

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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

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

2a. Name of Employer City Of Hope		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 4900 Rivergrade Rd, Irwindale, CA 91706	
3a. Employer Representative - Name and Title Henry Farber		3b. Address (If same as 2b - state same) Davis Wright Tremaine LLP, 777 108th Avenue NE, Suite 2300, Bellevue, WA 98004	
3c. Tel. No. (425) 646-6138	3d. Cell No. (206) 954-6695	3e. Fax No. (425) 646-6199	3f. E-Mail Address henryfarber@dwt.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Health Care	
5a. City and State where unit is located: Irwindale, CA			

5b. Description of Unit Involved Included: SEE ATTACHMENT		6a. No. of Employees in Unit: 143
Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>by this petition</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state).	
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any.		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____	
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10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): April 17, 2019	11c. Election Time(s): 7 - 9 am and 11 am - 2 pm	11d. Election Location(s): 2nd floor large break room on the patient care rep side.
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12a. Full Name of Petitioner (including local name and number) Service Employees International Union, United Healthcare Workers-West	12b. Address (street and number, city, state, and ZIP code) 5480 Ferguson Drive, Los Angeles, CA 90022
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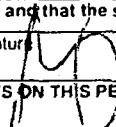
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union, United Healthcare Workers-West	
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12d. Tel No. (323) 734-8399	12e. Cell No.	12f. Fax No. (323) 721-3538	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Xochitl A. Lopez		13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address xlopez@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) Xochitl A. Lopez	Signature 	Title Attorney	Date March 29, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1/1018834

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

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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
Arctic Slope Regional Corporation (ASRC) Federal Holding Company

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
8381 La Palma Avenue, Suite A, Buena Park, CA 90620-3207

3a. Employer Representative - Name and Title
Michelle Howell, Senior Vice President/HR Manager

3b. Address (If same as 2b - state same)
7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705

3c. Tel. No.
(301) 837-5500 ext. 63959

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
mhowell@asrcfederal.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Military Contractor

4b. Principal product or service
Military Support

5a. City and State where unit is located:
Buena Park, CA

5b. Description of Unit Involved

Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the employer at its facility located in 8381 La Palma Avenue, Suite A, Buena Park, CA 90620-3207

Excluded: All managers, branch managers, regional managers, cooperative managers, all other professional employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
2

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 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).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Tuesday, April 23, 2019

11c. Election Time(s):
12 noon-1:00 p.m.

11d. Election Location(s):
Break Room

12a. Full Name of Petitioner (including local name and number)

International Association of Machinists and Aerospace Workers. District Lodge 947

12b. Address (street and number, city, state, and ZIP code)

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.

(562) 427-8900

12e. Cell No.

12f. Fax No.

(562) 427-1122

12g. E-Mail Address

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

13c. Tel No.
510-337-1001

13d. Cell No.

13e. Fax No.

510-337-1023

13f. E-Mail Address nlrbnotices@unioncounsel.net
ewiesner@unioncounsel.net, csencer@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)

Eric J. Wiesner

Signature



Title

Attorney

Date

April 5, 2019

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
21-RC-239201Date Filed
4/8/2019

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

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

2a. Name of Employer: SDH SERVICES WEST, LLC AKA SODEXO HEALTH SERVICES AT		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3700 EAST SOUTH ST., LAKEWOOD, CA 90712-1419	
3a. Employer Representative - Name and Title: BRUCE COLLIER, LABOR RELATIONS DIRECTOR		3b. Address (if same as 2b - state same): 4475 HONEYGLEN COURT, MOORPARK, CA 93021	
3c. Tel. No.	3d. Cell No. 805-744-9041	3e. Fax No. 805-456-3041	3f. E-Mail Address BRUCE.COLLIER@SODEXO.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) HOSPITAL		4b. Principal Product or Service FOOD SERVICES CONTRACTOR	
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 Excluded: All other managers, confidential and clerical employees, unit controllers, nutritionists or registered licensed dietitians, casual employees, on-call employees, high school students, other represented employees, guards and supervisors defined in the Act.		5a. City and State where unit is located: LAKEWOOD, CA 6a. Number of Employees in Unit: 9 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 4/8/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): April 24, 2019		11c. Election Time(s): 6-8 am ; 10:30 am to 3:30 pm	
11d. Election Location(s): Conference Room at Lakewood Hospital			
12a. Full Name of Petitioner (including local name and number): National Union of Healthcare Workers ("NUHW")		12b. Address (street and number, city, State and ZIP code): 225 West Broadway, Suite 400, Glendale, CA 91204	
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. 818-241-0140	12e. Cell No. 714-262-6293	12f. Fax No. 818-241-0141	12g. E-Mail Address 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: Antonio Orea, Assistant Director Hospital Division		13b. Address (street and number, city, State and ZIP code): 225 West Broadway, Suite 400, Glendale, CA 91204	
13c. Tel. No. 818-241-0140	13d. Cell No. 714-262-6293	13e. Fax No. 818-241-0141	13f. E-Mail Address 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) Florice Hoffinan		Signature Florice Hoffman	Title Attorney
			Date 4/8/2019

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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-239413	Date Filed 4-11-2019

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

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

2a. Name of Employer Killion Industries, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1380 Poinsettia Ave CA Vista 92081-	
3a. Employer Representative - Name and Title Brandon T Killion		3b. Address (If same as 2b - state same) 1380 Poinsettia Ave CA Vista 92081-	
3c. Tel. No. (760) 727-5102	3d. Cell No.	3e. Fax No. (760) 599-1612	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Misc. Fabricated Products		4b. Principal product or service Checkout, bakery, produce stands, refrigerated merchandisers	
5a. City and State where unit is located: Vista, CA		5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	
6a. No. of Employees in Unit: 6		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): April 23 to April 26	11c. Election Time(s): At the completion of shift	11d. Election Location(s): To be determined neutral location
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12a. Full Name of Petitioner (including local name and number) James K Baker, International Association of Sheet Metal, Air, Rail, and Transportation Workers, Local Union No. 206	12b. Address (street and number, city, state, and ZIP code) 4594 Mission Gorge Place CA San Diego 92120-
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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. (619) 265-0501	12e. Cell No. (619) 261-1217	12f. Fax No. (619) 265-0084	12g. E-Mail Address jbaker@smart206.org
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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. E-Mail Address

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

Name (Print) James K Baker	Signature James K Baker	Title Organizer	Date 04/9/2019 14:57:48
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE

Case
21-RC-239413

Date Filed
4-11-2019

Employees Included

Sheet Metal fabricators, Sheet Metal Welders, Sheet Metal Assemblers

Employees Excluded

Carpenters, electricians, refrigeration

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


21-RC-239449

Date Filed

4-11-2019

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

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

2a. Name of Employer: Hilton Management, LLC d/b/a The Hilton Anaheim Hotel		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 777 W Convention Way, Anaheim, California, 92802	
3a. Employer Representative - Name and Title: Michele Tasker, Human Resources Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 714-750-4321	3d. Cell No.	3e. Fax No.	3f. E-Mail Address michele.tasker@hilton.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal Product or Service Hotel room, food and beverage	5a. City and State where unit is located: Anaheim, California
5b. Description of Unit Involved: Included: Armour-Globe election petition to add Guest Service Coordinators in the Front Services 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 bargaining unit.			6a. Number of Employees in Unit: 7 (~850 in existing unit)
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>March 27, 2019</u> and Employer declined recognition on or about (Date) <u>March 29, 2019</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="radio"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): April 24, 2019	11c. Election Time(s): 12:00 PM - 4:00 PM		11d. Election Location(s): Hotel conference room, Lobby or Lower Lobby
12a. Full Name of Petitioner (including local name and number): UNITE HERE Local 11		12b. Address (street and number, city, State and ZIP code): 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. 213-481-8530 x258	12e. Cell No.	12f. Fax No. 213-481-0352	12g. E-Mail Address kpenteshin@unitehere11.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Kirill Penteshin, General Counsel		13b. Address (street and number, city, State and ZIP code): 464 S. Lucas Ave. Ste. 201, Los Angeles, California, 90017	
13c. Tel. No. 213-481-8530 x258	13d. Cell No. 301-602-4026	13e. Fax No. 213-481-0352	13f. E-Mail Address kpenteshin@unitehere11.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) Kirill Penteshin	Signature 		Title General Counsel
			Date 04/11/2019

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-239668	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 Lamar Advertising		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 77-583 El Duna Court, Suite J, Palm Desert, CA 92211	
3a. Employer Representative - Name and Title Vanessa Moorman, General Manager		3b. Address (If same as 2b - state same) Same address	
3c. Tel. No. (760) 834-9423	3d. Cell No.	3e. Fax No.	3f. E-Mail Address vmoorman@lamar.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Display advertising company		4b. Principal product or service Billboards, airport advertising; display advertising	5a. City and State where unit is located: Palm Desert, CA
5b. Description of Unit Involved Included: All employees in the Palm Desert facility who install and remove display advertising. Excluded: All other employees, including managers, supervisors, clerical, professional employees, security guards, and independent contracted employees.			6a. No. of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

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

11b. Election Date(s): ASAP **11c. Election Time(s):** 7:00 a.m. **11d. Election Location(s):** The conference room in the Palm Desert facility.

12a. Full Name of Petitioner (including local name and number)
Teamsters Local 1932; (909) 889-8377 **12b. Address (street and number, city, state, and ZIP code)**
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

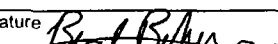
12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Bradley S. Beherns **13b. Address (street and number, city, state, and ZIP code)**
3625 Ruffin Road, Suite 300 San Diego, CA 92123

13c. Tel No. (619) 297-6900 **13d. Cell No.** **13e. Fax No.** **13f. E-Mail Address** bsb@sdlaborlaw.com

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

Name (Print) Bradley S. Beherns	Signature 	Title Attorney for Teamsters Local 1932	Date 4/15/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Text

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-239692**

Date Filed **4-16-2019**

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

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

2a. Name of Employer Arctic Slope Regional Corporation (ASRC) Federal Holding Company **2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** 9251 Garvey Avenue, Suite Q, South El Monte, CA 91733-4611

3a. Employer Representative - Name and Title Michelle Howell, Senior Vice President/HR Manager **3b. Address (If same as 2b - state same)** 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705

3c. Tel. No. (301) 837-5500 ext. 63959 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address** mhowell@asrcfederal.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor **4b. Principal product or service** Military Support **5a. City and State where unit is located:** South El Monte, CA

5b. Description of Unit Involved
Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the employer at its facility located at 9251 Garvey Avenue, Suite Q, South El Monte, CA 91733-4611
Excluded: All managers, branch managers, regional managers, cooperative managers, all other professional employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit: 6
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) by** Petition **and Employer declined recognition on or about** _____ (Date) (If no reply received, so state).
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

8c. Tel No. **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address**

8g. Affiliation, if any **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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

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

10a. Name **10b. Address** **10c. Tel. No.** **10d. Cell No.**
10e. Fax No. **10f. E-Mail Address**

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

11b. Election Date(s): Wednesday May 8, 2019 **11c. Election Time(s):** 11:30 a.m. - 12:30 p.m. **11d. Election Location(s):** Break Room at South El Monte location

12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 947 **12b. Address (street and number, city, state, and ZIP code)** 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

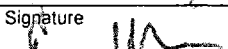
12d. Tel No. (562) 427-8900 **12e. Cell No.** **12f. Fax No.** (562) 427-1122 **12g. E-Mail Address** rcarrillo@iamaw.org

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

13c. Tel No. 510-337-1001 **13d. Cell No.** **13e. Fax No.** 510-337-1023 **13f. E-Mail Address** nlrbnotices@unioncounsel.net 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) Eric J. Wiesner **Signature**  **Title** Attorney **Date** April 15, 2019

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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

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

2a. Name of Employer Arctic Slope Regional Corporation (ASRC) Federal Holding Company		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 17610 Bellflower Boulevard, Suite A-110, Bellflower, CA 90706-8002	
3a. Employer Representative - Name and Title Michelle Howell, Senior Vice President/HR Manager		3b. Address (If same as 2b - state same) 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705	
3c. Tel. No. (301) 837-5500 ext. 63959	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mhowell@asrcfederal.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal product or service Military Support	
		5a. City and State where unit is located: Bellflower, CA	

5b. Description of Unit Involved
Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the employer at its facility located in 17610 Bellflower Boulevard, Suite A-110, Bellflower, CA 90706-8002
Excluded: All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit: 3
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Thursday May 9, 2019	11c. Election Time(s): 12:00 p.m. - 1:00 p.m.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
		11d. Election Location(s): Break Room or Site Supervisors office at Bellflower location

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, District Lodge 725

12b. Address (street and number, city, state, and ZIP code)
620 Coolidge Drive, #130, Folsom, CA 95630


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. (916) 985-8101	12e. Cell No.	12f. Fax No. (916) 985-8121	12g. E-Mail Address rcarrillo@iamaw.org
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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	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address 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) Eric J. Wiesner	Signature 	Title Attorney	Date April 15, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT


Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-239709	Date Filed 4-16-2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Arctic Slope Regional Corporation (ASRC) Federal Holding Company		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3812 La Sierra Avenue, Riverside, CA 92505-3528	
3a. Employer Representative - Name and Title Michelle Howell, Senior Vice President/HR Manager		3b. Address (If same as 2b -- state same) 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705	
3c. Tel. No. (301) 837-5500 ext. 63959	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mhowell@asrcfederal.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal product or service Military Support	
5b. Description of Unit Involved Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the employer at its facility located in 3812 La Sierra Avenue, Riverside, CA 92505-3528. Excluded: All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and supervisors as defined by the Act.			5a. City and State where unit is located: Riverside, CA
6a. No. of Employees in Unit: 9			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>By Petition</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Thursday May 9, 2019	11c. Election Time(s): 12:00 p.m. - 1:00 p.m.	11d. Election Location(s): Break Room or Site Supervisors office at Riverside location	
12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 947		12b. Address (street and number, city, state, and ZIP code) 620 Coolidge Drive, #130, Folsom, CA 95630	
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. (916) 985-8101	12e. Cell No.	12f. Fax No. (916) 985-8121	12g. E-Mail Address 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	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nrlrnotices@unioncounsel.net 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) Eric J. Wiesner	Signature 	Title Attorney	Date April 15, 2019

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-239723**

Date Filed **4-16-2019**

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

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

2a. Name of Employer
Arctic Slope Regional Corporation (ASRC) Federal Holding Company

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
8381 La Palma Avenue, Suite A, Buena Park, CA 90620-3207

3a. Employer Representative-- Name and Title
Michelle Howell, Senior Vice President/HR Manager

3b. Address (if same as 2b - state same)
7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705

3c. Tel. No.
(301) 837-5500 ext. 63959

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
mhowell@asrcfederal.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Military Contractor

4b. Principal product or service
Military Support

5a. City and State where unit is located:
Buena Park, CA

5b. Description of Unit Involved
Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the employer at its facility located in 8381 La Palma Avenue, Suite A, Buena Park, CA 90620-3207
Excluded: All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
2

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) by petition** and Employer declined recognition on or about _____ (Date) (if no reply received, so state).

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Wednesday, May 8, 2019

11c. Election Time(s):
2:00 p.m. - 4:00 p.m.

11d. Election Location(s):
Break Room at Buena Park location

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, District Lodge 947

12b. Address (street and number, city, state, and ZIP code)
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.
(562) 427-8900

12e. Cell No.

12f. Fax No.
(562) 427-1122

12g. E-Mail Address
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

13c. Tel No.
510-337-1001

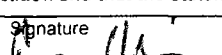
13d. Cell No.

13e. Fax No.
510-337-1023

13f. E-Mail Address
nlrbnotices@unioncounsel.net
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)
Eric J. Wiesner

Signature


Title
Attorney

Date
April 15, 2019

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-239730	Date Filed 4-16-2019

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

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

2a. Name of Employer Arctic Slope Regional Corporation (ASRC) Federal Holding Company	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1671 San Fernando Road, San Fernando, CA 91340
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3a. Employer Representative - Name and Title Michelle Howell, Senior Vice President/HR Manager	3b. Address (If same as 2b - state same) 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705
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3c. Tel. No. (301) 837-5500 ext. 63959	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mhowell@asrcfederal.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor	4b. Principal product or service Military Support	5a. City and State where unit is located: San Fernando, CA
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5b. Description of Unit Involved Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the employer at its facility located in 1671 San Fernando Road, San Fernando, CA 91340 Excluded: All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and supervisors as defined by the Act.	6a. No. of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

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).
☐ **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
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): Wednesday, May 8, 2019	11c. Election Time(s): 2:00 p.m. - 4:00 p.m.	11d. Election Location(s): Break Room or Site Supervisors office at San Fernando location
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 947	12b. Address (street and number, city, state, and ZIP code) 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

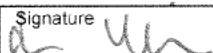
12d. Tel No. (562) 427-8900	12e. Cell No.	12f. Fax No. (562) 427-1122	12g. E-Mail Address rcarrillo@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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
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13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrbnotices@unioncounsel.net ewiesner@unioncounsel.net
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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) Eric J. Wiesner	Signature 	Title Attorney	Date April 15, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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

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

2a. Name of Employer Arctic Slope Regional Corporation (ASRC) Federal Holding Company **2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** 3747 South La Brea Ave, Los Angeles, CA 90016

3a. Employer Representative - Name and Title Michelle Howell, Senior Vice President/HR Manager **3b. Address (If same as 2b - state same)** 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705

3c. Tel. No. (301) 837-5500 ext. 63959 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address** mhowell@asrcfederal.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor **4b. Principal product or service** Military Support **5a. City and State where unit is located:** Los Angeles, CA

5b. Description of Unit Involved
Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the employer at its facility located at 3747 South La Brea Ave, Los Angeles, CA 90016
Excluded: All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and supervisors as defined by the Act.
6a. No. of Employees in Unit: 2
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) by Petition** and Employer declined recognition on or about (Date) (If no reply received, so state).
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

8c. Tel. No. **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address**

8g. Affiliation, if any **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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

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

10a. Name **10b. Address** **10c. Tel. No.** **10d. Cell No.** **10e. Fax No.** **10f. E-Mail Address**

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

11b. Election Date(s): Wednesday May 8, 2019 **11c. Election Time(s):** 11:30 a.m. - 12:30 p.m. **11d. Election Location(s):** Break Room at South La Brea Ave, Los Angeles location

12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 947 **12b. Address (street and number, city, state, and ZIP code)** 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. (562) 427-8900 **12e. Cell No.** **12f. Fax No.** (562) 427-1122 **12g. E-Mail Address** 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

13c. Tel. No. 510-337-1001 **13d. Cell No.** **13e. Fax No.** 510-337-1023 **13f. E-Mail Address** nlrbnotices@unioncounsel.net 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) Eric J. Wiesner **Signature** **Title** Attorney **Date** April 15, 2019

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.

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 Arctic Slope Regional Corporation (ASRC) Federal Holding Company
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 15715 Crenshaw Boulevard, Room B-112, Gardena, CA 90249-4500

3a. Employer Representative - Name and Title Michelle Howell, Senior Vice President/HR Manager
3b. Address (If same as 2b - state same) 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20705

3c. Tel. No. (301) 837-5500 ext. 63959
3d. Cell No.
3e. Fax No.
3f. E-Mail Address mhowell@asrcfederal.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor
4b. Principal product or service Military Support
5a. City and State where unit is located: Gardena, CA

5b. Description of Unit Involved
Included: All full time, regular part-time, on call Biometric Technicians and General Clerks employed by the employer at its facility located at 15715 Crenshaw Boulevard, Room B-112, Gardena, CA 90249-4500
Excluded: All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and supervisors as defined by the Act.
6a. No. of Employees in Unit: 3
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ 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).
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

8c. Tel No.
8d. Cell No.
8e. Fax No.
8f. E-Mail Address

8g. Affiliation, if any
8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name
10b. Address
10c. Tel. No.
10d. Cell No.
10e. Fax No.
10f. E-Mail Address

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

11b. Election Date(s): Thursday May 9, 2019
11c. Election Time(s): 11:30 a.m. - 12:30 p.m.
11d. Election Location(s): Break Room at Gardena location

12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 947
12b. Address (street and number, city, state, and ZIP code) 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

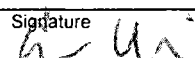
12d. Tel No. (562) 427-8900
12e. Cell No.
12f. Fax No. (562) 427-1122
12g. E-Mail Address rcarrillo@iamaw.org

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

13c. Tel No. 510-337-1001
13d. Cell No.
13e. Fax No. 510-337-1023
13f. E-Mail Address nlrbnotices@unioncounsel.net
13g. E-Mail Address 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) Eric J. Wiesner
Signature 
Title Attorney
Date April 15, 2019

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.

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

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

2a. Name of Employer Sodexo, INC		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 Bruce Collier		3b. Address (If same as 2b - state same) 751 Medical Center Drive CA Chula Vista 91911-	
3c. Tel. No. (805) 744-9041	3d. Cell No. (805) 744-9041	3e. Fax No.	3f. E-Mail Address Bruce.Collier@sodexo.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities		4b. Principal product or service Service Contractor	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Chula Vista, CA	
		6a. No. of Employees in Unit: 76	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Tuesday April 30, 2019	11c. Election Time(s): 6:00 am to 9:00 am, 11:00 am to 12:00 pm, 3:00 pm	11d. Election Location(s): Sharp Chula Vista Hospital, 751 Medical Center Drive, Chula Vista CA 91911
12a. Full Name of Petitioner (including local name and number) Carolina Aceves Office and Professional Employees International Union Local 30		12b. Address (street and number, city, state, and ZIP code) 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 International Union, AFL-CIO

12d. Tel No. (619) 980-0713	12e. Cell No. (619) 980-0713	12f. Fax No.	12g. E-Mail Address carolinaaceves@opeiulocal30.org
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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. E-Mail Address

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

Name (Print) Carolina Aceves	Signature Carolina Aceves	Title Organizer	Date 04/18/2019 21:42:08
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 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.

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-240098	Date Filed 4-23-2019

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

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

2a. Name of Employer Killion Industries, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1380 Poinsettia Ave CA Vista 92081-	
3a. Employer Representative - Name and Title Brandon T. Killion		3b. Address (If same as 2b - state same) 1380 Poinsettia Ave CA Vista 92081-	
3c. Tel. No. (760) 727-5102	3d. Cell No.	3e. Fax No. (760) 599-1612	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Misc. Fabricated Products		4b. Principal product or service store fixtures and case work	
5a. City and State where unit is located: Vista, CA		5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	
6a. No. of Employees in Unit: 7		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): April 29, 2019	11c. Election Time(s): 3:30 p.m. to 5:00 p.m. or at the completion of working	11d. Election Location(s): At the Employer's facility located at 2480 Ash Street, Vista, California 920
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12a. Full Name of Petitioner (including local name and number) James Kenneth Baker	12b. Address (street and number, city, state, and ZIP code) 4594 Mission Gorge Place CA San Diego 92120-
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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', Local Union No. 206

12d. Tel No. (619) 265-0501	12e. Cell No. (619) 261-1217	12f. Fax No. (619) 265-0084	12g. E-Mail Address jbaker@smart206.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Ricardo Ochoa Attorney at Law Ochoa Law		13b. Address (street and number, city, state, and ZIP code) 3737 Camino Del Rio South, Suite 407 CA San Diego 92108-	
13c. Tel No. (166) 285-1662	13d. Cell No.	13e. Fax No. (619) 285-1760	13f. E-Mail Address rochoa@union-attorneys.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) James Kenneth Baker	Signature James K. Baker	Title Organizer	Date 04/22/2019 12:40:37
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-240105	Date Filed 4-23-2019

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

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

2a. Name of Employer Affordable Engineering Systems (AES)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) NAS North Island Building 325 San Diego, CA 92135	
3a. Employer Representative - Name and Title Pat Godfrey, Manager Human Resources		3b. Address (If same as 2b - state same) 1455 Frazee Road, Suite #860 San Diego, CA 92108	
3c. Tel. No. (619) 522-9800 ext.#103	3d. Cell No. (619) 288-1882	3e. Fax No. (619) 522-9803	3f. E-Mail Address pat@affordservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal product or service Military Support	
5b. Description of Unit Involved Included: See Attachment. Excluded: See Attachment.		5a. City and State where unit is located: San Diego, CA	
		6a. No. of Employees in Unit: 23	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

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

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11 Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Monday, May 6, 2019	11c. Election Time(s):	11d. Election Location(s): Conference Room or Break Room in Building 399 and Building 463
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 725	12b. Address (street and number, city, state, and ZIP code) 5150 Kearny Mesa Road, San Diego, CA 92111
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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. (858) 292-5150 ext 111	12e. Cell No. (619) 906-0394	12f. Fax No. (858) 292-5488	12g. E-Mail Address jmauldin@iam725.org
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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. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address dfujimoto@unioncounsel.net nlrbnotices@unioncounsel.net, cscenter@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) David W.M. Fujimoto	Signature 	Title Attorney	Date 04/23/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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. II, 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
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-240107	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.

2a. Name of Employer Tyonek Building 785 NAS North Island	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Naval Air Station North Island, Building 785, San Diego, CA 92135
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3a. Employer Representative - Name and Title Tina Bruce, PHR Director of Human Resources	3b. Address (if same as 2b - state same) 229 Palmer Road, Madison, AL 35758
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3c. Tel. No. (256) 258-0112 & (256) 258-6200	3d. Cell No. (256) 651-8811	3e. Fax No. (256) 258-6292	3f. E-Mail Address tbruce@tyonek.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor	4b. Principal product or service Military Support	5a. City and State where unit is located. San Diego, CA
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5b. Description of Unit Involved All full time Aircraft Mechanics I, Aircraft Mechanics II, Aircraft Mechanics III, Aircraft Workers, Aircraft Sheetmetal Mechanics, Avionics Technicians, Production Control Personnel, Aircraft Logs and Records Technicians, Supply Technicians, and Material Expeditors.	6a. No. of Employees in Unit: 8
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Excluded: Guards, Office Clerical and Supervisors as defined in the Act.

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) By Petition 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).	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): May 8th, 2019	11c. Election Time(s): 11:45am-12:15 pm	11d. Election Location(s): Conference Room or Lunch Room Building 785
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 725	12b. Address (street and number, city, state, and ZIP code) 5150 Kearny Mesa Road San Diego, CA 92111
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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

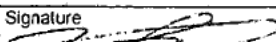
12d. Tel No. (858) 292-5150 ext 111	12e. Cell No.	12f. Fax No. (858) 292-5273	12g. E-Mail Address bmiller@iam725.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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
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13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrbnotices@unioncounsel.net, dfujimoto@unioncounsel.net
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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) David W. M. Fujimoto	Signature 	Title Attorney	Date April 23, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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.

2a. Name of Employer Tyonek Native Corporation (E2/C2 Program)		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Naval Air Station North Island, Building 460, San Diego, CA 92135	
3a. Employer Representative - Name and Title Tina Bruce, PHR Director of Human Resources		3b. Address (If same as 2b - state same) 229 Palmer Road, Madison, AL 35758	
3c. Tel. No. (256) 258-0112 & (256) 258-6200	3d. Cell No. (256) 651-8811	3e. Fax No. (256) 258-6292	3f. E-Mail Address tbruce@tyonek.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal product or service Military Support	5a. City and State where unit is located San Diego, CA

5b. Description of Unit Involved Included: All full time 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 Personnel, Supply Technicians, and Material Expeditors. Excluded: Guards, Office Clerical and Supervisors as defined in the Act.		6a. No. of Employees in Unit 8	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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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).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s) May 7, 2019	11c. Election Time(s) 11:45 am - 12:15 pm	11d. Election Location(s) Break Room Building 460
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 725	12b. Address (street and number, city, state, and ZIP code) 5150 Kearny Mesa Road San Diego, CA 92111
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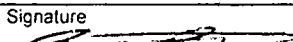
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No. (858) 292-5150	12e. Cell No. (619) 906-0394	12f. Fax No. (858) 292-5273	12g. E-Mail Address jmauldin@iam725.org
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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. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address info@robertsonunionscounsel.net; dcfujimoto@unionscounsel.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) David W.M. Fujimoto	Signature 	Title Attorney	Date April 23, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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

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

2a. Name of Employer Keck Medicine, USC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1500 San Pablo St., Los Angeles, CA 90033, 2011 N. Soto St., Los Angeles CA 90032
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3a. Employer Representative - Name and Title Rod Hanners, CEO	3b. Address (If same as 2b - state same) 1500 San Pablo St., Bldg 640, Los Angeles, CA 90033
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3c. Tel. No. (323) 442-8677	3d. Cell No.	3e. Fax No. (323) 442-7231	3f. E-Mail Address rod.hanners@med.usc.edu
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facility	4b. Principal product or service Healthcare	5a. City and State where unit is located: Los Angeles, CA
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5b. Description of Unit Involved Included: All full time, part time, and per diem service and other non-professional employees employed by the 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.	6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 4/25/2019 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).	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--------------------------------	---	--

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

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 5/14/2019	11c. Election Time(s): 2pm-230pm	11d. Election Location(s): Soto Conference Room
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12a. Full Name of Petitioner (including local name and number) National Union of Healthcare Workers	12b. Address (street and number, city, state, and ZIP code) 5801 Christie Ave, Suite 525, Emeryville, CA
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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. (818) 241-0140	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Piete Clayton	13b. Address (street and number, city, state, and ZIP code) 225 W. Broadway, Suite 400 Glendale, CA 91204
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13c. Tel No.	13d. Cell No. 510-290-4811	13e. Fax No. (818) 241-0141	13f. E-Mail Address pclayton@nuhw.org
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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) Florice Hoffman	Signature <i>Florice Hoffman</i>	Title attorney	Date 4/25/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


21-RC-240388

Date Filed

4-26-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nrlrb.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: 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	
3a. Employer Representative - Name and Title: Steve Crowell		3b. Address (if same as 2b - state same): Same	
3c. Tel. No.	3d. Cell No. 949-390-4423	3e. Fax No.	3f. E-Mail Address steven.crowell@sce.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities		4b. Principal Product or Service Electricity	5a. City and State where unit is located: Rosemead, CA
5b. Description of Unit Involved: Included: See attachment for additional details. Excluded: See attachment for additional details.		6a. Number of Employees in Unit: 82 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 04/23/19 and Employer declined recognition on or about (Date) 04/23/19 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): TBD	11c. Election Time(s): TBD	11d. Election Location(s): TBD	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Electric Workers, Local 47		12b. Address (street and number, city, State and ZIP code): 600 N. Diamond Bar Blvd. Diamond Bar, CA 91765-1037	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Electrical Workers, AFL-CIO, CLC			
12d. Tel. No. (909) 860-4239	12e. Cell No. (909) 784-8243	12f. Fax No. (909) 860-2136	12g. E-Mail Address ekoh@ibew47.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Carlos Coye, Attorney		13b. Address (street and number, city, State and ZIP code): 510 S. Marengo Ave. Pasadena, CA 91101	
13c. Tel. No. 626-796-7555	13d. Cell No.	13e. Fax No. 626-577-0124	13f. E-Mail Address ccoye@rsglabor.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Carlos Coye	Signature 	Title Attorney	Date 04/26/19

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

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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.

FORM NLRB-602 (RD)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. 21-RD-239509

Date Filed
4-12-2019

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Menifee Valley Medical Center		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 28400 McCall Blvd, Menifee CA 92585	
3a. Employer Representative - Name and Title Kathy Quiroz, HR Representative		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 951-679-8888	3d. Fax No.	3e. Cell No.	3f. E-Mail Address kathy.quiroz@phh.ms
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Healthcare Services	
5a. Description of Unit Involved Included: Regular RN's, Per diem RN's, Regular Tech's, Per diem tech's, Regular service + environmental employees + per diem's, Regular + per diem clerical employees, regular professional employees Excluded:			5b. City and State where unit is located: Menifee, CA

6. No. of Employees in Unit 175 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent SEIU-UHW		8b. Affiliation, if any	
8c. Address 5480 Ferguson Dr., Commerce, CA 90022		8d. Tel. No.	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address islerio@seiu-uhw.org

9. Date of Recognition or Certification April 11, 2016 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
April 11, 2019

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than 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. (If none, so state)

12a. Name None	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type: ☐ Manual ☐ Mail ☒ Mixed Manual/Mail

13b. Election Date(s) Tuesday, April 9, 2019 13c. Election Time(s) 9:00 am to 9:00 pm 13d. Election Location(s) 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, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C)	15b. Title (b) (6), (b) (7)(C)
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No. (b) (6), (b) (7)(C)
	15g. E-Mail Address (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)	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Date Filed
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