

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
31-RC-225748

Date Filed
8/16/2018

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 Technica LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Bldg. 861 South Depot Rd, Fort Irwin, CA 92310	
3a. Employer Representative - Name and Title Juan Raymore, Project Manager/Alejandra Alvarez McDaniels, Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 760-380-8915/760-380-4394	3d. Cell No.	3e. Fax No. 760-380-2340 both	3f. E-Mail Address jraymore@technicanow.com/aalvarez@technicanow.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: Fort Irwin, CA
5b. Description of Unit Involved Included: All full time Property Administrator employees employed by the employer at its facility located at Bldg. 861 South Depot Rd, Fort Irwin, CA 92310 Excluded: All other employees, temporary workers from agencies, office clerical employees, and all other professional employees, guards and supervisors as defined by the Act.			6a. No. of Employees in Unit: 3 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

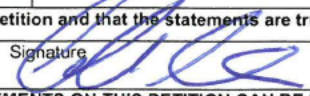
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Wednesday September 5, 2018	11c. Election Time(s): 9:00am to 10:00am	11d. Election Location(s): Facility Lunch/Break Room	
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) 8233 Rochester Ave, Rancho Cucamonga, CA 91730	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel No. 909-484-2004	12e. Cell No. 323-404-5199	12f. Fax No. 909-484-2369	12g. E-Mail Address Emarroquin@iam725.org

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

13a. Name and Title Caroline N. Cohen, 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, ccohen@unioncounsel.net

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

Name (Print) Caroline N. Cohen	Signature 	Title Attorney	Date August 16, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-226302	Date Filed 8/24/2018

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 Healthcare Services Group, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9440 Citrus Avenue, Fontana, CA 92335
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3a. Employer Representative - Name and Title Brennan McKee, Regional Manager; Claudia Lee, Manager	3b. Address (If same as 2b - state same) 5199 E. Pacific Coast Hwy., Suite, 352N, Long Beach, CA 90804
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3c. Tel. No.	3d. Cell No. 215-767-4727; 559-999-0894	3e. Fax No. 800-884-2769	3f. E-Mail Address brennan.mckee@hscgcorp.com; claudia.lee@hscgcorp.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility	4b. Principal product or service Subcontractor for Dietary, Janitorial, Housekeeping, and Laundry services	5a. City and State where unit is located: Fontana, California
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5b. Description of Unit Involved Included: Cooks, Dietary Aides, Dishwashers, Janitors, Housekeepers, and Laundry Aides employed by the Employer at 9440 Citrus Avenue, Fontana, California Excluded: All other employees at the worksite, including managers, managers in training, account managers, guards, and supervisors as defined by the Act	6a. No. of Employees in Unit: 18 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 8/24/18 and Employer declined recognition on or about None (Date) (If no reply received, so state).**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): September 5, 2018	11c. Election Time(s): 5am-8am and 3pm-5pm	11d. Election Location(s): Facility - Back Dining Room
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12a. Full Name of Petitioner (including local name and number) Service Employees International Union, Local 2015	12b. Address (street and number, city, state, and ZIP code) 2910 Beverly Blvd., Los Angeles, CA 90057
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Service Employees International Union

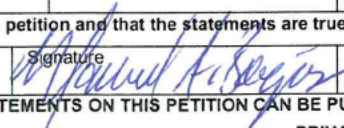
12d. Tel No. 213-985-1505	12e. Cell No.	12f. Fax No. 213-422-6038	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Manuel A. Boigues, Attorney for Union	13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address mboigues@unioncounsel.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Manuel A. Boigues	Signature 	Title Attorney for Union	Date August 24, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
31-RC-226362

Date Filed
8/27/2018

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 AIRGAS USA, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 10675 W. VANOWEN ST. BURBANK, CA. 91505	
3a. Employer Representative - Name and Title SULMA GARCIA-OPERATIONS MANAGER		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 818-760-1200	3d. Cell No. 818-269-5767	3e. Fax No. 818-752-1333	3f. E-Mail Address SULMA.GARCIA@AIRGAS.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SUPPLIER		4b. Principal product or service MEDICAL AND SPECIALTY GASES	
5b. Description of Unit Involved Included: ALL FULL-TIME AND REGULAR PART-TIME, ROUTE DRIVERS, DISTRIBUTION DRIVERS, YARD HOSTLERS, INVENTORY SPECIALISTS, LOADERS WITH COMMERCIAL DRIVERS LICENSES AND DISPATCHERS WITH COMMERCIAL DRIVERS LICENSES EMPLOYED BY THE EMPLOYER WORKING OUT OF ITS FACILITY CURRENTLY LOCATED AT 10675 W. VANOWEN ST. BURBANK, CA. 91505 Excluded: ALL OTHER EMPLOYEES, OFFICE CLERICAL, PROFESSIONAL EMPLOYEES, CONFIDENTIAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS AND SUPERVISORS AS DEFINED BY THE ACT.		5a. City and State where unit is located: BURBANK, CA 6a. No. of Employees in Unit: 16 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)

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): SEPTEMBER 13, 2018	11c. Election Time(s): 5:00 AM- 7:00 AM	11d. Election Location(s): CONFERENCE ROOM
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12a. Full Name of Petitioner (including local name and number) WHOLESALE DELIVERY DRIVERS, GENERAL TRUCK DRIVERS, CHAUFFEURS, SALES, INDUSTRIAL AND ALLIED WORKERS TEAMSTERS LOCAL 848	12b. Address (street and number, city, state, and ZIP code) 3888 CHERRY AVE. LONG BEACH, CA. 90807
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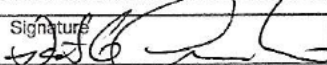
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL BROTHERHOOD OF TEAMSTERS

12d. Tel No. 562-595-1891	12e. Cell No. 323-246-8918	12f. Fax No. 562-595-1896	12g. E-Mail Address PCAMACHO175@GMAIL.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 PABLO CAMACHO-ORGANIZER		13b. Address (street and number, city, state, and ZIP code) 3888 CHERRY AVE. LONG BEACH, CA. 90807	
13c. Tel No. 562-595-1891	13d. Cell No. 323-246-8918	13e. Fax No. 562-595-1896	13f. E-Mail Address PCAMACHO175@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) PABLO CAMACHO	Signature 	Title ORGANIZER	Date AUGUST 27, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

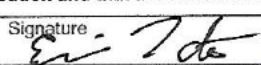
UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
31-RC-226367

Date Filed
8/27/2018

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 TRANSDEV		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 42210 6TH ST. WEST LANCASTER CA. 93534	
3a. Employer Representative - Name and Title HECTOR FUENTES-GENERAL MANAGER		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 661-729-2216	3d. Cell No. 213-804-4853	3e. Fax No.	3f. E-Mail Address HECTOR.FUENTES@VEOLIATRANSDEV.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) TRANSPORTATION		4b. Principal product or service PASSENGER TRANSPORTATION	
5a. City and State where unit is located: LANCASTER, CA			6a. No. of Employees in Unit: 7
5b. Description of Unit Involved Included: ALL FULL-TIME AND REGULAR PART-TIME DISPATCHERS AND ROAD SUPERVISORS EMPLOYED BY THE EMPLOYER CURRENTLY WORKING OUT OF ITS FACILITY LOCATED AT 42210 6TH ST. WEST LANCASTER CA. 93534 Excluded: ALL OTHER EMPLOYEES, OFFICE CLERICAL, PROFESSIONAL EMPLOYEES, CONFIDENTIAL EMPLOYEES, GUARDS, AND ALL OTHER SUPERVISORS AS DEFINED BY THE ACT.			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input 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? <u>NO</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 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): SEPTEMBER 20, 2018	11c. Election Time(s): 10:00AM-2:00PM	11d. Election Location(s): COMPANY TRAINING ROOM	
12a. Full Name of Petitioner (Including local name and number) WHOLESALE DELIVERY DRIVERS, GENERAL TRUCK DRIVERS, CHAUFFEURS, SALES, INDUSTRIAL AND ALLIED WORKERS LOCAL 848		12b. Address (street and number, city, state, and ZIP code) 731 E. ARROW HWY. GLENDORA, CA. 91740	
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. 626-732-4700 EXT. 111	12e. Cell No. 626-712-7329	12f. Fax No. 626-732-4707	12g. E-Mail Address ERICTATE@LOCAL848.NET
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title ERIC TATE-SECRETARY TREASURER		13b. Address (street and number, city, state, and ZIP code) 731 E. ARROW HIGHWAY GLENDORA, CA. 91740	
13c. Tel. No. 626-732-4700 EXT. 111	13d. Cell No. 626-712-7329	13e. Fax No. 626-732-4707	13f. E-Mail Address ERICTATE@LOCAL848.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 TATE	Signature 	Title SECRETARY TREASURER	Date AUGUST 27, 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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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION


DO NOT WRITE IN THIS SPACE

Case No. 31-RC-226424

Date Filed
8/28/2018

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: NBC Universal		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 Universal City Plaza, Universal City, CA 91698	
3a. Employer Representative - Name and Title: Keith Gorham		3b. Address (if same as 2b - state same): same	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address keith.gorham@nbcuni.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Studio		4b. Principal Product or Service Transportation/entertainment	5a. City and State where unit is located: Universal City, CA
5b. Description of Unit Involved: Included: All full time and regular part time DOT Administrators/Specialists Excluded: All office clericals, managers and supervisors as defined by the Act.			5c. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>NA</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____, 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): Studio Transportation Drivers, Local 399		12b. Address (street and number, city, State and ZIP code): 4747 Vineland Ave., North Hollywood, CA 91602	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Amanda Lively, Attorney		13b. Address (street and number, city, State and ZIP code): 16501 Ventura Blvd., Suite 304, Encino, CA 91436	
13c. Tel. No. 818-501-8030 x326	13d. Cell No.	13e. Fax No. 818-501-5306	13f. E-Mail Address alively@wkclegal.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) Amanda Lively		Signature 	Title Attorney
		Date 8/27/18	

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 may 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.


31-RC-226460

Date Filed

8/29/18

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: Warner Bros.		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 4000 Warner Blvd., Burbank, CA 91522	
3a. Employer Representative - Name and Title: Hank Lachmund		3b. Address (if same as 2b - state same): same	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address hank.lachmund@warnerbros.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Studio		4b. Principal Product or Service Transportation/entertainment	5a. City and State where unit is located: Burbank, CA
5b. Description of Unit Involved: Included: All full time and regular part time DOT Administrators/Specialists Excluded: All office clericals, managers and supervisors as defined by the Act.			5a. Number 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>NA</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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): Studio Transportation Drivers, Local 399		12b. Address (street and number, city, State and ZIP code): 4747 Vineland Ave., North Hollywood, CA 91602	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Amanda Lively, Attorney		13b. Address (street and number, city, State and ZIP code): 16501 Ventura Blvd., Suite 304, Encino, CA 91436	
13c. Tel. No. 818-501-8030 x326	13d. Cell No.	13e. Fax No. 818-501-5306	13f. E-Mail Address alively@wkclegal.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) Amanda Lively	Signature 	Title Attorney	Date 8/27/18

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
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RD-226158	Date Filed 08/23/2018

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: 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 CARAUSTAR INDUSTRIAL PRODUCTS		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4502 AIRPORT DRIVE, ONTARIO, CA 91761	
3a. Employer Representative - Name and Title BRIAN NESS, PLANT MANAGER		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. 951-685-5544	3d. Cell No. 714-553-5172	3e. Fax No. 951-685-9558	3f. E-Mail Address BRIAN.NESS@CARAUSTAR.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) CARDBOARD MANUFACTURING		4b. Principal product or service CARDBOARD PRODUCTS	
5a. City and State where unit is located: ONTARIO, CA		5b. Description of Unit Involved Included: MACHINE OPERATORS, LABORERS, AND OTHER HOURLY EMPLOYEES EMPLOYED AT THE EMPLOYER'S FACILITY LOCATED AT 4502 AIRPORT DRIVE, ONTARIO, CA 91761 Excluded: ALL OTHER EMPLOYEES, CLERICAL EMPLOYEES, GUARDS, AND SUPERVISORS 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 no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [X] 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 checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent TEAMSTERS DISTRICT COUNCIL 2, AFFILIATED WITH THE GRAPHIC COMMUNICATIONS CONFERENCE-IBT LOCALS 388M, 747M, 28N, 5815, 543M, 6255		8b. Address 710 E. COMMONWEALTH AVENUE, FULLERTON, CA 92831	
8c. Tel No. 800-333-4388, 714-447-3382	8d. Cell No.	8e. Fax No. 714-447-3385	8f. E-Mail Address AGUILERAHERNANDO41@YAHOO.COM
8g. Affiliation, if any		8h. Date of Recognition or Certification 11-11-18	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> 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 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): ANY WEEKDAY		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s): 4502 AIRPORT DRIVE, ONTARIO, CA 91761	
11c. Election Time(s): 10:00AM -11:00AM, 1:00PM-2:00PM			
12a. Full Name of Petitioner (b) (6), (b) (7)(C)		12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
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. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title (b) (6), (b) (7)(C)		13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE	
13c. Tel No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE
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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title AN INDIVIDUAL	Date 8/23/18

WILLFUL FALSE STATEMENTS ON 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)