

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-240953**

Date Filed **5-7-2019**

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 Avenue, Vista, CA 92081 & 2480 Ash Street, Vista CA 92081	
3a. Employer Representative - Name and Title Richard W. Killion		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. (760) 727-5102	3d. Cell No.	3e. Fax No. (760) 727-5108	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing Store		4b. Principal product or service Store fixtures and case work	
5b. Description of Unit Involved Included: Please see attachment A. Excluded: Please See Attachment A.		5a. City and State where unit is located: Vista, California 6a. No. of Employees in Unit: 75 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) **None** 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): May 28, 2019	11c. Election Time(s): Lunch break and two hours from end of shift time	11d. Election Location(s): Break / lunch room at each location above in Section 2.b
12a. Full Name of Petitioner (including local name and number) Cabinet Makers, Millmen & Industrial Carpenters Local 721		12b. Address (street and number, city, state, and ZIP code) 10015 Rose Hills Road, Whittier, California 90601

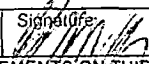
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Brotherhood of Carpenters and Joiners of America

12d. Tel No. (562) 695-0571	12e. Cell No.	12f. Fax No. (562) 695-1159	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 Desmond C. Lee		13b. Address (street and number, city, state, and ZIP code) DeCarlo & Shanley, 533 S. Fremont Ave., 5th Floor, Los Angeles, California 90071	
13c. Tel No. (213) 488-4100	13d. Cell No.	13e. Fax No. (213) 488-4180	13f. E-Mail Address dlee@deconsel.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) Desmond C. Lee	Signature 	Title Attorney	Date May 6, 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 A to RC Petition

*Cabinet Makers Millmen and Industrial Carpenters Local 721
and
Killion Enterprises, Inc.*

5.b. Description of Unit Involved

INCLUDED: Any employees performing store fixture or case work at Killion Enterprises, Inc.'s addresses at 1380 Poinsettia Avenue, Vista, California 92081 and 2480 Ash Street, Vista, California 92081 which include but are not limited to assembling and building cabinets, finishing completion of refrigeration work, performing of work by electricians (certified or non-certified), driving from either address to other addresses, shipping and receiving, assembling refrigerators and any leads or assistants to the above-referenced work.

EXCLUDED: Any supervisors, clerical employees, confidential employees and guards.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

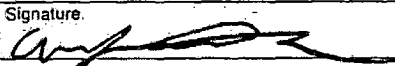
DO NOT WRITE IN THIS SPACE

Case No. 21-RC-241000

Date Filed 5-8-2019

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

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

2a. Name of Employer: Dignity Memorial d/b/a Glen Abbey Memorial Park & Mortuary		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3838 Bonita Rd., Bonita, CA 91902	
3a. Employer Representative - Name and Title: Pamela S. Giley, Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 619-498-4600	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Memorial Park and Mortuary		4b. Principal Product or Service funerary services	5a. City and State where unit is located: Bonita, CA
5b. Description of Unit involved: Included: Ground Specialists Excluded: All other employees, office clerical and confidential employees, guards and supervisors			6a. Number of Employees in Unit: 11 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) _____ by this petition 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) 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	
11b. Election Date(s): Any date after June 8, 2019	11c. Election Time(s): 6 or 6:30 a.m. to vote before start of shift	11d. Election Location(s): Appropriate meeting or break room at site	
12a. Full Name of Petitioner (including local name and number): Southern California District Council of Laborers and its Affiliated Local 89		12b. Address (street and number, city, State and ZIP code): 4399 Santa Anita Ave., Suite 205 El Monte, CA 91731	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Laborers International Union of North America			
12d. Tel. No. 626-350-6900	12e. Cell No.	12f. Fax No.	12g. E-Mail Address vmacedo@local89.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding:			
13a. Name and Title: Aaron G. Lawrence, Attorney		13b. Address (street and number, city, State and ZIP code): 3550 Wilshire Blvd., Suite 2000, Los Angeles, CA 90010	
13c. Tel. No. 213-386-3860	13d. Cell No.	13e. Fax No. 213-386-5583	13f. E-Mail Address arthurf@rac-law.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) Arthur N. Four	Signature 	Title Attorney	Date 05/07/19

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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-241065	Date Filed 5-8-2019

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

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

2a. Name of Employer Medi-Waste Disposal		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 235 Deininger Circle, Corona, CA 92880	
3a. Employer Representative - Name and Title Richard Brager, CEO		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (323) 892-8459	3d. Cell No.	3e. Fax No.	3f. E-Mail Address richard@medi-waste.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste disposal facility		4b. Principal product or service Medical waste disposal	
4c. City and State where unit is located: Corona, CA		5a. City and State where unit is located: Corona, CA	
5b. Description of Unit Involved Included: All full-time and regular part-time drivers employed by the Employer at its facilities currently located at 235 Deininger Circle, Corona CA 92880. Excluded: All other employees, independent contractors, office and clerical employees, professional employees, managerial employees, guards, supervisors, and managers as defined by the Act.			6a. No. of Employees in Unit: 15 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) _____.

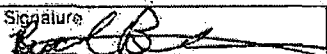
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): ASAP		11c. Election Time(s): 3:30 a.m.		11d. Election Location(s): Employee Break Room			
12a. Full Name of Petitioner (including local name and number) Teamsters Local 63				12b. Address (street and number, city, state, and ZIP code) 379 W. Valley Blvd., Rialto, CA 92376			
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. (909) 877-4760		12e. Cell No.		12f. Fax No.		12g. E-Mail Address	

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

13a. Name and Title Bradley S. Beherns, Esq.		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	Date 5/8/19
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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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-241238

Date Filed

05-10-2019

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
UIC Government Services, LLC dba Bowhead

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
606 S. Olive Street, Los Angeles, CA 90014

3a. Employer Representative - Name and Title
April Ealy

3b. Address (If same as 2b - state same)
4900 Seminary Road, Suite 1200 Alexandria, VA 22311

3c. Tel. No.
(703) 578-5566

3d. Cell No.

3e. Fax No.
(703) 379-6826

3f. E-Mail Address
april.ealy@bowheadsupport.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:

5b. Description of Unit Involved

Included: All full time and regular part-time General Clerks employed by the employer at its facility located at 606 S. Olive Street, Los Angeles, CA 90014.

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:

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).

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.

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

11b. Election Date(s):
Mail ballots Friday May 24, 2019

11c. Election Time(s):

11d. Election Location(s):

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 W. Willow Street Long Beach, CA 90806

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) 542-3351

12e. Cell No.
(760) 810-6989

12f. Fax No.

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
May 10, 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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(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-241305

Date Filed

5-13-2019

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:
SYSCO RIVERSIDE INC.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
15750 Meridian Parkway, Riverside, CA 92518

3a. Employer Representative - Name and Title:
Jon Nelson, Director

3b. Address (if same as 2b - state same):
same

3c. Tel. No.
951-601-5746

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
Nelson.Jon@rssystem.com Nelson.Jon@RS.Sysco.com

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

4b. Principal Product or Service
food service distribution

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

5b. Description of Unit Involved:

Included: All regular full and part-time time driver check-in, cycle counters and quality assurance employees employed by the Employer at its facility currently located at 15750 Meridian Way, Riverside, CA.

Excluded: All other employees; general managers, operations manager, office clerical employees, guards and supervisors as defined in the Act.

6a. Number 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 ☐ No

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)
Salesdrivers, Helpers, and Dairy Employees Local 683, International Brotherhood of Teamsters

8b. Address:
1333 E. Madison Ave., Suite 200, El Cajon, CA 92021

8c. Tel. No.
619-232-7903

8d. Cell No.
619-396-6656

8e. Fax No.
619-232-8077

8f. E-Mail Address
l.fletcher@teamsters683.com

8g. Affiliation, if any:
IBT

8h. Date of Recognition or Certification
May 10, 2018

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: _____
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
June 4, 2019

11c. Election Time(s):
2:30 pm to 3:00 pm

11d. Election Location(s):
Conference Room at Sysco Riverside

12a. Full Name of Petitioner (including local name and number):
Salesdrivers, Helpers, and Dairy Employees Local 683, International Brotherhood of Teamsters

12b. Address (street and number, city, State and ZIP code):
1333 E. Madison Ave., Suite 200, El Cajon, CA 92021

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.
202-624-6800

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title:
Lee Fletcher, Secretary Treasurer

13b. Address (street and number, city, State and ZIP code):
1333 E. Madison Ave., Suite 200, El Cajon, CA 92021

13c. Tel. No.
619-232-7903

13d. Cell No.
619-396-6656

13e. Fax No.
619-873-2174

13f. E-Mail Address
l.fletcher@teamsters683.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)
Florice Hoffman

Signature
Florice Hoffman

Title
attorney

Date
05/10/19

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-241409	Date Filed 5-14-2019

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) (H-1 Depot)

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Camp Pendleton Hangar 1A, Oceanside, CA 92058/MCAS Miramar Hangar 5 San Diego, CA 92145

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

5a. City and State where unit is located:
Oceanside & San Diego, CA

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, Logs and Records Clerks, Supply Technicians.
Excluded: Guards, Office Clerical and Supervisors as defined in 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 ☒ 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

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: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Thursday, May 30, 2019

11c. Election Time(s):

11d. Election Location(s):
mail ballot

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

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

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
nrlrnotices@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)
David W.M. Fujimoto

Signature

Title
Attorney

Date
May 14, 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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

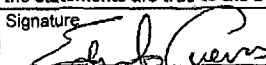
21-RC-242253

Date Filed

5-28-2019

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: Imperial Regional Detention Facility Management and Training Corporation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1572 Gateway Rd. Calexico, CA 92231	
3a. Employer Representative - Name and Title: John Rathman, Warden		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 760-618-7200	3d. Cell No. 760-790-7460	3e. Fax No. 760-618-7238	3f. E-Mail Address john.rathman@mtctrains.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Detention Center		4b. Principal Product or Service Security, Detention	5a. City and State where unit is located: Calexico, CA
5b. Description of Unit Involved: Included: Detention Staff Excluded: Supervisory Staff, Non-essential support staff (e.g. Kitchen, Laundry, Library, Admin)			6a. Number of Employees in Unit: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <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) 03/14/2019 and Employer declined recognition on or about (Date) no reply (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) 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	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): IRDF Detention Officer's Union		12b. Address (street and number, city, State and ZIP code): 1572 Gateway Rd. Calexico, CA 92231	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): None			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Eduardo Cuevas, Detention Officer		13b. Address (street and number, city, State and ZIP code): 10455 E. Orion Ave. Yuma, AZ 85367	
13c. Tel. No. 760-693-9743	13d. Cell No.	13e. Fax No.	13f. E-Mail Address irdfdetention@gmail.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) Eduardo Cuevas		Signature 	Title Detention Officer
			Date 05/23/19

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RD-242540

Date Filed

05-31-2019

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 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 Prudential Overall Supply		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 6948 Bandini Blvd, Commerce, CA 90040	
3a. Employer Representative - Name and Title Sandra Lieu, Manager		3b. Address (If same as 2b, state same)	
3c. Tel. No. (323) 722-0636	3d. Fax No. (323) 722-2346	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Laundry		4b. Principal product or service Cleaning services	
5a. Description of Unit Involved Included: See attached Excluded:		5b. City and State where unit is located: Commerce, CA	
6. No. of Employees in Unit 60	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Laundry Workers Local 52		8b. Affiliation, if any	
8c. Address 920 S. Alvarado St. Los Angeles, CA 90006		8d. Tel. No. (213) 385-0271	8e. Cell No.
		8f. Fax No. (213) 385-2655	8g. E-Mail Address
9. Date of Recognition or Certification 1990		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) August 19, 2019	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of 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 8 above. (If none, so state)			
12a. Name	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: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) June 11, 2019	13c. Election Time(s) 4:00am-12:30pm	13d. Election Location(s) Break room at 6948 Bandini Blvd, Commerce, CA	
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
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	
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
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)		Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		Date Filed 05-29-19	

CAN BE PENALIZED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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5a. Description of Unit Involved

Included: All full-time and regular part-time Launderers, Stock Room, Soil Room, Distribution, and Clean Room employed at the facility located at 6948 Bandini Blvd, Commerce, CA 90040.

Excluded: All other employees, office clerical employees, professional employees, guards and supervisors as defined in the Act.