


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
31-RC-242648Date Filed  
6/4/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Hillman Group		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2415 North Locus Ave., Suite 100, Rialto, CA 92377	
<b>3a. Employer Representative - Name and Title:</b> Keith Champion		<b>3b. Address (if same as 2b - state same):</b> 2415 N. Locust Ave., Suite 100, Rialto, CA 92377	
<b>3c. Tel. No.</b> 513-851-4900 (HQ)	<b>3d. Cell No.</b> 623-707-0681	<b>3e. Fax No.</b> N/A	<b>3f. E-Mail Address</b> keithchampion@hillmangroup.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Manufacturing & Distribution		<b>4b. Principal Product or Service</b> Hardware	
<b>5a. City and State where unit is located:</b> Rialto, CA		<b>5b. Description of Unit Involved:</b> Included: Please see Attachment A Excluded: Please see Attachment A	
<b>6a. Number of Employees in Unit:</b> 38		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ N/A 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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> June 18, 2019	<b>11c. Election Time(s):</b> Please see Attachment A	<b>11d. Election Location(s):</b> Employee Break Room	
<b>12a. Full Name of Petitioner (including local name and number):</b> Cabinet Maker, Millmen & Industrial Carpenters Local 721		<b>12b. Address (street and number, city, State and ZIP code):</b> 10015 Rose Hills Road, Whittier, CA 90601	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Brotherhood of Carpenters & Joiners of America			
<b>12d. Tel. No.</b> 562-695-0571	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 562-695-1159	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Desmond C. Lee, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 533 S. Fremont Ave., 9th Floor, Los Angeles, CA 90071	
<b>13c. Tel. No.</b> 213-488-4100	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 213-488-4180	<b>13f. E-Mail Address</b> dlee@deconsel.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Desmond C. Lee	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 6/4/2019

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

## PRIVACY ACT STATEMENT

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

## **Attachment A**

### **Question 5.b**

Included: All employees engaged in the manufacturing, handling, maintenance and distribution of hardware including but not limited to those holding the classifications of or performing task related to Regular Sit Down Forklift, Stand Up Forklift, Stand Reach, Electrical Pallet Jack, Cherry Picker, Order Picker, Cycle Counter, Material Handler, Maintenance, Shipping and Receiving, and Truck Loader.

Excluded: Guards, clerical employees, and supervisors.

**Question 11(c):** 11:00 a.m. to 12:30 p.m. (first shift) and 4:00 p.m. to 5:30 p.m. (second shift)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION


DO NOT WRITE IN THIS SPACE

Case No. 31-RC-242815

Date Filed  
6/6/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Technica, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Marine Corps Logistics Base, Joseph L. Boll Ave., Barstow, CA 92311	
<b>3a. Employer Representative - Name and Title:</b> Christian Bassily Chief Operating Office		<b>3b. Address (if same as 2b - state same):</b> 1 Cool Blow Street, STE 201 Charleston, SC 29403	
<b>3c. Tel. No.</b> 843-822-9605	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> cbassily@technicanow.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Base		<b>4b. Principal Product or Service</b> Facilities Support Services	
<b>5b. Description of Unit involved:</b> <b>Included:</b> See Attachment <b>Excluded:</b> All other employees, office clerical and confidential employees, guards and supervisors		<b>5a. City and State where unit is located:</b> Barstow, CA <b>6a. Number of Employees in Unit:</b> 5 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 05/17/19 and Employer declined recognition on or about (Date) 05/23/19 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> June 14, 2019		<b>11c. Election Time(s):</b> 4:30-6:00 p.m.	
<b>11d. Election Location(s):</b> At an appropriate meeting room or location			
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters, Chauffeurs, Warehousemen, Industrial and Allied Workers of America, Local 166		<b>12b. Address (street and number, city, State and ZIP code):</b> 18597 Valley Blvd. Bloomington, CA 92316	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 909-877-8326	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 909-877-2812	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Arthur N. Four, REICH, ADELL & CVITAN		<b>13b. Address (street and number, city, State and ZIP code):</b> 3550 Wilshire Blvd., Suite 2000 Los Angeles, CA 90010	
<b>13c. Tel. No.</b> 213-386-3860	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 213-386-5583	<b>13f. E-Mail Address</b> arthurf@rac-law.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Arthur N. Four	<b>Signature</b> 	<b>Title</b> Counsel for Petitioner	<b>Date</b> 06/06/19

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

## PRIVACY ACT STATEMENT

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

**ATTACHMENT TO SECTION 5b "Description of Unit"**

- Included:** All warehouse service contract employees at Marine Corps Logistics Base Warehouse 5, including all Material Handlers and Truck Drivers (Heavy).
- Excluded:** All other employees, office clerical and confidential employees, guards and supervisors.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>31-RC-243370</b>	Date Filed <b>6/14/2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Strategic Concepts in Organizing and Policy Education (SCOPE)		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1715 West Florence Ave., Los Angeles CA 90047	
<b>3a. Employer Representative - Name and Title</b> Gloria Medina, Deputy Director		<b>3b. Address</b> (If same as 2b - state same) Same	
<b>3c. Tel. No.</b> 323 789-7920	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> gmedina@scopela.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.)		<b>4b. Principal product or service</b>	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time and regular part-time Development Coordinators, Strategic Communications Associates, Training Associates, Research and Policy Associates, and Senior Organizers. <b>Excluded:</b> All guards, managers, supervisors, office clericals and confidential employees.		<b>5a. City and State where unit is located:</b> Los Angeles, CA	
		<b>6a. No. of Employees in Unit:</b> 7	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

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

<b>10a. Name</b> none	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

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

<b>11b. Election Date(s):</b> Monday, July 1, 2018	<b>11c. Election Time(s):</b> 10:00 a.m. - 11:00 a.m.	<b>11d. Election Location(s):</b> Break room at 1715 West Florence Ave, Los Angeles
<b>12a. Full Name of Petitioner</b> (including local name and number) IAMAW District Lodge 947		<b>12b. Address</b> (street and number, city, state, and ZIP code) 535 W. Willow St. Long Beach, CA 90806

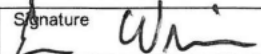
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel. No.</b> 562-427-8900 ext.107	<b>12e. Cell No.</b> 562-244-0183	<b>12f. Fax No.</b> 562-427-1122	<b>12g. E-Mail Address</b> s.vasquez947@gmail.com
--	--------------------------------------	-------------------------------------	--

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

<b>13a. Name and Title</b> Eric J. Wiesner, Attorney		<b>13b. Address</b> (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel. No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrbnotices@unioncounsel.net ewiesner@unioncounsel.net, dfujimoto@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.**

<b>Name (Print)</b> Eric J. Wiesner	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> June 14, 2019
--	---	--------------------------	------------------------------

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

**PRIVACY ACT STATEMENT**

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

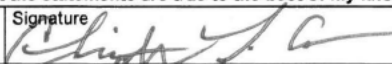
31-RC-244123

Date Filed

6/28/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Occidental College		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1600 Campus Road, Los Angeles, CA 90041	
<b>3a. Employer Representative - Name and Title:</b> Jonathan Veitch, President		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> (323) 259-2691	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Veitch@oxy.edu
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Higher Learning		<b>4b. Principal Product or Service</b> Education	
<b>5a. City and State where unit is located:</b> Los Angeles, CA		<b>5b. Description of Unit Involved:</b> Included: See Attachment A Excluded: See Attachment A	
<b>6a. Number of Employees in Unit:</b> 30		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) this petition and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> July 15, 2019	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> Service Employees International Union, Local 721		<b>12b. Address (street and number, city, State and ZIP code):</b> 1545 Wilshire Boulevard, Los Angeles, CA 90017	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union			
<b>12d. Tel. No.</b> (213) 368-8660	<b>12e. Cell No.</b> (213) 361-7848	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> felipe.caceres@seiu721.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Christina L. Adams, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> Weinberg, Roger & Rosenfeld, A Professional Corporation 800 Wilshire Boulevard, Suite 1020, Los Angeles, CA 90017	
<b>13c. Tel. No.</b> (213) 380-2344	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (213) 443-5098	<b>13f. E-Mail Address</b> cadams@unioncounsel.net nlrbcourtnotices@unioncounsel.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Christina L. Adams	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 6/28/19

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

## PRIVACY ACT STATEMENT

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



## **ATTACHMENT A**

### **RC Petition**

Petitioner: Service Employees International Union, Local 721

Employer: Occidental College

### **Description of Union Involved:**

Included: Administrative Assistant, Executive Assistant, Faculty Services Assistant, Receptionist, Librarian, Program Coordinator, Senior Program Coordinator, Department Coordinator, Art Studio Manger, Machinist, Digitization Specialist

Excluded: All other employees, guards, and supervisors as defined by Section 2(11) of the Act