

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>32-RC-238842</b>	Date Filed <b>04/02/2019</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.

2a. Name of Employer <b>DS Services of America, Inc.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>1024 Mellon Avenue, Manteca, CA 95337</b>	
3a. Employer Representative - Name and Title <b>Alvin Kay, Manager</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>(209) 239-2644 or (209) 239-2935</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>Akay@dsservices.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Bottling plant</b>		4b. Principal product or service <b>Beverages</b>	
5b. Description of Unit Involved <b>Included: All route sales representatives</b>  <b>Excluded: All other employees</b>		5a. City and State where unit is located: <b>Manteca, California</b>	
		6a. No. of Employees in Unit: <b>29</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"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **04/02/2019** and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). by this Petition  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>		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.

11b. Election Date(s): <b>Monday, April 15, 2019</b>	11c. Election Time(s): <b>8:00 a.m. - 9:00 a.m.</b>	11d. Election Location(s): <b>Break Room</b>
12a. Full Name of Petitioner (including local name and number) <b>Teamsters Local 439</b>		12b. Address (street and number, city, state, and ZIP code) <b>1531 E Fremont St., Stockton, CA 95205</b>

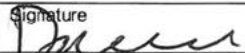
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Brotherhood of Teamsters**

12d. Tel No. <b>(209) 948-9592</b>	12e. Cell No. <b>(702) 843-4250</b>	12f. Fax No. <b>(209) 948-3424</b>	12g. E-Mail Address <b>Ehernandez@teamsters439.com</b>
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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 <b>David A. Rosenfeld, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>Weinberg, Roger &amp; Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501</b>	
13c. Tel. No. <b>(510) 337-1001</b>	13d. Cell No.	13e. Fax No. <b>(510) 337-1023</b>	13f. E-Mail Address <b>drosenfeld@unioncounsel.net, nlrnotices@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.

Name (Print) <b>David A. Rosenfeld</b>	Signature 	Title <b>Attorney</b>	Date <b>April 2, 2019</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

Case No.

32-RD-239045

Date Filed

04/04/2019

**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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>FEDEX FREIGHT</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>4520 S. HIGHWAY 99 STOCKTON CA 95215</b>	
3a. Employer Representative - Name and Title <b>JOSEPH E. POLLOCK MGR</b>		3b. Address (If same as 2b - state name) <b>4520 S. HIGHWAY 99 STOCKTON CA 95215</b>	
3c. Tel. No. <b>209-466-7726</b>	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>TRUCKING LTL</b>		4b. Principal product or service <b>LTL</b>	
5a. Description of Unit Involved Included: <b>DRIVERS</b> Excluded: <b>DOCK WORKERS, MAINTENANCE PERSONNEL, OFFICE SUPPORT</b>		5b. City and State where unit is located: <b>STOCKTON CALIFORNIA</b>	
6. No. of Employees in Unit <b>50</b>	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent <b>TEAMSTERS LOCAL 439</b>		8b. Affiliation, if any <b>IBT</b>	
8c. Address <b>1531 E FREMONT ST #5 STOCKTON CA 95205</b>		8d. Tel. No. <b>209-948-9592</b>	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification <b>10-28-2015</b>		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>N/A NONE</b>	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) <b>N/A NONE</b>		A labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name <b>NONE</b>	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) <b>ANY</b>	13c. Election Time(s) <b>ANY</b>	13d. Election Location(s) <b>ANY</b>	
14. Full Name of Petitioner <b>(b) (6), (b) (7)(C)</b>			
14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>		14b. Tel. No.	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address
		<b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and its contents and believe the statements made therein to be true and correct.			
Name (Print) <b>(b) (6), (b) (7)(C)</b>		Signature <b>(b) (6), (b) (7)(C)</b>	
		Date Filed <b>4-2-2019</b>	

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

## PRIVACY ACT STATEMENT

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



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

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
32-RC-239111	04/05/2019

**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**  
Ryder Truck Rental

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
3633 Duck Creek Drive, Stockton, CA 95215

**3a. Employer Representative - Name and Title**  
Cheryl Sunshine

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

**3c. Tel. No.**  
(209) 943-3213

**3d. Cell No.**

**3e. Fax No.**  
(209) 943-3340

**3f. E-Mail Address**  
csunshine@ryder.com, cheryl\_d.sunshine@ryder.com

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

**4b. Principal product or service**  
Truck rental

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

**5b. Description of Unit Involved**  
**Included:** All full time and regular part-time technicians, fuelers and parts people  
**Excluded:** All other employees

**6a. No. of Employees in Unit:**  
23

**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) 04/05/2019 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **by this Petition**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
None

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** 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):**  
Wednesday, April 17, 2019

**11c. Election Time(s):**  
8:00 a.m. - 9:00 a.m.

**11d. Election Location(s):**  
Break Room

**12a. Full Name of Petitioner (including local name and number)**  
Teamsters Local 439

**12b. Address (street and number, city, state, and ZIP code)**  
1531 E. Fremont Street, Stockton, CA 95205

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

**12d. Tel No.**  
(209) 948-9592

**12e. Cell No.**  
(702) 843-4250

**12f. Fax No.**  
(209) 948-3424

**12g. E-Mail Address**  
Ehernandez@teamsters439.com

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

**13a. Name and Title**  
Eric J. Wiesner, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

**13c. Tel No.**  
(510) 337-1001

**13d. Cell No.**

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

**13f. E-Mail Address**  
nlrbnotices@unioncounsel.net  
ewiesner@unioncounsel.net, drofenfeld@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)**  
Eric J. Wiesner

**Signature**

**Title**  
Attorney

**Date**

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

**PRIVACY ACT STATEMENT**

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



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

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-239366	Date Filed 4/10/2019

**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> Tracy Logistics, LLC	<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 4199 Gibraltar Court, Stockton, CA 95206
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<b>3a. Employer Representative - Name and Title</b> Michael Garcia	<b>3b. Address</b> (If same as 2b - state same) Same
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<b>3c. Tel. No.</b> (209) 329-3742	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (209) 234 4605	<b>3f. E-Mail Address</b> Mgarcia@cswg.com
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<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Warehouse	<b>4b. Principal product or service</b> Food	<b>5a. City and State where unit is located:</b> Stockton, CA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> Pest Control Sanitation Worker	<b>6a. No. of Employees in Unit:</b> 1
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**Excluded:** All guards, supervisors and managers, office clerical employees

**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) 04/10/2019 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **by this Petition**

☐ 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).	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<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)
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

<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
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<b>11b. Election Date(s):</b> April 23, 2019	<b>11c. Election Time(s):</b> 9:00-9:30 a.m.	<b>11d. Election Location(s):</b> Break room
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<b>12a. Full Name of Petitioner</b> (including local name and number) Teamsters Local 439	<b>12b. Address</b> (street and number, city, state, and ZIP code) 1531 E Fremont Street, Stockton, CA 95205
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Brotherhood of Teamsters


<b>12d. Tel No.</b> (209) 948-9592	<b>12e. Cell No.</b> (702) 843-4250	<b>12f. Fax No.</b> (209) 948-3424	<b>12g. E-Mail Address</b> Ehernandez@teamsters439.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> David A. Rosenfeld, 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
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<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> drosenfeld@unioncounsel.net, nlrnotices@unioncounsel.net
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name</b> (Print) David A. Rosenfeld	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> April 10, 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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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

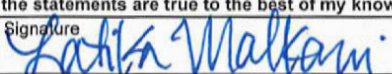
32-RC-239415

Date Filed

04/11/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Ann Martin Center Psychotherapy and Educational Support		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1375 55th Street, Emeryville, CA 94608 See also Attachment A	
<b>3a. Employer Representative - Name and Title:</b> Alex Volpe, Executive Director		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (510) 655-7880	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> avolpe@annmartin.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Medical clinic		<b>4b. Principal Product or Service</b> Healthcare	
<b>5b. Description of Unit Involved:</b> Included: See Attachment A Excluded: See Attachment A		<b>5a. City and State where unit is located:</b> Emeryville, CA <b>6a. Number of Employees in Unit:</b> 33 <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> National Union of Healthcare Workers		<b>8b. Address:</b> 5801 Christie Avenue, Suite 525 Emeryville, CA 94608	
<b>8c. Tel. No.</b> (510) 834-2009	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> (510) 834-2019	<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 type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> May 2, 2019 (ballots mailed)		<b>11c. Election Time(s):</b> N/A	
<b>11d. Election Location(s):</b> N/A			
<b>12a. Full Name of Petitioner (including local name and number):</b> National Union of Healthcare Workers		<b>12b. Address (street and number, city, State and ZIP code):</b> 5801 Christie Avenue, Suite 525 Emeryville, CA 94608	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b>			
<b>12d. Tel. No.</b> (510) 834-2009	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (510) 834-2019	<b>12g. E-Mail Address</b> rdraper@nuhw.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> Latika Malkani		<b>13b. Address (street and number, city, State and ZIP code):</b> 1939 Harrison Street, Suite 307 Oakland, CA 94612	
<b>13c. Tel. No.</b> (510) 452-5000	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 452-5004	<b>13f. E-Mail Address</b> lmalkani@sl-employmentlaw.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> Latika Malkani, Attorney		<b>Signature</b> 	<b>Title</b> Attorney for NUHW
		<b>Date</b> 04/10/19	

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**

to RC Petition filed on 4/10/2019 by National Union of Healthcare Workers (NUHW)

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

School Based Services Program

- Allendale Elementary, 3670 Penniman Ave, Oakland, CA 94619
- Brookfield Village Elementary, 401 Jones Ave, Oakland, CA 94603
- Burchfield Elementary, 400 Fremont St, Colusa, CA 95932
- EnCompass Academy, 1025 81st Ave, Oakland, CA 94621
- Franklin Elementary, 915 Foothill Blvd, Oakland, CA 94606
- Howard Elementary, 8755 Fontaine St, Oakland, CA 94605
- Lighthouse Community Charter School, 444 Hegenberger Rd, Oakland, CA 94621
- Markham Elementary, 7220 Krause Ave, Oakland, CA 94605
- Piedmont Avenue Elementary, 4314 Piedmont Ave, Oakland, CA 94611
- Sobrante Park/Madison Park Academy, 470 El Paseo Dr, Oakland, CA 94603/400 Capistrano Dr, San Leandro, CA 94577
- Westlake Middle School, 2629 Harrison St, Oakland, CA 94612

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

**Included:** All full-time, part-time and per diem unrepresented employees employed by the employer at all the locations listed in 2b, in the following professional job classifications: Clinical Case Managers, ERMHS Clinician, Outpatient Clinician, School Based Clinician, Team Lead Clinician.

**Excluded:** All other employees, confidential employees, employees represented by other labor organizations, guards and supervisors as defined by the National Labor Relations Act.



FORM NLRB-802 (RD)  
(4-15)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 32-RD-239997	Date Filed 4/20/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a notification of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Comcast Cable Communications Management, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8470 Pardee Drive Oakland, CA	
3a. Employer Representative - Name and Title Eric Dodds, Field Operations Manager		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. 510.556.5945	3d. Cell No. 415.798.4747	3e. Fax No. 510.969.5457	3f. E-Mail Address eric.dodds@cable.comcast.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Telecommunication provider		4b. Principal product or service Cable communications services	
4c. City and State where unit is located Oakland, CA		4d. No. of Employees in Unit 65	
5a. Description of Unit involved: Included: All full-time and regular part-time outside installation, construction, and technical employees as set forth in Appendix A of the current collective bargaining agreement that expires on June 11, 2018, that are employed by the Employer in its service department in the job classifications of warehouse persons, senior warehouse persons, installers, advanced installers, service technicians, commercial technicians I and commercial technicians II, and in its technical department in the job classifications of system technicians, advanced technicians and head end technicians, at or from its facilities located at 8470 Pardee Drive, Oakland, California, and 8120 MacArthur Blvd. in Oakland, California.  Excluded: all other employees, customer service sales representatives, sales and telemarketing personnel, auditors, professional employees, managerial employees, temporary employees, pay TV, local origination, public access coordinators, programmers, marketing, subscription TV, design and drafting personnel, and other employees within the Employer's regional and division offices and engineering departments, confidential employees, office clerical employees, guards, and supervisors as defined in the Act.		5b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [X] No [ ]	

Check One: ☐ 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 decertification under the Act.

8a. Name of Recognized or Certified Bargaining Agent Communication Workers of America, Local 9415		8b. Address 1831 Park Blvd, Oakland, CA 94606	
8c. Tel. No. 510.834.9145	8d. Cell No.	8e. Fax No. 510.893.8275	8f. E-Mail Address dhem@cw9415.org
8g. Affiliation, if any		8h. Date of Recognition or Certification 4/19/18	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 6/11/18

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 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 Date(s): 5/15/19  
11b. Election Time(s): 7:00 a.m. to 9:00 a.m.  
11c. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail  
11d. Election Location(s): Grand Lake Conference room, 8470 Pardee Dr. Oakland, CA (city, state and ZIP code)

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

12a. Full name of national or international labor organization of which Petitioner is an affiliate or consultant

12a. Full name of national or international labor organization of which Petitioner is an affiliate or consultant NONE	12b. Tel. No. (b) (6), (b) (7)(C)	12c. Fax No. (b) (6), (b) (7)(C)	12d. E-Mail Address (b) (6), (b) (7)(C)
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Representative of the Petitioner who will be in possession of all papers for purposes of the representation proceeding

13a. Name and Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE	13c. Fax No. SAME AS ABOVE	13d. E-Mail Address SAME AS ABOVE
13e. Cell No. SAME AS ABOVE	13f. Fax No. SAME AS ABOVE	13g. E-Mail Address SAME AS ABOVE	13h. E-Mail Address SAME AS ABOVE

I declare that I have read the above and that the information is true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 4/20/19
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Willful false statements on this petition or information on this form is prohibited by the National Labor Relations Act set forth in the Federal Register, 29 U.S.C. § 181 et seq. The principal use of the information is to assist in the investigation and related proceedings or litigation. The routine use for the information are fully explained in the NLRB's privacy act statement. Solicitation of the information is to assist in the investigation and related proceedings or litigation. The routine use for the information are fully explained in the NLRB's privacy act statement. Disclosure of this information is prohibited by 29 U.S.C. § 181 et seq. The principal use of the information is to assist in the investigation and related proceedings or litigation. The routine use for the information are fully explained in the NLRB's privacy act statement.

(b) (6), (b) (7)(C) 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  
RD PETITION

Case No.

32-RD-240311

Date Filed

4-25-2019

**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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Indus Holding Co.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 20 Quail Run Circle Ste C Salinas, CA 93907	
3a. Employer Representative - Name and Title Kelly J. McMillin - Chief Compliance Officer		3b. Address (If same as 2b - state name) 20 Quail Run Circle Ste C Salinas, CA 93907	
3c. Tel. No. 831-809-2451	3d. Fax No.	3e. Cell No.	3f. E-Mail Address kelly@indusholdingco.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing		4b. Principal product or service Cannabis Edibles	
5a. Description of Unit Involved Included: see attached Excluded: see attached		5b. City and State where unit is located: Salinas, CA	
6. No. of Employees in Unit 73	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent United Food and Commercial Workers Union, Local #5		8b. Affiliation, if any AFL-CIO, CLC	
8c. Address 1145 N. Main St., Salinas, CA 93906		8d. Tel. No. 831-757-3094	8e. Cell No. 831-758 1066
		8f. Fax No. 831-757-9115	8g. E-Mail Address Csantillan@ufcw5.org
9. Date of Recognition or Certification Issued April 13, 2018		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NONE	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) N/A		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name NONE	12b. Address NONE	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) Tuesday May 7, 2019	13c. Election Time(s) 11am	13d. Election Location(s) Employer Facility, Conference Room	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any NONE			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)

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

(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title 4/24/19	(b) (6), (b) (7)(C)	Date Filed 4/24/19
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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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- 5a. Included All full time and regular part time general labor employees, packaging employees, production employees, dishwashers, maintenance employees, inventory employees, lab extraction technicians and lab apprentices employed by the Employer at its facility located at 20 Quail Run Circle suite C in Salinas, CA.
- 5b. Excluded: Consultant, company owners, management employees, truck drivers, sales person, administrative employees working foremen, Confidential employees, office clerical employees, guards and supervisors as defined in the Act

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