wi	no will accept servi	ce of all papers	for purposes of the repres	entation proceeding.		
13a. Name and Title Xochitl A.	Lopez		13b. Address (street and 1001 Marina Village I			A 94501
13c. Tel No. (510) 337-1001	13d. Cell No.	······	13e. Fax No. (510) 337-1023		13f. E-Mail Add lopez@uniond	fress
I declare that I have read the above pe	tition and that the	statements are to	_ <u></u>		-	
	Signatur	 	Title		Date	
Xochitl A. Lopez		i	Attorney		March 29, 2	2019

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

PRIVACY ACT STATEMENT

Attachment to RC Petition

5b. Description of Unit Involved

BOC unit:

Chemotherapy Authorization Specialist

Coder

Collectors

Correspondence Rep

Credentialing Coordinator

Data Processing Clerk

Importer

Intake Coordinators

Medical Records Clerk

Patient Care Rep

Payment Poster

Receptionist

Referral Services Coordinator

Refund Clerk

Scanning Clerk

Specialty Billing

1\1018835

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No. 21-RC-239117	Date Filed 4-5-2019

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-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) Arctic Slope Regional Corporation (ASRC) Federal Holding Company 8381 La Palma Avenue, Suite A. Buena Park, CA 90620-3207 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Michelle Howell, Senior Vice President/HR Manager 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705 3d. Cell No. 3f. E-Mail Address (301) 837-5500 ext. 63959 mhowell@asrcfederal.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Military Contractor Military Support Buena Park, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the 6b. Do a substantial number (30% employer at is facility located in 8381 La Palma Avenue, Suite A, Buena Park, CA 90620-3207 or more) of the employees in the Excluded: All managers, branch managers, regional managers, cooperate managers, all other professional employees, guards and unit wish to be represented by the supervisors as defined by the Act. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 04/05/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). by this Petition 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 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 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s) 11c. Election Time(s): Tuesday, April 23, 2019 12 noon-1:00 p.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers. District Lodge 947 535 West Willow Street Long Beach, CA 90806-2830 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12g. E-Mail Address 12d Tel No 12e. Cell No. 12f. Fax No. (562) 427-8900 (562) 427-1122 rcarrillo@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Eric J. Wiesner, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13f. E-Mail AddressnIrbnotices@unioncounsel.net ewiesner@unioncounsel.net, csencer@unioncounsel.net 13c. Tel No. 13d. Cell No 13e. Fax No. 510-337-1001 510-337-1023 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) \$ignature Title Date Eric J. Wiesner Attorney April 5, 2019

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

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
	Date Filed				
21-RC-239201	4/8/2019				

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-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: SDH SERVICES WEST, LLC AKA 2b, Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3700 EAST SOUTH ST., LAKEWOOD, CA 90712-1419 SODEXO HEALTH SERVICES AT 3a, Employer Representative - Name and Title: BRUCE COLLIER, LABOR RELATIONS 3b, Address (if same as 2b - state same): 4475 HONEYGLEN COURT, MOORPARK, CA 93021 DIRECTOR 3c. Tel. No. 3d, Cell No. 3e, Fax No. 3f E-Mail Address 805-744-9041 805-456-3041 BRUCE.COLLIER@SODEXO.COM 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: FOOD SERVICES CONTRACTORLAKEWOOD, CA HOŚPITAL 5b. Description of Unit Involved:
Included: All full-time and part-time patient ambassadors employed as food service workers employed by the Employer at its operations at Lakewood Regional Medical Center located at 3700 East South St., Lakewood, CA 6a, Number of Employees in Unit: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? x Excluded: All other managers, confidential and clerical employees, unit controllers, nutricians or registered licensed dieticians, casual employees, on-call employees, high school students, other represented employees, guards and supervisors defined in the Act. No x 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: 4/8/2019 and Employer declined recognition (If no reply received, so state). on or about (Date) ☐ 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. 8f E-Mail Address 8d, Cell No. 8e, Fax No. 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? N_0 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 24, 2019 Conference Room at Lakewood Hospital 6-8 am; 10:30 am to 3:30 pm 12b. Address (street and number, city, State and ZIP code): 225 West Broadway, Suite 400, Glendale, CA 91204 12a, Full Name of Petitioner (including local name and number). National Union of Healthcare Workers ("NUHW") 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. 12e, Cell No. 12g, E-Mail Address 12f, Fax No. 818-241-0140 714-262-6293 818-241-0141 kbesst@nuhw.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): 225 West Broadway, Suite 400, Glendale, CA 91204 Antonio Orea, Assistant Director Hospital Division 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 818-241-0140 714-262-6293 818-241-0141 aorea@nuhw.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) Signatyre Date Florice Hoffman Gman 4/8/2019 Attorney lorice No.

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

	DO NOT WRITE	IN THIS SPACE
ase No.		Date Filed
	21-RC-239413	4.

Date Filed 4-11-2019

INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, <u>w</u> v	vw.nlrb.gov, submit	an original of this	Petition to	an NLRB office in the Region	
in which the employer concerns	ed is located. The	e petition must	be accompanied by	both a showing of	interest (s	ee 6b below) and a certificate	
of service showing service on t	he employer and	all other partie	s named in the petit	ion of: (1) the petiti	on; (2) Sta	tement 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 l	be served on the	emplover or an	v other party.	-	_	· ·	
1. PURPOSE OF THIS PETITION: RC	-CERTIFICATION OF	REPRESENTATI	VE - A substantial number	er of employees wish to	be represente	ed for purposes of collective	
bargaining by Petitioner and Petition							
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)							
Killion Industries, Inc.		13	880 Poinsettia Ave	(0)		,, c.c.c, = cccs,	
3a. Employer Representative - Name	and Title		A Vista 92081- 3b. Address (If same a	as 2b – state same)			
Brandon T Killion			1380 Poinsettia				
3c. Tel. No.	3d. Cell No.		CA Vista 92081- 3e. Fax No.		3f. E-Mail Ad	dress	
(760) 727-5102			(760) 599-1612				
4a. Type of Establishment (Factory, mir	ne, wholesaler, etc.)	4b. Principal pro	<u> </u>		5a. City	and State where unit is located:	
Misc. Fabricated Produ	cts	Checkout, bal	kery, produce stands, ref	rigerated merchandiser:	s	Vista, CA	
5b. Description of Unit Involved		<u> </u>			<u> </u>	6a. No. of Employees in Unit:	
included: See Attached Page 2 for ad	Iditional details					6	
						6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for ad	ditional datails					or more) of the employees in the unit wish to be represented by the	
See Allactico Page 2 for au	CILIONAL GERAIS					Petitioner? Yes [7] No [7]	
Check One: 7a. Request for	or recognition as Barg	aining Representa	tive was made on (Date)	and	Employer de	clined recognition on or about	
	-	(If no reply received			, ,	Ţ.	
7b. Petitioner	is currently recognize	d as Bargaining Re	epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified	Bargaining Agent (If	none, so state).	8b. Address				
			<u>,</u>				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Ad	dress	
8g. Affiliation, if any			8h. Date of Recognition of	or Certification	8i Expiration	Date of Current or Most Recent	
og. Annianon, il any			on, bate of recognition (Si Gertingation		ny (Month, Day, Year)	
9. Is there now a strike or picketing at th	ne Employer's establis	hment(s) involved	? No If so, appro	ximately how many em	ployees are p	articipating?	
(Name of labor organization)		. has pick	eted the Employer since	(Month, Dav, Year)		. 1	
10. Organizations or individuals other th					sentatives ar	nd other organizations and individuals	
known to have a representative interest							
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		106 E Mail Address	
				Tue. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond	lucts an election in this	s matter, state you	r position with respect to	11a. Election Type:	7 Manual	Mail Mixed Manual/Mail	
any such election, 11b. Election Date(s):	11c. Ele	ection Time(s):		11d. Election Location	on(s):	· · · · · · · · · · · · · · · · · · ·	
April 23 to April 26		ompletion of shift		To be determined ne	` '		
12a. Full Name of Petitioner (includin	g local name and nu	mber)	rs Local Union No. 206	12b. Address (street 4594 Mission Gorge I CA San Diego 92120	and number, Place	city, state, and ZIP code)	
lames K Baker lames K Baker, International Association of Sheet Metal, Air, Rail, and Transportation Workers, Local Union No. 206 A San Diego 92120- 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Sheet Metal, Air, Rail, and Transportation Workers							
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail A	uddress	
619) 265-0501	(619) 261-1217		(619) 265-0084		jbaker@smar		
13. Representative of the Petitioner w		ce of all papers fo	· · · · · · · · · · · · · · · · · · ·	sentation proceeding.			
13a. Name and Title	·			nd number, city, státe, a	nd ZIP code)		
13c. Tel No.							
						ddress	
T. 1 40 2	13d. Cell No.		13e. Fax No.		13f. E-Mail A	ddress	
I declare that I have read the above p		tatements are tru	e to the best of my kno			ddress	
I declare that I have read the above p Name (Print) lames K Baker		tatements are tru			Date 04/9/2019		

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

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE

Case Date Filed

Case 21-RC-239413

4-11-2019

Employees Included Sheet Metal fabricators, Sheet Metal Welders, Sheet Metal Assemblers

Employees Excluded
Carpenters, electricians, refrigeration

Attachment

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

Name (Print)

Kirill Penteshin

UNITED STATES OF AMERICA

NATIONAL LABOR RELATIONS BOARD Case No. Date Filed 4-11-2019 **RC PETITION** 21-RC-239449 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Hilton Management, LLC d/b/a The Hilton 777 W Convention Way, Anaheim, California, 92802 Anaheim Hotel 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Michele Tasker, Human Resources Director Same 3c. Tel. No. 3f. E-Mail Address 3e. Fax No. 714-750-4321 michele.tasker@hilton.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Hotel Hotel room, food and beverage Anaheim, California 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Armour-Globe election petition to add Guest Service Coordinators in the Front Services 7 (~850 in existing unit) Department to the existing Local 11 bargaining unit at the Hilton Anaheim Hotel. Excluded: All other non-Guest Service Coordinator employees currently excluded from the Local 11 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes bargaining unit. Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition March 27, 2019 (If no reply received, so state). on or about (Date) March 29, 2019 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 Bc. 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 , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 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) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLAB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): April 24, 2019 12:00 PM - 4:00 PM Hotel conference room, Lobby or Lower Lobby 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): **UNITE HERE Local 11** 464 S. Lucas Ave. Ste. 201, Los Angeles, California, 90017 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UNITE HERE International Union 12d. Tel. No. 12e. Cell No. 12f, Fax No. 12g. E-Mail Address 213-481-8530 x258 213-481-0352 kpenteshin@unitehere11.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 464 S. Lucas Ave. Ste. 201, Los Angeles, California, 90017 Kirill Penteshin, General Counsel 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No 301-602-4026 213-481-0352 kpenteshin@uniteherell.org 213-481-8530 x258

DO NOT WRITE IN THIS SPACE

Date

04/11/2019

General Counsel

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. 21-RC-239668

Date Filed 4-16-2019

PETITION 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Lamar Advertising 77-583 El Duna Court, Suite J, Palm Desert, CA 92211 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Vanessa Moorman, General Manager Same address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (760) 834-9423 vmoorman@lamar.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Display advertising company Billboards, airport advertising; display advertising Palm Desert, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All employees in the Palm Desert facility who install and remove display advertising. 6b. Do a substantial number (30% All other employees, including managers, supervisors, clerical, professional employees, security guards, and or more) of the employees in the Excluded: independent contracted employees. unit wish to be represented by the Petitioner? Yes V 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) No 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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 11a. Election Type: Manual Mail [Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 7:00 a.m. The conference room in the Palm Desert facility. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Teamsters Local 1932; (909) 889-8377 433 N. Sierra Way, San Bernardino, CA 92410 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. 12e, Cell No. 12f, Fax No. 12q. E-Mail Address 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) Bradley S. Beherns 3625 Ruffin Road, Suite 300 San Diego, CA 92123 13c. Tel No. 13d. Cell No. 13f. E-Mail Address bsb@sdlaborlaw.com (619) 297-6900 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) Bradley S. Beherns Date Attorney for Teamsters Local 1932 4/15/19

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

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No. 21-RC-239692	Date Filed 4-16-2019					

Date

April 15, 2019

RC PETITION 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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Arctic Slope Regional Corporation (ASRC) Federal Holding Company 9251 Garvey Avenue, Suite Q, South El Monte, CA 91733-4611 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Michelle Howell, Senior Vice President/HR Manager 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705 3f. E-Mail Address 3d. Cell No. 3e. Fax No. (301) 837-5500 ext. 63959 mhowell@asrcfederal.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Military Contractor Military Support South El Monte, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the 6b. Do a substantial number (30% employer at is facility located at 9251 Garvey Avenue, Suite Q, South El Monte, CA 91733-4611 or more) of the employees in the Excluded: All managers, branch managers, regional managers, cooperate managers, all other professional employees, guards and unit wish to be represented by the supervisors as defined by the Act. Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) by Petition and Employer declined recognition on or about Check One: (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 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 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? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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 10b. Address 10c, Tel. No. 10d. Cell No. 10a. Name 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d, Election Location(s): 11b. Election Date(s): Wednesday May 8, 2019 Break Room at South El Monte location 11:30 a.m. 12:30 p.m. 12a, Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 535 West Willow Street Long Beach, CA 90806-2830 International Association of Machinists and Aerospace Workers, District Lodge 947 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12g. E-Mail Address 12d Tel No. 12e. Cell No. 12f Fax No (562) 427-8900 (562) 427-1122 rcarrillo@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Eric J Wiesner, Attorney Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13f. E-Mail Addressnlrbnotices@unioncounsel.net 13e Fax No 13c. Tel No. 510-337-1001 510-337-1023 ewiesner@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

Title

Attorney

Signature

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.

Name (Print)

Eric J. Wiesner

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	21-RC-239702	Date Filed	04-16-2019			

RC PE	TITION			21-KC-239/02	2	01 10 2019	
INSTRUCTIONS: Unless e-Filed us	sing the Agenc	y's website, wy	vw.nlrb.gov, subm	it an original of this	s 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	•		•			norder endard entry be med	
1. PURPOSE OF THIS PETITION: RC-CE				ber of employees wish t	o be represente	ed for purposes of collective	
bargaining by Petitioner and Petitioner of requests that the National Labor Rela	lesires to be certifi	ed as representative eed under its proj	e of the employees. To per authority pursuan	he Petitioner alleges to to Section 9 of the N	hat the followi ational Labor	ng circumstances exist and Relations Act.	
2a. Name of Employer Arctic Slope Regional Corporation (ASRC)				nent(s) involved (Street vard, Suite A-110,			
3a. Employer Representative – Name and Michelle Howell, Senior Vice Pre		anager	3b. Address (If same 7000 Muirkirk Mo	e as 2b – state same) eadows Drive, Su	ite 100, Bel	tsville, MD 20705	
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Ad	dress	
(301) 837-5500 ext. 63959					mhowell@	asrcfederal.com	
4a. Type of Establishment (Factory, mine, v	wholesaler, etc.)	4b. Principal prod	fuct or service			y and State where unit is located:	
Military Contractor		Military Suppo	ort		Bellflo	wer, CA	
5b. Description of Unit Involved				<u> </u>		6a. No. of Employees in Unit:	
Included: All full time, regular part	-time, on call I	Biometric Techr	nicians and Genera	al Clerks employed	by the	3	
employer at is facility lo						6b. Do a substantial number (30%	
Excluded: All managers, branch managers	jers, regional ma	nagers, corporate	managers, all other p	rofessional employees	s, guards and	or more) of the employees in the unit wish to be represented by the	
supervisors as defined by the	e Act.					Petitioner? Yes No	
Check One: 7a. Request for re	ecognition as Barg	aining Representat	tive was made on (Date	By Petition a	nd Employer de	clined recognition on or about	
		(If no reply received		· 		•	
7b. Petitioner is c	urrently recognize	d as Bargaining Re	presentative and desire	es certification under the	e Act.		
8a. Name of Recognized or Certified Bar	gaining Agent (II	none, so state).	8b. Address	5			
·					1		
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Ad	dress	
8g. Affiliation, if any	<u> </u>		8h. Date of Recognition	or Certification	Ri Expiration	Date of Current or Most Recent	
og. Annation, it arry			on. Bate of Necognition	•		ny (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved?	If so, app	roximately how many e	mployees are p	articipating?	
(Name of labor organization)		, has picke	eted the Employer since	e (Month. Dav. Year)			
10. Organizations or individuals other than						nd other organizations and individuals	
known to have a representative interest in a					oresemanves at	id other organizations and individuals	
·							
10a. Name	10b. Add	dress		10c. Tel. No.	,	10d, Cell No.	
	1						
	Ì			10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	an election in thi	e matter etate voir	position with respect to	2 da Findin Tura			
any such election.	y an election in this	s matter, state your	position with respect to	11a. Election Type	: V Ivianuai	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Loca	tion(s):		
Thursday May 9, 2019	Thursday May 9, 2019 12:00 p.m. 1:00 p.m. Break Room or Site Supervisors office at Bellflower location						
12a. Full Name of Petitioner (including lo International Association of Machinists ar	nd Aerospace W	orkers, District Lo		620 Coolidge Driv		city, state, and ZIP code) om, CA 95630	
12c. Full name of national or international la International Association of Machinists an			s an affiliate or constitu	ent (if none, so state)			
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail A		
(916) 985-8101			(916) 985-8121		rcarrillo@iam	law.org	
13. Representative of the Petitioner who	•						
13a. Name and Title Eric J. Wies	ner, Attor	ney		and number, city, state, infeld 1001 Marina Village I		00. Alameda. CA 94501	

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

Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13f. E-Mail AddressnIrbnotices@unioncounsel.net

ewiesner@unioncounsel.net

Date

April 15, 2019

PRIVACY ACT STATEMENT

13e. Fax No.

510-337-1023

Title

Attorney

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.

13c. Tel No.

510-337-1001

Name (Print)

Eric J. Wiesner

13d. Cell No.

Signature

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

	DO NOT WRIT	E IN THIS SPA	CE
ase No.	21-RC-239709	Date Filed	4-16-2019

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INSTRUCTIONS: Unless e-Filed us						
in which the employer concerned in	is located. The	e petition must	be accompanied by	both a showing of	interest (se	ee 6b below) and a certificate
of service showing service on the	employer and	all other partie	s named in the petition	on of: (1) the petition	on; (2) State	ement of Position form
(Form NLRB-505); and (3) Descript				RB 4812). The sho	wing of in	terest should only be filed
with the NLRB and should not be s	served on the o	employer or an	y other party.			<u> </u>
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Relations	lesires to be certific	ied as representativ	ve of the employees. The	Petitioner alleges that	t the followin	g circumstances exist and
2a. Name of Employer	nons board proc		dress(es) of Establishmen			
Arctic Slope Regional Corporation (ASRC)	Federal Holding (1				
3a. Employer Representative – Name and Michelle Howell, Senior Vice Pre-		ınager	3b. Address (If same as 7000 Muirkirk Mea		100, Belts	sville, MD 20705
3c. Tel. No. (301) 837-5500 ext. 63959	3d. Cell No.		3e. Fax No.	1	_	asrcfederal.com
4a. Type of Establishment (Factory, mine, v Military Contractor	vholesaler, etc.)	4b. Principal prod Military Suppo				and State where unit is located: de, CA
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All full time, regular part	t-time, on call	Biometric Tech	hnicians and Genera	al Clerks employed	by the	9
employer at its facility lo Excluded: All managers, branch manag supervisors as defined by the	ers, regional mar	2 La Sierra Âve nagers, corporate	enue, Riverside, CA managers, all other prof	92505-3528. fessional employees, ξ	guards and	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 re	cognition as Barg	aining Represental	tive was made on (Date)	By Petition and	Employer dec	lined recognition on or about
H	(Date) ((If no reply received		,		
8a. Name of Recognized or Certified Barg			8b. Address		· · · · · · · · · · · · · · · · · · ·	
2 + 12	Tara-up				S 5 14-21 6 7-2	
8c. Tel No.	8d Cell No.		8e. Fax No.		Bf. E-Mail Add	
8g. Affiliation, if any			8h. Date of Recognition of	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 Er	mployer's establis	hment(s) involved?	? No If so, approx	imately how many emp	loyees are pa	rticipating?
(Name of labor organization)		, has picki	eted the Employer since (Month, Day, Year)		· · · · · · · · · · · · · · · · · · ·
 Organizations or individuals other than f known to have a representative interest in a 					sentatives and	d other organizations and individuals
10a. Name	10b. Add	Iress	ا هر	10c. Tel. No.	/	10d. Cell No.
				10e. Fax No.	χ	10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election.	an election in this	s matter, state your	r position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail
11b. Election Date(s): Thursday May 9, 2019		ection Time(s): .m.:- 1:00 p.m.		11d. Election Locatio Break Room or Site		office at Riverside location
12a. Full Name of Petitioner (including lo nternational Association of Machinists an			dge 947	12b. Address (street 620 Coolidge Drive,		city, state, and ZIP code) m, CA 95630
12c. Full name of national or international la nternational Association of Machinists an	•		is an affiliate or constituen	it (if none, so state)		
12d. Tel No. 916) 985-8101	12e. Cell No.	·	12f. Fax No. (916) 985-8121		2g. E-Mail Ac arrillo@lama	
13. Representative of the Petitioner who	will accept service	e of all papers fo	r purposes of the repres	entation proceeding.		
13a Name and Title Eric J. Wies	ner, Attorr	ney	13b. Address (street and Weinberg, Roger & Rosenfe	•	,), Alameda, CA 94501
13c. Tel No.	13d. Cell No.		13e. Fax No. 510-337-1023	1	3f. E-Mail Ad	dressnIrbnotices@unioncounsel.net oncounsel.net
10-337-1001 I declare that I have read the above petition	on and that the s	tatements are true			caner@ulli	oncounselliet
Name (Print) Sig	nature 🔥	1. 1	Title		Date	
Eric J. Wiesner	- 1V L.		Attorney		April 15, 20	019

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.

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UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 21-RC-239723	Date Filed 4-16-2019						

INSTRUCTIO	NS: L	Inless e-File	d using t	he Agenc	y's website	, <u>w</u> v	vw.nlrb.gov, submit a	an original of this	Pet	ition to a	n NLRB	office in the Region
		•					•					low) and a certificate
							s named in the petition					
							Procedures (Form NL	RB 4812). The s	howi	ng of inte	erest sh	ould only be filed
with the NLR	B and	l should <u>not</u>	be serve	d on the	employer o	r an	y other party.					
bargaining by	Petitio	ner and Petition	ner desires	to be certifi	ed as represe	ntativ	VE - A substantial number e of the employees The	Petitioner alleges t	hat th	e following	circum	stances exist and
2a. Name of Em			Relations	soaru proc			per authority pursuant to dress(es) of Establishmen					
Arctic Slope Reg	ional C	Corporation (AS		al Holding			La Palma Avenue, S	Suite A, Buena I				
3a. Employer R Michelle How			Presider		ınager		3b. Address (If same as 7000 Muirkirk Mea					ID 20705
3c, Tel. No. (301) 837-55	00 ex	d. 63959	3d.	Cell No.			3e. Fax No.			-Mail Addr owell@a		eral.com
4a. Type of Esta Military Contr			ine, wholes	aler, etc.)	4b. Principa Military St		duct or service			5a. City a Buena f		where unit is located:
5b. Description	of Uni	t involved				· · ·	·			. 45 a		of Employees in Unit:
							nnicians and Genera				6h Do	a substantial number (30%
Excluded: All	manag	er at is facilit jers, branch ma rs as defined b	anagers, re	in 8381 egional ma	La Palma nagers, corpo	Ave orate	nue, Suite A, Buena managers, all other prof	a Park, CA 9062 essional employees	0-32 s, gua	07 rds and	or more unit wis	of the employees in the h to be represented by the er? Yes No
Check One:		7a Request	for recognit	ion as Baro	aining Renres	entat	tive was made on (Date)	v netition ar	nd Em	plover decli		
onoun ono.	H			(Date) (if no reply rec	eivec		, ,		proyer dod.		grillion on or about
8a. Name of Red	cogniz						8b. Address	certification under the	C ACI.			
None 8c. Tel No.			8d C	ell No.			8e. Fax No.		8f. E	-Mail Addr	ess	
						لہ						· · · · · · · · · · · · · · · · · · ·
8g. Affiliation, if a	iny						8h. Date of Recognition or	Certification		•		urrent or Most Recent Day, Year)
9. Is there now a	strike	or picketing at t	he Employe	er's establis	hment(s) invo	lved?	No If so, approx	imately how many er	nploy	ees are par	ticipating	?
(Name of labo							eted the Employer since (i					
							B and 9, which have claiment item 5b above. (If none,		resen	tatives and	other or	ganizations and individuals
10a. Name			· · · · · · · · · · · · · · · · · · ·	10b. Add	dress	• • •		. 10c, Tel. No.			10d. C	ell No.
				1				10e. Fax No.			10f. E-	Mail Address
11. Election Deta		the NLRB cond	ducts an ele	ection in this	s matter, state	your	position with respect to	11a. Election Type	~	Manual	Mail _	Mixed Manual/Mail
11b. Election Dat Wednesday, May	:e(s):	19		1	ection Time(s) n 4:00 p.m.			11d Election Loca Break Room at Bu			on	
12a. Full Name of International Ass	of Peti	ioner (includir		me and nu	mber)		dge 947	12b. Address (stre 535 West Willow S				
12c. Full name of International Ass				•			s an affiliate or constituen	t (if none, so state)				
12d. Tel No. (562) 427-8900			12e.	Cell No.		_	12f. Fax No. (562) 427-1122			E-Mail Add		
13. Representati	ve of	he Petitioner v	vho will ac	cept servi	ce of all pape	rs fo	r purposes of the repres	entation proceeding	g.			
13a. Name and T	itle E	ric J Wie	esner,	Attorn	ey	}	13b. Address (street and Weinberg, Roger & Rosenfe				Alameda,	CA 94501
13c. Tel No. 510-337-1001			13d.	Cell No.			13e. Fax No. 510-337-1023	-	13f.		ressnirb	notices@unioncounsel.net
	ave re	ad the above p	etition and	that the s	tatements are	e tru	e to the best of my know	ledge and belief.	-			
Name (Print)			Signature				Title			Date		
Eric J. Wiesner			1	UL			Attorney		A	pril 15, 20	19	

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

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE									
Case No. 21-RC-23973	0 Date Filed 4-16-2019								

Date

April 15, 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-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) Arctic Slope Regional Corporation (ASRC) Federal Holding Company 1671 San Fernando Road, San Fernando, CA 91340 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705 Michelle Howell, Senior Vice President/HR Manager 3c. Tel. No 3d. Cell No. 3f. E-Mail Address (301) 837-5500 ext. 63959 mhowell@asrcfederal.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Military Contractor Military Support San Fernando, CA 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the 6b. Do a substantial number (30% employer at is facility located in 1671 San Fernando Road, San Fernando, CA 91340 or more) of the employees in the Excluded: All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and unit wish to be represented by the supervisors as defined by the Act. Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about Check One: (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). 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) (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 11a. Election Type: V Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s) 11c Election Time(s) 11d Election Location(s): Break Room or Site Supervisors office at San Fernando location Wednesday, May 8, 2019 2:00 p.m. - 4:00 p.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, District Lodge 947 535 West Willow Street Long Beach, CA 90806-2830 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12d. Tel No 12e. Cell No. 12f. Fax No 12g. E-Mail Address (562) 427-8900 (562) 427-1122 rcarrillo@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Eric J Wiesner, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13f. E-Mail Address nlrbnotices@unioncounsel.net 13c. Tel No 13e. Fax No 510-337-1001 510-337-1023 ewiesner@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

Title

Attorney

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.

\$ignature

Name (Print)

Eric J. Wiesner

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS SPACE								
Case No.	21-RC-239733	Date Filed	4-16-2019						

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-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) Arctic Slope Regional Corporation (ASRC) Federal Holding Company 3747 South La Brea Ave, Los Angeles, CA 90016 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Michelle Howell, Senior Vice President/HR Manager 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705 3c. Tel. No. 3d. Cell No. 3e Fax No 3f. E-Mail Address (301) 837-5500 ext. 63959 mhowell@asrcfederal.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Military Contractor Military Support Los Angeles, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the 6b. Do a substantial number (30% employer at is facility located at 3747 South La Brea Ave, Los Angeles, CA 90016 or more) of the employees in the Excluded: All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and unit wish to be represented by the supervisors as defined by the Act. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) by Petition and Employer declined recognition on or about (Date) (If no reply received, so state). 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 8d Cell No. 8c. Tel 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) None 10c Tel No. 10a. Name 10b. Address 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 11a. Election Type: Manual Mail_ Mixed Manual/Mail any such election. 11c. Election Time(s): 11d Election Location(s): 11b. Election Date(s) Wednesday May 8, 2019 11:30 a.m. - 12:30 p.m. Break Room at South La Brea Ave, Los Angeles location 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, District Lodge 947 535 West Willow Street Long Beach, CA 90806-2830 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12d. Tel No 12e. Cell No. 12f. Fax No. 12g. E-Mail Address rcarrillo@iamaw.org (562) 427-8900 (562) 427-1122 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Eric J Wiesner, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13d. Cell No. 13e. Fax No. 13f. E-Mail Address nlrbnotices@unioncounsel.net 13c. Tel No. 510-337-1001 510-337-1023 ewiesner@unioncounsel.net 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) Signature Title Date April 15, 2019 Eric J. Wiesner Attorney

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

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	21-RC-239736	Date Filed	4-16-2019				

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-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) Arctic Slope Regional Corporation (ASRC) Federal Holding Company 15715 Crenshaw Boulevard, Room B-112, Gardena, CA 90249-4500 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705 Michelle Howell, Senior Vice President/HR Manager 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (301) 837-5500 ext. 63959 mhowell@asrcfederal.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Gardena, CA Military Contractor Military Support 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the 6b. Do a substantial number (30% employer at is facility located at 15715 Crenshaw Boulevard, Room B-112, Gardena, CA 90249-4500 or more) of the employees in the Excluded: All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and unit wish to be represented by the supervisors as defined by the Act. Petitioner? Yes 🗸 No 7a. Request for recognition as Bargaining Representative was made on (Date) by Petition and Employer declined recognition on or about Check One: (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 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) has picketed the Employer since (Month. Day, Year) (Name of labor organization) 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 10c. Tel. No. 10d Cell No. 10a. Name 10b. Address 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c Flection Time(s) 11d. Election Location(s): 11b. Election Date(s) Break Room at Gardena location Thursday May 9, 2019 11:30 a.m. - 12:30 p.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 535 West Willow Street Long Beach, CA 90806-2830 International Association of Machinists and Aerospace Workers, District Lodge 947 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12d, Tel No. 12e Cell No. 12f Fax No. 12g. E-Mail Address (562) 427-8900 (562) 427-1122 rcarrillo@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Eric J Wiesner, Attorney Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13f. E-Mail Address nIrbnotices@unioncounsel.net 13d. Cell No. 13e. Fax No. 13c. Tel No. 510-337-1001 510-337-1023 ewiesner@unioncounsel.net 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) Signature Title Date Attorney April 15, 2019 Eric J. Wiesner

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

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 21-RC-239940	Date Filed	04-18-2019				

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-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 representa ive 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) 751 Medical Center Drive CA Chula Vista 91911-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 751 Medical Center Drive CA Chula Vista 91911-Bruce Collier 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address Bruce.Collier@sodexo com (805) 744-9041 (805) 744-9041 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Facili ies Service Contractor Chula Vista, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 76 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 11a. Election Type: <a> Manual <a> Mail <a> Mixed Manual/Mail any such election. 11b. Election Date(s): Tuesday April 30, 2019 11c. Election Time(s): 11d. Election Loca ion(s): 6:00 am to 9:00 am, 11:00 am to 12:00 pm, 3:00 pm Sharp Chula Vista Hospital, 751 Medical Center Drive, Chula Vista CA 9 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Carolina Aceves Office and Professional Employees International Union Local 30 6136 Mission Gorge Rd. Suite 214 CA San Diego 92120-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Office and Professional Employees Interna ional Union, AFL-CIO 12g. E-Mail Address carolinaaceves@opeiulocal30.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (619) 980-0713 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. F-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) Signature Title Date Carolina Aceves Organizer 04/18/2019 21:42:08 Carolina Aceves

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

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE				
21-RC-239940	Date Filed 04-18-2019			

Employees Included

All full-time and regular part-time Environmental Services Department employees employed by the employer in the facility at 751 Medical Center Ct, Chula Vista CA 91911 in the following classifications; Environmental Service Attendant, Environmental Service Attendant Senior, Environmental Service Attendant II, Floor Technician, Housekeeping Attendant, Housekeeping II, Housekeeping Technician, Linen Services Attendant.

Case

Employees Excluded

Excluding managerial employees, temporary employees, confidential employees, guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No.

DO NOT WRITE IN THIS SPACE Date Filed

RCP	ETITION		21	-RC-240098	ľ	4-23-2019	
INSTRUCTIONS: Unless e-Filed	d using the Agenc	y's website, www.	.nlrb.gov, submit a	n original of this l	Petition to a	n NLRB office in the Region	,
in which the employer concern							
of service showing service on		•					•
(Form NLRB-505); and (3) Desc							
with the NLRB and should not				ND 4012). The Sin	owing or inc	erest should only be med	
1. PURPOSE OF THIS PETITION: RO	CERTIFICATION OF	REPRESENTATIVE	• A substantial number	of employees wish to	ne renresenter	for nurnoses of collective	
bargaining by Petitioner and Petition	ner desires to be certific	ed as representative of	of the employees. The	Petitioner alleges tha	t the following	g circumstances exist and	
requests that the National Labor I	Relations Board proc						
2a. Name of Employer			ss(es) of Establishmen Poinsettia Ave	t(s) involved (Street an	d number, city	, State, ZIP code)	
Killion Industries, Inc.		L CA V	ista 92081-				
3a. Employer Representative – Name	e and Title	3	b. Address (If same as				
Brandon T. Killion	***		1380 Poinsettia Av CA Vista 92081-				
3c. Tel. No.	3d. Cell No.	3	le. Fax No.		3f. E-Mail Addı	ress	
(760) 727-5102			760) 599-1612				_
4a. Type of Establishment (Factory, mi		4b. Principal produc	t or service		5a. City a	and State where unit is located:	
Misc. Fabricated Produ	ıcts		store fixtures and case	work		Vista, CA	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for a	dditional details					7	_
						6b. Do a substantial number (30% or more) of the employees in the	
Excluded: See Attached Page 2 for ac	dditional details	• .				unit wish to be represented by the	
000 / ((dation / ago 2)) / (İ	Petitioner? Yes [7] No [7]	
Check One: 7a. Request t	for recognition as Barg	aining Representative	was made on (Date)	and	Employer deci	ined recognition on or about	
		If no reply received, s		 _		_	
7b. Petitioner	is currently recognize	d as Bargaining Repre	esentative and desires	certification under the A	Act.		
8a. Name of Recognized or Certified	Bargaining Agent (If	none, so state).	8b. Address	· · · · · · · · · · · · · · · · · · ·			
8c. Tel No.	8d Cell No.	8	e. Fax No.		Bf. E-Mail Addı	ress	
			D-1	0-4:6-4:-	O: Francisco F	Salar of Comment on Manual Planning	
8g. Affiliation, if any		Į 8n.	Date of Recognition or			Date of Current or Most Recent (Month, Day, Year)	
						, (, 20), 100.	
9. Is there now a strike or picketing at the	he Employer's establis	hment(s) involved?	lo If so, approx	imately how many emp	lovees are par	rticipating?	
			d the Employer since (/	• • •	•		
							<u>-</u> -
 Organizations or individuals other the known to have a representative interest 	han Petitioner and thos	se named in items 8 ar	nd 9, which have claims	ed recognition as repre	sentatives and	other organizations and individua	IS
known to have a representative interes	till ally employees in t	tie aut described in te	em so above. (ii none,	30 31816/			
10a, Name	10b. Add	Iress	•	10c. Tel. No.		10d. Cell No.	_
	` -			10e. Fax No.	-	10f. E-Mail Address	
11. Election Details: If the NLRB cond	ducts an election in this	s matter, state your po	sition with respect to	11a. Election Type:	🕖 Manual 📗	Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s):	11c Flo	ection Time(s):		11d. Election Location	nn(s):		_
April 29, 2019	4	· · ·	e completion of working		• •	2480 Ash Street, Vista, California	920
12a, Full Name of Petitioner (including		<u> </u>			<u> </u>	city, state, and ZIP code)	
James Kenneth Baker James K. Baker	• • • • • • • • • • • • • • • • • • •			4594 Mission Gorge F CA San Diego 92120-	lace		
12c. Full name of national or internation	nal labor organization of	of which Petitioner is a	n affiliate or constituen	t (if none, so state)	· ·		_
International Association of Sheet Metal	Air, Rail, and Transpo	ortation Workers', Loca	al Union No. 206				
12d. Tel No.	12e. Cell No.	1	2f. Fax No.		12g. E-Mail Ad baker@smart2	ldress	
(619) 265-0501	(619) 261-1217		19) 265-0084				_
13. Representative of the Petitioner	who will accept servi				- 4 710 4-1		
13a. Name and Title Ricardo Ochoa Attorney at Law			3b. Address (street and 737 Camino Del Rio So		na ZIP coae)		
Ochoa Law		I. C	CA San Diego 92108			• • • • • • • • • • • • • • • • • • • •	
13c. Tel No.	13d. Cell No.	1 '	3e. Fax No.	١,	13f. E-Mail Add	aress -attorneys.org	
(166) 285-1662	otition and that the -		319) 285-1760 the best of my know				
I declare that I have read the above p				ieuge anu Dellei.	T 5	<u> </u>	
Name (Print)	Signature James K. Baker	· ·	itle Irganizer		Date	10:10:27	
lames Kenneth Baker	James N. Dakei	10	. 30.11201		04/22/2019	12.40.3/	

h Baker James K. Baker Organizer 04/22/2019 12:40:37
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) James Kenneth Baker

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE

Case

21-RC-240098

Date Filed

4-23-2019

Employees Included

All full-time and regular part-time employees including sheet metal fabricators, sheet metal welders, and sheet metal assemblers employed by the Employer at its facility currently located at 1380 Poinsettia Avenue, Vista, California

Employees Excluded

All other employees, carpenters, electricians, refrigeration employees, clerical employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. Date Filed 21-RC-240105

4-23-2019

RC PETITION 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							-
(Form NLRB-505); and (3) Des				RB 4812). The si	howing of inte	erest should only be filed	
with the NLRB and should not							
PURPOSE OF THIS PETITION: Re bargaining by Petitioner and Petition requests that the National Labor	ner desìres to be certif	fied as representati	ve of the employees. The	Petitioner alleges th	at the following	g circumstances exist and	
2a. Name of Employer	Relations Board pro		dress(es) of Establishmer				┥
Affordable Engineering Syste	ms (AES)		North Island Bulding			0.0.0, 2 0000,	
3a. Employer Representative - Nam			3b. Address (If same a				-
Pat Godfrey, Manager Human			1455 Frazee Road	•	n Diego, CA	92108	
3c. Tel. No.	3d. Cell No.		3e. Fax No.	·	3f. E-Mail Addr	ess	7
(619) 522-9800.ext.#103	(619) 288-1	882	(619) 522-9803		pat@affords	services.com	
4a. Type of Establishment (Factory, m. Military Contractor	ine, wholesaler, etc.)	4b. Principal pro Military Supp		·1	5a. City a San Die	and State where unit is located: ego, CA	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	٦
Included: See Attachmer	nt.				Į.	23	_
Excluded: See Attachmer	it.					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No	
Check One: 7a. Request	for recognition as Bar	gaining Representa	itive was made on (Date)	By Petition and	d Employer decli	ined recognition on or about	7
<u> </u>		(If no reply receive	•				
			epresentative and desires	certification under the	Act.		4
8a. Name of Recognized or Certified	Bargaining Agent (I	t none, so state).	8b. Address				
8c. Tel No.	8d Cell No.	· · ·	8e. Fax No.		8f. E-Mail Addr	ess	
8g. Affiliation, if any			8h. Date of Recognition o	r Certification		Pate of Current or Most Recent (Month, Day, Year)	
9. Is there now a strike or picketing at t							
(Name of labor organization)		, has pick	seted the Employer since (Month, Day, Year)		· ,	
10. Organizations or individuals other t known to have a representative interes					resentatives and	other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	1
				10e. Fax No.		10f. E-Mail Address	
11 Election Details: If the NLRB con- any such election.	ducts an election in th	is matter, state you	r position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail	-
11b. Election Date(s): Monday. May 6, 2019		lection Time(s):		11d. Election Local Conference Room	ion(s): or Break Room	in Building 399 and Building 463	
12a. Full Name of Petitioner (includial International Association of Machinis			odge 725	12b. Address (stree 5150 Kearny Mesa	et and number, c Road, San Die	ity, state, and ZIP code) ego, CA 92111	
12c. Full name of national or internation International Association of Machinist			is an affiliate or constituen	(if none, so state)			
12d. Tel No. (858) 292-5150 ext 111	12e. Cell No. (619) 906-0394	i	12f. Fax No. (858) 292-5488		12g. E-Mail Addination		7
13. Representative of the Petitioner			<u> </u>	entation proceeding	<u> </u>		-
13a. Name and Title David W.			13b. Address (street and Weinberg, Roger & Rosente	d number, city, state.	and ZIP code)	Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.		13e. Fax No. 510-337-1023			fress dfujimoto@unioncouns ncounsel.net, csencer@unioncounsel.ne	
I declare that I have read the above p	etition and that the	statements are tru	I	ledge and belief.			1
Name (Print)	Signature		Title		Date		1
David W.M. Fujimoto	- Times		Attorney		04/23/2019		

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

PRIVACY ACT STATEMENT

ATTACHMENT TO RC PETITION

Re: Employer: Affordable Engineering Services (AES) (Buildings 399 & 463)
Petitioner: International Association of Machinists and Aerospace Workers,

District Lodge 725

5b. Description of Unit Involved

Included: All full time and regular part-time Aircraft Mechanics I, Aircraft Mechanics II, Aircraft Mechanics III, Aircraft Workers, Aircraft Sheetmetal Mechanics, Ordinance Technicians I, Ordinance Techs. II, Ordinance Techs. III, Electronic Techs. I, Electronic Techs. III and Metrology Techs. I Metrology Techs. II, Metrology Techs. III employed by the employer on the F-18 Ordinance Program, Calibration Program and Avionics Component Repair Program in Building 399 and Building 463.

Excluded: Guards, Office Clerical and Supervisors as defined in the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE	IN THIS SPACE	
Case No.	21-RC-240107	Date Filed	4-23-2019

RC PETITION

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 2b. Address(es) of Establishment(s) involved (Street and number, city. State, ZIP code) Tyonek Building 785 NAS North Island Naval Air Station North Island, Building 785, San Diego, CA 92135 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Tina Bruce, PHR Director of Human Resources 229 Palmer Road, Madison, AL 35758 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (256) 258-0112 & (256) 258-6200 (256) 651-8811 (256) 258-6292 tbruce@tyonek.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Military Contractor San Diego, CA Military Support 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time Aircraft Mechanics I, Aircraft Mechanics II. Aircraft Mechanics III. Aircraft Workers, Aircraft Sheetmetal Mechanics. Avionics Technicians, Production Control Personal, Aircraft Logs and Records Technicians, Supply Technicians, and Material Expeditors. 6b. Do a substantial number (30% or more) of the employees in the Excluded: Guards, Office Clerical and Supervisors as defined in the Act. unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about Check One: (Date) (Il 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). 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No 8q. 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) 10b. Address 10c. Tel. No. 10a, Name 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s) 11d. Election Location(s): Conference Room or Lunch Room Building 785 11:45am-12:15 pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, District Lodge 725 5150 Kearny Mesa Road San Diego, CA 92111 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so slate) International Association of Machinists and Aerospace Workers, AFL-CIO 12g. E-Mail Address 12d Tel No 12e, Cell No. 12f Fay No. (858) 292-5150 ext 111 (858) 292-5273 bmiller@iam725.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title David W. M. Fujimoto, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200. Alameda, CA 94501 13c. Tel No 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 510-337-1001 510-337-1023 nirbnotices@unioncounsel.net, dfujimato@unioncounsel.net 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) Signature Title David W. M. Fujimoto April 23, 2019 Attorney WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No. 21-RC-240111	Date Filed	4-23-2019						

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-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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Tyonek Native Corporation (E2/C2 Program) Naval Air Station North Island, Building 460, San Diego, CA 92135 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Tina Bruce, PHR Director of Human Resources 229 Palmer Road, Madison, AL 35758 3d, Cell No. 3e. Fax No. 3f. E-Mail Address (256) 258-0112 & (256) 258-6200 (256) 651-8811 (256) 258-6292 tbruce@tyonek.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Military Contractor Military Support San Diego, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit Included: All full lime Aircraft Mechanics I, Aircraft Mechanics II, Aircraft Mechanics III, Aircraft Workers, Aircraft Sheetmetal Mechanics, Avionics
Technicians, Aircraft Painters, Aircraft Logs and Records Technicians, Production Control Personal, Supply Technicians, and Material Expeditors. 6b. Do a substantial number (30% or more) of the employees in the Excluded: Guards, Office Clerical and Supervisors as defined in the Act. unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about Check One: [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 Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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 11a. Election Type: V Manual]Mail ∫ Mixed Manual/Mail any such election. 11d. Election Location(s): 11c Election Time(s): 11b. Election Date(s): Break Room Building 460 11:45 am - 12:15 pm May 7, 2019 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 5150 Kearny Mesa Road San Diego, CA 92111 International Association of Machinists and Aerospace Workers, District Lodge 725 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (858) 292-5150 (619) 906-0394 (858) 292-5273 jmauldin@iam725.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title David W.M. Fujimoto, Attorney. Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13e, Fax No. 13c. Tel No. 13f. E-Mail Address 510-337-1023 510-337-1001 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) Signature Title April 23, 2019 Attorney

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.

David W.M. Fujimoto

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE								
Case No. 21-RC-240292	Date Filed	4-26-2019						

			1						
INSTRUCTIONS: Unless e-Filed us	sing the Agenc	y's website, w	ww.nlrb.gov, submit a	an original of this	s Petiti	on to ar	NLRB o	ffice in the Region	
in which the employer concerned									
of service showing service on the									
(Form NLRB-505); and (3) Descrip									
with the NLRB and should not be						9			
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of	RTIFICATION OF desires to be certifi	REPRESENTAT ed as representati	IVE - A substantial number ve of the employees. The	Petitioner alleges tl	hat the	following	circumsta	nces exist and	
requests that the National Labor Rela 2a. Name of Employer	tions Board proc		pper authority pursuant to ddress(es) of Establishmen						
Keck Medicine, USC		I	San Pablo St., Los A						
3a. Employer Representative – Name an	d Title	1300	3b. Address (If same as		J, 201	1 14. 000	0 01., 208	Aligeles CA 30032	
Rod Hanners, CEO	1500 San Pablo St., Bldg 640, Los								
3c, Tel. No. (323) 442-8677	3d. Cell No.		3e. Fax No. (323) 442-7231			3f. E-Mail Address rod.hanners@med.usc.edu			
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal price Healthcare Facility Healthcare			oduct or service			5a. City and State where unit is located: Los Angeles, CA			
		i lealtificate				6a. No. of Employees in			
5b. Description of Unit Involved Included: All full time, part time, and	nor diam conia	a and ather non					0a. NO. OH B	Employees in Onit.	
employer in the Ambulator	v Care Departm	e and other non- ent at 2011 N S	-professional employee Soto St. Los Angeles C	s employed by the A 90032	;		6b. Do a si	ubstantial number (30%	
employer in the Ambulatory Care Department at 2011 N. Soto St., Los Angeles CA 90032 Excluded: All other employees, managers, confidential employees, guards, physicians, Registered Nurses (RNs), already represented employees and supervisors as defined by the act.						unit wish to	the employees in the be represented by the Yes 🗸 No		
Check One: / 7a. Request for r	ecognition as Baro	saining Represents	ative was made on (Date) <u>∠</u>	1/25/2010 ar	nd Empl	over decli			
7 ra. requestion		(If no reply receive		#/25/2019_a	ila Empi	oyer deen	ned recogni	alon on or about	
			epresentative and desires	certification under the	e Act.				
8a. Name of Recognized or Certified Bar	gaining Agent (If	none, so state).	8b. Address						
8c. Tel No. 8d Cell No.			8e. Fax No. 8f			8f. E-Mail Address			
8g. Affiliation, if any			8h. Date of Recognition o	8i. Ex	piration D	ate of Curre	ent or Most Recent		
		_	Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing at the E	mplover's establis	hment(s) involved	2 No. If so approx	kimately how many er	l. moloves	es are part	ticipating?		
(Name of labor organization)			keted the Employer since (-					
10. Organizations or individuals other than known to have a representative interest in					oresenta	tives and	other organ	nizations and individuals	
10a. Name 10b. Address		dress		10c. Tel. No.			10d. Cell No.		
			10e. Fax No.				10f. E-Ma	ail Address	
11. Election Details: If the NLRB conduct any such election.	r position with respect to	11a. Election Type:			Mail _	Mixed Manual/Mail			
11b. Election Date(s): 5/14/2019	11d. Election Location(s): Soto Conference Room								
12a. Full Name of Petitioner (including le		12b. Address (street and number, city, state, and ZIP code)				nd ZIP code)			
National Union of Healthcare Workers	5801 Christie Ave, Suite 525, Emeryville, CA								
12c. Full name of national or international land	abor organization	of which Petitioner	is an affiliate or constituen	nt (if none, so state)					
12d. Tel No. (818) 241-0140	12e. Cell No.		12f. Fax No.		12g. E	E-Mail Add	dress		
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	or purposes of the repres	sentation proceedin	ıg.				
13a. Name and Title Piete Clayton			13b. Address (street and number, city, state, and ZIP code) 225 W. Broadway, Suite 400 Glendale, CA 91204						
13c. Tel No.	13d. Cell No. 510-290-4811	 -	13e. Fax No. (818) 241-0141		13f. E-Mail Address pclayton@nuhw.org				
I declare that I have read the above petit		statements are tre	<u> </u>	vledge and belief.	Polayi	J. Regilarity	9		
Name (Print)	gnature	1.11.	Title			ate			
Florice Hoffman	lorice of	ouman	attorney		4/2	25/2019		!	

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

PRIVACY ACT STATEMENT

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

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

DO NOT WRITE IN THIS SPACE						
Case No.	21-RC-240388	^{Date Fled} 4-26-2019				

	*		Z1-1(C-Z-0000	1
INSTRUCTIONS: Unless e-Filed using the A	gency's website, www.nirb.gow/, s	submit an original o	of this Petition to an NLRB office in the Reg	ion in which the
employer concerned is located. The petition	n must be accompanied by both a she	owing of interest (s	ee 6b below) and a certificate of service sh	owing service on
the employer and all other parties named in	the petition of: (1) the petition; (2) St	tatement of Position	n form (Form NLRB-505); and (3) Description	n of Representation
Case Procedures (Form NLRB 4812). The si	howing of interest should only be file	d with the NLRB ar	nd should not be served on the employer or	any other party.

employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4:	s named in the p	etition of: (1) the	petition; (2)	Statement of Position	form (Form N	LRB-505); ar	nd (3) Descrip	tion of Representation		
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desires to b	e certified as repre	esentative of	the employees. The Pe	titioner alleges	that the fol	lowing circur	nstances exist and		
2a. Name of Employer: Southern California Edison			2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8631 Rush St. 3rd Floor, Rosemead, CA 91770-3738							
			3b. Address (if same as 2b - state same): Same							
3c. Tel. No.	3d. Cell No. 949-390-4423			3e. Fax No. 3f. E-Mail A Steven.c			Address crowell@sce.com			
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities			4b. Principal Product or Service 5a. City and State where unit is locate Rosemead, CA				unit is located:			
5b. Description of Unit Involved: Included: See attachment for additi	onal details.				• .	6a. Number 82	er of Employee	s in Unit:		
Excluded: See attachment for addition	onal details.					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 re on or about (Date) ☐ 7b. Petitioner is cu	04/23/19	(If no reply	received, so				declined recog			
8a. Name of Recognized or Certifi	<u> </u>			ddress:						
8c. Tel. No.	8d. Cell No.		8e. Fax N	lo.	8f. E-Mail A	Address				
8g. Affiliation, if any:				8h. Date of Recognition or Certification 8i. Expiration Date of Cu Recent Contract, if any (Year)		
Is there now a strike or picketing a (Name of Labor Organization) Organizations or individuals other individuals known to have a representations.	er than Petitioner a	nd those named in	items 8 and	9, which have claimed	recognition as r	the Employ	ersince (Mont	h, Day, Year)		
10a. Name	10b. /	Address			10c. Tel. N	0.	10d. Cell No.	· · · · .		
					10e. Fax N	10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB ∞	onducts and election	n in this matter, st	ate your pos	ition with respect to any	such election:	11a. Election		Mixed Manual/Mail		
11b. Election Date(s): TBD	11c TBI	Election Time(s):			11d. Election	on Location(s):			
12a. Full Name of Petitioner (include International Brotherhood		*	al 47	12b. Address (street a 600 N. Diamon Diamond Bar, (d Bar Blvd	•	IP code):			
12c. Full name of national or internat International Brotherhood	tional labor organiz	ation of which Pet	itioner is an	affiliate or constituent (if						
12d. Tel. No. (909) 860-4239	12e. Cell No. (909)784-82		12f. Fax N	<u> </u>	12g. E-Mail ekoh@i	Address bew47.01	g			
13. Representative of the Petitions 13a. Name and Title: Carlos Coye, Attorney	r who will accept	service of all pa	13b. Addr 510 S. I	poses of the represent ess (street and number, Marengo Ave. na, CA 91101		_				
13c. Tel. No. 626-796-7555	13d. Cell No.		13e, Fax I 626-57	No. 7-0124	13f. E-Mail ccoye@	^{Address} rsglabor.	com			
I declare that I have read the above Name (Print)	e petition and tha	t the statements	are true to t		ge and belief. Title			Date		
Carlos Coye					Attorney			04/26/19		

ATTACHMENT

Employees Included:

- All employees classified Production Specialists ("P-Spec").
- Note: Petitioner seeks an Armour-Globe election to include employees into larger bargaining unit as outlined in Appendix A of International Brotherhood of Electrical Workers Local 47, A.F.L.-C.I.O. ("Local 47") and SCE's 2018-2019 collective bargaining agreement.

Employees Excluded:

• All other employees, guards, managers, and supervisors as defined in the Act.

Apr. 12. 2019 - 9:56AM

-PORM-NERB-602 (RD)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

No. 66/8 DO NOT WRITE IN THIS SPACE

Case No. 21-RD-239509

Date Filed

4-12-2019 RD PETITION INSTRUCTIONS: Unless e-filed using the Agency's website, www.nirb.gov/ , submit an original of this Pedition 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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of (f) the petition; (2) Statement of Position form (Form NLRB-505); and (2) Description of Representation Case Procedures (Form NERB 4812). The showing of interest should only be tiled with the NERB and should not be served on the employer or any other party. PURPOSE OF THIS PETITION: RO-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees easent that the certified or currently recognized bargshing representative is no longer that 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 2b. Address(es) of Establishment(s) involved (Street and number, oily, state, ZIP code) Menifee Valley Medical Center 28400 McCall Blyd, Menifee CA 92585 Ja. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Kathy Quiroz, HR Representative 3c. Tel. No. 3d, Fax No. Se. Cell No. af. E-Mali Addrese 951-679-8888 kathy quiroz@phh.mf 4a, Type of Establishment (Factory, mine, wholeseler, etc.) 45. Principal product or service **Hospital** Healthcare Services 5a. Description of Unit Involved Sb, City and State where unit Pagular Reducur RIVS, Per direm RIVS. Requiour Tech's, per chem tech's per chem tech's per direm tech's per is located: Menifee, CA 6. No. of Employees in Unit 175 7. Do a substantial number (30% or more) of the employees in the utilt no longer wish to be represented by the certified or currently recognized bargaining representative? |X| Yea | | | | No 8s. Name of Recognized or Certified Bargaining Agent āb, Affiliation, if any SEIU-UHW ac, Address fid. Tel. No. Se. Cell No. 5480 Ferguson Dr., Commerce, CA 90022 BE Fax No. 6g. E-Mail Address fsilerio@sein-uhw.org 9, Date of Recognition or Certification 16, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 11,2016 -11, 2019 X No 11s, is there now a stifke or picketing at the Employor's establishment(s) involved? 🔲 Yes 11b. If so, approximately how many employees are participating? ito. The Employer has been picketed by or on behalf of (Insert Name) aince (Month, Day, Year) (Insert Address) 12. Organizations or Individuals other those named in items 8 and 11c, 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 5 above. (Hindre, so state)

Name | 126, Address | 126, Tei, No. 12a, Name 12d. Fax No. None 12e, Cell No. 12f. E-Mail Address Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13s. Election Type: Manual Mail X Mixed Menual/Mat 13b. Election Date(s) (Sc. Election Time(s) 13d. Election Location(s) Tuesday, April 9, 2019 9:00 am to 9:00 pm The library in the first floor at the Employer's facility. 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, ZIF cods) 14b, Tel. No. 14c, Pax No. (b) (6), (b) (7)(C) 14d, Cell No. (b) (6), (b) (7)(C) (b) (6). (b) 14f, Affiliation, if any ib, Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15s. Name 15b Title 15c. Address (Street and number, city, state, ZIP code) 154, Tel. No. 15e. Fax No. (b) (6), (b) (7)(C) 15g, E-Mail Address 151, Cell No. (b) (6), (b) (7)(C (b) (6), (b) (7)(C) I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief, (b) (6), (b) (7)(C) Date Flied (6), (b)

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