FORM NLRB-502 (RC)		UNITED STATE	ATES OF AMERICA DO NOT WRITE IN THIS SPAC					PACE	
(2-18)		IONAL LABOR RE			Case No.			Date Filed	
	RC PETI	TION			32-	RC-25757	8	03/06/2020	
INSTRUCTIONS: Unless e-Filed	using the Agency	's website, www.	nlrb.go	ov/, submit an original of	this Petition	to an NLRB of	fice in the Regi	on in which the	
employer concerned is located. T employer and all other parties nar Procedures (Form NLRB 4812). Th	ned in the petition	of: (1) the petition	: (2) St	tatement of Position form	(Form NLRB	-505); and (3) L	Description of Re	epresentation Case	
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labo	ioner desires to be	certified as represe	entative	of the employees. The Pet	titioner alleg	es that the follo	wing circumsta	nces exist and	
2a. Name of Employer:		2b. Ad	dress(e	es) of Establishment(s) invo	olved (Street	and number, Cit	y, State, ZIP cod	e):	
Audio Visual Services PSAV Presentation Se		. dba See	e Att	tachment 1					
3a. Employer Representative - Nam				if same as 2b - state same,					
Jeff Hendricks, Regio		enues 16.	-	Arthur St, Cerrito					
3c. Tel. No.	3d. Cell No.		3e. Fa	ax No.		ail Address dricks@ps	av.com		
4a. Type of Establishment (Factory, r	nine, wholesaler, e	tc.)		rincipal Product or Service		The second se	nd State where u	unit is located:	
Services			Ve	enue and event ma	anageme	nt Mon	terey, CA		
5b. Description of Unit Involved: Included: All full-time and					cians,	6a Numb 11	er of Employees	in Unit:	
technical specialists, tec						6h Do au	ubstantial number	or (20% or more)	
Excluded: All other employ under the Act.	ees, includi	ng guards, o	mce	e ciericais, and su	pervisor	ubstantial number (30% or more) employees in the unit wish to be ented by the Petitioner? X Yes No			
Check One: X 7a. Request for re on or about (Date)		(If no reply r	eceived	d, so state).			declined recognit	ion	
8a. Name of Recognized or Certifie				ative and desires certification	under the	-o.			
None 8c. Tel. No.	8d. Cell No.		IRO E	ax No.	8f E-M	ail Address			
oc. 1ei. No.	ou. Cen No.		00.10		01. 2.1				
8g. Affiliation, if any:		8	h. Date	e of Recognition or Certifica		ration Date of C Contract, if any	urrent or Most (Month, Day, Ye	ear)	
9. Is there now a strike or picketing	at the Employer(s	establishment(s) in	volved	? No If so, approx	kimately how	many employee	s are participatin	ıg?	
(Name of Labor Organization)					, has pick	eted the Emplo	yer since (Month	, Day, Year)	
 Organizations or individuals othe individuals known to have a represent None 	r than Petitioner an esentative interest i	d those named in i n any employees i	tems 8 n the ur	and 9, which have claimed nit described in item 5b abo	d recognition ove. (If none,	as representativ so state)	ves and other org	anizations and	
10a. Name	10b. /	Address	_		10c. Te	el. No.	10d. Cell No.		
	110461				10e. Fa	ax No.	No. 10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and election	in this matter, sta	te vour	position with respect to an	y such election	on: 11a. Electi			
								Mixed Manual/Mail	
11b. Election Date(s): Friday, March 20, 20		lection Time(s): $00 \text{ a.m.} - 12$:00 p	o.m.			s): Monterey a Plaza, Mo	Conference enterey	
12a. Full Name of Petitioner (includi	ng local name and	number):		12b. Address (street	and number,	city, State and	ZIP code):		
IATSE Local 611				903 Pacific Av PO BOX 7571					
12c Full name of national or internat									
International Alliance of T		e Employees &		100 March 100 Ma			ed States and	Canada, AFL-CIO	
12d Tel. No.	12e Cell No.		12f F	ax No.		Mail Address			
831-458-0338	831-704-6						viatse611.c	org	
13. Representative of the Petition 13a. Name and Title:	er who will accep	t service of all pa	13b. A	Address (street and number	r. city. State a	and ZIP code):			
David W. M. Fujimot	Attorney			/einberg, Roger &					
David W. M. I djillot	o, Attorney		10	001 Marina Village	Parkway	, Suite 200	, Alameda,	CA 94501	
13c. Tel. No.	13d. Cell No.		100.000	ax No.	10000000000	Mail Address	0.		
510-337-1001				10-337-1023			s@unionco	unsel.net	
I declare that I have read the above Name (Print)	petition and that	the statements a Signature	re true	to the best of my knowle	Title	iel.		Date	
David W. M. Fujimote	o			3	Attor	ney		3/7/2020	

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 invoke its processes.

Attachment 1

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Monterey Conference Center, 1 Portola Plaza, Monterey, CA 93940
Asilomar Hotel and Conference Grounds, 800 Asilomar Ave, Pacific Grove, CA 93950
InterContinental the Clement Monterey, 750 Cannery Row, Monterey, CA 93940
Hyatt Regency Monterey Hotel And Spa, 1 Old Golf Course Rd, Monterey, CA 93940

FORM NLRB-502 (RC)	UNITED STATES OF	AMERICA		1		DO NOT V	WRITE IN THIS	SPACE	
(2-18)	NATIONAL LABOR RELA	TIONS BO			Case No.			Date Fi	led
	RC PETITIC	л			C-25805(-258050		/16/2020	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be accon a named in the petition of:	(1) the per	y both a sh tition; (2) S	owing of interest (s statement of Position	ee 6b below) a n form (Form I	nd a certifica ILRB-505); ar	te of service sh nd (3) Descriptio	owing son of Rep	ervice on presentation
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	ioner desires to be certified	as represe	ntative of th	ne employees. The P	etitioner allege	s that the fol	lowing circums	tances e	
2a. Name of Employer: BFI (Newby Island)	1601	Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 601 Dixon Landing Rd. 11 pitas, CA 95035							
3a. Employer Representative - Nar	no and Title:				1.				
Daniel North, General M	same.	Address (if same as 2b - state same): ne.							
3c. Tel. No. 408-586-2281	3d. Cell No. 408-386-5641		3e. Fax No 408-58			arepublic	cservices.co	m	1
4a. Type of Establishment (Factory, Recyclery	mine, wholesaler, etc.)			al Product or Service and Recycling		5a. City an Milpitas	nd State where u , CA	init is loca	ated:
5b. Description of Unit Involved:							er of Employees	in Unit:	
See Attached (this is an A	rmour-Globe petitio	on).				6			
Excluded:						of the	substantial numb employees in the ented by the Pet	a unit wis	h to be
Check One: x 7a. Request for rec on or about (Date)			was made ceived, so	UY	petition		declined recogn		
7b. Petitioner is cu	rrently recognized as Bargai	ning Repre	esentative a	and desires certification	on under the Ac	t.			
8a. Name of Recognized or Certifie None.	ed Bargaining Agent (If nor	ne, so state	e) 8b. Ad	ldress:					
Tione.									
8c. Tel. No.	8d. Cell No.		8e. Fax No).	8f. E-Ma	Address			
8g. Affiliation, if any:		8h	. Date of R	ecognition or Certifica			urrent or Most (Month, Day, Ye	ear)	
9. Is there now a strike or picketing a	t the Employer's establishme	ent(s) invo	lved? No	If so, appro	ximately how m	any employee	s are participatir	ng?	
(Name of Labor Organization)			115	<u>a</u>	, has picket	ed the Employ	ver since (Month,	Day, Ye	ar)
10. Organizations or individuals other individuals known to have a repre-							es and other org	anization	s and
None.	semanve interest in any em	ployees in	the unit de	schood in nem 50 au	046. (11 110116, 5	51010)			
10a. Name	10b. Address				10c. Tel.	No.	10d. Cell No.		
					10e. Fax	No.	10f. E-Mail Add	dress	
11. Election Details: If the NLRB co	nducts and election in this m	atter, state	e your posit	ion with respect to an	y such election				
11b. Election Date(s):	11c. Election Ti	(2):			I ddd Eley	X Manua		Mixed	Manual/Mail
March 30, 2020	TTC. Election T	1116(5).			TIG. Elec	tion Location(5).		
12a. Full Name of Petitioner (includ Teamsters Local 350	ling local name and number)	:		12b. Address (street 295 89th St #3					
12c. Full name of national or internat International Brotherhood		hich Petitic	oner is an a	ffiliate or constituent	(if none, so stat	e):			
12d. Tel. No. (650) 757-7290	12e. Cell No.		12f. Fax No. (650) 7.	o. 57-7294		ail Address naga@ibt	local350.co	m	
13. Representative of the Petitione	r who will accept service of	of all pape	rs for purp	oses of the represe	ntation procee	ding.			
13a. Name and Title: Susan K. Garea, Attorney				ess (street and number th Street, Oaklan					
13c. Tel. No. (510) 625-9700	13d. Cell No.		13e. Fax N		10 10 10 10 10 10 10 10 10 10 10 10 10 1	all Address	aver.com		
I declare that I have read the above			11	e best f my knowl		 	Jeneon		
Name (Print) Susan K. Garea	Signatur	X	9-	\rightarrow	Title Attorney				Date 03/16/20
	TEMENTS ON THIS PETIZ	ONCAN		ED BY FINE AND IN	1				141

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

ATTACHMENT TO RC PETITION

Item 5b. Description of Unit Involved:

Petitioner Teamsters Local 350 currently represents a unit of clerical employees.

Petitioner seeks an Armour-Globe election for all unrepresented clerical employees employed by the Employer at its Milpitas facility, including billing coordinator, MRF maintenance clerk, operation clerk, accounting, and maintenance shop clerk.

FORM NLRB-502 (RC)	UNITED STATES OF AMERICA			1	DO NOT WRITE IN THIS SPACE					
(2-18)	AMENDED RC	OR RELATION		RD		Case No. 22-RC-258050 Date Filed 03/30/				led 30/2020
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	s named in the pe	be accompar atition of: (1) t	niea by the peti	tion: (2)	howing of interest (s Statement of Positio	ee 6b below) n form (Form	and a certifica	ite of service sh	lowing se	ervice on
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Labor	RC-CERTIFICATI	ON OF REPR	ESENT	ATIVE - A	A substantial number of	of employees	wish to be repre	sented for purpo	ses of co	llective
2a. Name of Employer:		2	b. Addr	ess(es) of	Establishment(s) invo					
& International Disposal	1601 Dixon Landing Road Milpitas, CA 95035									
3a. Employer Representative - Nar Steven Wheeless, Attorne			me as 2b - state same,):						
133				eptoe & Johnson, LLP 30 Connecticut Avenue, NW, Washington, DC 20036						
3c. Tel. No. (202) 429-6403	3d. Cell No.			3e. Fax N	0.	10110-0110-0110-0110-0110-0110-0110-01	ail Address eles@stept	oe com		
4a. Type of Establishment (Factory, Recyclery	i mine, wholesaler,	etc.)			pal Product or Service and Recycling	410, 2410, 2410, 2400, 240	- · ·	nd State where u	nit is loca	ated:
5b. Description of Unit Involved:			_					er of Employees	in Unit:	
Included: All full-time and regular part-til clerks employed by either Bro located at 1601 Dixon Landing	whing-Ferris Industrie	accounts payab as of California, I	ble coordi Inc. or Int	nators, billi ernational	ng processors and mainte Disposal Corp. of Californ	enance shop ia at the facility	6		009-22442	
* Employees represented by a labor orga	anization, confidentia	l employees, gua	ards, and	supervisor	rs as defined in the Act.	1	of the	substantial numb employees in the	unit wish	n to be
Check One: x 7a. Request for rec	cognition as Barga	ining Represe	ntative	was made	e on (Date) by r	petition		ented by the Pet declined recogni		Yes No
on or about (Date) 7b. Petitioner is cu		(If no r as Bargaining	eply rec Repres	eived, so sentative	state).		ct			
8a. Name of Recognized or Certifie	ed Bargaining Ag	ent (If none, s	so state)	8b. A	ddress:					
None.										
8c. Tel. No.	Od Coll No		- 17			1.01.0.1				
	8d. Cell No.		_	Be. Fax N		220-01220-000	ail Address			
8g. Affiliation, if any:					Recognition or Certifica	Recent		(Month, Day, Ye		
9. Is there now a strike or picketing a	it the Employer's e	stablishment(s	s) involv	ved? No	O. If so, approx		001105101010100000000	es are participatin		
(Name of Labor Organization)	then Detitioner o		ad to the		A 1111			ver since (Month,		the second s
10. Organizations or individuals other individuals known to have a representation None.	esentative interest	in any employ	ed in ite /ees in t	ms 8 and he unit de	9, which have claimed escribed in item 5b abo	ove. (If none,	is representativ so state)	es and other org	anization	s and
10a. Name	10b.	Address			A1444 41 11	10c. Te	. No.	10d. Cell No.		
				10			x No.	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and election	on in this matte	er, state	your posi	ition with respect to an	y such election				
Ide Florito Dobio	100						X Manu] Mixed	Manual/Mail
11b. Election Date(s): To Be Determined		Election Time(00 a.m. to) a.m.			ction Location(oyer's Pren			
12a. Full Name of Petitioner (includ	100 m 100				12b. Address (street					
Teamsters Local 350					295 89th Stree	et, #304, I	aly City, O	CA 94015		
(Sanitary Truck Drivers and		R.)		_	£					
12c. Full name of national or internat International Brotherhood			Petitio	ner is an a	affiliate or constituent	(if none, so st	ato):			
12d. Tel. No. 12e. Cell No. (650) 757-7290				2f. Fax N (650) 7	10. 157-7294		12g. E-Mail Address S.Arranaga@ibtlocal350.com			
13. Representative of the Petitione	r who will accept	service of al	I paper	s for pur	poses of the represe	ntation proce	eding.		3579.	0.0000000
13a. Name and Title: Susan K. Garea, Attorney					ess (street and number th Street, Oaklan					
13c. Tel. No.	13d. Cell No.			3e. Fax I	No.	13f. E-M	lail Address			
(510) 625-9700					25-8275		a@beesont	ayer.com		
I declare that I have read the above Name (Print)	e petition and that	t the stateme Signature	ints are	true to t	he best of my knowle	edge and bel Title	ef.			Data
Susan K. Garea		Citation	DE	R	5	Attorney				Date 03/30/20
				()	/					

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

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

ATTACHMENT TO FIRST AMENDED RC PETITION (32-RC-258050)

Item 5b. Description of Unit Involved:

All full-time and regular part-time operation clerks, accounts payable coordinators, billing processors and maintenance shop clerks employed by either Browning-Ferris Industries of California, Inc. or International Disposal Corp. of California at the facility located at 1601 Dixon Landing Road, Milpitas, CA; excluding employees represented by a labor organization, confidential employees, guards, and supervisors as defined in the Act.*

*This is an Armour-Globe election to join the existing Clerical unit at 1601 Dixon Landing Road, Milpitas, California.

FORM NLR8-602 (RC)	UNITE	D STATES OF A	MERICA				DO NOT WRITE IN THIS SPACE					
(2-18)		LABOR RELATI		ARD		Case No. 32	32-RC-25827		Date Filed 3/20/2020			
INSTRUCTIONS: Unless o-Filed u employer concerned is located. T the amployer and all other parties Case Procedures (Form NLRB 48	he petition n s named in th	nust be accomp he petition of: (1	enied by 1) the pe	y both a sh tition; (2) S	owing of interest (s interest of Positio	ae 6b below) an	id a certifica LRB-505); ai	nte of service sh nd (3) Descriptio	owing service on on of Representation			
1. PURPOSE OF THIS PETITION: bargaining by Patitioner and Petit requests that the National Labo	tioner desires	to be certified as	s represe	ntative of th	employees. The P	etition er allege	that the fol	lowing circums	tances exist and			
2a. Name of Employer: Ryder				2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3633 Duck Creek Drive, Stockton, CA 95215								
Carlton Brown					3b. Address (il same as 2b - state same): Same as above							
Senior Maintenance Man	ager											
3c. Tel. No. (209) 943-3213	3d. Cell No.			3e. Fax No	L	3f. E-Mail		yder.com				
4a. Type of Establishment (Fectory, Truck Rental and Repair	mine, wholes	eler, etc.)			el Product or Service Rental and Rep)		nd State where u	nit is located:			
5b. Description of Unit Involved:						100 - 100 - 10		er of Employees	in Unit:			
All full time/regular part	time servi	ice technicia	ans and	d fuelers	i.		33	22 M				
Excluded: All others							of the repres	employees in the ented by the Pet	itioner? I Yes No			
Check One: T 7a. Request for rea on or about (Date)				was made		8/2020 a	nd Employer	declined recogni	tion			
7b. Petitioner is cu						on under the Act						
8a. Name of Recognized or Certifi	ed Bargainin	g Agent (If none	a, so stat	e) 8b. Ad	dress:							
Bc. Tel. No.	8d. Cell No.			86. Fax No. 81. E-Ma			Address					
6g. Afflication, If any:			8	. Date of R	accignition or Certific	ation Bi. Explore Recent C	tion Bi. Expiration Date of Current or Most Recent Contract, If any (Month, Day, Year)					
9. Is there now a strike or picketing a	t the Employ	er's establishme	nt(s) invo	wed?	lf so, appro	ximately how m		as are participatio	1 85			
(Name of Labor Organization)								ver since (Month,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
 Organizations or individuals otha individuals known to have a repri- 								res and other org	ธกizอบีอกร ลกd			
10a. Name		10b. Address				10c. Tel.	No.	10d. Cell No.				
				10			No.	10f. E-Mail Address				
11. Election Details: If the NLRB on	anducts and e	lection in this ma	atter, stat	e your posi	ton with respect to a		Manu	al 🖬 Mail [Mixed Manual/Mail			
April 6, 2020		11c. Election Ton	ne(s):			11d. Elec	tion Location(s):				
12a. Full Name of Petitioner (Inclus Machinists Automotive T					12b. Address (stree 967 Venture (ty, State and	ZIP code):				
					Sacramento, (CA 95825-3	906					
12c. Full name of national or international International Association						(il none, so stat	•):	h 4				
12d. Tel. No. (925) 687-6421	12e. Cell No	D.		121. Fax N (925) 6	a. 85-4116	(b) (6	s), (b) (7)(C)				
13. Representative of the Petitione	or who will a	ccept service of	all pape									
13a. Name and Title: Caren Sencer, attorney				Weinber	rg, Roger & Ros	enfeld						
13c. Tel. No. (510) 337-1001	13d. Cell No	D.		13a. Fax N	and village Fa	hkway, Suite 200, Alameda, CA 94501 131. E-Mail Address NLRBnotices@unioncounsel.net						
I declare that I have read the abov	e petition an	d that the state	ments a	and the second second second	And the second s	and the second se						
Name (Print) Caren P. Sencer		Signature				Title Di			Date 2/20/2020			
Carell F. Selleel			-			Attorney			3/20/2020			

WILLFUL FALSE STATEMENTS ON THIS PETTION CAN BE PUNISHED BY FINE AND MPRISONMENT (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 itigation. The routine uses for the information are hully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). 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 dedine to invoke its processes.

FORM NLRB-502 (RC)	UNITED STA	TES OF AMERIC	A				DONOTY	RITE IN THE	S SPACE		
(2-18)	NATIONAL LABO	R RELATIONS B			Case No				Date F		
	RCH	PETITION			32	2-RC-	25844	4	03	3/26/2020	
INSTRUCTIONS: Unless e-FA employer concerned is local the employer and all other p Case Procedures (Form NLR	ed. The patition must b arties named in the pat	e accompanied i Ition of: (1) the p	by both a sh etition; (2) S	nowing of interest (s Statement of Positio	see 6b be in form (F	How) and Form NLR	a certificat B-505); an	te of service : d (3) Descrip	showing a tion of Re	service on presentation	
1. PURPOSE OF THIS PETITI bargaining by Petitioner and requests that the National	Petitionar desires to be	certified as repres	sentative of t	he employees. The P	etitioner	alleges t	hat the foll	owing circun	nstances		
2a. Name of Employer: Ryder				Establishment(s) invo reek Drive, Sto				, State, ZIP o	ode):		
3a. Employer Representative Carlton Brown		3b. Address (if same as 2b - state same): Same as above									
Senior Maintenance N									_		
3c. Tel. No. (209) 943-3213	3d. Cell No.		3e. Fax N	0.		E-Mail Ad		ryder.con	n		
	Type of Establishment (Factory, mine, wholesaler, etc.)			al Product or Service Rental and Rep	8			d State when		cated:	
5b. Description of Unit Involv Included:						6a. Numbe 33	er of Employee	es in Unit:			
All full time/regular p Excluded: All others	an time service to	ecnnicians ar	id fuelen	5.			of the e	ubstantial nun amployees in t	the unit wis	or more) sh to be I Yes No	
Check One: 2 7a. Request f on or about (I			ve was made received, so		18/2020	and		declined recog		Tes LINO	
	is currently recognized a				ion under	the Act.					
8a. Name of Recognized or C	erutted Bargaining Age	nt (<i>II none, so su</i>	ste) 80. A	ddress:							
8c. Tel. No.	8d. Cell No.		8e. Fax N	0.	81.	. E-Mail Ad	E-Mail Address				
8g. Affiliation, if any:		1	Bh. Date of R	lecognition or Certific	Icetion 8I. Expiration Date of Current or Most Recent Contract, If any (Month, Day, Year)						
9. Is there now a strike or picke	ting at the Employer's es	tablishment(s) im	volved?	If so, appro	oximately	how man	y employee	s are participa	ating?		
(Name of Labor Organization)				, has	s picketed	the Employ	er since (Mon	th, Day, Y	ear)	
10. Organizations or individuals individuals known to have a								es and other o	organizatio	ns and	
10a. Name	10b. A	ddress				10c. Tel. No.		10d. Cell No.			
					10	De. Fax No).	10f. E-Mail A	Address		
11. Election Details: If the NLE	RB conducts and election	n in this matter, st	ate your posi	ition with respect to a	any such a	election:			-		
11b. Election Date(s): April 6, 2020	11c. E	lection Time(s):			11	Id. Electio	n Location(al 🖬 Mail s):	Міхе	d Manual/Mail	
12a. Full Name of Petitioner (Machinists Automotiv				12b. Address (stree 967 Venture		mber, city,	State and	ZIP code):			
		•		Sacramento,	CA 95	825-39	06				
12c. Full name of national or int International Associat	ternational tabor organization of Machinists	ation of which Pat and Aerosp	ace Wor	affiliate or constituent kers	t (if none,	so state):					
12d. Tel. No. (925) 687-6421	12e. Celi No.			85-4116		2g. E-Mail b) (6). (b)	(7)(C)		
13. Representative of the Pet 13a. Name and Title: Caren Sencer, attorney	tioner who will accept	service of all pap	13b. Addr Weinbe	poses of the represent ess (street and number of Roger & Ros arina Village Pa	ber, city, S senfeld	State and	III9. ZIP code):		4501		
13c. Tel. No. (510) 337-1001	13d. Cell No.		13e. Fax (510) 3	No. 337-1023	12 N	MLRBn	Address	unioncour	30		
I declare that I have read the Name (Print)	above petition and that	Signature	are true to t	he best of my know	Title					Date	
Caren P. Sencer		In			Allo	mey				3/20/2020	

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 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 may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)	UNITED STATES OF	AMERICA		DO NOT WRIT	E IN THIS SPACE			
(2-18)	NATIONAL LABOR RELAT	TIONS BOARD	Case No.		Date Filed			
	RC PETITIC	DN	32-	32-RC-258519 03/2				
the employer and all other parti	The petition must be accomes named in the petition of:	, www.nifb.gov/1, submit an o panied by both a showing of in: (1) the petition; (2) Statement of st should only be filed with the h	erest (see 6b below) a Position form (Form N	nd a certificate of LRB-505); and (3)	service showing service on Description of Representation			
bargaining by Petitioner and Pe	titioner desires to be certified a	PRESENTATIVE - A substantial r as representative of the employee d under its proper authority purs	3. The Petitioner allege uant to Section 9 of th	s that the followin e National Labor	ng circumstances exist and Relations Act.			
^{2a.} Name of Employer: California Forensic Med (Wellpath)	lical Group, Inc.	2b. Address(es) of Establishmen See Attachment A	nt(s) involved (Street and	d number, City, Sta	te, ZIP code):			
3a. Employer Representative - N Lisa L. Larranaga Health Services Adminis		3b. Address <i>(if same as 2b - sta</i> California Forensic M 3911 Sorrento Valley	edical Group, Inc		CA 92121			
^{3c. Tel. No.} (209) 525-5667	3d. Cell No.	3e. Fax No.	Lisa.L	Address arranaga@W	ellpath.us			
4a. Type of Establishment (Factory Detention Center (Healt		4b. Principal Product of Medical & beha	Service vioral health	5a. City and St Modesto,	ate where unit is located: CA			
5b. Description of Unit Involved: Included: See Attachment A			20 10	6a. Number of 98	Employees in Unit:			
Excluded: See Attachment A				of the empl	antial number (30% or more) oyees in the unit wish to be d by the Petitioner? [X] Yes [] No			
Check One: 7a. Request for r on or about (Date	e) (lf	no reply received, so state).		and Employer decli				
7b. Petitioner is of 8a. Name of Recognized or Certi		ning Representative and desires c ne. so state) 8b. Address:	ertification under the Ac	t				
National Union of Healt		(W) 1250 45th Str Emeryville, C	eet, Suite 200 CA 94608					
^{8c. Tel. No.} (510) 834-2009	8d. Cell No.	8e. Fax No. (510) 834-2019	8f. E-Mai	Address				
8g. Affiliation, if any:		8h. Date of Recognition or		tion Date of Curren ontract, if any (Mon				
9. Is there now a strike or picketing	at the Employer's establishme	ent(s) involved? No If s	o, approximately how m	any employees are	e participating?			
(Name of Labor Organization)			, has picket	ed the Employer si	nce (Month, Day, Year)			
 Organizations or individuals oth individuals known to have a rep None 		amed in items 8 and 9, which hav ployees in the unit described in ite			nd other organizations and			
10a, Name	10b. Address		10c. Tel.	No. 100	I. Cell No.			
	8		10e. Fax	No. 10f	. E-Mail Address			
11. Election Details: If the NLRB				Manual [pe: ∑ Mail Mixed Manual/Mail			
11b. Election Date(s): April 24, 2020	11c. Election Ti NA	ime(s):	NA	tion Location(s):				
12a. Full Name of Petitioner (incl National Union of Healt	uding local name and number) hcare Workers (NUH	(W) 1250 45	th Street and number, of th Street, Suite 2 ille, CA 94608		:ode):			
12c. Full name of national or intern None	ational labor organization of w	hich Petitioner is an affiliate or cor	stituent (if none, so stat	e):				
12d. Tel. No. (510) 834-2009	12e, Cell No.	12f. Fax No. (510) 834-2019		ail Address r@nuhw.org	la la			
13. Representative of the Petition 13a. Name and Title: Latika Malkani, Esq.	ner who will accept service o	· SIEGEL LEWITT	d number, city, State an ER MALKANI eet, Suite 307, Oal	d ZIP code): cland, CA 946	12			
13c. Tel. No. (510) 452-5000	13d. Cell No.	13e. Fax No. (510) 452-5004	Imalka	-	ymentlaw.com			
I declare that I have read the abo			knowledge and belie	f.	Date			
Name (Print) Latika Malkani	Signatur	In the VIAN		or NUHW	03/27/20			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment A

to RC Petition filed by National Union of Healthcare Workers (NUHW)

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

- 1) Men's Jail 1115 H Street Modesto, CA 95354
- Juvenile Hall
 2215 Blue Gum Ave. Modesto, CA 95358
- REACT, Public Safety Center East/West and Units 1 & 2 200 East Hackett Rd. Modesto, CA 95358

5b. <u>Description of Unit Involved</u>: (Sonotone ballot requested.)

Included: All full-time, regular part-time and per diem professional and nonprofessional employees employed by the employer at or from the Men's Jail, Juvenile Hall and REACT, in the following job classifications:

Professional: Registered Nurse, Psychiatric Nurse, Nurse Practitioner, Family Nurse Practitioner, LMFT, MSW, MFT, LCSW

Non-Professional: Dental Hygienist, Dental Assistant, Clerk, Licensed Vocational Nurse, Medical Records Clerk

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