13c. Tel. No.

Name (Print)

510-337-1001

Manuel A. Boigues

13d. Cell No.

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

Signature

allue

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Date Filed

Case No. 21-RC-244160 **RC PETITION** 7-1-2019 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.niro.gov/], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: AMERICAN MEDICAL RESPONSE -775 W. State St. El Centro, CA 92243; 900 Dogwood Rd., El Centro, CA IMPERIAL COUNTY 92243; 1910 N. Waterman, Ave., El Centro, CA 92243; (More - see attached) 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: Brandon Walls, Operations Manager 1111 Airport Road, Imperial, California, 92251 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 760-550-4369 brandon.walls@amr.net 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Various (see attached) Ambulance Services Company Transportation. 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time and regular part-time EMTs. Paramedics, and FTOs 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? All other employees, managers, guards, and supervisors as defined by the Act 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: None 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e, Fax No. 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? ${
m No}$ If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 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: Mail ballot election because there are multiple work sites (see attached) and schedules Manual

Mail

Mail Mixed Manual/Mail 11d. Election Location(s) 11b. Election Date(s): 11c. Election Time(s): Mail ballots July 15, 2019 - mail ballots Mail ballots 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): United EMS Workers, AFSCME Local 4911 175 Bernal Road, #205 San Jose, CA 95119 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County, and Municipal Employees 12d Tel No. 12e. Cell No. 925-443-4911 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 Manuel A. Boigues, Attorney for Union

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

13f. E-Mail Address

Attorney for Union

mboigues@unioncounsel.net

Date

07/01/19

13e. Fax No.

510-337-1021

ATTACHMENT TO RC PETITION

EMPLOYER: AMERICAN MEDICAL RESPONSE - IMPERIAL COUNTY

PETITIONER: UNITED EMS WORKERS, AFSCME LOCAL 4911

2b. Addresses of Establishments involved:

1. El Centro Station 1: 775 W. state St., El Centro, CA 92243

2. El Centro Station 2: 900 Dogwood Rd., El Centro, CA 92243

3. El Centro Station 3: 1910 N. Waterman Ave., El Centro, CA 92243

4. Brawley Station 1: 815 Main St., Brawley, CA 92227

5. Brawley Station 2: 1505 Jones St., Brawley, CA 92227

6. Calipatria Station: 125 Park St., Calipatria, CA 92233

7. Slaton City Station: 520 Nile Dr., Salton City, CA 92275

8. Holtville Station: 121 W 5th St., Holtville, CA 92250

9. Winterhaven Station: 495 3rd Ave., Winterhaven, CA 92283

10. Heber Station: 1078 Dogwood Rd., Heber, CA 92249

5a. City and State where unit is located: Same as above.

b) (6), (b) (7)(C)

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

DO NOT WRITE IN THIS SPACE							
Case No. 21-RC-244341	Date Filed 7-3-2019						

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	ne petition must named in the p	be accomp etition of: (1	anied b) the pe	y both a sh tition; (2) S	nowing of interest (se Statement of Position	e 6b below) a form (Form N	nd a certifica: LRB-505); an	te of service : d (3) Descrip	showing s tion of Re	ervice on presentation	
 PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo 	oner desires to b	e certified as	represe	ntative of the	ne employees. The Pe	titioner allege	s that the foll	owing circun	nstances e		
Pa. Name of Employer: Emerald Textiles LCC				b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 725 Dornoch Ct, San Diego, CA 92154;1810 Iowa Ave., Riverside, CA 92507							
aa, Employer Representative - Nam Dan Leavy, General man g				o, Address (if same as 2b - state same): 725 Dornoch Ct., San Diego, CA 92154							
3c, Tel. No. (619) 330-7077	3d, Cell No.			3e, Fax No (619)69	90-7541	3f E-Mai dleavy	Address @emeralc	lus.com			
4a. Type of Establishment <i>(Factory, r</i> Linen Laundry Service	nine, wholesaler,	etc)			oal Product or Service Services			ego and			
5b. Description of Unit Involved: Included: All regular, full and parti 1725bDornock Ct., San	me drivers, loa Diego, CA and	ders and d 1 1810 low	ock wo a Ave.,	rkers emp Riverside,	oloyes at the Employ , CA	ers locations	48	er of Employee		,	
Excluded: All other employees, guar							of the e	ubstantial nun employees in t ented by the P	he unit wis etitioner?	h to be	
	rently recognized	(İ f no l as Bargaini	rep l y re	eceived, so esentative a				declined recog	inition		
Ba, Name of Recognized or Certifie Nonc	d Bargaining Aલ્	gent (If none	, so stat	e) 8b. Ad	ddress:						
Bc. Tel. No.	8d, Cell No.			8e. Fax No	0.	8f, E-Mai	8f, E-Mail Address				
Bg. 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 (Name of Labor Organization)	t the Employer's	establishmer	nt(s) invo	lved? No	If so, approx	imately how m		s are participa er since (Mon		ear)	
10, Organizations or individuals other individuals known to have a repre None								es and other o	rganizatio	ns and	
10a. Name	10b.	Address		10c, Tel. No			No.	10d, Cell No.	•		
					10e, Fax No			o. 10f, E-Mail Address			
11. Election Details: If the NLRB cor	nducts and election	on in this ma	tter, stat	e your posit	tion with respect to any	such election	11a. Electio	-	Mixed	l Manual/Mail	
11b. Election Date(s): Aug. 2, 2019		Election Tim 1 am -3 pm an		pm; R- 10 ar	m -12pm and 12;30 pm to		tion Location(s	S): ce R- Conference	e Room		
12a. Full Name of Petitioner (include Salesdrivers, Helpers and 683, International Brother	Dairy Empl	oyees Lo	cal U	nion	12b, Address (street 1333 E. MADI				92021		
12c. Full name of national or internati International Brotherhood	onal labor organi of Teamste	zation of whi rs	ich Petiti	oner is an a	l affiliate or constituent <i>(i</i>	if none, so stat	e):				
				12f, Fax N (619)23	io. 32-8077		ail Address er@teams	sters683.c	om		
				13b. Addre	poses of the represer ess (street and number MADISON AVE	r, city, State an	d ZIP code):	021			
13c, Tel. No. (619) 232-7903	13d, Cell No. (619) 396-6			,	32-8077	13f, E-Mail Address 1.fletcher@teamsters683.com					
declare that I have read the above Name (Print)	petition and th	at the stater Signature		re true to ti	he best of my knowle	dge and belie	f.			Date	
Florice Hoffman Florice				Hol	Lman				7/2/2019		

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 21-RC-244705	Date Filed 07-11-2019						

INSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other part	. The petition mus	t be accompa	inied by b	oth a show	toment of Position	form (For	m NI RE	8-505): and	3) Description	on of Repre	sentation
the employer and all other part Case Procedures (Form NLRB 1. PURPOSE OF THIS PETITION bargaining by Petitioner and P requests that the National La	4812). The showin	TION OF REPI be certified as ard proceed u	RESENTA represent inder its p	TIVE - A su ative of the proper auth	ubstantial number of employees. The Per nority pursuant to S	f employee etitioner all Section 9 o	s wish to leges the	be represent at the follow ational Labo	nted for purpo ving circums or Relations	oses of collectances exist	ctive
2a. Name of Employer: Hickman Family Farms			2b. Addres	ss(es) of Es	stablishment(s) involve., Riverside, C	lved (Stree	t and nu	mber, City, S	State, ZIP coo	de):	
3a. Employer Representative - Tony Mcanally, Manager		3b. Addre Same	ss (if same	as 2b - state same).):						
3c. Tel. No. 909-366-2113	3d. Cell No.		3e. Fax No. 3f. E-Mail Ar tmcanally					2)Hickman	seggs.com		
4a. Type of Establishment (Factor Warehouse	ry, mine, wholesale	er, etc.)		b. Principa Transport	Product or Service ation			Riverside			ed:
5b. Description of Unit Involve Included: All drivers employed by the		facility locat	ted in Riv	verside, C	CA.			19	of Employee		more)
Excluded: All other employees includ Check One: 7a. Request fo	r recognition as Bar	rgaining Repre	sentative	orofession was made o	on (Date)	guards		of the er represer	nployees in the nted by the Pe eclined recog	he unit wish etitioner?	to be
on or about (D. 7b, Petitioner is 8a. Name of Recognized or Ce None	s currently recognize	ed as Bargaini	ing Repres	sentative ar	nd desires certification	on under th	e Act.				
8c. Tel. No.	8d. Cell No.			8e. Fax No		8f. E	-Mail Ad	ddress			
8g. Affiliation, if any:			8h.	8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)							
Is there now a strike or picket (Name of Labor Organization)		's establishme	nt(s) invol	ved? No	If so, appro				are participa	_	nr)
Organizations or individuals individuals known to have a	other than Petitions	er and those na rest in any emp	amed in ite	ems 8 and 9 the unit des	3, which have claime scribed in item 5b ab	ed recognition	on as re ne, so si	presentative tate)	s and other o	organizations	s and
None 10a. Name	10	0b. Address				100	Tel. No).	10d. Cell No		
						10e	10e. Fax No. 10f. E-I			Mail Address	
11. Election Details: If the NLR	B conducts and ele	ection in this m	atter, state	e your posit	ion with respect to a	any such el	ection:	11a. Election		Mixed	Manual/Mail
11b. Election Date(s): ASAP		1c. Election Ti	2.5	at 12:00	am-3:00am			n Location(s m on site):		
12a. Full Name of Petitio er (i Teamsters Local 63	ncluding local name	e and number)			12b. Address (stree 379 W. Valley	et and num Blvd., R	iber, city ialto, C	State and 2 CA 92376	ZIP code):		
12c. Full name of national or int International Brotherhood		ganization of w	hich Petition	oner is an a	I affiliate or constituen	nt (if none, s	so state)				
12d. Tel. No.	12e. Cell No			12f. Fax N				Address			
13. Representative of the Pet 13a. Name and Title: Roberto Garcia, Attorne		cept service o	of all pape	13b. Addr	poses of the represess (street and number the Myrtle Avenu	ber, city, S	tate and	ZIP code):	A 91016		
13c. Tel. No. 619-297-6900	13d. Cell No			13e. Fax I		rg	@sdlat	Address borlaw.com	n		
I declare that I have read the Name (Print) Roberto Garcia	above petition and	Signatu		true to t	he best of my know	Title		Teamsters	Local 63		Date 7/11/19
						-					

AMENDED

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

D.C. D.E.T.L.T.L.O.N.

DO NOT WRITE IN THIS SPACE								
Case No. 21-RC-244767	Date Filed 7-12-2019							

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 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.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Primus Solutions, LLC See Attachment A 3a. Employer Representative - Name and Title 3b. Address (If same as 2b state same) Adam Birnbaum, Labor Relations Manager 7000 Muirkirk Meadows Drive, Suite 100, Beltsville, MD 20707 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. (719)-219-9055 (719)-401-7661 (719)-473-8907 ABirnbaum@asrcfederal.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Military Support San Diego, Imperial and San Marcos, CA Military Contractor 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Full Time, Regular Part Time, On Call, Biometric Technicians, Receptionists, General Clerks, 6b. Do a substantial number (30% employed by the employer at its facilities located in San Diego, Imperial and San Marco (See attachment). or more) of the employees in the Excluded: All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and unit wish to be represented by the supervisors as defined by the Act. Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) by Petition and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8c Tel No 8d Cell No 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10a. Name 10b. Address 10d. Cell No. 10e. Fax No. 10f. E Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Ballots mailed 7/26/19 returned and counted 8/9/19 n/a 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, District Lodge 947 535 West Willow Street Long Beach, CA 90806-2830 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12f. Fax No. 12g. E-Mail Address 12e. Cell No. 12d. Tel No. (562) 427-1122 (562) 427-8900 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 13d. Cell No. 13e. Fax No. 13c. Tel No. 13f. E-Mail Addressnlrbnotices@unioncounsel.net 510-337-1001 510-337-1023 ewiesner@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Eric J. Wiesner July 12, 2019 Attorney

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

PRIVACY ACT STATEMENT

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

2b. Address(es) of Establishments Involved:

San Diego, CA

Sommerset Plaza, 1655 Broadway, Suite 22, Chula Vista, CA 91911,

Imperial, CA

3051 North Imperial Avenue, Suite 103, El Centro, CA 92243-2212

San Marcos, CA

727 West San Marcos Boulevard, Suites 101 - 103, San Marcos, CA 92078-1244

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 481	he petition named in	must be accom the petition of:	panied b (1) the pe	y both a s tition; (2)	howing of interest (se Statement of Position	e 6b below) a form (Form N	nd a certifica ILRB-505); an	te of service s d (3) Descript	showing s tion of Re	ervice on presentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire	s to be certified a	as represe	entative of	the employees. The Pet	titioner allege	s that the foll	owing circum	stances	
2a. Name of Employer: AMERICAN MEDICAL	DECDO	NCE			Establishment(s) involves					tra CA
IMPERIAL COUNTY	RESPU	NSE -			St., El Centro, C		_			
IMPERIAL COUNTY 92243; 1910 N. Waterman, Ave., El Centro, CA 92243; (More - see attached 3b. Address (if same as 2b - state same):							ce attached)			
Brandon Walls, Operation					Road, Imperial,		a, 92251			
3c. Tel. No.	3d. Cell No 760-550	0-4369			3e. Fax No. 3f. E-Mail Address brandon.walls@amr.net					
4a. Type of Establishment (Factory, r Ambulance Services Com		saler, etc.)			pal Product or Service			d State where see attached		ated:
5b. Description of Unit Involved:	pany			Transp	ortation			er of Employee		
Included: All full-time and regular p	art-time	EMTs, Par	amedio	es, and l	FTOs		65	ar of Employee	is in Onic.	
Excluded: All other employees, mana	-		•		•		of the e	ubstantial num employees in the ented by the Pe	ne unit wis etitioner?	h to be
Check One: 7a. Request for reconnection on or about (Date)	ognition as			e was made eceived, so			and Employer	declined recog	nition	
7b. Petitioner is cur		nized as Bargair	ning Repr	esentative	and desires certification	under the Ac	t.			
8a. Name of Recognized or Certifie None	d Bargaini	ng Agent (If non	e, so stat	e) 8b. A	ddress:					
8c. Tel. No.	8d. Cell No).		8e. Fax N	lo.	8f. E-Mai	8f. E-Mail Address			
8g. Affiliation, if any:			81	h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing at	the Employ	yer's establishme	ent(s) invo	olved? N	O If so, approxi	imately how m	any employee	s are participa	ting?	
(Name of Labor Organization)						, has picket	ed the Employ	er since (Mont	h, Day, Ye	ear)
 Organizations or individuals other individuals known to have a repre None 								es and other of	rganizatio	ns and
10a. Name		10b. Address				10c. Tel.	No.	10d. Cell No.		
				10e. Fax No.						
11. Election Details: If the NLRB cor Mail ballot election because									Mixed	d Manual/Mail
11b. Election Date(s): July 15, 2019 - mail ballot	S	11c. Election Ti				11d. Elec Mail b	tion Location(s	3):		
12a. Full Name of Petitioner (includi			:		12b. Address (street a		ity, State and .	ZIP code):		
United EMS Workers, AF	SCME I	Local 4911			175 Bernal Roa					
10e Full name of national or internati	anal labor a	rachization of w	high Datiti	anaria an	San Jose, CA 9		01:			
12c. Full name of national or internation American Federation of St	ate, Cou	inty, and M		al Empl	oyees					
12d. Tel. No. 925-443-4911	12e. Cell N			12f. Fax N			ail Address			
13. Representative of the Petitioner who will accept service of all papers				ers for pur	poses of the representess (street and number	tation proces	ding.			
13a. Name and Title: Manuel A. Boigues, Attorney for Union					farina Village Park			eda, CA 94	1501	
13c. Tel. No. 510-337-1001	13d. Cell N		,	13e. Fax 1 510-33	7-1021	mboig		ncounsel.r	net	
I declare that I have read the above	petition ar			re true to t	he best of my knowled		f.			Dete
Name (Print) Manuel A. Boigues		Signatur	llue	(A)	forgus	Attorney	for Union			Date 07/01/19

ATTACHMENT TO RC PETITION

EMPLOYER: AMERICAN MEDICAL RESPONSE - IMPERIAL COUNTY

PETITIONER: UNITED EMS WORKERS, AFSCME LOCAL 4911

2b. Addresses of Establishments involved:

1. El Centro Station 1: 775 W. state St., El Centro, CA 92243

2. El Centro Station 2: 900 Dogwood Rd., El Centro, CA 92243

3. El Centro Station 3: 1910 N. Waterman Ave., El Centro, CA 92243

4. Brawley Station 1: 815 Main St., Brawley, CA 92227

5. Brawley Station 2: 1505 Jones St., Brawley, CA 92227

6. Calipatria Station: 125 Park St., Calipatria, CA 92233

7. Slaton City Station: 520 Nile Dr., Salton City, CA 92275

8. Holtville Station: 121 W 5th St., Holtville, CA 92250

9. Winterhaven Station: 495 3rd Ave., Winterhaven, CA 92283

10. Heber Station: 1078 Dogwood Rd., Heber, CA 92249

5a. City and State where unit is located: Same as above.



UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No. 21-RC-245097	Date Filed 7/18/2019					

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Pulau Corporation Joint Forces Training Base (JFTB) 4612 Doolittle Ave Building 913 Los Alamitos, CA 90720 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) John "Bubba" Quarti Director Operations/Vickie Wasik HR Manager same 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 407 380 9191 ext. 216/407 380 9191 ext. 264 407 492 0138/407 380 8746 jquarti@pulau.com/vwasik@pulau.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Military Support Los Alamitos, CA Military Contractor 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time hourly Flight Simulators employees employed by the employer at its facility located at 6b. Do a substantial number (30% 4612 Doolittle Ave Building 913 Los Alamitos, CA 90720. or more) of the employees in the Excluded: All other employees, temporary workers from agencies, office clerical employees, and all other professional employees, unit wish to be represented by the guards and supervisors as defined by the Act. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address none 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? _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 10b. Address 10c. Tel. No. 10a. Name 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mixed Manual/Mail Mail any such election 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s): Thursday, August 8, 2019 meeting room at 4612 Doolittle Ave Building 913 Los Alamitos, CA 90720 10:00 am to 11:00 am 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, District Lodge 725 5402 Bolsa Ave Huntington Beach, CA 92649 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12d Tel No 12e. Cell No. 12f. Fax No 12g. E-Mail Address 714 898 9141 562 900 3502 714 892 3485 ctapia@iam725.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. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address ewiesner@unioncounsel.ne 510-337-1001 510-337-1023 nlrbnotices@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. Signature Name (Print) Title Date

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

July 18

PRIVACY ACT STATEMENT

Attorney

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

Eric J. Wiesner

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
21-RC-245149	7-19-2019

July 19, 2019

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

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number. city. State, ZIP code) 2a. Name of Employer ONVOI Global Services 2523 Graeber St. Bldg 390, March Air Reserve Base, CA 92518 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) SAME Jesse Nava, Mor 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 3d. Cell No. 951-655-5211 jesse.nava.ctr@us.af.mail 5a. City and State where unit is located. 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Aviation Services March Air Reserve Base, CA Aircraft technical and maintenance services. 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time Transportation Specialist employees employed by the employer at its facility located at 6b. Do a substantial number (30% 2523 Graeber St. Bldg 390, March Air Reserve Base, CA 92518 or more) of the employees in the Excluded: All other employees, lemporary workers from agencies, office clerical employees, and all other professionals employees, unit wish to be represented by the guards and supervisors as defined by the Act.. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) Ry 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). 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 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) 10d. Cell No. 10a. Name 10b. Address 10e Fax No. 101 F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Facility Lunch/Break Room August 1, 2018 9:00am to 10:00am 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, District Lodge 725 8233 Rochester Ave Rancho Cucamonga, CA 91730 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12g. E-Mail Address 12d Tel No 12e, Cell No 12f Fax No emarroquin@iam725.org 323-404-5199 909-484-2004 909-484-2369 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Caroline N. Cohen, Attorney Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13d. Cell No. 13e. Fax No. 13c. Tel No 13f. E-Mail Address 510-337-1001 510-337-1023 hirbnotices@unioncounsel.net, ccohen@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. Title Date Name (Print)

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

Attorney

PRIVACY ACT STATEMENT

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

Caroline N. Cohen

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 21-RC-245765	Date Filed 7-31-2019						

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INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, <u>ww</u>	w.nirb.gov, submit an	original of this	Petition to a	n NLRB office in the Region
in which the employer concerned i	s located. The	e petition must i	be accompanied by b	oth a showing of	' interest (se	e on below) and a certificate
of service showing service on the	emplover and	all other parties	s named in the petition	1 of: (1) the petiti	ion; (2) State	ment of Position form
(Form NLRB-505); and (3) Descript	ion of Represe	entation Case P	rocedures (Form NLR	B 4812). The sn	owing or int	erest snould only be filed
with the NLRB and should not be s	served on the	employer or an	y other party.	d amalauses wish to	ha representar	for sumoses of collective
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de requests that the National Labor Relations	acicae to be cortifi	ed as representativ	e of the employees. The P	etitioner alleges to Section 9 of the Na	at the following tional Labor R	elations Act.
2a. Name of Employer	dona dodra proc	2b, Add	dress(es) of Establishment(s) involved (Sireel a	no number, city	, State, ZiP code)
nterContinental Hotel Downtown	Los Angeles	900 W	/ilshire Blvd., Los Ang		<u> </u>	
3a. Employer Representative - Name and	d Title		3b. Address (If same as	2b – state same)		
Maselina Taulanga, Director of P	urchasing					
3c. Tei. No.	3d, Cell No.		3e. Fax No.		3f. E-Mail Add	ulanga@ihg.com
213.274.0024	213.800.437		to at a consisten			and State where unit is located:
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Principal prod Guest Accom				geles, California
Hotel 5b. Description of Unit Involved		Guest Accom	modations			6a. No. of Employees in Unit:
Included: All regular full-time and	part-time Pur	chasing Agents	s Sr Purchasing Age	ents. & Purchasi	na Buvers	5
Evaluded		Chasing Agent	5, 61. 1 4.6.144.119 7 191			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the
Standard exclusion	ns					Petitioner? Yes ✓ No
Check One: / 7a. Request for r	ecognition as Barr	gaining Representa	tive was made on (Date)	I/A an	d Employer dec	clined recognition on or about
A tradesian	(Date)	(If no reply receive	d, so state).			
7b. Petitioner is	currently recognize	ed as Bargaining R	epresentative and desires of	ertification under the	Act.	
8a. Name of Recognized or Certifled Ba None	rgaining Agent (I	f none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f, E-Mail Add	15
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	Employeds establi	ishment(s) involved	? If so, approx	imately how many er	mployees are p	articipating?
			keted the Employer since (/			
(Name of labor organization) 10. Organizations or individuals other than	Detitioner and the	nas pro	R and C which have claim	ed recognition as rep	resentatives ar	nd other organizations and Individuals
10. Organizations or individuals other than known to have a representative interest in	any employees in	the unit described	in item 5b above. (If none,	so state)		
10a. Name	10b. Ad	ddress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduction any such election.	ts an election in th	his matter, state you	ur position with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail
11b. Election Date(s): 8/6/2019		Election Time(s):	ं गर्क	11d. Election Loca Purchasing Room	of the employ	ers facility
12a. Full Name of Petitioner (including				12b. Address (stre	et and number	city, state, and ZIP code)
Teamsters Local 848				731 East Arrow H	ighway, Glend	ora, CA 91740
12c. Full name of national or international International Brotherhood of Teamsters	labor organization	of which Petitione	r is an affiliate or constituen	t (if none, so state)		
12d. Tel No. 626,732,4700	12e. Cell No.		12f. Fax No.	201	12g. E-Mail	Address
13. Representative of the Petitioner wh	o will accept ser	vice of all papers	for purposes of the repres	sentation proceeding	ıg.	
^{13a. Name and Title} Amanda Li	vely, Attor	ney	13b. Address (street and 16501 Ventura Blvd., Suita	d number, city, state 304, Encino, CA 91436		
13c. Tel No. 818-501-8030 x 326	13d. Cell No.	1	13e, Fax No. 818-501-5306		13f. E-Mail A alively@wkc	
I declare that I have read the above pe	ition and that the	statement are to	rue to the best of my know	viedge and belief.		
	shawer /	110/12	Title		Date	
Amanda Lively	Muyoxu	ney	Attorney for Teamsters	Local 848	July 30, 2	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1005

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