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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

		DO NOT WRITE	IN THIS SPACE	
Case No.			Date Filed	
2	21-R	C-228603	10-4-20	18

				·			Z 1-17	C-ZZUU	1.0	
INSTRUCTIONS: Unless e-Filed usemployer concerned is located, To the employer and all other parties Case Procedures (Form NLRB 48)	he petition must named in the pe	be accompă lition of: (1)	nied by the pot	both # si ition; (2)	howing of interest (se Statement of Position	ee 6b t n form	selow) an (Form NL	d a certificat .RB-505); an	le of service showing : d (3) Description of Re	service on presentation
PURPOSE OF THIS PETITION. I bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be	certified as	represe	ntative of t	he employees. The Pa	etition	r älleges	that the foll	owing circumstances	
2a. Name of Employer:		12	2b. Addr	ess(es) of	Establishment(s) invol	lved (S	treet and	number, City	State, ZIP code):	
KFMB-TV, LLC					er Road, San Di			_		
3a. Employer Representative - Nan	ne and Title:	- 3	3b. Addr	ess (il san	ne as 2b - state samo).):				
Alberto Mier Y Teran, Pre		ieneral !	Same							
Manager 3c. Tel. No.	3d. Cell No.		· · ·	3e, Fax N	, ·	— ï a	II. E Mail	Addense		
858-495-9300	30. Cell No.		- 1	3 0 , F&X 14	u.			teran@kf	mh com	
			——	4h Deineis	al Braduet or Conside		atticty			
4a. Type of Establishment (Factory, In Television News Station	nine, wnoiesaier, e	RG.)	,	News	al Product or Service				d State where unit is lo o, California	cated.
5b. Description of Unit Involved:				ITCWS					or of Employees in Unit:	
Included:					·			}		
See Attached								83		
Excluded:									ubstantial number (30%	
See Attached								of the e	imployees in the unit wi inted by the Petitioner?	shio be KXIYes ∏ No
Check One: 🗐 7a. Request for rec	ognition as Bargai	ning Repres	entative	was made	on (Date) 10/3	3/2018	g an		declined recognition	
on or about (Date)				ceived, so						
7b. Pelitioner is cui						n unde	r the Act.	· · · · · · · · · · · · · · · · · · ·		
8a. Name of Recognized or Certific	d Bargaining Ag	e nt (If none,	so state) 85. A	ddress:					
None										
8c. Tel. No.	8d. Cell No.			8e. Fax N	o.	8	81. E-Mai Address			
8g. Affiliation, if any:			8h.	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 a	the Employer's e	stablishment	(s) invol	ved? No	If so, approx	ximatel	y how ma	ny employee:	s are participating?	
(Name of Labor Organization)				110		. ha	s picketed	the Employe	or since (Month, Day, Y	ear)
10, Organizations or individuals other	than Petitioner ar	nd those nam	ned in its	ms 8 and	9 which have claimed					
Individuals known to have a repre									o and omer organization	
None						-				
10a, Name	10b. /	Address				11	Oc. Tel. N	o	10d. Cell No.	
	j									
	:	1				1	10e. Fax No. 10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and election	in this matt	er, state	your posit	ion with respect to any	such e	lection;	11a. Election	Туре	
								Manua	I Mail Mixe	Manual/Mail
11b. Election Date(s):	11c, E	lection Time	(s):			1	11d. Election Location(s):			
October 24, 2018	8:30)-10:30 <i>A</i>	AM ; 1	:30-3:3	0 P.M.	I	Break Room/Conference Room			
12a. Full Name of Petitioner (includ	ing local name and	d number):			12b. Address (street	and nu	ımber, city	, Stale and Z	IP code):	
Screen Actors Guild - Am	erican Feder	ation of	Televi	ision	5757 Wilshire	Bou	levard,	Los Ang	eles, California 9	0036
and Radio Artists					'		·	·	•	
12c. Full name of national or internati	onal labor organiz:	tion of which	Patition	nor is an a	filiate or constituent.	lif none	so statal			
AFL-CIO .	orial labol Olganiza	SHOPE OF WIRE	1 7 40 (10)	101 15 dil d	minate of Consulterit					
12d. Tel. No.	12e. Cell No.		1	12f. Fax N	o.	1	2g. E-Mai	Address		•
323-634-8137										
13. Representative of the Petitiono	r who will accept	service of a						-		
13a. Name and Title:				13b. Address (street and number, city, State and ZIP code):			,			
See Attachment B								,		
13c. Tel. No.	.13d. Cell No.			13e. Fax No. 13f. E-Mail Address						
I declare that I have read the above	petition and tha	the statem	ents an	true to t	ne best of my knowle	dge a	nd belief.			·
Name (Print)		Signature				Title				Date
Joshua Mendelsohn						Sen	Senior Labor Counsel 10			10/4/2018

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

Attachment A (5 B) Included: All full time and regular part time employees who create content for KFMB-TV, LLC including Anchors, Associate Producers, Producers, Marketing Producers, Digital Content Producers, Editors, Photographers, Multi-skill Journalists and Reporters working at or out of its facility at 7677 Engineer Road, San Diego, California.

Excluded: Freelancers, Contributors, Managing Editors, Executive Producers, Chief Photographer, Assistant Chief Photographer, Assignment Editors, Engineering Employees, Employees of KFMB-AM and KFMB-FM, Managers, Guards and Supervisors as defined under the Act, as amended.

Attachment B (13a-f):

Joshua Mendelsohn, Senior Labor Counsel, SAG-AFTRA 1900 Broadway, 5th Floor, New York, NY 10023

Phone: 212-863-4292

Fax: 212-532-2625

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

Case No. 21-RC-229482

DO NOT WRITE IN THIS SPACE
Date Filed 10-18-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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.

of service showing service on t								
(Form NLRB-505); and (3) Desc				RB 4812). The sho	owing of inte	erest snould only be tiled		
with the NLRB and should <u>not</u> i								
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor F	er desires to be certifi	ed as representati	ve of the employees. The	Petitioner alleges that	t the following	circumstances exist and		
2a. Name of Employer	ciacións Board proc		Idress(es) of Establishmen					
Doncasters Certified Alloy Products, Inc.		32	245 Cherry Avenue PO Box			•		
3a. Employer Representative – Name		C	A Long Béach 90801- 3b. Address (If same as	2h – state same)				
	CHO THE		3245 Cherry Aven CA Long Beach 9	ue PO Box 90				
Diane Peterson	L Oct Call No			0801	3f. E-Mail Addr			
3c, Tel. No.	3d. Cell No.		3e. Fax No.					
(562) 595-6621	_,		l		capi@doncasters			
4a. Type of Establishment (Factory, min	ne, wholesaler, etc.)	4b. Principal pro			1	nd State where unit is located:		
Basic Materials	0	1 airmelted super	alloys for industrial gas turl	bine, aerospace, autom	otiv	Long Beach, CA		
5b. Description of Unit Involved	•					6a. No. of Employees in Unit:		
Included: See Attached Page 2 for ad	Iditional details	•			L	130		
		,				6b. Do a substantial number (30%		
Evaludad						or more) of the employees in the unit wish to be represented by the		
Excluded: See Attached Page 2 for ad	ditional details				1	Petitioner? Yes [/] No []		
								
Check One: 7a. Request for				and	Employer decil	ned recognition on or about		
–		(If no reply receive	•	•				
			epresentative and desires	certification under the A	<u>\ct.</u>	<u></u>		
8a. Name of Recognized or Certified	Bargaining Agent (II	none, so state).	8b. Address					
O- T-IAI	L Od Call Na		L On Fou No		Bf. E-Mail Addre			
8c. Tel No.	8d Cell No.		8e. Fax No.	} '	oi. E-Iviali Audii	ess		
On Affiliation if any			8h. Date of Recognition or	Codification	Pi Evoiration D	ate of Current or Most Recent		
8g. Affiliation, if any			on, Date of Recognition of			(Month, Day, Year)		
		i				(, 20),,		
9. Is there now a strike or picketing at the	ne Employer's establis	hment(s) involved	? If so, approx	imately how many emp	lovees are par	ticipating?		
•					noyees are par			
(Name of labor organization)								
10. Organizations or individuals other th					sentatives 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)				
v								
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
						100 5 10 11 11 11 11 11 11 11 11 11 11 11 11		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cond	lucts an election in thi	s matter, state you	r position with respect to	11a. Election Type:	🚺 Manual 📗	Mail Mixed Manual/Mail		
any such election.	11c FI	ection Time(s):		11d. Election Location(s):				
11b. Election Date(s): 11-7-2018 and 11-9-2018		to 6:00 pm			• •	Beach, CA 90801 (Doncasters main facility)		
12a. Full Name of Petitioner (including						ity, state, and ZIP code)		
Jose Salazar Jose Salazar on behalf of United Alloy Workers	Long Beach	,		3780 Kilroy Airport Wa CA Long Beach 90806	y Ste 200			
12c. Full name of national or internation	al labor organization	of which Petitioner	is an affiliate or constituen					
None				,	_			
12d, Tel No.	12e. Cell No.		12f. Fax No.	1	12g. E-Mail Add	dress		
562) 666-2174						.com		
13. Representative of the Petitioner v	vho will accept servi	ce of all papers fo	or purposes of the repres	entation proceeding.				
13a. Name and Title	•		13b. Address (street and		nd ZIP code)			
Raigh Royds Representative PO Box 369								
United Alloy Workers Long Beach CA Seal Beach 90740-0369 13c, Tel No. 13d, Cell No. 13e, Fax No. 13f, E-Mail Address					ress			
13c, Tel No. (562) 637-5192	130, Cell 140.		130.1 02.10.		royds@yahoo.			
I declare that I have read the above p	etition and that the	statements are tri	ie to the best of my know	ledge and belief.				
					Date			
Name (Print)	Signature		Title Representative		Date	04-59-40		
Rainh Royds	Ralph Royds		Webiesemanive		10/16/2018	Z 1.00. IZ		

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-229482

Date Filed

10-18-2018

Employees Included

All Full Time & Regular Part Time Production Employees and Drivers including Tempto-Hire

Employees Excluded

All other employees, office clerical, managerial, supervisors and guards as defined in the Act FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No 21-RC-229544

DO NOT WRITE IN THIS SPACE

Date Filed 10-19-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, website, 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: PumpMan LLC DBA 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): PumpMan SoCal Lic#1024442 5020 Bleecker St. Baldwin Park, CA 91706 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same): Elton Link, General Manager SAME 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 626-939-0300 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b, Principal Product or Service 5a. City and State where unit is located: Pump Technicians Baldwin Park, CA Service Center 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: Service Technicians, Technicians, & Helpers 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? 🗵 Yes Office, Clerical, Management 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 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? 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. 10f. E-Mail Address 10e Fax No 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Manual Mail Mixed Manual/Mail 11d, Election Location(s): 11c, Election Time(s) 11b, Election Date(s): 12b. Address (street and number, city, State and ZIP code) 12a. Full Name of Petitioner (including local name and number): 10015 Rose Hills Road Millwright Local 1607 Whittier, CA 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 & Joiners of America 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 213-817-0808 (323) 724-0178 cgosnell@swcarpenters.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a, Name and Title; 13b. Address (street and number, city, State and ZIP code): 533 S. Fremont Ave., 9th Floor Daniel M. Shanley, Esq. Los Angeles, California 90071 13f, E-Mail Address 13c, Tel, No. 13d. Cell No. 13e, Fax No. 213-488-4100 213-488-4180 dshanley@deconsel.com declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) gnature Title Date 10/18/18 Daniel Shanley Attorney

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

Name (Print)

David Willhoite

Signatu

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No. 21-RC-229567	Date Filed 10-19-2018						

Date

October 19, 2018

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) Methodist Hospital of Southern California See Attached 3a, Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Dan Ausman, CEO 300 W. Huntington Drive., Arcadia, CA 91007 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address dan.ausman@methodisthospital.org (626) 574-3600 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Arcadia, California Acute Care Hospital Healthcare 6a. No. of Employees in Unit: 5b. Description of Unit Involved 650 Included: See Attached 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Petitioner? Yes ✓ No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (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 8d Cell No. 8f. E-Mail Address 8c. Tel No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? None If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10b. Address 10c. Tel. No. 10d. Cell No. 10a Name 10f F-Mail Address 10e Fax No 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: Manual Mail Mixed Manual/Mail any such election 11d, Election Location(s): 11b. Election Date(s): '11c. Election Time(s): 6:00AM-9:00AM; 11:00AM-1:00PM; 6:00PM - 9:00PM Lewis Hall November 6, 2018 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612 California Nurses Association 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) 12a E-Mail Address 12e Cell No 510-663-4822 510-273-2200 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b, Address (street and number, city, state, and ZIP code) 13a. Name and Title David Willhoite, Legal Counsel 155 Grand Ave., Oakland, CA 94612 13d, Zell No 13f. E-Mail Address 13e. Fax No. 13c. Tel No. dwillhoite@calnurses.org 510-663-4822 510-273-2275 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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.

Legal Counsel

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

Attachment A

RC Petition Methodist Hospital of Southern California

by California Nurses Association (CNA) October 19, 2018

2b. Address(es) of Establishment(s) involved

Main Hospital – 300 W. Huntington Drive, Arcadia, CA 91007 GYN Oncology – 300 W. Huntington Drive, Arcadia, CA 91007 Colorectoral Surgery - 301 W. Huntington Drive, Arcadia, CA 91007

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses, including those who serve as relief charge nurses and full-time charge nurses, employed by the Employer at its 300 W. Huntington Drive, Arcadia, California and 301 W. Huntington Drive, Arcadia, California facilities.

Excluded:

All other employees, nurse educators, infection control nurses, case managers, quality management specialists, RNs employed by registries or other agencies providing outside labor to the Employer, office clerical employees, nurse administrators, managerial employees, confidential employees, guards, and supervisors within the meaning of the Act.

Eligibility date is pay period ending Thursday, October 18, 2018.

Per diem/floater/casual RNs are eligible if they have regularly averaged four hours or more per week in the 13 weeks before the October 18, 2018 eligibility date.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
21-RC-229634	10-19-2018						

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region							
in which the employer concerned is	s located. The	e petition must	be acco	ompanied by I	both a showing o	f interest (se	e 6b below) and a certificate
of service showing service on the	employer and	all other partie	s name	d in the petition	on of: (1) the petit	tion: (2) State	ment of Position form
(Form NLRB-505); and (3) Descript							
with the NLRB and should not be s				Committee of the Commit			
1. PURPOSE OF THIS PETITION: RC-CEI					of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petitioner de	esires to be certific	ed as representativ	e of the	mployees. The	Petitioner alleges th	at the following	circumstances exist and
requests that the National Labor Relat	ions Board proc						
2a. Name of Employer					t(s) involved (Street a		
Americold Logistics, LLC		1984			Suite 100, Con	npton, CA 9	0220
3a. Employer Representative – Name and	Title				s 2b - state same)		
Peter Yee, Plant Manager			Same				
3c. Tel. No.	3d. Cell No.	70	3e. Fax			3f. E-Mail Addr	
310-632-6265	310-345-00			00-7049		77 15 7	@americold.com
4a. Type of Establishment (Factory, mine, w	rholesaler, etc.)	4b. Principal pro		rvice			and State where unit is located:
Cold storage warehouse		Cold storage)			Compte	on, California
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: All full-time and regular part-time and maintenance employees emp	production warehou loved by the Emplo	ise employees, janite	ors, custod	ians, leadmen, me	chanics, lift truck opera		25
							6b. Do a substantial number (30% or more) of the employees in the
Excluded: All transportation employees, custom	er service employee	s, office clerical emplo	yees, temp	agency workers, em	ployees in an existing ba	rgaining unit as	unit wish to be represented by the
of October 19, 2018, and managerial	employees, supervis	sors, and guards, as d	erinea in the	e Act.			Petitioner? Yes ✓ No
Check One: 7a. Request for re	cognition as Barg	aining Representa	tive was r	nade on (Date)	10/19/2018 an	d Employer decl	ined recognition on or about
no reply		If no reply received					
7b. Petitioner is cu	rrently recognize	d as Bargaining Re	epresenta	tive and desires	certification under the	Act.	
8a. Name of Recognized or Certified Barg None	gaining Agent <i>(if</i>	none, so state).		8b. Address			***
8c. Tel No.	8d Cell No.		8e. Fax	No.	,	8f. E-Mail Addr	ess
8g. Affiliation, if any		- 1	8h. Date	of Recognition or	Certification	8i. Expiration D	ate of Current or Most Recent
-3		1					(Month, Day, Year)
							AN OF STREET
9. Is there now a strike or picketing at the Er	nployer's establis	hment(s) involved	? No	If so, approx	imately how many en	nployees are par	ticipating?
(Name of labor organization)		, has pick	eted the 8	Employer since (f	Month, Day, Year)		
10. Organizations or individuals other than F	Petitioner and tho					resentatives and	other organizations and individuals
known to have a representative interest in a						resentatives and	other organizations and individuals
None					,		
10a. Name	10b. Add	iress			10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
44 Floridas Batallas Miles III DD academia	!! !- 41:						<u> </u>
 Election Details: If the NLRB conducts any such election. 	an election in thi	s matter, state you	r position	with respect to	11a. Election Type:	: 🗸 Manual	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. El	ection Time(s):			11d. Election Local	tion(s):	,
Friday, November 2, 2018	12:30p	m to 2:30pm			Employee break		yer's facility
12a. Full Name of Petitioner (including lo					12b. Address (stree	et and number, c	ity, state, and ZIP code)
United Food and Commercial Workers						enue, Buena F	Park, CA 90622-5004
12c. Full name of national or international la United Food and Commercial Workers			is an affili	ate or constituen	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fa	x No.	· · · · · · · · · · · · · · · · · · ·	12g. E-Mail Ad	dress
714-995-4601							
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	or purpos	es of the repres	entation proceeding	g.	
13a. Name and Title Travis Wes	t Attorne	₽V		•	d number, city, state,	,	
		- ,			Suite 1200, Los Angele		100
13c. Tel No.	13d. Cell No.		13e. Fa 323-93			13f. E-Mail Add	
323-938-3000 x348 I declare that I have read the above petiti	on and that the	itatements are tru		To the state of	ledge and belief	twest@gslaw.	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) Sig twest@gslaw.org	Name (Print) twest@gslaw.org Title Date						
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE F					

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. Date Filed 10/19/2018 21-RC-229659

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Immigrant Defenders Law Center See Attachment 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) See Attachment Lindsay Toczylowski, Executive Director 3e. Fax No. 3f. E-Mail Address (213) 634-0999 (619) 341-0352 (213) 282-3133 lindsay@immdef.org 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Legal Services Los Angeles, CA Law Clinic 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part time Staff Attorneys, Legal Assistants, Law Clerks, Case Managements, Program Associates, Receptionists, Grants & Development, Operation Assistants, Paralegals and Administrative Assistants. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All Office Clerk employees, professional employees, managerial employees, guards, supervisors, and other employees unit wish to be represented by the as defined by the Act. Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 10/19/2018 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). by petition 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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) 10c. Tel. No. 10d. Cell No. 10a, Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Break room at each of the Employer's locations Tuesday, October 30, 2018 8:00 am to 12:00 pm / 3:00 pm to 6:00 pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists & Aerospace Workers, District Lodge 947 535 West 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 & Aerospace Workers, AFL-CIO 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address fosuna@iam947.org (562) 427-8900 (562) 427-1122 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Caren P. Sencer, Attorney Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13d, Cell No. 13e. Fax No. 13f. E-Mail Address csencer@unioncounsel.net 13c. Tel No. (510) 337-1001 (510) 337-1023 drosenfeld@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

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

October 19, 2018

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 seg. 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.

Caren P. Sencer

ATTACHMENT

2b. & 3b. Address(es) of Establishment(s) involved

634 S. Spring St. 10th Floor Los Angeles CA 90014

4505 Allstate Dr. #101 Riverside, CA 92501

2121 North Tustin Ave. Santa Ana, CA 92705

13c. Tel No.

818 973-3219

Name (Print)

Ira L. Gottlieb

UNITED STATES GOVERNMENT

NATIONAL LABOR R		RD	Case No.	-RC-229740	Date	
RC PET						10-23-2018
INSTRUCTIONS: Unless e-Filed using						
in which the employer concerned is						
of service showing service on the e						
(Form NLRB-505); and (3) Description				RB 4812). The st	nowing of int	erest should only be filed
with the NLRB and should not be se	erved on the e	employer or any	y other party.			
PURPOSE OF THIS PETITION: RC-CER bargaining by Petitioner and Petitioner de requests that the National Labor Relati	sires to be certific	ed as representativ	e of the employees. The	Petitioner alleges th	at the followin	g circumstances exist and
2a. Name of Employer		2b. Add	dress(es) of Establishmen	it(s) involved (Street a	and number, city	
Disneyland Resort		1313	Harbor Blvd., Ana		2	
3a. Employer Representative – Name and			3b. Address (If same as	s 2b – state same)		
Matthew Altman, Labor Relation			P.O. Box 3232		00 5 14-3 4 4	
3c. Tel. No.	3d. Cell No.	11-2-11-	3e. Fax No.			tman@disney.com
4a. Type of Establishment (Factory, mine, w. Resort	holesaler, etc.)	4b. Principal prod entertainmer		i e		and State where unit is located: pim, CA
5b. Description of Unit Involved Included: All fulltime, regular par	t-time and t	emporary (ind	cluding casual tem	porary and cas	sual	6a. No. of Employees in Unit:
regular) pyrotechnical Excluded: All other employees,	employees.					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
10/22/18	(Date) ((If no reply received				lined recognition on or about
8a. Name of Recognized or Certified Barg			epresentative and desires 8b. Address	certification under the	ACL	
None	anning Agent (ii	none, so statej.	ob. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any	8h. Date of Recognition o	or Certification		Date of Current or Most Recent by (Month, Day, Year)		
Is there now a strike or picketing at the En (Name of labor organization)	nployer's establis		? No If so, approx	ximately how many er	mployees are pa	rticipating?
10. Organizations or individuals other than F	Petitioner and the				vecentatives and	d other organizations and individuals
known to have a representative interest in al					nesentatives and	outer organizations and individuals
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
9				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts any such election. 	an election in thi	s matter, state you	r position with respect to	11a. Election Type	: Manual	MailMixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 1/13/18 11 a.m 5 p.m. TDA Auditorium						
12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12b. Address (street and number, city, state, and ZIP code) 12c. Address (street and number, city, state, and ZIP code) 12b. Address (street and number, city, state, and ZIP code) 12c. Address (street and number, city, state, and ZIP code)						
12c. Full name of national or international la International Alliance of Theatrical Stage		of which Petitioner	is an affiliate or constituer	nt (if none, so state)		
12d, Tel No. 714 774-5004	12e. Cell No.		12f. Fax No. 714 774-7683		12g. E-Mail Ao sam.bowe(s(ddress Diatse504.com
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	or purposes of the repres	sentation proceedin	g.	
13a. Name and Title Ira Gottlieb, Attorney 13b. Address (street and number, city, state, and ZIP code) 801 N. Brand Blvd. Suite 950, Glendale, CA 91203						

DO NOT WRITE IN THIS SPACE

13f. E Mail Address

10/23/18

buddyg@bushgottlieb.com

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

PRIVACY ACT STATEMENT

attomey -

13e, Fax No.

818 973-3201

13d. Cell No.

818 398-7666

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

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, fa lure 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.	Date Filed					
21-RC-229865	10-24-2018					

					L.	
INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, w	ww.nlrb.gov, submit a	n original of this P	etition to a	n NLRB office in the Region
in which the employer concern						
of service showing service on t						
(Form NLRB-505); and (3) Desc	• •	•	•			The state of the s
with the NLRB and should not I				,,,,,.	.	,
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor F	-CERTIFICATION OF er desires to be certifi	RÉPRESENTATi ed as representati	IVE - A substantial number ve of the employees. The	Petitioner alleges that	the following	circumstances exist and
2a. Name of Employer	erations Board proc		dress(es) of Establishmen			
CAL Energy/ BHE Renewables			030 Gentry Rd A Calipatria 92233-9720	·(-, ···· (·	, , , , ,	,,
3a. Employer Representative - Name	and Title		3b. Address (If same as	s 2b – state same)		···-
Lenie Sarion	•		,	ŕ		
3c. Tel. No.	3d. Cell No.		3e. Fax No.	3	f. E-Mail Addr	ess
(760) 604-0386	(760) 604-0386	S		l I	enie sarion@cal	energy.com
4a. Type of Establishment (Factory, min	ne, wholesaler, etc.)	4b. Principal pro	duct or service	 	5a. City a	and State where unit is located:
Electric Utilities			Geothermal			Calipatria, CA
5b. Description of Unit Involved		<u>- </u>				6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	ditional détails				•	105
			·			6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attached Page 2 for ad	ditional details					unit wish to be represented by the Petitioner? Yes [] No []
. Check One:	or recognition as Barg	aining Representa	itive was made on (Date) 1	0/23/2018 and E	mployer decl	ined recognition on or about
	(Date)	(If no reply receive	d, so state) No reply recei	ived		
7b. Petitioner	is currently recognize	d as Bargaining R	epresentative and desires	certification under the A	ot.	
8a. Name of Recognized or Certified	Bargaining Agent (If	none, so state).	8b. Address		 -	
O- T-IN-	1 04 04 11 11 1		L no FourNo	1.0	f. E-Mail Addr	
8c. Tel No.	8d Çell No.		8e. Fax No.	l *	r. E-IVIƏII Addr	ess
8g. Affiliation, if any	<u>l</u>		8h. Date of Recognition or	Certification 8	i. Expiration C	late of Current or Most Recent
-3			J		Contract, if any (Month, Day, Year)	
			0 N=			
Is there now a strike or picketing at the (Name of labor organization)			? NO If so, approx seted the Employer since (/	imately how many empl Month, Day, Year)	oyees are par	ticipating?
10. Organizations or individuals other the known to have a representative interest					entatives and	other organizations and individuals
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond	ucts an election in thi	s matter, state you	r position with respect to	11a. Election Type:	/ Manual _	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Location	n(s):	
Thursday November 15, 2018		n to 7:30 pm		Training Building next		
12a. Full Name of Petitioner (includin Rick Garcia International Brotherhood of Electrical Workers, 12a. Full pages of petitopal or internation	IBEW Local 47		- FGUILL - AND	600 N Diamond Bar Bly CA Diamond Bar 9176	nna number, c rd ≻1037	ity, state, and ZIP code)
International Brotherhood of Electrical W	orkers, AFL-CIO, CLO					~
12d. Tel No. (909) 860-4239	12e. Cell No. (909) 229-3824		12f. Fax No. (909) 860-2136	1. rg	2g. E-Mail Adı arcia@ibew4	dress 7.org
13. Representative of the Petitioner w	no will accept servi	ce of all papers fo	or purposes of the repres	entation proceeding.	-	
13a. Name and Title	•		13b. Address (street and	d number, city, state, and	d ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.	1	3f. E-Mail Add	lress
I declare that I have read the above p	etition and that the s	statements are tru	e to the best of my know	ledge and belief.	·	
Name (Print)	Signature		Title		Date	
Rick Garcia	Rick Garcia		Membership Developme			15:02:39

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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 DO NOT WRITE IN THIS SPACE

 Case
 Date Filed

 Attachment
 21-RC-229865
 10-24-2018

Employees Included

All Full Time Mechanics, Electricians, Operations, Warehouse, Lab, NDE, I/E (Instrumentation), Resources (Production/Injection wells)

Employees Excluded

All other employees, guards, managers, and supervisors as defined in the ACT