### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. 32-RD-252832

Date Filed 12/05/2019

RD PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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 Posit 4812). The showing of interes	ion form	(Form NLRB-505)	; and (3) Description	of Representa	ition Case P	rocedures (Form NLRB
PURPOSE OF THIS PETITION: RD-I recognized bargaining representative is Labor Relations Board proceed under the process of	no longer th	eir representative. The authority pursuant to	Petitioner alleges that the	following circums Labor Relations Ac	tances exist an t.	d requests that the National
2a. Name of Employer Mercedes Benz of Oakland	$\mathcal{L}$		5 Broadway, Oakland, C		and number, city	, State, ZIP code)
A. F	nd Title		3b. Address (If same as SAME AS ABOVE			
3c. Tel. No.	3d. Cell 1		3e. Fax No.		3f. E-Mail Add	SS DARINSPARREDE EU
510.832.6030		22.4300	800.850.5686		_(b) (6), (b	(7)(C)
Dealership		4b. Principal pro	service of vehicle	s	5a. City Oaklar	and State where unit is located: ad
5b. Description of Unit Involved		Bares and	service or venicie	3		6a. No. of Employees in Unit:
Included: All full-time and regula stockroom clerks, parts stockroom cl at its facility located at 2915 Broads Excluded: confidential employees,	erks-drive vay, Oakla	rs, detailers, utility pend, CA 94611.	ersons, car washers/porte	ers employed by the		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [X] No
		_				11
Check One: 7a. Request for				ar	nd Employer dec	lined recognition on or about
7h Detitioner in		Date) (If no reply receive	ed, so state). Representative and desires o	cartification under th	a Act	
8a. Name of Recognized or Certified Ba			8b. Address			
East Bay Automotive Automotive C				arthur Blvd. Oakl	and, CA 9460:	5; 7750 Pardee Lane, Oakland,
Machinists Lodge No. 1546, District and Teamsters Local No. 853					L OF E Mail of	X
8c. Tel No. 510.638.6705	8d Cell N	10.	8e. Fax No.		info@distri	PSSCOMWECTIONS OFFAMS
510.895.8853	1		510.895.68530		-connections	@temsters853.org
8g. Affiliation, if any			8h. Date of Recognition or November 7, 2018	r Certification		Date of Current or Most Recent y (Month, Day, Year)
Is there now a strike or picketing at the (Name of labor organization)	Employer's e	establishment(s) involved has pick	d? No If so, appr keted the Employer since (M	oximately how many fonth, Day, Year)	employees are	participating?
10. Organizations or individuals other than	those name	ed in items 8 and 9, which	h have claimed recognition	as representatives a		ations and individuals known to
have a representative interest in any emp 10a. Name		unit described in item 5 0b. Address	b above. (If none, so state)	10c. Tel. No.		10d. Cell No.
ioa. Name	'	ob. Address				
				10e. Fax No.		10f, E-Mail Address
11. Election Details: If the NLRB conduction any such election.	ts an electio	n in this matter, state yo	ur position with respect to	11a. Election Type	e:X_ Manua	Mail Mixed Manual/Mai
11b. Election Date(s): 12/31/2019		11c. Election Time(s): 10:00 a.m. to 11:30	a m	11d. Election Local Conference ro	<u> </u>	
12a. Full Name of Petitioner		10.00 4 10 11.50			(7)(C)	city_state_bd_ZIP code;
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 12c. Full name of national or international	labor organi	zation of which Petitions	er is an affiliate or constituen	(b) (6), (b) at (if none, so state)	(7)(C)	
None	T.0.0		1.00 5-1111		12a E Mail A	- H H H
(b) (6), (b) (7)(C)  13. Representative of the Petitioner wh	1	(b) (7)(C)	12f. Fax No.	sentation proceeding	12g F-Mail A (b) (6), (	b) (7)(C)
13a. Name and Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	_		13b. Address (street and (b) (6), (b) (7)(C)		, and ZIP code)	
13c. Tel No. SAME AS ABOVE		(b) (7)(C)	13e. Fax No.		13f. E-Mail Ad (b) (6), (b)	
declare that I have read the (b) (6),	(b) (7)(C	e t	rue to the best of my knov	vledge and belief.		
Name (Print)			Title		Date	10
(b) (6), (b) (7)(C)		INI	(b) (6), (b) (7)(C) ISHED BY FINE AND IN	ADDISONMENT (	12/4/20	
VILLFUL FALSE STATEME 001)PRIVACY ACT STATE		n t	his form is authorized by	the National Lab	or Relations A	ct 1 N (RA) 1839 U.S.C. § 151 et
eq. The principal use of the informatigation. The routine uses for the info	ion is to as	sist the National Labo	or Relations Board (NLR	B) in processing r	epresentation	and related proceedings or

explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to support the processes NER REGION 32 RECEIVED decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. Date Filed 32-RC-253056 12/09/2019

# RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505), and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer Kaiser Permanente Medical Group, Inc. SEE ATTACHMENT A

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
SEE ATTACHMENT A 3a. Employer Representative – Name and Title Robert Spagat 3b. Address (If same as 2b – state same)
1 Kaiser Plaza, Floor 19, Oakland, CA 94612 <sup>3e. Fax No.</sup> (510) 267-2128 3c. Tel. No. (510) 271-6674 3d. Cell No. 3f. E-Mail Address robert.spagat@kp.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: SEE ATTACHMENT A Hospitals and Clinics Healthcare 5b. Description of Unit Involved 6a. No. of Employees in Unit: Approx. 350 Included: SEE ATTACHMENT B 6b. Do a substantial number (30% or more) of the employees in the Excluded: SEE ATTACHMENT B unit wish to be represented by the Petitioner? Yes 🗸 No Check One: 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). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address National Union of Healthcare Workers 5801 Christie Avenue, Suite 525, Emeryville, CA 94608 8c. Tel No. 8d Cell No. 8e. Fax No 8f F-Mail Address (510) 569-7812 (510) 834-2019 gtegenkamp@nuhw.orgl; srosselli@nuhw.org 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Unknown 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 10c. Tel. No. 10a. Name 10b. Address 10d. Cell No. 10f. E-Mail Address 10e Fax No 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): December 19, 2019 11c. Election Time(s): 11d. Election Location(s): N/A 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Service Employees International Union, United Healthcare Workers-West 560 Thomas L. Berkley Way, Oakland, CA 94612 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12d. Tel No. 12g. E-Mail Address 12f. Fax No. 12e, Cell No. (510) 763-2680 (510) 251-1250 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Bruce A. Harland 13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13e. Fax No. 13c. Tel No 13f. E-Mail Address bharland@unioncounsel.net; (510) 337-1023 (510) 337-1001 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. nlrbnotices@unioncounsel.net Name (Print) Date Attorney December 9, 2019 Bruce A. Harland 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 seg. 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.

#### Attachment A

#### (Kaiser Medical Centers, Affiliated Clinics, Call Centers, and Regional Offices)

#### Northern California:

Kaiser Antioch Medical Center 4501 Sand Creek Road Antioch, CA 94531

Kaiser Fremont Medical Center 39400 Paseo Padre Parkway Fremont, CA 94538

Kaiser Fresno Medical Center 7300 North Fresno St. Fresno, CA 93720

Kaiser Hayward Medical Center 27400 Hesperian Blvd. Hayward, CA 94545

Kaiser Manteca Medical Center 1777 W. Yosemite Avenue Manteca, CA 95337

Kaiser Modesto Medical Center 3800 Dale Rd Modesto, CA 95356

Kaiser Oakland Medical Center 280 W. MacArthur Blvd. Oakland, CA 94611

Kaiser Redwood City Medical Center 1150 Veterans Blvd. Redwood City, CA 94063

Kaiser Richmond Medical Center 901 Nevin Ave. Richmond, CA 94801

Kaiser Roseville Medical Center 1600 Eureka Road Roseville, CA 95661 Kaiser Sacramento Medical Center 2025 Morse Ave. Sacramento, CA 95825

Kaiser San Francisco Medical Center 2238 Geary Blvd. San Francisco, CA 94115

Kaiser San Rafael Medical Center 99 Montecillo Road San Rafael, CA 94903

Kaiser Santa Clara Medical Center 700 Lawrence Expressway Santa Clara, CA 95051

Kaiser Santa Rosa Medical Center 401 Bicentennial Way Santa Rosa, CA 95403

Kaiser San Jose Medical Center 250 Hospital Pkwy San Jose, CA 95119

Kaiser South Sacramento Medical Center 6600 Bruceville Road Sacramento, CA 95823

Kaiser South San Francisco Medical Center 1200 El Camino Real South San Francisco, CA 94080

Kaiser Vallejo Medical Center 975 Sereno Drive Vallejo, CA 94589

Kaiser Vacaville Medical Center 1 Quality Drive Vacaville, CA 95688

Kaiser Walnut Creek Medical Center 1425 South Main St. Walnut Creek, CA 94596

#### **ATTACHMENT B TO RC PETITION**

#### **Unit Involved:**

Optical Lab Foreperson (Lead), Optical Equipment Maintenance Technician, Surface Grinder, Benchperson, Optical Lab Quality Inspector, Optical Lab Apprentice, Optical Lab Utility Worker, Senior Prescription Stock Clerk, Prescription Stock Clerk, Optical Sales Lead Dispenser, Optical Sales Dispenser, Optical Sales Dispenser Apprentice, Optical Sales Assistant, Contact Lens Fitter, Contact Lens Fitter Apprentice, Contact Lens Fitter Assistant, Optical Customer Service Lead Representative, and Optical Customer Service Representative.

#### **Excluded:**

All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.



### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. Date Filed

32-RC-253196 12/11/2019

INSTRUCTIONS: Unless e-Filed									
in which the employer concerne									
of service showing service on t									
(Form NLRB-505); and (3) Desc					•	RB 4812). The si	howing of into	erest should only	be filed
with the NLRB and should not be	be served on th	he employer	or any	y other j	party.				
<ol> <li>PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition</li> </ol>	-CERTIFICATION	OF REPRESE	ITATIN	VE - A sub	stantial number	of employees wish to	be represented	for purposes of colle	ctive
requests that the National Labor R									St allu
2a. Name of Employer						(s) involved (Street		State, ZIP code)	
Dominican Hospital Out-	Patient		111	Madro	ne St., Sai	nta Cruz, CA	95060		
Rehabilitation Center -Ki									
3a. Employer Representative – Name Leah Santos, Program Dire					dress (If same as	2b – state same)			
3c. Tel. No.	3d. Cell No.			3e. Fax			3f. E-Mail Addr	222	
831.457.7057	00.00	•		00.104				kindred.com	
4a. Type of Establishment (Factory, mir	ne, wholesaler, etc	c.) 4b. Princi	ipal proc	duct or se	vice			and State where unit	is located:
Rehabilitation Center		Healtl	hcare				Santa (	Cruz, CA	
5b. Description of Unit Involved		•						6a. No. of Employee	es in Unit:
Included: All full-time and reg	gular part-tim	ne physical	l thera	ipists, d	occupationa	I therapists, ar	nd speech	27	1
language pathologists empl	oyed by the	Employer a	at its f	acility I	ocated at 1	11 Madrone S	t. Santa	6b. Do a substantial or more) of the emp	
Cruz, CA Excluded: non-	professional	employee	s, con	fidentia	al employee	s, office cleric		unit wish to be repre	
employees, guards, and sup					, ,	,		Petitioner? Yes [X	] No [ ]
	or recognition as E				nade on (Date)	ar	d Employer deci	ined recognition on o	r about
<del></del>	(Dat	te) (If no reply	received	l, so state	).			-	
				presentat	ive and desires of	certification under the	Act.		
8a. Name of Recognized or Certified	Bargaining Agen	nt (if none, so	state).		8b. Address				
8c. Tel No.	8d Cell No.				NI-		Of E 11-3 Add	2000	
								633	
0. 1660.00				8e. Fax		0-65-6-	8f. E-Mail Addr		
8g. Affiliation, if any					of Recognition or	Certification	8i. Expiration D	Date of Currer Mor	_
				8h. Date	of Recognition or		8i. Expiration C Contract, if any	Date of Currer Mor (Month, Day Par)	st Recent
9. Is there now a strike or picketing at the		ablishment(s) in	nvolved	8h. Date	of Recognition or	Certification  proximately how man conth, Day, Year)	8i. Expiration C Contract, if any	Date of Currer Mor (Month, Day Par)	_
		ablishment(s) ir	nvolved? as picke	8h. Date o	of Recognition or  If so, app  mployer since (M	proximately how man	8i. Expiration C Contract, if any y employees are	Date of Currer Mor	NLRB RIL
9. Is there now a strike or picketing at the (Name of labor organization)	nan Petitioner and	ablishment(s) ir h: I those named i	nvolved? as picke	8h. Date of Note of the Er 8 and 9, v	of Recognition or  If so, app	oroximately how man conth, Day, Year) ed recognition as rep	8i. Expiration C Contract, if any y employees are	Date of Currer Mor	NLRB RI
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the strict of	nan Petitioner and t in any employees	ablishment(s) ir h: I those named i	nvolved? as picke	8h. Date of Note of the Er 8 and 9, v	of Recognition or  If so, app	oroximately how man conth, Day, Year) ed recognition as rep	8i. Expiration C Contract, if any y employees are	Date of Currer Mor	NLRB REGIO
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest	nan Petitioner and t in any employees	ablishment(s) ir hi I those named i s in the unit des	nvolved? as picke	8h. Date of Note of the Er 8 and 9, v	of Recognition or  If so, app	oroximately how man lonth, Day, Year) ed recognition as reg so state)	8i. Expiration C Contract, if any y employees are	participating other organizations and the control of the control o	RECONVED NURB REGION 3
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the labor of	nan Petitioner and t in any employees 10b.	ablishment(s) ir h: I those named i s in the unit des	nvolved? as picke n items scribed i	8h. Date of Noted the Er 8 and 9, vn item 5b	of Recognition or  If so, app inployer since (M which have claims above. (If none,	oroximately how man lonth, Day, Year) ed recognition as reg so state)	8i. Expiration C Contract, if any y employees are	Date of Currer Mor (Month, Day Par)  participating 1	RECONVED NURB REGION 3
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB conditions of the number of the nu	nan Petitioner and t in any employees 10b.	ablishment(s) ir h: I those named i s in the unit des	nvolved? as picke n items scribed i	8h. Date of Noted the Er 8 and 9, vn item 5b	of Recognition or  If so, app inployer since (M which have claims above. (If none,	oroximately how man lonth, Day, Year) ed recognition as reg so state)	8i. Expiration I Contract, if any y employees are	participating  dother organizations  10d. Cell No.	RECONVED NURB REGION 3
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  10a. Name  11. Election Details: If the NLRB conductive any such election.  11b. Election Date(s):	nan Petitioner and tin any employees 10b.	ablishment(s) ir hi I those named i s in the unit des Address n this matter, st	as picke as picke in items scribed in	8h. Date of Noted the Er 8 and 9, vn item 5b	of Recognition or  If so, app inployer since (M which have claims above. (If none,	oroximately how man lonth, Day, Year) ed recognition as region state)  10c. Tel. No.  10e. Fax No.  11a. Election Type 11d. Election Loca	8i. Expiration I Contract, if any y employees are presentatives and the contract of the contra	participating  dother organizations  10d. Cell No.	RECIGIVED NLRB NEGION 32 OAKUAND, CA
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  10a. Name  11. Election Details: If the NLRB conduction any such election.  11b. Election Date(s): Tuesday, January 7, 2020	nan Petitioner and tin any employees 10b.	ablishment(s) in his lithose named is in the unit des.  Address In this matter, store, see the control 2:00 properties.	as picke as picke in items scribed in	8h. Date of Noted the Er 8 and 9, vn item 5b	of Recognition or  If so, app inployer since (M which have claims above. (If none,	oroximately how man lonth, Day, Year) ed recognition as rep so state) 10c. Tel. No 10e. Fax No 11a. Election Type 11d. Election Loca break room	8i. Expiration I Contract, if any y employees are presentatives and ::X_ Manual tion(s):	participating  dother organizations  10d, Cell No.  10f. E-Mail Mixe	NLRB RECURSIVED AND, CA
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB condany such election.  11b. Election Date(s): Tuesday, January 7, 2020  12a. Full Name of Petitioner (including)	nan Petitioner and tin any employees 10b.  ducts an election in 11c No. 10g local name and 10c n	ablishment(s) in his lithose named is in the unit des.  Address  In this matter, store to the control 2:00 pd number)	as picke as picke in items scribed in	8h. Date of Noted the Er 8 and 9, vn item 5b	of Recognition or  If so, app inployer since (M which have claims above. (If none,	oroximately how man lonth, Day, Year) ed recognition as re- so state)  10c. Tel. No.  10e. Fax No.  11a. Election Type 11d. Election Loca break room 12b. Address (streen	8i. Expiration I Contract, if any y employees are presentatives and ::X_ Manual tion(s):	participating dother organizations 10d. Cell No. 10f. E-Mail dres Mail Mixe	NLRB RECURSIVED AND, CA 32 d Manual/Mail
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB condany such election.  11b. Election Date(s): Tuesday, January 7, 2020  12a. Full Name of Petitioner (including National Union of Healthcare Wo	an Petitioner and the in any employees 10b.  fucts an election in 11c Nong local name and orkers (NUHW)	ablishment(s) in his lithose named is in the unit des.  Address  In this matter, since Election Time oon to 2:00 per dinumber)	nvolved's as picke in items scribed in tate your tate your e(s):	8h. Date of No ted the Er 8 and 9, vn item 5b	If so, app  If so,	oroximately how man conth, Day, Year) ed recognition as reposed recognition as reposed from 10c. Tel. No.  10e. Fax No.  11a. Election Type 11d. Election Local break room 12b. Address (street 1250 45th Street 1	8i. Expiration I Contract, if any y employees are presentatives and ::X_ Manual tion(s):	participating  dother organizations  10d, Cell No.  10f. E-Mail Mixe	NLRB RECURSIVED AND, CA 32 d Manual/Mail
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB condany such election.  11b. Election Date(s): Tuesday, January 7, 2020  12a. Full Name of Petitioner (including)	an Petitioner and the any employees 10b.  fucts an election in Nong local name and orkers (NUHW) and labor organizations.	ablishment(s) in his lithose named is in the unit des.  Address  In this matter, since Election Time oon to 2:00 per dinumber)	nvolved's as picke in items scribed in tate your tate your e(s):	8h. Date of No ted the Er 8 and 9, vn item 5b	If so, app  If so,	oroximately how man conth, Day, Year) ed recognition as reposed recognition as reposed from 10c. Tel. No.  10e. Fax No.  11a. Election Type 11d. Election Local break room 12b. Address (street 1250 45th Street 1	8i. Expiration I Contract, if any y employees are presentatives and ::X_ Manual tion(s):	participating dother organizations 10d. Cell No. 10f. E-Mail dres Mail Mixe	NLRB RECURSIVED AND, CA 32 d Manual/Mail
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB condany such election.  11b. Election Date(s): Tuesday, January 7, 2020  12a. Full Name of Petitioner (includin National Union of Healthcare Wolldow)  12c. Full name of national or internation National Union of Healthcare Wolldow)  12d. Tel No.	an Petitioner and thin any employees 10b.  10b.  1ucts an election in Nong local name and orkers (NUHW) hall labor organization rivers	ablishment(s) in his his lithose named is in the unit des Address  In this matter, store the conto 2:00 proding th	nvolved's as picke in items scribed in tate your tate your e(s):	8h. Date of No ted the Er 8 and 9, vn item 5b	If so, appropriate appropriate or constituents of Recognition or If so, appropriate approp	oroximately how man conth, Day, Year) ed recognition as reposed recognition as reposed from 10c. Tel. No.  10e. Fax No.  11a. Election Type 11d. Election Local break room 12b. Address (street 1250 45th Street 1	8i. Expiration D Contract, if any y employees are presentatives and  ::XManual tion(s): et and number, of t, Suite 200, E	participating pa	NLRB RECURSIVED AND, CA 32 d Manual/Mail
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB condany such election.  11b. Election Date(s): Tuesday, January 7, 2020  12a. Full Name of Petitioner (includin National Union of Healthcare Wolldon 12c. Full name of national or internation National Union of Healthcare Wolldon 12d. Tel No.  510.834,2009	an Petitioner and the in any employees 10b.  10b.  10c.  11c.  11c.  11c.  12e. Cell No.  215.620.3	ablishment(s) in his lithose named is in the unit des Address  Address  In this matter, store the conto 2:00 pd number) Conto 1:00 pd number) Conto 1:00 pd number) Conto 2:00 pd number) Conto 3:00 pd number)	as picke n items is scribed in tate your e(s): 0.m.	8h. Date of No ted the Er 8 and 9, vn item 5b	If so, appropriate appropriate or constituents of Recognition or If so, appropriate appropriate appropriate appropriate or constituents of No. 34.2019	oroximately how man conth, Day, Year) ed recognition as region of the second of the se	8i. Expiration D Contract, if any y employees are resentatives and :	participating pa	NLRB RECURSIVED AND, CA 32 d Manual/Mail
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB condany such election.  11b. Election Date(s): Tuesday, January 7, 2020  12a. Full Name of Petitioner (includin National Union of Healthcare World 12c. Full name of national or internation National Union of Healthcare World 12d. Tel No.  510.834,2009  13. Representative of the Petitioner value.	an Petitioner and tin any employees 10b.  ducts an election in 11c Nong local name and orkers (NUHW) hal labor organization in 12e. Cell No. 215.620.3 who will accept s.	ablishment(s) in his lithose named is in the unit des . Address  In this matter, since the control of the contr	as picke n items is scribed in tate your e(s): 0.m.	8h. Date of No ted the Er 8 and 9, vn item 5b r position 12f. Fax 510.8 or purpos	If so, appropriate appropriate or constituents of Recognition or If so, appropriate approp	oroximately how man conth, Day, Year) ed recognition as reposed recognition as reposed from 10c. Tel. No.  10e. Fax No.  11a. Election Type 11d. Election Local break room 12b. Address (street 1250 45th Street (if none, so state)	8i. Expiration I Contract, if any y employees are presentatives and the contract of the contra	participating pa	NLRB RECURSIVED AND, CA S  d Manual/Mail
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB condany such election.  11b. Election Date(s): Tuesday, January 7, 2020  12a. Full Name of Petitioner (includin National Union of Healthcare Wolldon 12c. Full name of national or internation National Union of Healthcare Wolldon 12d. Tel No.  510.834,2009	an Petitioner and tin any employees 10b.  ducts an election in 11c Nong local name and orkers (NUHW) hal labor organization in 12e. Cell No. 215.620.3 who will accept s.	ablishment(s) in his lithose named is in the unit des . Address  In this matter, since the control of the contr	as picke n items is scribed in tate your e(s): 0.m.	8h. Date of No ted the Er 8 and 9, vn item 5b r position 12f. Fax 510.8 or purpos	If so, appropriate appropriate or constituents of Recognition or If so, appropriate approp	oroximately how man conth, Day, Year) ed recognition as region of the second of the se	8i. Expiration I Contract, if any y employees are presentatives and the contract of the contra	participating pa	NLRB RECURSIVED AND, CA S  d Manual/Mail
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB conditionary such election.  11b. Election Date(s): Tuesday, January 7, 2020  12a. Full Name of Petitioner (includin National Union of Healthcare Woltze, Full name of national or internation National Union of Healthcare Woltze, Full No. 510.834.2009  13a. Representative of the Petitioner volume 13a. Name and Title Justin Pales.	ducts an election in any employees ducts an election in No englocal name and orkers (NUHW) hall labor organization in the content of the cont	ablishment(s) ir his his in the unit des Address  Address  This matter, st C. Election Time oon to 2:00 p d number) tion of which Period  3109 ervice of all perorganizer	as picke n items is scribed in tate your e(s): 0.m.	8h. Date of No led the Er 8 and 9, vn item 5b r position 12f. Fax 510.8 or purpos 13b. Ad SAME	If so, appropriate of Recognition or If so, appropriate of the representation of Recognition or If so, appropriate of the representation of the representa	oroximately how man conth, Day, Year) ed recognition as reposed recognition as reposed from 10c. Tel. No.  10e. Fax No.  11a. Election Type 11d. Election Local break room 12b. Address (street 1250 45th Street (if none, so state)	8i. Expiration I Contract, if any y employees are presentatives and the contract of the contra	pate of Current Mon (Month, Day Par)  participating 1  pa	NLRB RECURSIVED AND, CA S  d Manual/Mail
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB condany such election.  11b. Election Date(s): Tuesday, January 7, 2020  12a. Full Name of Petitioner (including National Union of Healthcare World 12c. Full name of national or internation National Union of Healthcare World 12d. Tel No.  510.834.2009  13a. Representative of the Petitioner value. Name and Title Justin Pall 13c. Tel No.  SAME AS ABOVE	an Petitioner and tin any employees 10b.  fucts an election in No 10 No	ablishment(s) in his lithose named is in the unit des . Address  n this matter, si c. Election Time oon to 2:00 pd number) ) tion of which Peroco. 3109 lervice of all peroco. S ABOVE	as picke in items scribed in tate your e(s):m.	8h. Date of the Er 8 and 9, vn item 5b r position 12f. Fas 510.8 or purpos 13b. Ad SAME 13e. Fa SAME	of Recognition or  If so, appropriate appr	oroximately how man conth, Day, Year) ed recognition as region of the second of the se	8i. Expiration II Contract, if any y employees are presentatives and ::XManual tion(s): et and number, of t, Suite 200, E  12g. E-Mail Ad jpalmer@nu g, and ZIP code)	participating  participating  participating  tother organizations  10d. Cell No.  10f. E-Mail dres  Mixe  Mixe  Mixe  city, state, and ZIP comeryville, CA 946  dress  thw.org	NLRB RECURSIVED AND, CA S  d Manual/Mail
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB condany such election.  11b. Election Date(s): Tuesday, January 7, 2020  12a. Full Name of Petitioner (includin National Union of Healthcare Wolldown 12c. Full name of national or internation National Union of Healthcare Wolldown 12d. Tel No.  510.834.2009  13a. Representative of the Petitioner wolldown 12d. Tel No.	an Petitioner and tin any employees 10b.  fucts an election in No 10 No	ablishment(s) in his lithose named is in the unit des . Address  n this matter, si c. Election Time oon to 2:00 pd number) ) tion of which Peroco. 3109 lervice of all peroco. S ABOVE	as picke in items scribed in tate your e(s):m.	8h. Date of the Er 8 and 9, vn item 5b r position 12f. Fas 510.8 or purpos 13b. Ad SAME 13e. Fa SAME	of Recognition or  If so, appropriate appr	oroximately how man conth, Day, Year) ed recognition as region of the second of the se	8i. Expiration I Contract, if any y employees are presentatives and ition(s):  12g. E-Mail Adjpalmer@nt gand ZIP code)	participating  participating  participating  tother organizations  10d. Cell No.  10f. E-Mail dres  Mixe  Mixe  Mixe  city, state, and ZIP comeryville, CA 946  dress  thw.org	NLRB RECURSIVED AND, CA S  d Manual/Mail
9. Is there now a strike or picketing at the (Name of labor organization)  10. Organizations or individuals other the known to have a representative interest of the Name  11. Election Details: If the NLRB condany such election.  11b. Election Date(s): Tuesday, January 7, 2020  12a. Full Name of Petitioner (including National Union of Healthcare World 12c. Full name of national or internation National Union of Healthcare World 12d. Tel No.  510.834.2009  13a. Representative of the Petitioner value. Name and Title Justin Pall 13c. Tel No.  SAME AS ABOVE	an Petitioner and tin any employees 10b.  fucts an election in No 10 No	ablishment(s) ir his his in the unit des Address  In this matter, st c. Election Time oon to 2:00 p d number) tion of which Pe o. 3109 tervice of all pe organizer o. S ABOVE the statements	as picke in items scribed in tate your e(s):m.	8h. Date of the Er 8 and 9, vn item 5b r position 12f. Fax 510.8 or purpos 13b. Ad SAME 13e. Fa SAME to the I	of Recognition or  If so, appropriate appr	oroximately how man conth, Day, Year) ed recognition as region of the second of the se	8i. Expiration I Contract, if any y employees are presentatives and ition(s):  12g. E-Mail Adjpalmer@nt gand ZIP code)	participating pa	NLRB RECURSIVED AND, CA S  d Manual/Mail

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 *ef 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.

FORM NLRB-502 (RC) (2-18)

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

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
32-RC-253175	12/11/2019						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/ , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 301 Old San Francisco Road, Sunnyvale CA 94086 Sutter Health-PAMF 701 E. El Camino Real, Mountain View, CA 94040 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Katie Setzler 2751 Research Park Dr., Soquel, CA 95073 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (831) 460-6070 (831) 458-6365 katie.setzler@sutterhealth.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b, Principal Product or Service 5a. City and State where unit is located: Healthcare Healthcare Sunnyvale, CA and Mountain View, CA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time, part-time and per diem registered nurses working in infusion oncology and all other hematology departments Excluded: All other employees 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition 12/11/2019 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) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8h, Date of Recognition or Certification 8g. Affiliation, if any: 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 10b. Address 10a, Name 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: if the NLRB conducts and 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): 11c. Election Time(s): 11d, Election Location(s): Jan. 21, 2020 3:00 pm to 5:00 pm Conference Room, 701 E. El Camino Real, Mountain View, CA 94040 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Engineers and Scientists of California, Local 20, IFPTE, AFL-CIO/CLC | 810 Clay St., Oakland, CA 94607 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International and Technical Federation of Technical Engineers, AFL-CIO/CLC 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 510-238-8320 510-238-8324 areidel@ifpte20.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Eleanor Morton, Attorney 1188 Franklin St., Ste. 201 San Francisco, CA 94109 Andrew J. Palma, Attorney 13c. Tel. No. 13d, Cell No. 13e, Fax No. 13f. E-Mail Address (415) 336-9201 (415) 771-6400 emorton@leonardcarder.com, apalma@leonardcarder.com (415) 771-7010 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) Signature Title Date Eleanor Morton Attorney 12/11/19

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
32-RC-253321	12/13/2019						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region								
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate								
of service showing service on the								
(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 <u>not</u> be s								
1. PURPOSE OF THIS PETITION: RC-CEI								
bargaining by Petitioner and Petitioner de requests that the National Labor Relat								
2a. Name of Employer	ions Board proc							
2a. Name of Employer  2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  Grabango  2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  2150 Kittredge St., 3rd Floor, Berkeley, CA 94720								
3a. Employer Representative - Name and	Title		3b. Address (If same as	2b - state same)				
Will Glaser, CEO			2105 Bancroft Way		4720			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress		
(503) 284-6392					will.glaser@	grabango.com		
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro	duct or service		5a. City	and State where unit is located:		
office		computer soft	tware		Berkele	ey, CA		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
Included: All full-time and regular						48		
trainers, senior quality tr	ainers and en	nployees with t	the title "supervisor" o	of quality trainers		6b. Do a substantial number (30% or more) of the employees in the		
Excluded: All supervisors as	defined by	v the Act a	nd all other emp	lovees.		unit wish to be represented by the		
All supervisors us	dominod b	, 110 / 101 01	na an outlot only	,,o,ooo.		Petitioner? Yes V No		
Check One: 7a. Request for re	cognition as Barg	paining Representa	ative was made on (Date) 1	12/9/19 an	d Employer dec	lined recognition on or about		
	(Date)	(If no reply receive	d, so state). No reply	V.				
	urrently recognize	d as Bargaining R	epresentative and desires		Act.			
8a. Name of Recognized or Certified Barg	gaining Agent (h	f none, so state).	8b. Address					
None.	040-1111-		I Do Courts		Of E Mail Add			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress		
8g. Affiliation, if any			8h. Date of Recognition or	r Certification	8i. Expiration	Date of Current or Most Recent		
			•		Contract, if an	y (Month, Day, Year)		
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No If so, approx	imately how many en	nployees are pa	rticipating?		
(Name of labor organization)		, has pick	keted the Employer since (I	Month, Day, Year)				
10. Organizations or individuals other than I	etitioner and tho	se named in items	8 and 9, which have claim	ed recognition as rep	resentatives an	d other organizations and individuals		
known to have a representative interest in a	ny employees in	the unit described	in item 5b above. (If none,	, so state)				
None. 10a. Name	10b. Ad	4		10c. Tel. No.		10d. Cell No.		
Toa. Name	100. 40	uiess		10C. 181. NO.		Tod. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts	an election in the	is matter, state you	ur position with respect to	11a. Election Type	: 🗸 Manual	Mail Mixed Manual/Mail		
any such election.	110 E	laction Time(c):						
11b. Election Date(s):  1/6/20  11c. Election Time(s):  11d. Election Location(s):  11d. Election Location(s):  11d. Election Location(s):  11f. Election Location(s):								
12a. Full Name of Petitioner (including lo		·				city, state, and ZIP code)		
Teamsters Local 853 7750 Pardee Ln, Oakland, CA 94621								
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. (510) 895-8853	12e. Cell No.		12f. Fax No. 510-895-6853		12g. E-Mail A sbender@tear			
	will accept cory	ice of all papers f		entation proceeding		nstersooo.org		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.								
13a. Name and Title Susan K. Garea, Attorney  13b. Address (street and number, city, state, and ZIP code)  Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607								
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address								
(510) 625-9700 (510) 625-8275 sgarea@beesontayer.com; eaviva@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.								
Name (Print) Susan K. Garea, Attorney  Title Attorney  12/13/19								
Susan K. Garea, Attorney	1 1871	/ >	Attorney		12/13/19			

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 will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

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

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
32-RC-253760	12/23/2019					

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48)	he petition named in t	must be accom <sub>i</sub> the petition of: (	panied b 1) the pe	y both a si etition: (2) S	nowing of interest (se Statement of Position	e 6b below) ar form (Form Ni	d a certificat RB-505): an	te of service showing s d (3) Description of Re	ervice on	
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Laboration	RC-CERTIFI	CATION OF REI	PRESEN s represe	TATIVE - A	substantial number of he employees. The Per	employees wis	h to be repres	sented for purposes of c	ollective	
2a. Name of Employer:       2b. Address(es) of Establishment(s) involved (Street and 189 Satuffer Blvd., San Jose, CA 95125										
3a. Employer Representative - Nan Cheryl Sanchez	ne and Title:		3b. Add same		ne as 2b - state same):					
3c. Tel. No. (866) 308-9097						2. Fax No. 3f. E-Mail Address Cheryl.Sanchez@stericycle.com				
4a. Type of Establishment (Factory, i Waste management	nine, whole	saler, etc.)			al Product or Service Il waste disposal			d State where unit is loc California	ated:	
5b. Description of Unit Involved: Included: All full-timemployed by the Em							35	r of Employees in Unit:		
All other employees, supe		-					of the e	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be	
Check One: 🗷 7a. Request for reconnor about (Date)		(If n	o reply re	eceived, so	state).	petition	io Employer	declined recognition		
7b. Petitioner is cur 8a. Name of Recognized or Certifie	rently recog	nized as Bargain	ing Repr	esentative a		under the Act.				
None	o Bargainii	ng Agent (II none	e, so stat	(e) 8b. Ad	ddress:					
8c. Tel. No.	8d. Cell No			8e. Fax No	<b>D</b> .	8f. E-Mail	Address			
8g. Affiliation, if any:					ecognition or Certificati			rrent or Most (Month, Day, Year)		
Is there now a strike or picketing at (Name of Labor Organization)	the Employ	ver's establishme	nt(s) invo	olved? No	) If so, approxi			s are participating? er since (Month, Day, Ye	nar)	
10. Organizations or individuals other	than Petitio	ner and those na	med in it	tems 8 and	9, which have claimed	_				
individuals known to have a repre								•		
10a. Name		10b. Address				10c. Tel. N	lo.	10d. Cell No.		
					10e. Fax No.			10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and e	election in this ma	atter, stat	te your posi	tion with respect to any	such election:			Manual/Mail	
11b. Election Date(s):		11c. Election Tir	ne(s):				on Location(s	:):		
January 10, 2020		4:00 a.m	9:00 a	.m.				d., San Jose, CA	95125	
12a. Full Name of Petitioner (includ Teamsters Local 287	ing local nai	me and number):			12b. Address (street at 1452 North Fou San Jose, CA	urth Street		ZIP code):		
12c. Full name of national or internati International Brotherhood			ich Petiti	ioner is an a	affiliate or constituent (ii	f none, so state	):			
12d. Tel. No. (408) 453-0287	· /	12-9448		· /	53-2034		ze@mail.	com		
13. Representative of the Petitione	r who will a	ccept service o	f all pape							
13a. Name and Title: Sheila K. Sexton, Attorney					ess (street and number th Street, Ste. 200					
13c. Tel. No. (510) 625-9700	13d. Cell N				25-8275		@beeson	eaviva@beeso tayer.com	ntayer.com	
I declare that I have read the above	petition ar			true to ti		dge and belief			Date	
Name (Print) Sheila K. Sexton		Signature	//	7		Attorney f	or Petitio	ner	Date 12/23/19	