

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


21-RC-228603

Date Filed

10-4-2018

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 8b 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: KFMB-TV, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7677 Engineer Road, San Diego, California 92111	
3a. Employer Representative - Name and Title: Alberto Mier Y Teran, President and General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 858-495-9300	3d. Cell No.	3e. Fax No.	3f. E-Mail Address amicyteran@kfmb.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Television News Station		4b. Principal Product or Service News	5a. City and State where unit is located: San Diego, California
5b. Description of Unit Involved: Included: See Attached Excluded: See Attached			6a. Number of Employees in Unit: 83
			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) 10/3/2018 and Employer declined recognition on or about (Date) None (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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): October 24, 2018		11c. Election Time(s): 8:30-10:30 AM; 1:30-3:30 P.M.	
11d. Election Location(s): Break Room/Conference Room			
12a. Full Name of Petitioner (including local name and number): Screen Actors Guild - American Federation of Television and Radio Artists		12b. Address (street and number, city, State and ZIP code): 5757 Wilshire Boulevard, Los Angeles, California 90036	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): AFL-CIO			
12d. Tel. No. 323-634-8137	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: See Attachment B		13b. Address (street and number, city, State and ZIP code):	
13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Joshua Mendelsohn		Signature 	Title Senior Labor Counsel
		Date 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

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.

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
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 21-RC-229482	Date Filed 10-18-2018

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 Doncasters Certified Alloy Products, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3245 Cherry Avenue PO Box 90 CA Long Beach 90801-	
3a. Employer Representative - Name and Title Diane Peterson		3b. Address (If same as 2b - state same) 3245 Cherry Avenue PO Box 90 CA Long Beach 90801-	
3c. Tel. No. (562) 595-6621	3d. Cell No.	3e. Fax No.	3f. E-Mail Address capi@doncasters.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Basic Materials		4b. Principal product or service airmelted superalloys for industrial gas turbine, aerospace, automotive	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Long Beach, CA	
		6a. No. of Employees in Unit: 130	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

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

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

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

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

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

11b. Election Date(s): 11-7-2018 and 11-9-2018	11c. Election Time(s): 2:00 pm to 6:00 pm	11d. Election Location(s): 3245 Cherry Ave., Long Beach, CA 90801 (Doncasters main facility)
12a. Full Name of Petitioner (including local name and number) Jose Salazar Jose Salazar on behalf of United Alloy Workers Long Beach		12b. Address (street and number, city, state, and ZIP code) 3780 Kilroy Airport Way, Ste 200 CA Long Beach 90806-2458

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. (562) 666-2174	12e. Cell No.	12f. Fax No.	12g. E-Mail Address uawlb@outlook.com
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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 Ralph Royds Representative United Alloy Workers Long Beach		13b. Address (street and number, city, state, and ZIP code) PO Box 369 CA Seal Beach 90740-0369	
13c. Tel No. (562) 637-5192	13d. Cell No.	13e. Fax No.	13f. E-Mail Address rroyds@yahoo.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) Ralph Royds	Signature Ralph Royds	Title Representative	Date 10/16/2018 21:58:12
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
21-RC-229482	10-18-2018

Employees Included

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

Employees Excluded

All other employees, office clerical, managerial, supervisors and guards as defined in the Act

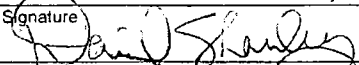
UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-229544**Date Filed
10-19-2018

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: PumpMan LLC DBA PumpMan SoCal Lic#1024442		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5020 Bleecker St. Baldwin Park, CA 91706	
3a. Employer Representative - Name and Title: Elton Link, General Manager		3b. Address (if same as 2b - state same): SAME	
3c. Tel. No. 626-939-0300	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Service Center		4b. Principal Product or Service Pump Technicians	5a. City and State where unit is located: Baldwin Park, CA
5b. Description of Unit Involved: Included: Service Technicians, Technicians, & Helpers Excluded: Office, Clerical, Management			6a. Number of Employees in Unit: 17
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 type="checkbox"/> 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). <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 and election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s):		11c. Election Time(s):	11d. Election Location(s):
12a. Full Name of Petitioner (including local name and number): Millwright Local 1607		12b. Address (street and number, city, State and ZIP code) 10015 Rose Hills Road 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			
12d. Tel. No. (323) 724-0178	12e. Cell No. 213-817-0808	12f. Fax No.	12g. E-Mail Address 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: Daniel M. Shanley, Esq.		13b. Address (street and number, city, State and ZIP code): 533 S. Fremont Ave., 9th Floor Los Angeles, California 90071	
13c. Tel. No. 213-488-4100	13d. Cell No.	13e. Fax No. 213-488-4180	13f. E-Mail Address dshanley@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) Daniel Shanley		Signature 	Title Attorney
		Date 10/18/18	

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-229567**

Date Filed **10-19-2018**

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.

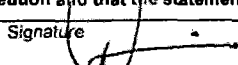
2a. Name of Employer Methodist Hospital of Southern California		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attached	
3a. Employer Representative - Name and Title Dan Ausman, CEO		3b. Address (If same as 2b - state same) 300 W. Huntington Drive., Arcadia, CA 91007	
3c. Tel. No. (626) 574-3600	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dan.ausman@methodisthospital.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital		4b. Principal product or service Healthcare	
5b. Description of Unit Involved Included: See Attached Excluded: See Attached		5a. City and State where unit is located: Arcadia, California	
		6a. No. of Employees in Unit: 650	
		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? None 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): November 6, 2018		11c. Election Time(s): 6:00AM-9:00AM; 11:00AM-1:00PM; 6:00PM - 9:00PM		11d. Election Location(s): Lewis Hall			
12a. Full Name of Petitioner (including local name and number) California Nurses Association				12b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612			
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)							
12d. Tel No. 510-273-2200		12e. Cell No.		12f. Fax No. 510-663-4822		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 David Willhoite, Legal Counsel				13b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612			
13c. Tel No. 510-273-2275		13d. Cell No.		13e. Fax No. 510-663-4822		13f. E-Mail Address dwillhoite@calnurses.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) David Willhoite		Signature 		Title Legal Counsel		Date October 19, 2018	

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

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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
Colorectal 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
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-229634

Date Filed

10-19-2018

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
Americold Logistics, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
19840 S. Rancho Way, Suite 100, Compton, CA 90220

3a. Employer Representative - Name and Title
Peter Yee, Plant Manager

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

3c. Tel. No.
310-632-6265

3d. Cell No.
310-345-0076

3e. Fax No.
310-900-7049

3f. E-Mail Address
Peter.Yee@americold.com

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

4b. Principal product or service
Cold storage

5a. City and State where unit is located:
Compton, California

5b. Description of Unit Involved

Included: All full-time and regular part-time production warehouse employees, janitors, custodians, leadmen, mechanics, lift truck operators, lumpers, and maintenance employees employed by the Employer at its facility at 19840 S. Rancho Way, Suite 100, Compton, California 90220.

Excluded: All transportation employees, customer service employees, office clerical employees, temp agency workers, employees in an existing bargaining unit as of October 19, 2018, and managerial employees, supervisors, and guards, as defined in the Act.

6a. No. of Employees in Unit:
25

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) 10/19/2018 and Employer declined recognition on or about no reply (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):
Friday, November 2, 2018

11c. Election Time(s):
12:30pm to 2:30pm

11d. Election Location(s):
Employee break room at Employer's facility

12a. Full Name of Petitioner (including local name and number)
United Food and Commercial Workers Union, Local 324

12b. Address (street and number, city, state, and ZIP code)
8530 Stanton Avenue, Buena Park, CA 90622-5004

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food and Commercial Workers International Union, AFL-CIO

12d. Tel. No.
714-995-4601

12e. Cell No.

12f. Fax No.
714-995-8214

12g. E-Mail Address
gdavila@ufcw324.org

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

13a. Name and Title
Travis West, Attorney

13b. Address (street and number, city, state, and ZIP code)
3699 Wilshire Boulevard, Suite 1200, Los Angeles, CA 90010

13c. Tel. No.
323-938-3000 x348

13d. Cell No.

13e. Fax No.
323-937-9139

13f. E-Mail Address
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)
twest@gslaw.org

Signature 

Title
Attorney for Petitioner

Date
October 18, 2018

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-229659** Date Filed **10/19/2018**

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
Immigrant Defenders Law Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
See Attachment

3a. Employer Representative - Name and Title
Lindsay Toczykowski, Executive Director

3b. Address (If same as 2b - state same)
See Attachment

3c. Tel. No. (213) 634-0999 **3d. Cell No.** (619) 341-0352 **3e. Fax No.** (213) 282-3133 **3f. E-Mail Address** lindsay@immdef.org

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

4b. Principal product or service
Legal Services

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

5b. Description of Unit Involved
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.
Excluded: All Office Clerk employees, professional employees, managerial employees, guards, supervisors, and other employees as defined by the Act.

6a. No. of Employees in Unit:
50

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) **10/19/2018** and Employer declined recognition on or about _____ (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).
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? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11b. Election Date(s): Tuesday, October 30, 2018 **11c. Election Time(s):** 8:00 am to 12:00 pm / 3:00 pm to 6:00 pm **11d. Election Location(s):** Break room at each of the Employer's locations

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

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

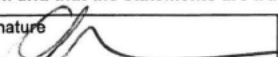
12d. Tel No. (562) 427-8900 **12e. Cell No.** **12f. Fax No.** (562) 427-1122 **12g. E-Mail Address** fosuna@iam947.org

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

13a. Name and Title **Caren P. Sencer, 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** csencer@unioncounsel.net
drosefeld@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**
Caren P. Sencer  **Attorney** October 19, 2018

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

PRIVACY ACT STATEMENT

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ATTACHMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-229740

Date Filed

10-23-2018

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

Disneyland Resort

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

1313 Harbor Blvd., Anaheim, CA 92802

3a. Employer Representative - Name and Title

Matthew Altman, Labor Relations Manager

3b. Address (If same as 2b - state same)

P.O. Box 3232

3c. Tel. No.

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

matthew.altman@disney.com

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

Resort

4b. Principal product or service

entertainment

5a. City and State where unit is located:

Anaheim, CA

5b. Description of Unit Involved

Included: All fulltime, regular part-time and temporary (including casual temporary and casual regular) pyrotechnical employees.

Excluded: All other employees, clerical employees, guards and supervisors as defined in the NLRA

6a. No. of Employees in Unit:

27

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) 10/18/18 and Employer declined recognition on or about 10/22/18 (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)

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):

11/13/18

11c. Election Time(s):

11 a.m. - 5 p.m.

11d. Election Location(s):

TDA Auditorium

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

I.A.T.S.E. Local 504

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

671 S. Manchester Ave., Anaheim, CA 92802

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

International Alliance of Theatrical Stage Employees

12d. Tel No.

714 774-5004

12e. Cell No.

12f. Fax No.

714 774-7683

12g. E-Mail Address

sam.bowers@iatse504.com

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

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

13c. Tel No.

818 973-3219

13d. Cell No.

818 398-7666

13e. Fax No.

818 973-3201

13f. E Mail Address

buddyg@bushgottlieb.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)

Ira L. Gottlieb

Signature



Title

attorney

Date

10/23/18

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-229865

Date Filed

10-24-2018

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 CAL Energy/ BHE Renewables		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7030 Gentry Rd CA Calipatria 92233-9720	
3a. Employer Representative - Name and Title Lenie Sarion		3b. Address (If same as 2b - state same)	
3c. Tel. No. (760) 604-0386	3d. Cell No. (760) 604-0386	3e. Fax No.	3f. E-Mail Address lenie.sarion@calenergy.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electric Utilities		4b. Principal product or service Geothermal	
5a. City and State where unit is located: Calipatria, CA		5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	
6a. No. of Employees in Unit: 105		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) 10/23/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received
☐ 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 November 15, 2018	11c. Election Time(s): 3:30 pm to 7:30 pm	11d. Election Location(s): Training Building next to the Administration Building
12a. Full Name of Petitioner (including local name and number) Rick Garcia International Brotherhood of Electrical Workers, IBEW Local 47		12b. Address (street and number, city, state, and ZIP code) 600 N Diamond Bar Blvd CA Diamond Bar 91765-1037

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers, AFL-CIO, CLC

12d. Tel No. (909) 860-4239	12e. Cell No. (909) 229-3824	12f. Fax No. (909) 860-2136	12g. E-Mail Address rgarcia@ibew47.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) Rick Garcia	Signature Rick Garcia	Title Membership Development Representative	Date 10/23/2018 15:02:39
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 21-RC-229865	Date Filed 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