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	TATES GOVERNMENT			NOT WRITE I	N THIS SPACE
	BOR RELATIONS BOARD	C	32-RC-254	195° Date	Filed 1/06/2020
and the second	PETITION			- 1	
INSTRUCTIONS: Unless e-Filed us					
in which the employer concerned					
of service showing service on the					
(Form NLRB-505); and (3) Descript			.RB 4812). The s	howing of int	erest should only be filed
with the NLRB and should not be s					1
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Relation	esires to be certified as representat tions Board proceed under its pro-	live of the employees. The oper authority pursuant t	Petitioner alleges to o Section 9 of the N	hat the followin ational Labor R	g circumstances exist and elations Act.
2a. Name of Employer Imperial Ambulance		ddress(es) of Establishmer I. Cottage St, Portervill		and number, city	, State, ZIP code)
3a. Employer Representative – Name and		3b. Address (If same a			
Scott Scheer		SAME AS ABOVE			1
Operations Director		14			
3c. Tel. No.	3d. Cell No.	3e. Fax No.		3f. E-Mail Add	
(559)784-8500	(559)359-2022				rialambulance.com
4a. Type of Establishment (Factory, mine, w Healthcare		oduct or service ransportation			and State where unit is located: ille: CA
5b. Description of Unit Involved	. Amoutance I	Tansportation		Fonterv	6a. No. of Employees in Unit:
Included: Included: All full-time and	regular part time EMT'S and	Paramedice amployed	by the employer at	or out of its	45
Tulare County operations and deploy		r aramedies employed	by the employer at	01 001 01 115	6b. Do a substantial number (30%
Excluded: Confidential employees		ns 1 and 2 couriers	crew chiefs of	fice clerical	or more) of the employees in the unit wish to be represented by the
employees, guards and supervisors as				liee eleriear	Petitioner? Yes [X] No [ ]
	recognition as Bargaining Represe		e) 1/6/2020 a	nd Employer de	clined recognition on or about
	(Date) (If no reply received, so stat				20
	urrently recognized as Bargaining F		certification under the	e Act.	120 7
8a. Name of Recognized or Certified Bar	gaining Agent (If none, so state).	8b. Address			<u> </u>
None	1				
8c. Tel No.	8d Cell No.	8e. Fax No.		8f. E-Mail Add	
8g. Affiliation, if any	1	8h. Date of Recognition of	or Certification	8i, Expiration (	Date of Current or Most Reem
				Contract, if an	
				10	- 3-620
9. Is there now a strike or picketing at the E	5 M 이번 2 M 이번 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1 M 이 1		proximately how man	y employees are	participating?
(Name of labor organization)		eted the Employer since (/	201 DVG		<u>60 N</u>
10. Organizations or individuals other than			승규가, 아파가 물건을 만들었는 것 가지 않는 것 같아요. 전 것 같아요. 전 것	presentatives and	other organizations and individuals
known to have a representative interest in a	iny employees in the unit described	in item 5b above. (If none	so statel None		
			, 30 31810/ 140110		
102 Namo	10b Address	···			
10a. Name	10b. Address	ni Theresearch	10c. Tel. No.		10d. CellaNo.
10a. Name	10b. Address				10d. CellINo. 10f. E-Mail Address
		**	10c. Tel. No.		
11. Election Details: If the NLRB conducts		ur position with respect to	10c. Tel. No.	: Manual	10f. E-Mail Address
		ur position with respect to	10c. Tel. No. 10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 2/3/2020	s an election in this matter, state yo 11c. Election Time(s): 11am	ur position with respect to	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 22 N. Cottage S	tion(s): St, Porterville,	10f. E-Mail Address X Mail Mixed Manual/Mail CA 93257
<ul> <li>11. Election Details: If the NLRB conducts any such election.</li> <li>11b. Election Date(s): 2/3/2020</li> <li>12a. Full Name of Petitioner (<i>including la</i>)</li> </ul>	s an election in this matter, state yo 11c. Election Time(s): 11am ocal name and number)		10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 22 N. Cottage 3 12b. Address (stree	tion(s): St, Porterville, et and number,	10f. E-Mail Address X Mail Mixed Manual/Mail CA 93257 city, state, and ZIP code)
11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 2/3/2020 12a. Full Name of Petitioner ( <i>Including la</i> Service Employees Internat	s an election in this matter, state yo 11c. Election Time(s): 11am 11am 11am 11am 11am 10anl Union (SEIU) Lo	cal 5000	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 22 N. Cottage S 12b. Address (stre 159 Burgin Parl	tion(s): St, Porterville, et and number,	10f. E-Mail Address X Mail Mixed Manual/Mail CA 93257 city, state, and ZIP code)
11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 2/3/2020 12a. Full Name of Petitioner ( <i>Including le</i> Service Employees Internat: 12c. Full name of national or international la	s an election in this matter, state yo 11c. Election Time(s): 11am 11am 11am 10al name and number) 10al Union (SEIU) Lo 10abor organization of which Petitione	r is an affiliate or constitue	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 22 N. Cottage S 12b. Address (stre 159 Burgin Parl nt (if none, so state)	tion(s): St, Porterville, et and number, kway, Quincy,	10f. E-Mail Address XMailMixed Manual/Mail CA 93257 city, state, and ZIP code) MA 02169
11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 2/3/2020 12a. Full Name of Petitioner ( <i>Including Ic</i> Service Employees Internat 12c. Full name of national or international k International Association of	s an election in this matter, state yo 11c. Election Time(s): 11am 11am 11am 10al name and number) 10al Union (SEIU) Lo 10abor organization of which Petitione	r is an affiliate or constitue	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 22 N. Cottage S 12b. Address (stre 159 Burgin Parl nt (if none, so state)	tion(s): St, Porterville, et and number, (way, Quincy, of Govern	10f. E-Mail Address X Mail Mixed Manual/Mail CA 93257 city, stale, and ZIP code) MA 02169 ment Employees
11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 2/3/2020 12a. Full Name of Petitioner ( <i>Including Ic</i> Service Employees Internat 12c. Full name of national or international k International Association of 12d. Tel No.	s an election in this matter, state yo 11c. Election Time(s): 11am 11am 11am 10al name and number) 10al Union (SEIU) Lo 10abor organization of which Petitione	r is an affiliate or constitue	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 22 N. Cottage S 12b. Address (stre 159 Burgin Parl nt (if none, so state)	tion(s): St, Porterville, et and number, (way, Quincy, of Govern 12g. E-Mail Ac	10f. E-Mail Address XMailMixed Manual/Mail CA 93257 city, stale, and ZIP code) MA 02169 ment Employees Idress
11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 2/3/2020 12a. Full Name of Petitioner ( <i>Including Ic</i> Service Employees International lessociation of 12c. Full name of national or international lessociation of 12d. Tel No. (951)334-6505	s an election in this matter, state yo 11c. Election Time(s): 11am 11am 11am 11am 10nal Union (SEIU) Lo 10nal Union (SEIU) Lo 10nal Origanization of which Petitione EMTs and Paramedics 12e. Cell No.	r is an affiliate or constitue s (IAEP), Nationa 121. Fax No.	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 22 N. Cottage 3 12b. Address (stre 159 Burgin Parl nt (if none, so state) al Association	tion(s): St. Porterville, et and number, (way, Quincy, Of Govern 12g. E-Mail Ac mlinville@n	10f. E-Mail Address XMailMixed Manual/Mail CA 93257 city, stale, and ZIP code) MA 02169 ment Employees Idress
11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 2/3/2020 12a. Full Name of Petitioner ( <i>including la</i> Service Employees Internat: 12c. Full name of national or international la International Association of 12d. Tel No. (951)334-6505 13. Representative of the Petitioner who	s an election in this matter, state yo 11c. Election Time(s): 11am 11am 11am 11am 10nal Union (SEIU) Lo 10nal Union (SEIU) Lo 10nal Origanization of which Petitione EMTs and Paramedics 12e. Cell No.	ocal 5000 r is an affiliate or constitue s (IAEP), Nationa 121. Fax No. for purposes of the repre	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 22 N. Cottage S 12b. Address (stre 159 Burgin Parl nt (if none, so state) al Association sentation proceedin	tion(s): St. Porterville, et and number, (wway, Quincy, Of Govern 12g. E-Mail Ac mlinville@n g.	10f. E-Mail Address XMailMixed Manual/Mail CA 93257 city, stale, and ZIP code) MA 02169 ment Employees Idress
11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 2/3/2020 12a. Full Name of Petitioner ( <i>Including Ic</i> Service Employees International lessociation of 12c. Full name of national or international lessociation of 12d. Tel No. (951)334-6505	s an election in this matter, state yo 11c. Election Time(s): 11am 11am 11am 11am 10nal Union (SEIU) Lo 10nal Union (SEIU) Lo 10nal Origanization of which Petitione EMTs and Paramedics 12e. Cell No.	r is an affiliate or constitue s (IAEP), Nationa 121. Fax No.	10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca 22 N. Cottage S 12b. Address (stre 159 Burgin Parl at (if none, so state) at Association sentation proceeding and number, city, state,	tion(s): St. Porterville, et and number, (wway, Quincy, Of Govern 12g. E-Mail Ac mlinville@n g.	10f. E-Mail Address XMailMixed Manual/Mail CA 93257 city, stale, and ZIP code) MA 02169 ment Employees Idress

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address	
SAME AS ABOVE	SAME AS ABOVE	SAME AS ABOVE	SAME AS ABOVE	4
I declare that I have read the abo	we petition and that the statements are	true to the best of my knowledge an	d belief.	21 24
Name (Print)	Signature	Title	Date	
Michael Linville	My har Ist.	Union Organizer	1-6-2020	

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. 1-2644596291

FORM NLRB-502 (RC)	UNITE	D STATES	OF AMERI	CA					DO NOT W	RITE IN THIS S	SPACE		
(2-18)			LATIONS I				Case		-RC-25	4227	Date Fil 01/1		2020
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition i named in t	must be acc he petition	ompanied of: (1) the	by b petitic	oth a sh on; (2) S	owing of interest (s tatement of Positio	see 6b on forn	below) an n (Form NL	d a certificat .RB-505); an	e of service sh d (3) Descriptio	owing se on of Rep	ervice or presenta	n ation
1. PURPOSE OF THIS PETITION: 1 bargaining by Petitioner and Petit requests that the National Labo	ioner desires	to be certifi	ed as repre	esenta	tive of th	ne employees. The P	etition	ner alleges	that the foll	owing circums	tances e		1
2a. Name of Employer: Richmond Sanitary Service,	Inc.					Establishment(s) inve Richmond, CA			number, City	, State, ZIP code	e):		
3a. Employer Representative - Nar Shawn Moberg, General N			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			e as 2b - state same rive Suite 200, S		ablo, CA	94806				
3c. Tel. No.	3d. Cell No			30	. Fax No	).		3f. E-Mail	Address		1.77		
(510) 262-1600				5	10-262-	-7185		smoberg	@republics	services.com			
4a. Type of Establishment (Factory, I	mine, wholes	saler, etc.)		4b. Principal Product or Service						d State where u	init is loca	ited:	
garbage collection				W	aste m	anagement			Richmor				
5b. Description of Unit Involved: Included:									A 200703-20050-20	er of Employees	in Unit:		
clerical dispatch									2				
Excluded:									6b. Do a s	ubstantial numb	er (30% c	or more)	
managers and supervisors									represe	mployees in the ented by the Pet	itioner?		No
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cu	no re	eply	(If no reply	recei	ived, so	state).	-6-20		id Employer o	leclined recogni	tion		
8a. Name of Recognized or Certifie					8b. Ad		on und	ler the Act.					
								ويسمد الالال واحتكار					
8c. Tel. No.	8d. Cell No	•2		8e. Fax No. 8f. E-Mail			8f. E-Mail						
8g. Affiliation, if any:				8h. D	ate of R	ecognition or Certific	ation			urrent or Most (Month, Day, Ye	ear)		
9. Is there now a strike or picketing a	t the Employ	er's establis	hment(s) ir	volve	d?	If so, appro	oximate	ely how ma	ny employee	s are participatir	1g?		
(Name of Labor Organization)										er since (Month,	1		
10. Organizations or individuals othe individuals known to have a repre										es and other org	anization	s and	
10a. Name		10b. Addres	is			( <b></b> )		10c. Tel. N	lo.	10d. Cell No.	202		
								10e. Fax N	lo	10f. E-Mail Add	Ires A	OA	ILRE .F
11. Election Details: If the NLRB co	nducts and e	election in thi	is matter, s	tate y	our posit	tion with respect to a	ny suc	h election:	11a. Electio			Man	A ECE
11b. Election Date(s): January 21, 2020		11c. Electio 10:00am		30an	1				on Location(s	a): and, CA 9480	6 <b>A</b>	Ģ	GIO
12a. Full Name of Petitioner (includ Office and Professional Emp	loyees In	ne and num ternationa	<sup>ber):</sup> Il Union I	Loca	129	12b. Address (stree 7677 Oakport \$	St., O	<i>number, cit</i> )akland,	y, State and 2 CA 94621		111:03	Å	32
12c. Full name of national or internat Office and Professional Emplo						ffiliate or constituent	t (if nor	ne, so state	):			3	
12d. Tel. No. 510-746-5960	12e. Cell N	0.		12	f. Fax N	0.		12g. E-Ma Gschwe	il Address nd@opeiu2	9.org			
13. Representative of the Petitione	r who will a	ccept servi	ce of all pa									0	
13a. Name and Title:	*	Dusiasas				ess (street and numb							
Kelly Gschwend, Secretary-	reasurer	Business	8		011 08	akport St., Oakla	anu, t	JA 9402	1	~			
13c. Tel. No.	13d. Cell N				e. Fax N		,	13f. E-Mai	1912-EX 100 24 C	0.000			
510)-746-5967	(510)-30		totow			6-5977			nd@opeiu2	a.org			
I declare that I have read the above Name (Print)	e petition ar	Sign	ature	are t	rue to th	te best of my know	Title					Date	
Kelly Gschwend			11	1		. //	10000		reasurer/Bu	isiness Rep		1-6-20	0
			6202	-	1								

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.

FORM NI DR 600 (DC)	UNITED ST	ATES OF AMERIC	•			DO NOT	WRITE IN THIS	SPACE
FORM NLRB-502 (RC) (2-18)		OR RELATIONS B			Case No.			Date Filed
	RC	PETITION				2-25458	0	01/14/2020
INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other pai Case Procedures (Form NLRE	d. The petition must ties named in the pe	be accompanied in the p	by both a s etition; (2)	howing of interest (s Statement of Positio	of this Petition to ee 6b below) an n form (Form NL	an NLRB d a certific: RB-505); a	office in the Reg ate of service sh nd (3) Descriptio	ion in which the owing service on on of Representation
1. PURPOSE OF THIS PETITIO bargaining by Petitioner and F requests that the National L	Petitioner desires to be	e certified as repres	sentative of	the employees. The P	etitioner alleges	that the fo	llowing circums	tances exist and
2a. Name of Employer:		2b. Ad	dress(es) o	f Establishment(s) invo	olved (Street and	number, Cit	y, State, ZIP cod	e):
Richmond Sanitary S	Service, Inc.	14	A Parr E	Blvd, Richmon	d, CA 948	01		
3a. Employer Representative -	Name and Title:	3b. Ad	dress (if sai	me as 2b - state same,	):			
Mr. Shawn Moberg,	General Mana	ager 32	260 Blu	me Drive Suite	e 200, San	Pablo, C	CA 94806	
3c. Tel. No.	3d. Cell No.		3e. Fax N		3f. E-Mail /		and the second	
			N /	262-7185		moberg	@republics	services.com
4a. Type of Establishment (Factor Waste Recycling & Ga	rbage Collectio			ipal Product or Service Cecycling & Garb			ind State where u ond, CA	nit is located:
5b. Description of Unit Involved Included: All full-time and		Operations Cl	arke Die	natchars and Pou	te Auditore/	6a. Numt	per of Employees	in Unit:
Dispatchers empl			1995 B 199			3		
Excluded: All managers, gu					, reconnection	6b. Do a of the	substantial numb employees in the	unit wish to be
Check One: 🗐 7a. Request for	recognition as Barga	ining Representativ	e was mad	e on (Date) By	petition an		ented by the Pet declined recogni	
on or about (Da		(If no reply i	S. C. A. B. C. M. M 10	o state).	pennen			
8a. Name of Recognized or Cer	and the second se		the second s	and desires certification address:	on under the Act.			
oa. Name of Necoginized of oa	tilled barganing Ag	ent (" none, so sia	100.1	uu 633.				
none								
8c. Tel. No.	8d. Cell No.		8e. Fax N	lo.	8f. E-Mail A	ddress		
8g. Affiliation, if any:		8	h. Date of F	Recognition or Certifica			Current or Most (Month, Day, Ye	ear)
9. Is there now a strike or picketing	ng at the Employer's e	stablishment(s) inv	olved? NI	If so, appro	ximately how ma	ny employe	es are participatin	ng?
(Name of Labor Organization)			11	<u> </u>	, has picketed	the Emplo	yer since (Month,	Day, Year)
10. Organizations or individuals of individuals known to have a re							ves and other org	anizations and
none								
10a. Name	10b. /	Address			10c. Tel. No.		10d. Cell No.	
					10e. Fax N	10e. Fax No.		Iress
11. Election Details: If the NLRB	conducts and electio	n in this matter, sta	te your pos	ition with respect to an	y such election:	11a. Electio		Mixed Manual/Mail
11b. Election Date(s): Tuesday 1/21/202	0 110. 8	Election Time(s): 0:00 - 10:30	a.m.			ence roo		oyer's premises
12a. Full Name of Petitioner (inc		d number):		12b. Address (street				
Teamsters Local Un	ion No. 315			2727 Alhan	nbra Ave, N	Aartine	z, CA 9455	3
12c. Full name of national or inter International Brothe					and the second		Amoniaa	
12d. Tel. No.	12e. Cell No.	insters, Chat	12f. Fax N		12g. E-Mai		America	
925-228-2246	925-374-23		925-22	28-1612	drodrig	guez@to	eamster315	.com
13. Representative of the Petition 13a. Name and Title:	oner who will accept	service of all pap						
Caren P. Sencer, Atto	orney			ess <i>(street and numbe</i> erg, Roger & Ros Iarina Village Par			meda CA 945	501
13c. Tel. No.	13d. Cell No.		13e. Fax I		13f. E-Mail			
510-337-1001			510-33	7-1023	NLRBn		unioncounse	el.net
I declare that I have read the ab	ove petition and that		re true to t	he best of my knowle	1			PH-10
Name (Print)		Signature			Attorney			Date
Caren P. Sencer		000		AND AND AND AND	rationey			1/14/2020

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 involve its processes.

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FORM NLRB-502 (RC)	UNIT	ED STATES OF	AMERIC	A				DO NOT W	WRITE IN THIS	SPACE		10
(2-18)		RC PETITIC	TIONS BO			Case	№. 32-RC-	25481	4	Date File		020
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	must be accom the petition of: (	panied L (1) the pe	by both a etition; (2	showing of interest (s) Statement of Position	see 6b on form	below) and (Form NLF	a certificat RB-505); an	te of service sh d (3) Descriptio	nowing se on of Rep	ervice or resentation	n tíon
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labor	ioner desire	s to be certified a	as repres	entative of	of the employees. The F	Petition	ner alleges t	that the foll	owing circums	tances ex		
2a. Name of Employer:			2b. Add	dress(es)	of Establishment(s) inv	volved (	Street and n	umber, City	, State, ZIP cod	e):		
Trayer Engineering Corp	oration				rado Street, San							
3a. Employer Representative - Nan	ne and Title	:	3b. Add	dress (if s	ame as 2b - state same	e):	700			88440X		
Keith Thorndyke, Presid			San	ne								
3c. Tel. No.	3d. Cell No	D.		3e. Fax	No.	- 1	3f. E-Mail A	ddress				
415-361-5572		2					kthornd	lyke@tr	ayer.com			
4a. Type of Establishment (Factory,	mine, whole	saler, etc.)		4b. Prin	cipal Product or Service	e			d State where L	unit is loca	ited:	
manufacturing plant				Electri	cal distribution system	compo	onents	San Lea	andro, CA			
5b. Description of Unit Involved:	е		5 375-73	<b>.</b>	1			6a. Numbe	or of Employees	in Unit:		
Included: All full time and regu Operators employed b	by the Emp	ployer.						21	÷		_	
Excluded: Any employees not en Managerial, Profession						perviso	ory,	of the e	ubstantial numb employees in the ented by the Pel	e unit wish	to be	□ No
Check One: X 7a. Request for rec	•					17-202	20 and	Employer	declined recogni	ition		
on or about (Date)					so state). re and desires certificati	ion und	lor the Act					
8a. Name of Recognized or Certifie					Address:	ion und	iei tile Act.			2		
None										2020		Z
Tione										JAN	0	5
Pa Tal Na	Red Coll No			100 500	No			ddroop				6 A
8c. Tel. No.	8d. Cell No	<b>J</b> .		8e. Fax	INO.		8f. E-Mail A	uaress			Ē	RO
8g. Affiliation, if any:				h Date o	f Recognition or Certific	ation		n Date of C	urrent or Most		Z	mm
og. Annation, it any.			ľ	n. Date c	r newgrinton or certain				(Month, Day, Ye	ear) R	0	GION
0 h th					- 16		-1					- diam
9. Is there now a strike or picketing a	t the Emplo	yer's establishme	ent(s) inv	olved r	NO II SO, appro		- S	10 - 10 - S	s are participation		P	N
(Name of Labor Organization)									er since (Month			10
10. Organizations or individuals othe									es and other org	janization	s and	
individuals known to have a repre	esentative in	iterest in any emp	ployees i	n the unit	described in item 5b at	bove. (I	ir none, so si	lale)				
None											<u>.                                    </u>	
10a. Name		10b. Address					10c. Tel. No	1.8	10d. Cell No.			
	3	1				H	ton Fou Ma		10f. E-Mail Ad	d	-	
							10e. Fax No		TUT. E-IVIAN AQ	Jress		
11. Election Details: If the NLRB co	nducte and	oloction in this m	ottor eta	to your p	ocition with recorded to a		h election:	11a. Electio	n Type:			
The NERB CON Details. If the NERB CO	nuucis anu	election in this m	latter, sta	lie your p	Armour Globe elec	····	The second se	X Manua		Mixed	Manual	I/Mail
11b. Election Date(s):		11c. Election Ti	ma(s).	1		CINES SHOW DATE	11d. Election	- Contraction of the second se	or <b>L</b> anabar e		Mandar	nvian
Monday, February 10, 2020		9:00 am - 10:							same address	above		
12a. Full Name of Petitioner (includ	ling local na				12b. Address (stree		1991-359					
International Brotherhood of I				1245	30 Orange T							
12c. Full name of national or internat	ional labor o	organization of w	hich Petit	tioner is a	in affiliate or constituent	t (if non	ne, so state):					
International Brotherhood of I												
12d. Tel. No.	12e. Cell N			12f. Fa	ĸ No.	T	12g. E-Mail	Address				
707-452-2700	916-439			1				w1245.co	m			
13. Representative of the Petitione	r who will a	accept service o	of all pap	ers for p	urposes of the repres	entatio	n proceedi	ng.	C159			
13a. Name and Title:					Idress (street and numb							
Rick Thompson, Organizer	ę.			30 O	ange Tree Circle, Va	acavill	le, CA 956	87				
13c. Tel. No.	13d. Cell N			13e. Fa	x No.		13f. E-Mail /					
916-439-9937		39-9937		1				ew1245.co	m			
I declare that I have read the above	e petition a	the second se		ire true	the best of my know				10112			
Name (Print)		Signatur	15	The	Tent	Title					Date	2020
Rick Thompson			ALK	Th	mpph	<u></u>	rganizer				01-17-	-2020
WILLFUL FALSE STA	TEMENTS	ON THIS PETITI	ION CAN	BE PUN	ISHED BY FINE AND I	IMPRIS	ONMENT (	U.S. CODE.	TITLE 18, SEC	TION 100	)1)	

Solicitation of the information 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.

FORM NLRB-502 (RC) (4-15)

	ES GOVERNMENT		DO NOT WRITE	IN THIS SPACE
	TITIONS BOARD	Case No.	RC-255054	Date Filed 01/23/2020
	is located. The petitie employer and all othe	on must be accompanied by er parties named in the petit	both a showing of inter ion of: (1) the petition; (2	
with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-CL bargaining by Petitioner and Petitioner	ERTIFICATION OF REPRE	SENTATIVE - A substantial number		
requests that the National Labor Rel				
2a. Name of Employer MV Transportation, Inc.	in the second	2b. Address(es) of Establishme 601 Walter Ave, Pinole,	CA 94564	iber, city, State, ZIP code)
3a. Employer Representative – Name ar Peter Edwards, General Manage	er		Santa Rosa, CA 9540	
3c. Tel. No. (707) 546-1999	3d. Cell No. (707) 843-0360	3e. Fax No. (707) 546-2086		Mail Address ards@mvtransit.com
4a. Type of Establishment (Factory, mine, Transportation Services		ncipal product or service portation	1.03	5a. City and State where unit is located: Pinole, CA
5b. Description of Unit Involved				6a. No. of Employees in Unit.
Included: All fulltime and reg	gular part-time Ma	aintenance Mechanics	and Service Work	ers. 8 6b. Do a substantial number (30%
Excluded: All others.				or more) of the employees in the unit wish to be represented by the Petitioner? Yes 🔽 No
	(Date) (If no rep	epresentative was made on (Date) ly received, so state). gaining Representative and desires		over declined recognition on or about
8a. Name of Recognized or Certified Ba none	rgaining Agent (If none, s	o state). 8b. Address		
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-N	Mail Address
8g. Affiliation, if any		8h. Date of Recognition		piration Date of Current or Most Recent act, if any (Month, Day, Year)
<ol> <li>Is there now a strike or picketing at the I (Name of labor organization)</li> </ol>	Employer's establishment(s	) involved? No If so, appro		s are participating?
10. Organizations or individuals other than known to have a representative interest in		d in items 8 and 9, which have clair	med recognition as represental	tives and other organizations and individuals
none 10a. Name	10b. Address		10c. Tel. No.	10d. Cell No.
			10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conduct any such election.	ts an election in this matter,	state your position with respect to	11a. Election Type:	lanual MailMixed Manual/Mail
11b. Election Date(s): Friday, February 7, 2020	11c. Election Ti To Be Determin		11d. Election Location(s): Break room at Employer's	location
12a. Full Name of Petitioner (including I East Bay Automotive Machinists Lodge		190	12b. Address (street and n 10260 Macarthur Blvd., O	umber, city, state, and ZIP code) akland, CA 94605
12c. Full name of national or international I International Association of Machinists a			nt (il none, so state)	
12d. Tel No. (925) 687-6421 x 16	12e. Cell No. (925) 550-0586	121. Fax No.	12g. E (b) (6	-Mail Address ), (b) (7)(C)
13. Representative of the Petitioner who	will accept service of all	papers for purposes of the repre		
13a. Name and Title Caren P. Se	encer, Attorney	13b. Address (street an Weinberg, Roger & Rosen	nd number, city, state, and ZIP leld ,1001 Marina Village Parkway,	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023		Mail Address lices@unioncounsel.net
I declare that I have read the above petit	tion and that the statemer	its are true to the best of my kno	wledge and belief.	
Roberta D. Perkins	then & +	Attorney	1/2	ite 3/2020
WILLFUL FALSE STATEM	ENTS ON THIS PETITION	CAN BE PUNISHED BY FINE AND	IMPRISONMENT (U.S. COD	DE, 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.

1\1065867

UNITED STATE	S GOVERNMENT		DO NO	WRITE IN THIS	SPACE	
	RELATIONS BOARD	Case No.	DC 255120	Date F		
	TITION	and the second se	-RC-255130		01/24/2020	
INSTRUCTIONS: Unless e-Filed us in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Descrip with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Rela 2a. Name of Employer FAA Concord T, Inc., dba Conco 3a. Employer Representative – Name an Michael Mourelatos, GM 3c. Tel. No.	is located. The petition mu employer and all other part tion of Representation Case served on the employer or a RTIFICATION OF REPRESENTA lesires to be certified as represent tions Board proceed under its p 2b. rd Toyota	est be accompanied by ties named in the petiti e Procedures (Form NL any other party. NTIVE - A substantial number ative of the employees. The	both a showing of on of: (1) the peti RB 4812). The s r of employees wish t Petitioner alleges the Section 9 of the N tt(s) involved (Street Dencord, CA 9452	of interest (se- ition; (2) State howing of inter o be represented hat the following ational Labor Re and number, city,	n NLRB office in the Region e 6b below) and a certificate ment of Position form erest should only be filed for purposes of collective g circumstances exist and elations Act. State, ZIP code)	
925- 682-7131		925-609-7613		urelatos@concordtoyota.com		
4a. Type of Establishment (Factory, mine, Automotive Dealership		oroduct or service Sales and Service		5a. City a Concord	and State where unit is located: d, CA	
5b. Description of Unit Involved					6a. No. of Employees in Unit:	
Included: All Full Time and Excluded: All other employe		vice Advisors.		-	8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No	
H	ecognition as Bargaining Represer (Date) (If no reply receiv urrently recognized as Bargaining	ved, so state).			ined recognition on or about	
8a. Name of Recognized or Certified Bar none	gaining Agent (If none, so state)	8b. Address				
8c. Tel No.	8d Cell No.	8e. Fax No.		8f. E-Mail Addr	ess	
8g. Affiliation, if any	4	8h. Date of Recognition o	r 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 E				I mployees are par	ticipating?	
	, has pi					
<ol> <li>Organizations or individuals other than known to have a representative interest in a none</li> </ol>				presentatives and	other organizations and individuals	
10a. Name	10b. Address		10c. Tel. No.		10d. Cell No.	
			10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	s an election in this matter, state ye	our position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): Friday, February 7, 2020	11c. Election Time(s): To Be Determined		11d. Election Loca 1900 Bates Avenu		cord, CA 94520-1239	
12a. Full Name of Petitioner (including lo Machinists Automotive Trades District Lo	ocal name and number)	1173	12b. Address (stre	et and number, c	ity, state, and ZIP code) cord, CA 94520-1239	
12c. Full name of national or international la International Association of Machinists an			nt (if none, so state)			
12d, Tel No. 925-687-6421	12e. Cell No.	12f. Fax No. 925-685-4116		12g. E-Mail Ad jjuarez1173@s		
13. Representative of the Petitioner who	will accept service of all papers	for purposes of the repres	sentation proceedin	g.		
13a. Name and Title David W.M.	Fujimoto, Attorney	13b. Address (street and Weinberg, Roger & Rosenfe			, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023		13f. E-Mail Add nlrbnotices@ur	lress nioncounsel.net	
I declare that I have read the above petit	on and that the statements are t	true to the best of my know	vledge and belief.			
	gnature	Title		Date	0000	
	NTS ON THIS PETITION CAN BE		IMPRISONMENT /	January 24		
WILLFUL FALSE STATEME	IT ON THIS FETTION CAN BE	FORISHED BT FINE AND	IN RISCHWENT (U	CODE, IIILE	10, 5201101 1001)	

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					DO NOT	WRITE IN TH	IIS SPACE
NATIONAL LABOR	RELATIONS BOA	ARD		Case No.		Dat	e Filed
RC PE	ΓΙΤΙΟΝ			32-F	RC-255463		01/30/2020
INSTRUCTIONS: Unless e-Filed us	ina the Aaenc	v's website, ww	vw.nlrb.a				
in which the employer concerned i							
					-		
of service showing service on the							
(Form NLRB-505); and (3) Descript	ion of Repres	entation Case P	Procedure	es (Form NLI	RB 4812). The sl	howing of i	nterest should only be filed
with the NLRB and should not be s	erved on the	employer or any	y other p	arty.			
1. PURPOSE OF THIS PETITION: RC-CE					of employees wish to	be represent	ed for purposes of collective
bargaining by Petitioner and Petitioner de	esires to be certifi	ied as representa iv	e of the en	nployees. The l	Petitioner alleges th	nat the follow	ing circumstances exist and
requests that the National Labor Relat	ions Board proc						
2a. Name of Employer					(s) involved (Street a	and number, c	ity, State, ZIP code)
Willow Rock Center — Telecare		2050	Fairmon	t Dr., San Le	eandro 94578		
3a. Employer Representative – Name and	Title		3b. Add	ress (If same as	2b – state same)		
Julie Hodges, Administrator			Same				
3c. Tel. No. 3d. Cell No. 3e.				No.		3f. E-Mail Ad	Idress
510-895-5502							telecarecorp.com
4a. Type of Establishment (Factory, mine, w	(holosalar ato	4b. Principal proc					y and State where unit is located:
Mental Health Facility	noiesaier, eic j	Counseling &					eandro, CA.
		Courseiing a	wenta	Healincale		Sali L	
5b. Description of Unit Involved		0					6a. No. of Employees in Unit:
Included: All full-time and part-time Reg	Istered Nurses,	Social Workers, Lic	censed vo	cational Nurses	, Adolescent Couns	elors, iviedica	1 45
Records Clerks, Rehabilitation	1 Activity Leader	s, Maintenance Te	CNS/HOUSE	ekeepers and Li	censed Psychiatric	rechnicians.	6b. Do a substantial number (30% or more) of the employees in the
Excluded:							unit wish to be represented by the
All other classifica ions, including	g but not limited to	guards, managers,	confidentia	al employees and	l supervisors as defin	ed by the Act.	Petitioner? Yes V No
			t	ada an (Data) I	0.1 00	d Constants d	
Check One: 7a. Request for re					y this petition an	a Employer a	eclined recognition on or about
		(If no reply received					
			epresentati		certification under the	e Act.	
8a. Name of Recognized or Certified Barg	jaining Agent (I	f none, so state).		8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax I	NO.		8f. E-Mail Ad	Idress
	L				<b>a</b> (15 ()		
8g. Affiliation, if any			8h. Date o	f Recognition or	Certification		Date of Current or Most Recent
						Unknown	any (Month, Day, Year)
9. Is there now a strike or picketing at the E	nployer's establis	snment(s) involved	<u>' No</u>	If so, approx	imately now many er	npioyees are	participating?
(Name of labor organization)		, has pick	eted the Er	mployer since (I	Month, Day, Year)		
10. Organizations or individuals other than F	Petitioner and the	se named in items	8 and 9 w	hich have claim	ed recogni ion as ren	resentatives a	nd other organizations and individuals
known to have a representative interest in a							ind other organizations and individuals
None							
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts	an election in th	is matter, state your	r position w	vith respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
any such election.							
11b. Election Date(s):					11d Election Loca	tion(c):	
		lection Time(s):			11d. Election Loca	uon(s).	
2/19/20	6a-8a;1	1a-1p; 6p-8p			Employer's facility		
12a. Full Name of Petitioner (including lo	6a-8a;1 cal name and n	1a-1p; 6p-8p			Employer's facility 12b. Address (stree	et and numbe	r, city, state, and ZIP code)
12a. Full Name of Petitioner ( <i>including lo</i> Service Employees International Un	6a-8a;1 cal name and no ion, United H	l1a-1p; 6p-8p umber) ealthcare Worke			Employer's facility 12b. Address (stree 560 Thomas L.	et and numbe	r, city, state, and ZIP code) y, Oakland, CA 94612
12a. Full Name of Petitioner ( <i>including lo</i> Service Employees International Un 12c. Full name of national or international la	6a-8a;1 cal name and no ion, United H bor organization	l1a-1p; 6p-8p umber) ealthcare Worke			Employer's facility 12b. Address (stree 560 Thomas L.	et and numbe	
12a. Full Name of Petitioner ( <i>including lo</i> Service Employees International Un 12c. Full name of national or international la Service Employees International Un	6a-8a; cal name and nu iion, United H bor organization ion	l1a-1p; 6p-8p umber) ealthcare Worke	is an affilia	te or constituent	Employer's facility 12b. Address (stree 560 Thomas L.	et and numbe Berkley Wa	y, Oakland, CA 94612
12a. Full Name of Petitioner ( <i>including lo</i> Service Employees International Un 12c. Full name of national or international la Service Employees International Un 12d. Tel No.	6a-8a;1 cal name and no ion, United H bor organization	l1a-1p; 6p-8p umber) ealthcare Worke	is an affilia 12f. Fax	ite or constituent	Employer's facility 12b. Address (stree 560 Thomas L.	et and numbe	y, Oakland, CA 94612
<b>12a. Full Name of Petitioner</b> ( <i>including lo</i> Service Employees International Un 12c. Full name of national or international la Service Employees International Un 12d. Tel No. (510) 251-1250	6a-8a;1 cal name and no nion, United H bor organization ion 12e. Cell No.	1a-1p; 6p-8p umber) ealthcare Worke of which Petitioner	is an affilia 12f. Fax (510) 76	ite or constituent No. 53-2680	Employer's facility 12b. Address (stre 560 Thomas L. t (if none, so state)	et and numbe. Berkley Wa 12g. E-Mail	y, Oakland, CA 94612
12a. Full Name of Petitioner ( <i>including lo</i> Service Employees International Un 12c. Full name of national or international la Service Employees International Un 12d. Tel No.	6a-8a;1 cal name and no nion, United H bor organization ion 12e. Cell No.	1a-1p; 6p-8p umber) ealthcare Worke of which Petitioner	is an affilia 12f. Fax (510) 76	ite or constituent No. 53-2680	Employer's facility 12b. Address (stre 560 Thomas L. t (if none, so state)	et and numbe. Berkley Wa 12g. E-Mail	y, Oakland, CA 94612
12a. Full Name of Petitioner (including lo         Service Employees International Un         12c. Full name of national or international la         Service Employees International Un         12d. Tel No.         (510) 251-1250         13. Representative of the Petitioner who	6a-8a;1 cal name and no nion, United H bor organization ion 12e. Cell No. will accept servi	1a-1p; 6p-8p umber) ealthcare Worke of which Petitioner ice of all papers fo	is an affilia 12f. Fax (510) 76 pr purpose	te or constituent No. 53-2680 s of the repres	Employer's facility 12b. Address (stre 560 Thomas L. t (if none, so state)	et and numbe Berkley Wa 12g. E-Mail <b>g.</b>	y, Oakland, CA 94612 Address
12a. Full Name of Petitioner (including lo         Service Employees International Un         12c. Full name of national or international la         Service Employees International Un         12d. Tel No.         (510) 251-1250         13. Representative of the Petitioner who	6a-8a;1 cal name and no nion, United H bor organization ion 12e. Cell No. will accept servi	1a-1p; 6p-8p umber) ealthcare Worke of which Petitioner ice of all papers fo	is an affilia 12f. Fax (510) 76 or purpose 13b. Add	ite or constituent No. 63-2680 es of the repres	Employer's facility 12b. Address (stre 560 Thomas L. t (if none, so state) entation proceeding	et and numbe Berkley Wa 12g. E-Mail g. and ZIP code	y, Oakland, CA 94612 Address
12a. Full Name of Petitioner (including lo         Service Employees International Un         12c. Full name of national or international la         Service Employees International Un         12d. Tel No.         (510) 251-1250         13. Representative of the Petitioner who	6a-8a;1 cal name and no nion, United H bor organization ion 12e. Cell No. will accept servi	1a-1p; 6p-8p umber) ealthcare Worke of which Petitioner ice of all papers fo	is an affilia 12f. Fax (510) 76 or purpose 13b. Add	te or constituent No. 63-2680 se of the repres dress (street and rina Village Parl	Employer's facility 12b. Address (stree 560 Thomas L. t (if none, so state) entation proceeding number, city, state,	et and numbe Berkley Wa 12g. E-Mail g. and ZIP code neda, CA 945 13f. E-Mail A	y, Oakland, CA 94612 Address ) 01 Address
12a. Full Name of Petitioner (including lo Service Employees International Un 12c. Full name of national or international la Service Employees International Un 12d. Tel No. (510) 251-1250         13. Representative of the Petitioner who 13a. Name and Title	6a-8a;1 ical name and no nion, United H ibor organization ion 12e. Cell No. will accept servi	1a-1p; 6p-8p umber) ealthcare Worke of which Petitioner ice of all papers fo	is an affilia 12f. Fax (510) 76 or purpose 13b. Add 1001 Ma	te or constituent No. 63-2680 es of the repres dress (street and rina Village Part K No.	Employer's facility 12b. Address (stree 560 Thomas L. t (if none, so state) entation proceeding number, city, state,	et and numbe Berkley Wa 12g. E-Mail g. and ZIP code neda, CA 945 13f. E-Mail A	y, Oakland, CA 94612 Address ) 01
12a. Full Name of Petitioner (including lo         Service Employees International Un         12c. Full name of national or international la         Service Employees International Un         12d. Tel No.         (510) 251-1250         13. Representative of the Petitioner who         13a. Name and Title         Bruce A         13c. Tel No.	6a-8a;1 ical name and no nion, United Hu bor organization ion 12e. Cell No. will accept servi Harla 13d. Cell No.	I 1a-1p; 6p-8p aumber) ealthcare Worke of which Petitioner ice of all papers fo	is an affilia 12f. Fax (510) 76 <b>or purpose</b> 13b. Add 1001 Ma 13e. Fax (510) 33	te or constituent No. 63-2680 es of the repres dress (street and rrina Village Part (No. 37-1023	Employer's facility 12b. Address (stre 560 Thomas L. t (if none, so state) entation proceeding number, city, state, kway, Suite 200, Alar	et and numbe Berkley Wa 12g. E-Mail g. and ZIP code neda, CA 945 13f. E-Mail A bharland	y, Oakland, CA 94612 Address ) 01 Address
12a. Full Name of Petitioner (including lo         Service Employees International Un         12c. Full name of national or international la         Service Employees International Un         12d. Tel No.         (510) 251-1250         13. Representative of the Petitioner who         13a. Name and Title         Bruce A         13c. Tel No.         (510) 337-1001         I declare that I have read the above petiti	6a-8a;1 cal name and no nion, United H bor organization ion 12e. Cell No. will accept servi Harla 13d. Cell No. on and that the	I 1a-1p; 6p-8p aumber) ealthcare Worke of which Petitioner ice of all papers fo	is an affilia 12f. Fax (510) 76 <b>or purpose</b> 13b. Add 1001 Ma 13e. Fax (510) 33 <b>et othe be</b>	te or constituent No. 63-2680 es of the repres dress (street and rrina Village Part (No. 37-1023	Employer's facility 12b. Address (stre 560 Thomas L. t (if none, so state) entation proceeding number, city, state, kway, Suite 200, Alar	et and numbe Berkley Wa 12g. E-Mail 12g. E-Mail 9. and ZIP code neda, CA 945 13f. E-Mail bharlanc nlrbnotic	y, Oakland, CA 94612 Address 0 01 Vddress @unioncounsel.net;
12a. Full Name of Petitioner (including lo         Service Employees International Un         12c. Full name of national or international la         Service Employees International Un         12d. Tel No.         (510) 251-1250         13. Representative of the Petitioner who         13a. Name and Title         Bruce A         13c. Tel No.         (510) 337-1001         I declare that I have read the above petition	6a-8a;1 ical name and no nion, United Hu bor organization ion 12e. Cell No. will accept servi Harla 13d. Cell No.	Ila-1p; 6p-8p umber) ealthcare Worke of which Petitioner ice of all papers fo nd statements are tru	is an affilia 12f. Fax (510) 76 <b>or purpose</b> 13b. Add 1001 Ma 13e. Fax (510) 33	te or constituent No. 63-2680 <b>is of the repres</b> dress <i>(street and</i> rrina Village Part (No. 37-1023 <b>est of my know</b>	Employer's facility 12b. Address (stre 560 Thomas L. t (if none, so state) entation proceeding number, city, state, kway, Suite 200, Alar	et and numbe Berkley Wa 12g. E-Mail 9. and ZIP code neda, CA 945 13f. E-Mail bharlanc nlrbnotic Date	y, Oakland, CA 94612 Address 0 01 Vddress @unioncounsel.net;

PRIVACY ACT STATEMENT

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FORM NLRB-502 (RC) (2-18) UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**  DO NOT WRITE IN THIS SPACE
Date Filed

Case No. 32-RC-255506

01/30/2020 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 Peti ioner and Pe itioner desires to be certified as representa ive 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 3108 Alum Rock Ave. San Jose. CA 95127 Peter's Bakery 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Cassy Peters, Owner Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address cassy@petersbakery.com (408) 258-3529 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service **Bakery Retail Baked Goods** San Jose, CA 5b. Description of Unit Involved: 6a Number of Employees in Unit: Included: All fulltime and regular part-time Managing Clerks, Head Clerks, Approximately 10 Journeyperson, Apprentice Clerks. 6b Do a substantial number (30% or more) of he employees in the unit wish to be Excluded: All managers, guards and supervisors as defined by the Act. represented by the Peti ioner? Yes 🗆 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. Peti ioner is currently recognized as Bargaining Representative and desires certification under the Act. (Anticipatory Withdrawal) 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 240 S. Market St., San Jose, CA 95113 United Food & Commercial Workers Union, Local 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. (408) 998-0428 dtyssen@ufcw5.org 8h. Date of Recognition or Certification Approximately 45 years ago 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) March 15, 2020 8g. Affiliation, if any: United Food & Commercial Workers Union, AFL-CIO, CLC 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 recogni ion as representa ives 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) See 12 below 10a. Name 10b. Address 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: X Manual Aail Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 10:00 a.m. – 11:00 a.m. Friday, February 14, 2019 Break Room at Employer's premises 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): United Food & Commercial Workers Union, Local 5 240 S. Market St. San Jose, CA 95113 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food & Commercial Workers Union, AFL-CIO, CLC 12d Tel. No. 12e Cell No. 12f Fax No 12g E-Mail Address (408) 998-0428 dtyssen@ufcw5.org 13. Representative of the Petitioner who will accept service of all papers for for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Weinberg, Roger & Rosenfeld Caren P. Sencer, Attorney 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 13d Cell No 510-337-1001 510-337-1023 NLRBnotices@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) Signature Date Title Caren P. Sencer Attorney 1/30/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT 1/1067323

Solicitation of the informa ion on this form is au horized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist he Na ional Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for he information are fully set forth in the Federal Register, 71 Fed. Reg. 74942.43 (Dec. 13, 2006). The NLRB will fur her explain these uses upon request. Disclosure of his informa ion to he NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE			
	BOR RELATIONS		1	Case No. Date Filed			
	PETITIC						
				32-RD-254598		01/14/2020	
INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned i	is located. The	e petition mus	t be accompanied by	both a showing of	interest (se	ee 6b below) and a certificate	
of service showing service on the							
(Form NLRB-505); and (3) Descript				.KB 4012). The sho	wing of in	terest should only be filed	
with the NLRB and should not be s	served on the	employer or al	ny other party.		(		
1. PURPOSE OF THIS PETITION: RD-D	ECERTIFICATIO	N (REMOVAL OF	REPRESENTATIVE) - As	substantial number of em	nployees asse	ert that the certified or currently	
recognized bargaining representative is	no longer their rep	presentative. The	Petitioner alleges that th	e following circumstan	nces exist an	d requests that the National	
Labor Relations Board proceed under	r its proper autho						
2a. Name of Employer	Æ.		ddress(es) of Establishmer		a number, city	, State, ZIP code)	
J.M. Equipment Company, Inc.		321	Spreckels Ave. Mantee	and the second se			
3a. Employer Representative - Name and	d Title		3b. Address (If same a				
Rosario De Lopez	1		SAME AS ABOVE			· · · · · · · · · · · · · · · · · · ·	
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add		
209.275.6241	209.321.159				and a second sec	mequipment.com	
4a. Type of Establishment (Factory, mine, w	wholesaler, etc.)		oduct or service	and the second		and State where unit is located:	
Repair shop		Service ar				ca, Fresno, Patterson, West	
		100 C C C C C C C C C C C C C C C C C C	- Coorona			nento, and Merced, CA	
th Decent of		1 nanuning (	equipment				
5b. Description of Unit Involved				10		6a. No. of Employees in Unit:	
Included: All full-time and regular p						84	
planned maintenance mechanics, class						6b. Do a substantial number (30%	
at its facilities located at 321 Sprecke						or more) of the employees in the	
						unit no longer wish to be represented by the certified or	
33, Patterson, CA 95363; 610 Housto	on St., west Sa	Maniento, CA	7 JUFT and 635 Martin	Lumer King Jr. Way,	, merced,	currently recognized bargaining	
CA 95341	1			1.4		representative? Yes [ X ] No	
Excluded: confidential employees, o	cierical employe	ees, guards, and	a supervisors as defined	1 in the Act.		[]	
Oheeh O		alat F					
Check One:7a. Request for re			tative was made on (Date)	and	Employer dec	clined recognition on or about	
		(If no reply receive					
		d as Bargaining F	Representative and desires	certification under the A	ict.		
8a. Name of Recognized or Certified Bar			8b. Address		ante dans		
see attached			see attached	d	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
8c. Tel No.	Bd Cell No.	1- 12.11 E.C.	8e. Fax No.		Bf. E-Mail Add	dress	
see attached	see attached	1	see attached		See attache	d	
					Date of Current or Most Recent		
8g. Affiliation, if any			8h. Date of Recognition of	or Certification	SI. EXDiration	Date of cultern of Most Recent	
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International Association of Machin	ists & Aerospac	ce Workers,		or Certification 6	Contract, if an March 15,	ny (Month, Day 🗃 ar)	
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Petition for J.M. Equipment Company, Inc.

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(8A) IAM&AW, AFL-CIO Machinists Automotive District Lodge #190, Local Lodges #1528, #2182 and #653

(8B) District Lodge #190- 8201 Capwell Dr., Oakland, CA 94621 Lodge 1528- 713 16<sup>th</sup> Street, Modesto, CA 95354 Lodge 2182 – 967 Venture Court, Sacramento, CA 95825 Lodge 653- 544 West Olive Ave. Fresno, CA 93728

(8C) District Lodge #190- 510.632.3661 Lodge 1528- 209.529.9210 Lodge 2182- 916.929.1040 Lodge 653- 559.264.2815

8D District Lodge #190-unk Lodge 1528- Paul Abarca 530.510.1164 Lodge 2182 Paul Abarca 530.510.1164 Lodge 653-Unk

8E District Lodge #190- unk Lodge 1528- unk Lodge 2182 -unk Lodge 653-unk

8F District Lodge #190- Don Crosatto (b) (6), (b) (7)(C)
Lodge 1528- Paul Abarca machinists2182@gmail.com
Lodge 2182 – Paul Abarca machinists2182@gmail.com
Lodge 653- Jeremy Celaya- iamaw653@comcast.net
(b) (6), (b) (7)(C)

OAKLAND, CA