

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

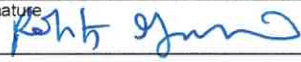
31-RC-251004

Date Filed

11/1/2019

**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> Dependable Highway Express, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1351 S. Campus Avenue, Ontario, CA 91761	
<b>3a. Employer Representative - Name and Title:</b> David Maler, Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 909-947-3011	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> David.maler@godependable.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Warehouse		<b>4b. Principal Product or Service</b> Transportation	
<b>5a. City and State where unit is located:</b> Ontario, CA		<b>5c. Number of Employees in Unit:</b> 43	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All P&D (pick-up & delivery) drivers employed by Employer at its facility located in Ontario, CA. <b>Excluded:</b> All other employees including managerial/supervisor, clerical, professional, and security guards.		<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) _____ 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> <u>No</u> 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 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> ASAP; on a Tuesday		<b>11c. Election Time(s):</b> 5:00 a.m. - 8:00 a.m.; 10:00 a.m. - 1:00 p.m.	
<b>11d. Election Location(s):</b> TBD			
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 63		<b>12b. Address (street and number, city, State and ZIP code):</b> 927 Village Oaks Drive, Covina, CA 91724	
<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>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<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> Roberto Garcia, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 513 South Myrtle Avenue, Suite B, Monrovia, CA 91016	
<b>13c. Tel. No.</b> 619-297-6900	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> rg@sdlaborlaw.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> Roberto Garcia	<b>Signature</b> 	<b>Title</b> Attorney for Teamsters Local 63	<b>Date</b> 11/1/19

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

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
31-RC-251182

Date Filed  
11/1/2019

**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> Marciano Art Foundation		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 4357 Wilshire Blvd CA Los Angeles 90010-	
<b>3a. Employer Representative - Name and Title</b> Liza Halman		<b>3b. Address (If same as 2b - state same)</b> 4357 Wilshire Blvd CA Los Angeles 90010-	
<b>3c. Tel. No.</b> (424) 204-7555	<b>3d. Cell No.</b> (818) 554-7339	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> liza@macianoartfoundation.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Others		<b>4b. Principal product or service</b> Museum	
		<b>5a. City and State where unit is located:</b> Los Angeles, CA	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 70
<b>Included:</b> See Attached Page 2 for additional details		<b>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"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**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.

<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>

**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)**

<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> 11/9/2019 or 11/8/2019 or 11/7/2019	<b>11c. Election Time(s):</b> 9:30am to 11:30am, 1:30pm to 3:30pm and 5:30pm	<b>11d. Election Location(s):</b> 4357 Wilshire Blvd., Genesis Lab (located on the 3rd floor), Los Angeles

<b>12a. Full Name of Petitioner (including local name and number)</b> Lylwyn Esangga American Federation of State, County and Municipal Employees District Council 36		<b>12b. Address (street and number, city, state, and ZIP code)</b> 514 Shatto Place 3rd Floor CA Los Angeles 90020-
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> American Federation of State, County and Municipal Employees District Council 36		

<b>12d. Tel No.</b> (213) 487-9887	<b>12e. Cell No.</b> (213) 305-9627	<b>12f. Fax No.</b> (213) 487-9822	<b>12g. E-Mail Address</b> lesangga@afscme36.org
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<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>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</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>Name (Print)</b> Lylwyn Esangga	<b>Signature</b> Lylwyn Esangga	<b>Title</b> Organizing Director	<b>Date</b> 11/1/2019 16:33:00
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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	Date Filed

**Employees Included**

Visitor Services Associate, Floor Lead, Visitor Services Associate - Bookstore, Genesis Lab Assistant, Docent

**Employees Excluded**

Supervisors, Prepator Building/ Building Assistant, Chief Prepator, Prepator, Janitorial Services, Security, Exhibitions, Curatorial Assistant, Building Management Associate, Human Resources, Special Events and Communications, Public Relations, Office Administration, Bookstore Manager, Director of Visitor Services, Artistic Director, Genesis Educator, Genesis Director of



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

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-251586	Date Filed 11/13/2019

**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.

2a. Name of Employer Island Creek Associates		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) NAWS China Lake, Building 20001, China Lake, CA 93555	
3a. Employer Representative - Name and Title Kristina Moore, Director Human Resources		3b. Address (If same as 2b - state same) 44425 Pecan Ct Suite 150, California, MD 20619	
3c. Tel. No. (301)966-3500 ext. 7002	3d. Cell No.	3e. Fax No. (301)747-3026	3f. E-Mail Address Kmoore@icassoc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Professional Services Firm		4b. Principal product or service Military Administrative Support	5a. City and State where unit is located: China Lake, CA
5b. Description of Unit Involved Included: All full time and regular part time General Clerks working on the VX-9 program at NAWS China Lake. Excluded: All Guards and Supervisors as defined in the Act.			6a. No. of Employees in Unit: 10 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). 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: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
Mail ballot with mail date of November 19th, 2019  
11c. Election Time(s):  
n/a  
11d. Election Location(s):  
n/a

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. 619-906-0394	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jmauldin@iam725.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 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 nlrnotices@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 November 12, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

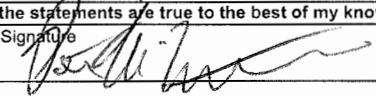
31-RC-251770

Date Filed

11/14/2019

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**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> XPO Logistics		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 226 Washington St., Bakersfield, CA 93307	
<b>3a. Employer Representative - Name and Title:</b> Kevin Morgan, General Managers		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 661-324-2947	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> kevin.morgan@xpo.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Logistics		<b>4b. Principal Product or Service</b>	<b>5a. City and State where unit is located:</b> Bakersfield, CA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All drivers <b>Excluded:</b> All managers, supervisors and guards as defined by the Act.			<b>6a. Number of Employees in Unit:</b> 19 <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) _____ by this petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<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> <u>No</u> 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> 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>
<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>	<b>11c. Election Time(s):</b>		<b>11d. Election Location(s):</b> Company facility
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 87		<b>12b. Address (street and number, city, State and ZIP code):</b> 2531 G Street, Bakersfield, CA 93301	
<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> 661-327-8594	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 661-327-0931	<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> Peter McEntee, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 520 Capitol Mall, Suite 300 Sacramento, CA 95814	
<b>13c. Tel. No.</b> 916-325-2100	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 916-325-2120	<b>13f. E-Mail Address</b> pmcentee@beesontayer.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> Peter McEntee	<b>Signature</b> 		<b>Title</b> Attorney
			<b>Date</b> 11/14/19

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

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**AMENDED RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**31-RC-251586**

Date Filed  
**11/19/2019**

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**2a. Name of Employer**  
Island Creek Associates

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
NAWS China Lake, Building 20001, China Lake, CA 93555

**3a. Employer Representative - Name and Title**  
Kristina Moore, Director Human Resources

**3b. Address (If same as 2b - state same)**  
44425 Pecan Ct Suite 150, California, MD 20619

**3c. Tel. No.**  
(301)966-3500 ext. 7002

**3d. Cell No.**

**3e. Fax No.**  
(301)747-3026

**3f. E-Mail Address**  
Kmoore@icassoc.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Professional Services Firm

**4b. Principal product or service**  
Military Administrative Support

**5a. City and State where unit is located:**  
China Lake, CA

**5b. Description of Unit Involved**  
**Included:** All full time and regular part time General Clerks I, II and III; Technical Order Librarians and Secretary IIs working on the VX-9 program at NAWS China Lake.  
**Excluded:** All Guards and Supervisors as defined in the Act.

**6a. No. of Employees in Unit:**  
**11**

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

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

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
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):**  
Mail ballot with mail date of November 25th, 2019

**11c. Election Time(s):**  
n/a

**11d. Election Location(s):**  
n/a

**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.**  
619-906-0394

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
jmauldin@iam725.org

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

**13a. Name and Title** **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

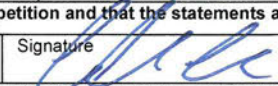
**13d. Cell No.**

**13e. Fax No.**  
510-337-1023

**13f. E-Mail Address**  
nlrnotices@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**  
November 19, 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.

(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
31-RC-252289

Date Filed  
11/22/2019

**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.

2a. Name of Employer:  
Los Robles Regional Medical Center

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
Main Campus - 215 West Janss Rd. Thousand Oaks, CA 91360  
East Campus - 150 Via Merida, Westlake Village, CA 91362

3a. Employer Representative - Name and Title:  
Jonathan Berke

3b. Address (if same as 2b - state same):  
215 W. Janss Rd.  
Thousand Oaks, CA 91360

3c. Tel. No.  
805-370-4403

3d. Cell No.

3e. Fax No.  
805-370-4813

3f. E-Mail Address  
Jonathan.Berke@HCAhealthcare.com

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

4b. Principal Product or Service  
Medical Care

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

5b. Description of Unit Involved:  
Included:  
See Attachment A

6a. Number of Employees in Unit:  
121

Excluded:  
See Attachment A

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) 11/22/19 and Employer declined recognition on or about (Date) No Reply (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):  
December 10, 2019

11c. Election Time(s):  
Main Campus: 5a-8:30a, 11a-2p, 6p-8:30p

11d. Election Location(s):  
East Campus: 7a-9a, 11a-2p, 6p-8:30p

12a. Full Name of Petitioner (including local name and number):  
Service Employees International Union, 121RN

12b. Address (street and number, city, State and ZIP code):  
1040 Lincoln Avenue  
Pasadena, CA 91113

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, 121RN

12d. Tel. No.  
626-639-6200

12e. Cell No.  
626-318-9137

12f. Fax No.

12g. E-Mail Address  
csaplarz@seiu121rn.org

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

13a. Name and Title:  
Erica Deutch, Partner at Bush Gottlieb

13b. Address (street and number, city, State and ZIP code):  
801 N. Brand. Blvd. Suite 950, Glendale CA 91203

13c. Tel. No.  
818-973-3220

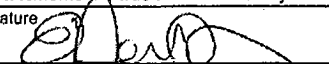
13d. Cell No.  
818-669-6009

13e. Fax No.  
818-973-3201

13f. E-Mail Address  
edeutsch@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)  
Erica Deutch

Signature  


Title  
Counsel

Date  
11/22/19

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 - corrected**

**5b. Description of Unit Involved**

**Included:** All Professional employees, except registered nurses and physicians, employed by employer at Main Campus and East Campus.

**Excluded:** All other employees, managers, guards, and supervisors as defined in the NLRA. '



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

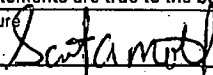
31-RC-252492

Date Filed

11/26/2019

**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> Loews Santa Monica Beach Hotel		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1700 Ocean Avenue, Santa Monica, CA 90401	
<b>3a. Employer Representative - Name and Title:</b> Lizette Saucedo - HR Director		<b>3b. Address (if same as 2b - state same):</b> Same as above	
<b>3c. Tel. No.</b> 310-576-3120	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 310-576-3183	<b>3f. E-Mail Address</b> Lizette.Saucedo@loewshotels.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Hotel		<b>4b. Principal Product or Service</b> Hospitality	<b>5a. City and State where unit is located:</b> Santa Monica, CA
<b>5b. Description of Unit Involved:</b> Included: See Attached Excluded:			<b>6a. Number of Employees in Unit:</b> 13 <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) 11/26/19 and Employer declined recognition on or about (Date) 11/26/19 (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> NA	
<b>8c. Tel. No.</b> NA	<b>8d. Cell No.</b> NA	<b>8e. Fax No.</b> NA	<b>8f. E-Mail Address</b> NA
<b>8g. Affiliation, if any:</b> NA		<b>8h. Date of Recognition or Certification</b> NA	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> NA
<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> NONE			
<b>10a. Name</b> NA	<b>10b. Address</b> NA		<b>10c. Tel. No.</b> NA
			<b>10d. Cell No.</b> NA
		<b>10e. Fax No.</b> NA	<b>10f. E-Mail Address</b> NA
<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> 12/19/2019		<b>11c. Election Time(s):</b> 7:00AM-9:00AM and 3:00PM-5:00PM	
		<b>11d. Election Location(s):</b> Paint Shop	
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers, Local 501, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 2405 W Third Street, Los Angeles, CA 90057	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers, Local 501, AFL-CIO			
<b>12d. Tel. No.</b> 213-385-1561	<b>12e. Cell No.</b> 213-718-3324	<b>12f. Fax No.</b> 213-385-7324	<b>12g. E-Mail Address</b> smotl@local501.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> Scot A Motl - Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 2405 W Third Street, Los Angeles, CA 90057	
<b>13c. Tel. No.</b> 213-385-1561	<b>13d. Cell No.</b> 213-718-3324	<b>13e. Fax No.</b> 213-385-7324	<b>13f. E-Mail Address</b> smotl@local501.org
<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> Scot A Motl	<b>Signature</b> 		<b>Title</b> Organizer
			<b>Date</b> 11/26/19

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

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**Attachment: 5b. Description of Unit Involved**

**Included:** All full-time, regular part-time, and temporary maintenance engineers and painters employed by the Employer at its facility currently located at 1700 Ocean Avenue, Santa Monica, California 90401;

**Excluded:** All other employees, bartenders, caterers, coordinator, front desk employees, housekeeping employees, I.T. Personal, janitorial employees, kitchen employees, laundry employees, office clerical employees, professional employees, managerial employees, security guards, and supervisors as defined in the Act.