#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
32-CB-239411	4-8-2019			

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged ui	ntair labor prac	ctice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Rep	resentative	to contact
Teamsters Local 439		Geoff Don	nelley	
		Title: Busir	ness Repres	entative
			_	
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
1531 E Fremont St		(209) 948-95	92	
CA Stockton 95205		f. Fax No.		g. e-Mail
h. The above-named organization(s) or its agents has (have) engaged				
subsection(s) (list subsection (1)(A) are unfair practices affecting commerce within the meaning of the A	of the Natio	nal Labor Rel	ations Act, a	and these unfair labor practices
meaning of the Act and the Postal Reorganization Act.	ct, or these utilali labor practi	ces are urrian	practices at	necting commerce within the
2. Basis of the Charge (set forth a clear and concise statement of the	facts constituting the alleged	l unfair labor p	ractices)	
See additional page				
Name of Employer		4a. Tel. No.		b. Cell No.
UPS				
013		c. Fax No.		d. e-Mail
Location of plant involved (street, city, state and ZIP code)			6 Employ	rer representative to contact
11800 S Harlan Rd			Ryan Pen	
CA Lathrop 95330				iness Manager
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or sorvice	9 Numbe	r of workers employed
7. Type of establishmonk (lactory, mino, wholedaler, etc.)	o. Identity principal product	OI SCIVICE	o. Harribo	i oi workors omployed
		44- T-L N-	<u> </u>	- O-IIN-
10. Full name of party filing charge		11a. Tel. No. (b) (6), (b) (7)(		b. Cell No. (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)		c. Fax No.	<b>O</b> )	d. e-Mail
		C. Tux No.		(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.)				(5) (5), (5) (1)(5)
(b) (6), (b) (7)(C)				
40. DECLARATION		Tel.	No	
12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to the statements therein are true to the statement of th	the best of my knowledge and belie		(b) (6), (b	o) (7)(C)
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell		
Бу	name and title or office, if any		(b) (6), (b	b) (7)(C)
	Title:	Fax	No.	
(b) (6), (b) (7)(C)		e-M	ail	
Address	(date) <sup>04/8/2019</sup>	19 52:45		, (b) (7)(C)
	/_1_ / \04/0/2013			

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

#### 8(b)(1)(A)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE				
Case Date Filed				
32-CB-239283	4-9-2019			

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pra	ctice occurre	ed or is occurring.
<ol> <li>LABOR ORGANIZATION OR ITS</li> </ol>	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT	
a. Name		b. Union Rep	resentative	to contact
Teamsters Local 439	Geoff Donnelley			
			-	
		Title: busir	iess agent	
A.I. (0) 1 7 1 1 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1		d Tal Na		o Coll No
c. Address (Street, city, state, and ZIP code)		d. Tel. No. (209) 948-95	:02	e. Cell No.
1531 E Fremont St		f. Fax No.	192	g. e-Mail
CA Stockton 95205		I. Fax No.		g. e-iviali
h. The above-named organization(s) or its agents has (have) engaged	in and is (are) engaging in un	fair labor pract	tices within t	he meaning of section 8(b),
subsection(s) (list subsections) (1)(A)	of the Nation	onal Labor Rel	ations Act, a	and these unfair labor practices
are unfair practices affecting commerce within the meaning of the A meaning of the Act and the Postal Reorganization Act.	ct, or these untair labor practi	ces are untair	practices an	ecting commerce within the
Basis of the Charge (set forth a clear and concise statement of the	facts constituting the allege	d unfair labor r	racticos)	
2. Dasis of the Charge (set forth a clear and concise statement of the	e racis consuluing the alleged	и интан тарог р	i aciices)	
See additional page				
ood additional page				
3. Name of Employer		4a. Tel. No.		b. Cell No.
UPS				
		c. Fax No.		d. e-Mail
Location of plant involved (street, city, state and ZIP code)			6 Employ	er representative to contact
1532 N Broadway Ave			Omar Par	
CA Stockton 95205				iness Manager
	0 14-46			
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	r of workers employed
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(	C)	
		c. Fax No.		d. e-Mail
44 Address of party filing charge (atreat aits state and 710 and a)				(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)	1			
(3) (3), (3) (1)(3)				
12. DECLARATION		Tel.	No.	
I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie		(b) (6), (b	o) (7)(C)
By (b) (6), (b) (7)(C)	b) (6), (b) (7)(C)	Cell	No.	
by	name and title or office, if any	<u>/)</u>		
7	Title:	Fax	No.	
(b) (6) (b) (7)(C)			-	
(b) (6), (b) (7)(C)		e-M		S) (b) (7)(C)
Address	(date)(	13 52:19	(a) (g	6), (b) (7)(C)

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

#### 8(b)(1)(A)

#### FORM EXEMPT UNDER 44 U.S.C.3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE			
	Date Filed		
32-CB-239284	4-9-2019		

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pra	ectice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Re	presentative	to contact
Teamsters Local 439		Geoff Dor	nnelley	
		Title: Busi	iness Repres	entative
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
1531 E Fremont St		(209) 948-9	592	84-3
CA Stockton 95205		f. Fax No.		g. e-Mail
h. The above-named organization(s) or its agents has (have) engaged				
subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the A	of the Nation	onal Labor Re ces are unfair	lations Act, a practices af	and these unfair labor practices fecting commerce within the
meaning of the Act and the Postal Reorganization Act.	or, or arose arman labor praea	ooo aro arrian	praoacco an	coung commonde mann the
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor	practices)	
Con additional name				
See additional page				
Name of Employer		4a. Tel. No.		b. Cell No.
UPS		c. Fax No.		d. e-Mail
				u. O Muli
			_	
5. Location of plant involved (street, city, state and ZIP code)			6. Employ Ryan Per	er representative to contact
11800 S Harlan Rd CA Lathrop 95330-			Title: Man	
' =				<del>-</del>
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
			<u> </u>	
10. Full name of party filing charge		11a. Tel. No		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7) c. Fax No.	(C)	d a Mail
		C. Fax NO.		d. e-Mail (b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.)				(6) (6), (6) (1)(6)
(b) (6), (b) (7)(C)				
12. DECLARATION		Tel	. No.	
I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie		(b) (6), (b	o) (7)(C)
By (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cel	l No.	
	name and title or office, if any		. No	
	Title:	Fax	No.	
(b) (6), (b) (7)(C)		e-N	/lail	
Address	(date)_04/9/2019	14 04:00	(b) (6)	, (b) (7)(C)
	- (/			

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

#### 8(b)(1)(A)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
32-CB-239874	4/15/2019			

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ntair labor pra	ectice occurre	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Re	presentative	to contact
American Postal Workers Union		(b) (6), (	b) (7)(C)	
		Title: AFL	CIO Fresno	Area Local No. 339
c. Address (Street, city, state, and ZIP code)		d. Tel. No.	050	e. Cell No.
PO Box 11082		(559) 264-2	058	g. e-Mail
CA Fresno 93771-1082		f. Fax No.		g. e-iviali
<ul> <li>h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A)</li> </ul>				the meaning of section 8(b), and these unfair labor practices
are unfair practices affecting commerce within the meaning of the Ac	t, or these unfair labor practi	ices are unfai	practices af	fecting commerce within the
meaning of the Act and the Postal Reorganization Act.				
2. Basis of the Charge (set forth a clear and concise statement of the	facts constituting the alleged	d unfair labor	practices)	
See additional page				
oce additional page				
Name of Employer		4a. Tel. No.		b. Cell No.
United States Postal Service				2. 301110.
Office States Fostal Sofvice		c. Fax No.		d. e-Mail
Location of plant involved (street, city, state and ZIP code)			6 Employ	ver representative to contact
655 Minnewawa Ave			O. Employ	to representative to contact
CA Clovis 93612			Title:	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
	,, , ,			• •
Full name of party filing charge		11a. Tel. No	)	b. Cell No.
		(b) (6), (b) (7)		D. CONTIO.
(b) (6), (b) (7)(C)		c. Fax No.		d. e-Mail
11 Address of party filing sharge (street sity state and 7/D code)				(b) (6), (b) (7)(C)
11. Address of party filing charge (street, city, state and ZIP code.) (b) (6), (b) (7)(C)				
12. DECLARATION	h- b4-f		. No.	D/7VC)
I declare that I have read the above charge and that the statements therein are true to		ef.	(b) (6), (l	b) (7)(C)
I declare that I have read the above charge and that the statements therein are true to the By (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	ef. Cel		o) (7)(C)
I declare that I have read the above charge and that the statements therein are true to the By (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) name and title or office, if any	cf. Cel	(b) (6), (l	b) (7)(C)
By (Signature of representative or person making charge) (Print/type in the statements)	(b) (6), (b) (7)(C)	Cel	(b) (6), (t	p) (7)(C)
I declare that I have read the above charge and that the statements therein are true to the By (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C) name and title or office, if any	of. Cel	(b) (6), (to the late of the l	b) (7)(C) ), (b) (7)(C)

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

#### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by threatening to retaliate against employees if they did not join or support the union.

Name of the Union Agent/Representative who made the threat	Date the threats were made			
(b) (6), (b) (7)(C)	April 6, 2019			

#### 8(b)(1)(A)

Within the previous six months, the above-named labor organization has restrained and coerced employees in the exercise of rights protected by Section 7 of the Act by refusing to honor a resignation of union membership.

P 1/1

FORM NLRB-508 (6-18) FORM EXEMPT UNDER 44 U.S.C 3512

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS	SPACE
Case	Date Filed
32-CB-239781	4-15-2019

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring,

		•			<del>-</del>		
1. LABOR ORGANIZATION OR IT	TS AGENTS A	GAINST WHICH CHARG	SE IS BROU	JGHT			
SEIU-UHW			Hector Ri	b. Union Representative to contact     Hector Rivera     Field Representive			
c. Address (Street, city, state, and ZIP code) 560 Thomas L Berkley Way. Oakland CA 94612-1602			d. Tel. No 510 251-		e. Cell No.		
			f. Fax. No				
			g. e-mail				
h. The above-named labor organization has engaged in and is enga (list subsections) (A) practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		of the Natio	nal Labor R	elations Act, a	nd these unfair labor		
<ol> <li>Basis of the Charge (set forth a clear and concise statement of the Since July 2018, the above -named labor organization has referenced to the Act by refusing to process the grievances of (b) (6), (b) (6), (b) (6), (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d</li></ol>	restrained ar (b) (7)(C) reg	nd coerced employees parding <sup>biol</sup> desire to w	in the exe ork extra h	rcise of right ours and ove	ertime. Changes in		
3. Name of Employer Kaiser Permanente		4a. Tel. No. 1-877-457-4772	b. Cell No		c. Fax No.		
		d. e-mail	1				
5. Location of plant involved ( <i>street, city, state and ZIP code</i> ) 3840 Homestead Road, Santa Clara CA 95051-4542				er representati ghes Clinical			
7. Type of establishment (factory, mine, wholesaler, etc.) Hospital	8. Identify pr Health Car	rincipal product or service re	,	9. Number of 100	of workers employed		
10. Full name of party filing charge (b) (6), (b) (7)(C)							
11. Address of party filling charge (street, city, state and ZIP code)		11a. Tel. No. (b) (6), (b) (7)(C)	b. Cell No		c. Fax No.		
(b) (6), (b) (7)(C)		d. e-mail (b) (6), (b) (7)(C)					
12. DECLARATION		statements		Tel. No.			
(b) (6), (b) $(7)(C)^{\text{bf my knowled}}$	(6), (	(b) (7)(C)	[	Cell No.			
	(b) (6), (b)	) (7)(C)		Fax No.	(1)		
(b) (6), (b) (7)(C)		Date 4/15/19		e-mail			

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

UNITED STATES OF AMERICA		DO NOT W	RHEIN	HIS SPACE		
NATIONAL LABOR RELATIONS BOARD	Case	Date file	ed .			
CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS		32-CB-239812		4-15-2019		
INSTRUCTIONS: File an original of this charge with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.						
1. LABOR ORGANIZATION OR IT	S AGENTS AGA	INST WHICH CHARGE IS BR	OUGHT			
a. Name SEIU Local 1021		b. Union Representative to Jose Martinez	Contact (Field	Representative)		
c. Address 100 Oak Street, Oakland, CA 94607	:	d. Tel. No. 1-877 - 487-1021		, (b) (7)(C)		
				iil irtinez@séiu102.org		
<ul> <li>The above-named labor organization or its agents have enga 8(b)(1)(A) of the National Labor Relations Act, and these unit the Act, or are unfair practices affecting commerce within the</li> </ul>	air labor practice meaning of the	s are unfair practices affections and the Postal Reorgani.	ng comme zation Act	rce within the meaning of		
2. Basis of the Charge (set forth a clear and concise statement						
Since about January 2019, the above-named lab	or organization	on has restrained and o	coerced	employees in the		
exercise of rights protected by Section 7 of the Ad	t by refusing	to process the grievan	ce of (b)	(6), (b) (7)(C)		
regarding the Employer's taking 40 hours of vacat						
In addition to the above, the Union has repeatedly						
•	raned and re	erusea to return	one cans	and respond to		
email messages requesting representation.				J		
				·		
3. Name of Employer		4a. Tel. No.	4b. Cell	No.		
YMCA/Giant Road CDC	_	(510) 837 - 6970				
		4c. Fax No.	4d. e-M	ail		
5 Location of Blankin wheel (stock all states and 7/5 and 2	<del></del>	(510) 412-5050	<u> </u>	V= 17		
5. Location of Plant involved (street, city, state, and ZIP code)		6. Employer representative	<b>→ \</b>	KIM BOUNDEND		
919 Lake Street, San Pablo, CA 94806		( - / ( - / / ( - / ( ) ) ))))))))))	<b>C)</b>			
	rincipal product	or service	9. Numi	ber of Workers employed		
Preschool E	ducation		6			
10. Full name of party filing charge		11a. Tel. No.	11b. Ce	il No.		
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)				
	Ī	11c. Fax No.	11d_e-N			
			(b) (	6), (b) (7)(C)		
11. Address of party filing charge (street, city, state, and ZIP cod	e)					
(b) (6), (b) (7)(C)						
1	2. DECLARATI	ON				
I declare that I have read the above charge and that the	he statements t	herein are true to the best	of my kn	wiedge and helief		
			Tel No.	windgo and poner.		
<sub>B<sub>3</sub></sub> (b) (6), (b) (7)(C)	(b) (6),	(b) (7)(C)	(b) (6	), (b) (7)(C)		
(signature of representative or person making charge)	Print/type nam	e and title or office, if any	Cell No.			
Address: Date: Fi						
(b) (6), (b) (7)(C)						
		4-12-19	e-Mail	0) (1) (7) (0)		
· .			(b) (	6), (b) (7)(C)		

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

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

# CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
32-CB-240183	04/22/2019			

NSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	ntair labor pr	actice occurr	ed or is occurring.
1. LABOR ORGANIZATION OR ITS	AGENTS AGAINST WHICH			
a. Name		b. Union Re	presentative	to contact
CFI, Local 39000		(b) (6), (b)	(7)(C)	
		Title: (b) (6).		
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.
12215 N Tolograph Dood		(b) (6), (b) (7	(C)	
12215 N Telegraph Road CA Santa Fe Springs 90670-		f. Fax No.		g. e-Mail
on canal to opinigo coord				(b)(6),(b) @local39000 org
h. The above-named organization(s) or its agents has (have) engaged	in and is (are)engaging in un	fair labor pra	ctices within	the meaning of section 8(b).
subsection(s) (list subsections) (1)(A)	of the Natio	onal Labor Re	elations Act, a	and these unfair labor practices
are unfair practices affecting commerce within the meaning of the Admeaning of the Act and the Postal Reorganization Act.	ct, or these unfair labor practi	ces are unfai	r practices af	fecting commerce within the
Basis of the Charge (set forth a clear and concise statement of the	a facts constituting the allege	d unfair lahor	nracticos)	
2. Dasis of the Charge (set forth a deal and condise statement of the	racis constituting the alleged	i uman iabor	practices)	
See additional page				
		4- T-I N-		h Call Na
3. Name of Employer		4a. Tel. No	•	b. Cell No.
San Joaquin County Superior COurt		c. Fax No.		d. e-Mail
			_	
5. Location of plant involved (street, city, state and ZIP code)			6. Employ	er representative to contact
180 E Weber CA Stockton 95202-			Title:	
			Tiue.	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
10. Full name of party filing charge		11a. Tel. N		b. Cell No.
(b) (6), (b) (7)(C)		(b) (6), (b) (7	)(C)	
·		c. Fax No.		d. e-Mail
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (6), (b) (7)(C)
11. Address of party filling charge (street, city, state and 211 code.)				CAC/AC/ACAC
(b) (6), (b) (7)(C)				
(b) (6), (b) (7)(C)				
(b) (6), (b) (7)(C)	the best of my knowledge and belie		l. No. (b) (6), (l	
(b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to		f.	l. No. (b) (6), (l ll No.	
(b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to  By  (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	f. Ce	(b) (6), (l	
(b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to  By  (b) (6), (b) (7)(C)		f. Ce	(b) (6), (l	
(b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to By  (b) (6), (b) (7)(C)  (signature of representative or person making charge) (Print/type)	(b) (6), (b) (7)(C)  name and title or office, if any	f. Ce	(b) (6), (i ii No. k No.	
(b) (6), (b) (7)(C)  12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to  By  (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)  name and title or office, if any	f. Ce	(b) (6), (l Il No. k No.	

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

#### 8(b)(1)(A)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

#### **CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS**

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
32-CB-240192	4-22-2019			

INSTRUCTIONS: File an original with NLRB Regional Director for the	region in which the alleged u	nfair labor pra	ctice occurre	ed or is occurring.			
1. Labor organization or its	AGENTS AGAINST WHICH	CHARGE IS	BROUGHT				
a. Name	b. Union Representative to contact						
CNA				SUE FENDLEY			
		Title: 1 FAI	LABOR RI	<b>F</b> P			
		[[]	) B (BOICIN	_,			
c. Address (Street, city, state, and ZIP code)		d. Tel. No.		e. Cell No.			
, , , , , , , , , , , , , , , , , , , ,		(510) 273-22	.57				
155 Grand Ave CA oakland 94612-		f. Fax No.		g. e-Mail			
CA Odkidilu 94012		(510) 663-16	25	SFENDLY@calnurses.org			
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A) are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Rel	ations Act, a	and these unfair labor practices			
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor p	ractices)				
See additional page							
2. Name of Employer		4a. Tel. No.	1	b. Cell No.			
Name of Employer     THE PERMANENTE MEDICAL GROUP- KAISER SAN LEANDRO EN	MERGENCY ROOM	(510) 454-4410		(510) 301-2150			
THE FERMINIVERSE WILDIOAL GROOT - TAIGER SAIN LEANDRO E	WENCENCT NOOM	c. Fax No.		d. e-Mail			
				TEYRE.GAUSTAD@KP.ORG			
E. Lanation of plant involved (atreat aits atota and 710 and a)			6 Empley	es sonsonatativo to contoct			
5. Location of plant involved (street, city, state and ZIP code)			TERYE G	rer representative to contact			
2500 MERCED ST CA SAN LEANDRO 94577-			l	SISTANT DIRECTOR			
	0. 1415						
7. Type of establishment (factory, mine, wholesaler, etc.)	Identify principal product	or service		r of workers employed			
Healthcare	MEDICAL CARE		500				
10. Full name of party filing charge		11a. Tel. No.		b. Cell No.			
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(	<b>(</b> )	d - 14-0			
		c. Fax No.		d. e-Mail			
11. Address of party filing charge (street, city, state and ZIP code.)				(b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C)							
		Tal	Ma				
12. DECLARATION  I declare that I have read the above charge and that the statements therein are true to	the best of my knowledge and belie	f. Tel.	(b) (6), (b	o) (7)(C)			
<sub>By</sub> (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Cell	No.				
	name and title or office, if any						
•	Title:	Fax	No.				
(b) (6) (b) (7)(C)		e-M	ail				
(b) (6), (b) (7)(C)	(date)_ <sup>04/22/201</sup>	9 16:11:30		, (b) (7)(C)			
Address	(date)		(3)				

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

#### 8(b)(1)(A)

FORM NLRB-508 (6-18) FORM EXEMPT UNDER 44 U.S.C 3512

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				
32-CB-240085	4-22-2019				

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT							
a. Name				b. Union Representative to contact			
Bakery, Confectionery, Tobacco Workers and Grain Millers Union Local 125			(b) (6), (b) (7)(C)				
c. Address (Street, city, state, and ZIP code)			d. Tel. No.		e. Celi No.		
14144 Doolittle Drive			510-357-	3201			
San Leandro, CA 94577			f. Fax. No.				
			510-357-5134				
			g. e-mail <sup>(b)(6),</sup> @blo	ocal125.com	1		
h. The above-named labor organization has engaged in and is engaged	ging in unfair	labor practices within the	meaning of	section 8(b),	subsections (1) and		
(list subsections) (3) and 8(d)		of the Nation	nal Labor Re	lations Act, a	nd these unfair labor		
practices are practices affecting commerce within the meaning of	the Act, or th	ese unfair labor practices	affecting col	mmerce withi	n the meaning of		
the Act and the Postal Reorganization Act,							
2. Basis of the Charge (set forth a clear and concise statement of the	e facts consti	tuting the alleged unfair la	bor practice	s)			
Within the past six months, the above-named labor organization has falled and/or refused to execute an agreed-upon collective-bargaining agreement with the Charging Party.							
3. Name of Employer		4a, Tel, No.	b. Cell No.		c. Fax No.		
Ghirardelli Chocolate Company		510-297-2645					
		d, e-mail					
5. Location of plant involved (street, city, state and ZIP code)			6. Employer representative to contact				
1111 139th Avenue San Leandro, CA 94578			Harrison Kuntz, Esq.				
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify p	rincipal productor service		9. Number o	f workers employed		
Manufacturing/Warehouse	Food Pro			Approx. 475			
10. Full name of party filing charge			*************				
Ghirardelli Chocolate Company		.s					
11, Address of parly filing charge (street, city, state and ZIP code)		11a. Tel. No.	b. Cell No.		c. Fax No.		
		510-297-2645					
San Leandro, CA 94578		d. e-mail					
42 DECLARATION	H-111-111-111-111-111-111-111-111-111-1		11	el. No.			
12. DECLARATION I declare that I have read the above charge and that the statements  13. DECLARATION I declare that I have read the above charge and that the statements 15. / are true to the best of my knowledge and belief.			314-898-4074				
16.11			Cell No.				
(altradura of marganitathia ar carron making altranal		on Kuntz, Esq.		310-597-155	) <del>8</del>		
(signature of representative or person making charge) (Print/type name and title or office, if any)			Fax No.				
			314-802-3936				
Address 7700 Bonhomme Avenue, Suite 650, St. Louis, MO 63105 Date 4/22/19				e-mail Harrison.Kuntz@ogletree.com			

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

FORM NLRB-508 (6-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
32-CB-240593	4-24-2014			

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1, LABOR ORGANIZATION OR I	TS AGENTS A	AGAINST WHICH CHAR	GE IS BROU	GHT	· · · · · · · · · · · · · · · · · · ·		
				ion Representative to contact vn Bartlett			
c. Address (Street, city, state, and ZIP code) 155 Grand Avenue, Oakland, CA 94612		d. Tel. No. 415-261-3 f. Fax. No.	e. Cell No.				
				calnurses.o			
<ul> <li>h. The above-named labor organization has engaged in and is eng (list subsections) (3)</li> <li>practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.</li> </ul>		of the Natio	nal Labor Re	elations Act, a	nd these unfair labor		
2. Basis of the Charge (set forth a clear and concise statement of the Within the last six (6) months, the Union has failed and ref	he facts const used to barg	ituting the alleged unfair lain collectively in goo	abor practice d faith.	es)			
			F				
Name of Employer     Barton Healthcare System		4a. Tel. No.   213-633-8670	b. Cell No. c. Fax No.		c. Fax No.		
		d. e-mail juliehall@dwt.com	l		L		
5. Location of plant involved (street, city, state and ZIP code) 2170 South Avenue, South Lake Tahoe, CA 96150			6. Employe Julie L. H		ive to contact		
7. Type of establishment (factory, mine, wholesaler, etc.) Medical Center	8. Identify p Healthcare	rincipal product or service	<u>                                      </u>	9. Number of 1000+	of workers employed		
10. Full name of party filing charge Barton Healthcare System				·•			
11. Address of party filing charge (street, city, state and ZIP code) c/o J. Hall, 865 S. Figueroa Street, Ste 2400, Los Angeles, CA 9 213-633-8670			b. Cell No.	No. c. Fax No.			
	Ð	d. e-mail juliehall@dwt.com			· · · · · · · · · · · · · · · · · · ·		
12. DECLARATION I declare that I have read the above charge are true to the best of my knowle	and that the		2	Tel. No. 213-633-867	0		
Julie L. Hall			1	Cell No.			
nature of representative or person making charge)	(Print/type name and title or office, if any)			Fax No.			
Address 865 S. Figueroa Street, Ste 2400, Los Angeles, C.	A 90017	Date Apr 24, 2019		e-mail uliehall@dv	vt.com		

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