UNITED STATES GO				DO NOT	WRITE IN THIS	SPACE					
NATIONAL LABOR REL		С	ase No.		Date F						
RC PETI	IION		32-	-RC-240612		5-1-2019					
INSTRUCTIONS: Unless e-Filed using in which the employer concerned is lo of service showing service on the emp (Form NLRB-505); and (3) Description	cated. The petition must ployer and all other partie	be accomp s named in	panied by b the petitio	both a showing on of: (1) the peti	of interest (see ition; (2) State	6b below) and a certificate ment of Position form					
with the NLRB and should not be serv					0	,					
1. PURPOSE OF THIS PETITION: RC-CERTIF bargaining by Petitioner and Petitioner desire requests that the National Labor Relations	FICATION OF REPRESENTATI	VE - A substa	antial number loyees. The l	Petitioner alleges the	hat the following	circumstances exist and					
2a. Name of Employer Nestle Waters North America	2b. Ad	dress(es) of E	Establishment	(s) involved (Street a s, CA 95035							
3a. Employer Representative Name and Title Roy Miyahira, Customer Operations		3b. Addres	ss (If same as	2b state same)							
3c. Tel. No.     3d. Cell No.       3e. Fax No.     3f. E Mail Address											
roy.miyahira@waters.neslte.com											
4a. Type of Establishment (Factory, mine, wholesaler, etc.)       4b. Principal product or service       5a. City and State where unit is located:         Distribution and sales       Bottled water       5a. City and State where unit is located:											
5b. Description of Unit Involved 6a. No. of Employees in Unit:											
Included: All full-time and regu	ilar part-time driver	ſS			L.	26 Ch. Do o substantial sumber (20%					
Excluded: Temporary employees, clericals, guards, and supervisors under the Act.											
Check One:       7a.       Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about         One:       10       response(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 Bargain None.	ing Agent (If none, so state).	8	b. Address								
8c. Tel No. 8d	8c. Tel No.         8d Cell No.         8e. Fax No.         8f. E Mail Address										
8g. Affiliation, if any		8h. Date of R	Recognition or	Certification		ate of Current or Most Recent (Month, Day, Year)					
9. Is there now a strike or picketing at the Emplo	yer's establishment(s) involved , has pick				mployees are part	icipating?					
10. Organizations or individuals other than Petiti known to have a representative interest in any e					presentatives and	other organizations and individuals					
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.					
None				10e. Fax No.		10f. E Mail Address					
11. Election Details: If the NLRB conducts an any such election.	election in this matter, state you	ur position with	n respect to	11a. Election Type	e: 🗸 Manual	Mail Mixed Manual/Mail					
11b. Election Date(s): May 16, 2019	11c. Election Time(s): 6:00 am 7:30 am			11d. Election Loca Route Room, 945		lilpitas, CA 95035					
12a. Full Name of Petitioner (including local) Teamsters Local 853	name and number)			12b. Address (stre 7750 Pardee Lane		ity, state, and ZIP code) 94621 1497					
12c. Full name of national or international labor International Brotherhood of Teamsters	organization of which Petitioner	r is an affiliate	or constituent	t (if none, so state)							
	2e. Cell No. 08) 813 1274	12f. Fax No	D.		12g. E Mail Add fharms.teamste	dress ers@yahoo.com					
13. Representative of the Petitioner who will	accept service of all papers for	or purposes	of the repres	entation proceedin	ıg.						
13a. Name and Title Lorrie E. Bradley,	Attorney			<b>d number, city, state,</b> Oakland, CA 94607	and ZIP code)						
(510) 625-9700	3d. Cell No.	13e. Fax N (510) 625-8	8275		13f. E Mail Add Ibradley@bees						
I declare that I have read the above petition a	and that the statements are tru	ue to the bes	t of my know	ledge and belief.							
Name (Print) Signat Lorrie E. Bradley	AUNO ENDILLO		r Petitioner		Date 5/1/19						
WILLFUL FALSE STATEMENTS	N N	UNISHED B		IMPRISONMENT (L	J.S. CODE, TITLE	18, SECTION 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.

(4 15)										
UNITED STATES					DO NOT	WRIT	E IN THIS			
RC PE		RD		Case No. 32-	RC-240664		Date F	5/1/2019		
INSTRUCTIONS: Unless e-Filed us										
in which the employer concerned i										
of service showing service on the										
(Form NLRB-505); and (3) Descript					RB 4812). The sl	howir	ng of inte	rest should only be filed		
with the NLRB and should <u>not</u> be s 1. PURPOSE OF THIS PETITION: RC-CE	erved on the e	mployer or any	/ other	party.						
bargaining by Petitioner and Petitioner de requests that the National Labor Relat	esires to be certifie	ed as representativ	e of the e	mployees. The F	Petitioner alleges th	hat the	following	circumstances exist and		
2a. Name of Employer		2b. Add	dress(es)	of Establishment	(s) involved (Street a	and nu				
Helados La Tapatia		4495			esno, CA 9372	2				
3a. Employer Representative     Name and Title     3b. Address (If same as 2b state same)       Emilio Sandoval, President     same										
3c. Tel. No.	3d. Cell No. (559) 351-50	64	3e. Fax	No. 141-1100			-Mail Addre			
(559) 441-1105 4a. Type of Establishment (Factory, mine, v	. ,	4b. Principal proc	. ,			leum	-	adoslatapatia.com nd State where unit is located:		
Food distribution and sales	noiesaier, etc.)	Ice cream sale						California		
5b. Description of Unit Involved								6a. No. of Employees in Unit:		
Included: All full-time and regular part-time drivers 8										
Excluded:       Managers, Supervisors and Guards as defined by the Act.       6b. Do a substantial number ( or more) of the employees in tunit wish to be represented by Petitioner? Yes V No										
Check One:       7a. Request for recognition as Bargaining Representative was made on (Date) by this Petition and Employer declined recognition on or about         No       reply       (Date)       (If no reply received, so state).										
			presenta	tive and desires o	certification under the	e Act.				
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).         8b. Address           None         8b. Address										
8c. Tel No.	8d Cell No		8e. Fax				-Mail Addro			
8g. Affiliation, if any			8h. Date	of Recognition or	Certification			ate of Current or Most Recent (Month, Day, Year)		
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved	? <u>No</u>	If so, approx	imately how many er	mploye	es are par	ticipating?		
(Name of labor organization)		, has pick	eted the E	Employer since (A	Month, Day, Year)					
10. Organizations or individuals other than I known to have a representative interest in a None						present	atives and	other organizations and individuals		
10a. Name	10b. Add	Iress			10c. Tel. No.			10d. Cell No.		
					10C. Tel. NO.					
					10e. Fax No.			10f. E-Mail Address		
<ul> <li>11. Election Details: If the NLRB conducts any such election.</li> <li>11b. Election Date(s):</li> </ul>		s matter, state your	r position	with respect to	11a. Election Type		Manual	Mail Mixed Manual/Mail		
Friday, May 17, 2019		m to 6:30 pm						Shaw Avenue, Fresno		
12a. Full Name of Petitioner (including lo Teamsters Local 431	cal name and nu	mber)			12b. Address (stre 1140 West Oliv	et and	number, c	ity, state, and ZIP code)		
12c. Full name of national or international la International Brotherhood of Team	bor organization o sters	of which Petitioner	is an affili	ate or constituen	t (if none, so state)					
12d. Tel No. (559) 486-5410	12e. Cell No.			441-1743		fhar	E-Mail Add	<sup>dress</sup> sters@yahoo.com		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.										
<sup>13a.</sup> Name and Title Lorrie E. Bradley			483 -	9th Street, 2n	<i>d number, city, state,</i> nd Floor, Oaklan	d, CA	94607			
13c. Tel No. (510) 625-9700	13d. Cell No.		13e. Fa	ix No. 625-8275			E Mail Add	ress esontayer.com		
I declare that I have read the above petiti	on and that the s	tatements are tru			ledge and belief.	Instat		555may01.00m		
	mature	hudy	Title Attorne				Date /1/19			
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE P	UNISHE	D BY FINE AND	IMPRISONMENT (U			E 18, SECTION 1001)		

PRIVACY ACT STATEMENT

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

UNITED STATES					T WRITE IN THIS	SPACE						
RC PE		ARD	Case No. 32	2-RC-240944	Date	Filed 5/6/2019						
INSTRUCTIONS: Unless e-Filed us	ing the Agend	v's website. w	ww.nlrb.gov. submit	an original of this	s Petition to a	n NLRB office in the Region						
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												
(Form NLRB-505); and (3) Descript				.RB 4012). The s	nowing of int	erest snould only be filed						
with the NLRB and should <u>not</u> be s	served on the	employer or an	y other party.									
<ol> <li>PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner delibertion</li> </ol>	RTIFICATION OI	F REPRESENTATI	VE - A substantial numbe	r of employees wish to Retitioner alloges to	to be represented	for purposes of collective						
requests that the National Labor Relat												
2a. Name of Employer			dress(es) of Establishmer									
UCSF Benioff Children's Hospital,	Oakland	See A	Attachment A									
3a. Employer Representative - Name and Title     3b. Address (If same as 2b - state same)												
Michael Anderson, President 747-52nd Street, Oakland, CA 94609												
3c. Tel. No.     3d. Cell No.     3e. Fax No.     3f. E-Mail Address												
510-428-3000 Michael.Anderson@ucsf.edu												
4a. Type of Establishment (Factory, mine, wholesaler, etc.)       4b. Principal product or service       5a. City and State where unit is located:												
Acute Care Hospital Healthcare See Attachment A												
See Attachment A       5b. Description of Unit Involved         6a. No. of Employees in Unit:												
100												
Included: See Attachment A												
Excluded:						or more) of the employees in the						
See Attachment A						unit wish to be represented by the						
						Petitioner? Yes 🖌 No						
Check One: 7a. Request for re	ecognition as Barg	gaining Representa	tive was made on (Date)	a	nd Employer dec	lined recognition on or about						
		(If no reply receive	.,,									
			epresentative and desires	certification under th	e Act.	16						
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).         8b. Address           None         8b. Address												
Bc. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address												
8g. Affiliation, if any			8h. Date of Recognition of	or Certification		Date of Current or Most Recent y (Month, Day, Year)						
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No. If so, appro	ximately how many e	mployees are pa	rticipating?						
(Name of labor organization)												
				5.4								
<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. Ad	dress		10c. Tel. No.		10d, Cell No.						
	100 10					loui con no.						
				10e. Fax No.		10f. E-Mail Address						
						<u> </u>						
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	s an election in th	is matter, state you	ir position with respect to	11a. Election Type	e: 🖌 Manual	Mail Mixed Manual/Mail						
11b. Election Date(s):	11c E	lection Time(s):		11d. Election Loca	ation(s)							
May 21, 22, 23, June 5, 6, and 12, 2019	8 am to		с. — Г.			52nd St., Oakland, CA 94609						
12a. Full Name of Petitioner (including lo						city, state, and ZIP code)						
California Nurses Association (CNA)		,		155 Grand Ave., 0								
12c. Full name of national or international la	abor organization	of which Petitioner	is an affiliate or constitue	nt (if none, so state)								
American Federation of Labor and Congre												
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address												
510-273-2200	510-273-2200 510-663-4822 atucci@calnurses.org											
13. Representative of the Petitioner who	13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.											
13a. Name and Title Anthony J. Tucci 13b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612												
13c. Tel No.	13d. Cell No.		13e. Fax No. 510-663-4822		13f. E-Mail Ad atucci@calnur							
I declare that I have read the above petit	ion and that the	statements are tru		wledge and helief	Landcol@callin	303.0IY						
	gnature		Title	-9	Date	51						
Anthony J. Tucci	thay	1.1.	Legal Counsel		May 6, 201							
WILLFUL FALSE STATEME	NTS ON THIS PI	TITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (U								
	VV		ACY ACT STATEMENT		22 10	040 Mg						

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.

### Attachment A

# RC Petition UCSF Benioff Children's Hospital, Oakland

#### by California Nurses Association (CNA)

#### 2b. Address(es) of Establishment(s) involved

2401 Shadelands Dr. Walnut Creek 94598
665 53rd St., Oakland, CA 94609
5275 & 5220 Claremont Ave. Oakland 94618
744 52nd St., Oakland, 94609
747 52nd Street, Oakland, 94609
770 53rd Street, Oakland, CA 94609
1181 Central Blvd., Suite B, Brentwood, CA 94513
2303 Camino Ramon, Suite 175, San Ramon, CA 94583
2607 Myrtle St., Oakland, CA 94607
3100 Summit Street, Oakland, CA 94609.
2500 Fairmont Dr., San Leandro, CA 94578

### 5a. City and State where unit is located

Oakland, CA; Walnut Creek, CA; Brentwood, CA; San Ramon, CA; San Leandro, CA

#### 5b. Unit Involved

### Included:

All graduate, Registered Nurses, or interim permittees employed by the Hospital performing nursing services, as hereinafter listed, Full-time Nurse, Part-time Nurse, Short-Hour, Per Diem, Temporary, Interim Permittees, Staff Nurse I, Staff Nurse II, Staff Nurse III, Staff Nurse IV, Assistant Head Nurse, at its facilities located at 2401 Shadelands Dr. Walnut Creek, CA 94598, 744 52nd St., Oakland, California 94609, 747 52nd Street, Oakland, California 94609, 3100 Summit Street, Oakland, California 94609, 2500 Fairmont Dr., San Leandro, CA 94578.

#### Excluded:

Only supervisors, as defined in the National Labor Relations Act, administrative or executive personnel having authority to hire, discipline, discharge, or determine personnel policies.

# Voting Group:

# Included:

All graduate, Registered Nurses, or interim permittees employed by the Hospital performing nursing services, as hereinafter listed, Nurse Practitioner, Employee Health Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, 2160 Nurse Practitioner, Clinical Nurse Specialist, RN Case Manager, Inpatient Case Manager, Inpatient Nurse Clinician - Case Manager, Nurse Clinician, BMT Coordinator, Employee or Occupational, Health Nurse, Utilization Review Nurse, Utilization Review, Payor Specialist III, Research Nurse, RN, Pediatric Nurse Practitioner, RN Clinician, Research Clinician located at its facilities located at 2401 Shadelands Dr. Walnut Creek, CA 94598, 665 53rd St., Oakland, CA 94609, 5275 & 5220 Claremont Ave. Oakland, CA 94618, 744 52nd St., Oakland, CA 94609, 747 52nd Street, Oakland, CA 94609, 1181 Central Blvd., Suite B, Brentwood, CA 94513, 2303 Camino Ramon, Suite 175, San Ramon, CA 94583, 2607 Myrtle St., Oakland, CA 94607, 3100 Summit Street, Oakland, CA 94609.

### Excluded:

Only supervisors, as defined in the National Labor Relations Act, administrative or executive personnel having authority to hire, discipline, discharge, or determine personnel policies.

Eligibility date is pay period ending Saturday, May 18, 2019.

**Per diem/floaters/casual RNs** are eligible if they have worked a minimum of one hundred and twenty (120) hours in either of the previous twelve (12) week periods immediately preceding the May 18, 2019, eligibility date for the election.

#### **Resulting Unit:**

### Included:

All graduate, Registered Nurses, or interim permittees employed by the Hospital performing nursing services, as hereinafter listed, Full-time Nurse, Part-time Nurse, Short-Hour, Per Diem, Temporary, Interim Permittees, Staff Nurse I, Staff Nurse II, Staff Nurse III, Staff Nurse IV, Assistant Head Nurse, Nurse Practitioner, Employee Health Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, 2160 Nurse Practitioner, Clinical Nurse Specialist, RN Case Manager, Inpatient Case Manager, Inpatient Nurse Clinician - Case Manager, Nurse Clinician, BMT Coordinator, Employee or Occupational, Health Nurse, Utilization Review Nurse, Utilization Review, Payor Specialist III, Research Nurse, RN, Pediatric Nurse Practitioner, RN Clinician, Research Clinician at its facilities located at 2401 Shadelands Dr. Walnut Creek 94598, 665 53rd St., Oakland, CA 94609, 5275 & 5220 Claremont Ave. Oakland 94618, 744 52nd St., Oakland, 94609, 747 52nd Street, Oakland, 94609, 770 53rd Street, Oakland, CA 94609, 1181 Central Blvd., Suite B, Brentwood, CA 94513, 2303 Camino Ramon, Suite 175, San Ramon, CA 94583, 2607 Myrtle St., Oakland, CA 94607, 3100 Summit Street, Oakland, CA 94609, 2500 Fairmont Dr., San Leandro, CA 94578.

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# Excluded:

Only supervisors, as defined in the National Labor Relations Act, administrative or executive personnel having authority to hire, discipline, discharge, or determine personnel policies.

FORM NLRB-502 (RC)	UNITED STATES		Г	DO NOT WRITE IN THIS SPACE						
(2-18)		ELATIONS BOARD	С	Case No. 32-RC-241050 Date Filed 5/8/2019						
INSTRUCTIONS: Unless e-Filed of employer concerned is located the employer and all other partie Case Procedures (Form NLRB 40	The petition must be ac s named in the petition	companied by both a s of: (1) the petition; (2)	howing of interest (se Statement of Position	e 6b below) and a c form (Form NLRB-	ertificate of service si 505); and (3) Descripti	nowing service on on of Representation				
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desires to be certif	fied as representative of ceed under its proper a	the employees. The Per authority pursuant to S	titioner alleges that lection 9 of the Nat	the following circums	stances exist and Act.				
2a. Name of Employer:	-1		f Establishment(s) involv							
Tilden Preparatory Schoo	DI		Ave # B, Alban N Broadway, Su	· · · · · · · · · · · · · · · · · · ·	0,	'				
3a. Employer Representative - Na	me and Title: 10 -	-	me as 2b - state same):		, , , ,					
KAREN HOBBS JUNERS Same										
3c. Tel. No. 510.525.5506	3d. Cellino. Arra	$\frac{20}{113}$ (510)	™. 525-5508		n@tildenprep.com	m TIES EN PILE				
4a. Type of Establishment (Factory	mine, wholesaler, etc.)	4b. Princ	ipal Product or Service	5a	. City and State where u	unit is located:				
School 5b. Description of Unit Involved:		Educa	tion		lbany, Marin, Walnu Number of Employees					
Full time, part time, and	NENT HEA substitute teacher	s and support stat	ff		approximately 11					
Excluded:				60	<ul> <li>Do a substantial numb of the employees in the</li> </ul>					
Managers and administra	ITOTS cognition as Bargaining I	Representative was made	le on (Date) 5/8	3/19 an <i>e</i> n/Er	represented by the Pe nployer declined recogn	titioner? 🗙 Yes 🗌 No				
						MEET				
8a. Name of Recognized or Certif	urrently recognized as Ba ied Bargaining Agent ()	argaining Representative f none, so state) 8b. /	and desires certification	under the Act.		· · · · · · · · · · · · · · · · · · ·				
None										
8c. Tel. No.	8d. Cell No.	8e. Fax I	No.	8f. E-Mail Addr	ess					
8g. Affiliation, if any:		8h. Date of	Recognition or Certificat		ate of Current or Most ct, if any (Month, Day, Y	'ear)				
9. Is there now a strike or picketing	at the Employer's establi	shment(s) involved? N	O 💽 If so, approx	imately how many e	mployees are participati	ng?				
(Name of Labor Organization)				, has picketed the	Employer since (Month	, Day, Year)				
10. Organizations or individuals oth individuals known to have a rep						ganizations and				
None 10a. Name	10b. Addre	ess		10c. Tel. No.	10d. Cell No.					
				10e. Fax No.	10f. E-Mail Ad	dress				
11. Election Details: If the NLRB c	onducts and election in the	his matter, state your po	sition with respect to any		Election Type: Manual Mail	Mixed Manual/Mail				
11b. Election Date(s):	11c. Election	on Time(s):		11d. Election L	ocation(s):					
12a. Full Name of Petitioner (inclu	iding local name and num	nber):	12b. Address (street	and number, city, St	ate and ZIP code):					
California Federation of	-				) Berkeley, CA 9	94704				
12c. Full name of national or interna	-		affiliate or constituent (	if none, so state):	0A A					
American Federation of	1 eachers, AFL-C	10   12f. Fax	No.	12g. E-Mail Ad	dress F	-< Citien				
510.523.5238	510.220.3178		23.5262	sweese@c		6 m				
13. Representative of the Petition 13a. Name and Title:	er who will accept serv		rposes of the represen iress (street and number		inde):	P Or				
Sandra Weese			Center Street, Suite			ION CE				
13c. Tel. No.			A	1						
	13d. Cell No.	13e. Fax		13f. E-Mail Add		E.				
510.523.5238	510.220.3178	510.5	23.5262	sweese@c		5				
	510.220.3178 ve petition and that the	510.5	23.5262	sweese@c		Date 5/8/19				

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

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*											
	TATES GOVERN					O NOT WRITE I	N THIS SPACE				
	BOR RELATION				se No.	Date					
RC PETITION 32-RC-241218 05/10/2019											
INSTRUCTIONS: Unless e-Filed us	ing the Agend	;y's website, <u>w</u>	ww.nirb.	<u>gov</u> , submit a	an original of this	Petition to a	n NLRB office in the Region				
in which the employer concerned	is located. Th	e petition mus	t be acco	mpanied by I	both a showing o	of interest (se	e 6b below) and a certificate				
of service showing service on the	employer and	all other partie	es named	in the petitic	on of: (1) the peti	tion: (2) State	ement of Position form				
(Form NLRB-505); and (3) Description	tion of Repres	entation Case	Procedu	res (Form NI	RB 4812) The s	howing of int	erest should only be filed				
(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 served on the employer or any other party.											
1. PURPOSE OF THIS PETITION: RC-CE	PTIEICATION OF	E DEDDESENTAT	IVE A cut	stantial number	of omployoog wich t		for purpages of collective				
bargaining by Petitioner and Petitioner d	esires to be certif	ied as representat	ve of the e	mplovees. The	Petitioner alleges th	hat the following	circumstances exist and				
requests that the National Labor Rela		ceed under its pro	oper autho	rity pursuant to	Section 9 of the Na	ational Labor R	elations Act.				
2a. Name of Employer       2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)											
Women's Foundation of California 300 Frank H. Ogawa Plaza, Suite 420, Oakland, CA 94612											
3a. Employer Representative – Name and Title     3b. Address (If same as 2b – state same)       3b. Address (If same as 2b – state same)											
Surina Khan, CEO SAME AS ABOVE											
3c. Tel. No.	3d. Cell No.	20	3e. Fax	No.	-	3f. E-Mail Add					
510.740.2500	646.589.121						mensfoundca.org				
4a. Type of Establishment (Factory, mine, w	wholesaler, etc.)	4b. principal p		service			and State where unit is located: id, Costa mesa, Riverside and				
non-profit		Grants and fe	nowsnips								
		I				Rocklit	6a. No. of Employees in Unit:				
5b. Description of Unit Involved							10				
Included: All full-time and regular pa							6b. Do a substantial number (30%				
program officers, program assistants,	campaign assis	stants, program	managers	s, and institutio	nal partnerships m	nanagers	or more) of the employees in the				
employed by the employer at or from							unit wish to be represented by the				
Administrators, Directors, Accountant	s, office clerical	employees, gua	irds, and	supervisor as o	defined in the Act.		Petitioner? Yes [X ] No [ ]				
Check One: X 7a. Request for	recognition as Ba	argaining Represe	ntative was	made on (Date)	3/28/19	and Emp	loyer declined recognition on or				
about	~ ~ ~	-			•						
		(Date) (If no rep	•	,							
					certification under the	e Act.					
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).     8b. Address											
8c. Tel No.	8d Cell No.	· · · · ·	8e. Fax	No		8f. E-Mail Add					
6C. 18110.	ou cei no.		00. 10	NO.		or. E-Ivian Aud	16224				
8g. Affiliation, if any			8h. Date of	of Recognition or	Certification	8i. Expiration [	Date of Current or Most Recent				
- <u></u>	•			<b>,</b>			y (Month, Day, Year)				
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? <u>No</u>	If so, app	proximately how man	y employees are	participating?				
(Name of labor organization)		has pick	eted the Er	nployer since (M	Ionth, Day, Year)						
10. Organizations or individuals other than						resentatives and	other organizations and individuals				
known to have a representative interest in a											
							0 7 77				
10a. Name	10b. Ad	dress			10c. Tel. No.		10d-Gell No.				
							XIR				
					10e. Fax No.		101. E-Mail Address				
11 Election Detailer Kiths MI OD and dust		e matter state	IT Desition	with respect to							
<ol> <li>Election Details: If the NLRB conduct any such election.</li> </ol>	s an election in th	is matter, state you	, position	with respect to	11a. Election Type	: Manual	Mail Mixey Manuái/Mail				
11b. Election Date(s):	11c. É	lection Time(s):			11d. Election Loca	tion(s):	10 I W				
May 30, 2019	1	p.m. to 2:00 p.n	n.		conference room	m at 300 Frank	H. Ogawa Plaza, Suite 420,				
•	-				Oakland, CA		0				
12a. Full Name of Petitioner (including lo		umber)					city, state, and ZIP code)				
Communications Workers of Americ					1831 Park Blv	d. Oakland, C	a 94606				
12c. Full name of national or international la		of which Petitione	r is an affilia	ate or constituen	t (if none, so state)						
Communications Workers of Americ			105 5	No		10- 514-1 1	droop				
12d. Tel No. 510.834.9415	12e. Cell No. 510.967.848	5	12f. Fax	(NO. 93.8275	1	12g. E-Mail Ac sturner@cw					
					entation proceeding		(47+1J.01g				
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)											
Scott Turner	12d Coll No			AS ABOVE		12f E Mail Art	droce				
13c. Tel No. SAME AS ABOVE	13d. Cell No. SAME AS A	BOVE	13e. Fa	AS ABOVE		13f. E-Mail Ad SAME AS A					
I declare that I have read the above petit					dedge and helief	, SUITE NO V					
	Ľ			Cot of my know	nauge and benef.						
	gnature	-	Title	ann acomt		Date	9/19				
	Scott Turner (Buf (uma Business agent O/9/17 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)										
THELFUL FALSE STATEMENTS UN		IN CAN DE PUN	II JI LU L	A FINE AND I			THEE 10, SECTION 1003)				
PRIVACY ACT STATEMENT Solicitation											

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)	UNITED	STATES OF A	MERICA			DO NOT WRITE IN THIS SPACE					
(2-18)		ABOR RELATI		ARD		Case		RC-241	285	Date F	led 5/10/2019
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48)	he petition m named in the	ust be accomp e petition of: (1	anied b  } the pe	y balh a si tition; (2) S	howing of interest (s statement of Positio	see 6b l on form	below) an (Form NL	d a certifica .RB-505); an	te of service s d (3) Descript	showing stion of Re	ervice on presentation
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labor	ioner desires t	to be certified as	s represe	ntative of t	he employees. The P	etition	er alleges	that the fol	lowing circum	stances	
2a. Name of Employer:		_	2b. Add	ress(es) of	Establishment(s) invo	olved (S	Street and	number, City	, State, ZIP co	de):	
Emerald Textiles 1428 W Linwood Avenue Turlock, CA 95380											
3a. Employer Representative - Nan	ne and Title:				ne as 2b - state same	9): 					
Don Luckenbach Same											
3c. Tel. No.	3d. Cell No.			3e. Fax No	<b>D.</b>		3f. E-Mail /				
209-226-1475							dlucker	-	meraldus.c		17
4a. Type of Establishment (Factory, I	mine, wholesa	ier, etc.)			al Product or Service	e			d State where	unit Is loc	ated;
Laundry 5b. Description of Unit Involved:				Linen				Turlock,		- i- 11-it-	
Included:									or of Employee	s in Unit:	
See attached								Approx	<b>170</b>		
Excluded:									ubstantial num amployees in th		
See attached Check One: 7a. Request for rec		variaina Dente		une made	(Dete)			represe	ented by the Pe	etitioner?	X Yes No
on or about (Date)	ognition as ba			e was made ceived, so			an	a Empioyer (	declined recog	nieon	
7b. Petitioner is cur						on unde	er the Act.				
8a. Name of Recognized or Certifie	o bargaining	j Agent ( <i>ir n</i> one	, so stat	9) 80. Ad	ldress:						
8c. Tel. No.	8d. Cell No.			8e. Fax No			3f. E-Mail A	ddress			
8g. Affiliation, if any:			8h	. Date of R	ecognition or Certifica				urrent or Most (Month, Day, Y	(ear)	
9. Is there now a strike or picketing a	t the Employer	r's establishmer	nt(s) invo	wed? No	🔄 If so, appro	oximatel	ly how mai	ny employee	s are participat	ing?	
(Name of Labor Organization)				-		, ha	as picketed	the Employ	er since (Mont	h, Day, Ye	ear)
<ol> <li>Organizations or individuals other individuals known to have a repre</li> </ol>									es and other or	ganizatio	ns and
10a, Name	1	0b. Address	-			1	loc. Tel. N	D.	10d. Cell No.		
							l0e, Fax N		10f. E-Mail Ad	idress	
<b>11. Election Details:</b> If the NLRB con Unit is appropriate.	nducts and ele	ection in this ma	tler, stat	e your posit	tion with respect to an	ny such	election:	11a. Election		Mixed	d Manual/Mail
11b. Election Date(s): May 31, 2019		1c. Election Tim	e(s);					on Location(s	):		
12a. Full Name of Petitioner (includ		/ariable			12b. Address (street		Break r		//D eedah		
Western States Regional J					920 S Alvarad		-		-		
12c. Full name of national or internati Workers United a/w SEIU	-	anization of whi	ch Petitik	oner is an a	filiate or constituent	(if none	e, so state)	:			
12d. Tel. No. 213 385 0271	12e. Cell No.			12f. Fax No	0.	1	2g. E-Mail	Address			
13. Representative of the Petitioner	r who will acc	cept service of	all pape		•		•	-			
13a. Name and Title: Robert S. Giolito, Attorney					ss (street and numbe Vilshire Blvd Ste				90025		
13c. Tel. No. 310 935 3555	13d. Cell No. 310 897			13e, Fax N	lo.		3f. E-Mail	Address @giolito	awcom		
I declare that I have read the above			Dents ar	e true to th	e best of my knowl			wg10110	aw.com		
Name (Print)		Signatore	-	_	7	Title					Date
Robert S. Giolito			in	$\mathcal{I}$		Att	orney				5/10/2019

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.

Emerald Textiles Attachment to Petition for Election

5.b.

<u>Included</u>: All fulltime and regular part time production employees employed by the Employer in Turlock, CA, including leads and housekeeping employees. <u>Excluded</u>: All supervisors, office clericals, drivers, and guards.

FORM NLRB-502 (RC)	UNITED ST	ATES OF AN	IERICA			DO NOT WRITE IN THIS SPACE					
(2-18)	NATIONAL LAB			RD		Case 32-J	e No. RC-24105	50		Date File	ed 10/2019
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition must named in the pe	be accompa etition of: (1)	nied by the peti	both a sh tion; (2) S	owing of interest (s tatement of Positio	see 61 on forr	b below) and m (Form NL	l a certificat RB-505); and	e of service sh d (3) Descriptio	owing se n of Rep	ervice on presentation
1. PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be	e certified as	represen	tative of th	e employees. The P	Petitio	ner alleges	that the follo	owing circumst	tances ex	
2a. Name of Employer:2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):Tilden Preparatory School1231 Solano Ave. #B, Albany, CA 94706; 1050 Bridgeway Sausalito, CA(See Attached)94965; 1475 N. Broadway, Suite 200, Walnut Creek, CA 94596											
3a. Employer Representative - Name and Title:       3b. Address (if same as 2b - state same):         Karen Hobbs       Same         Rebecca Hobbs       (See Attached)											
3c. Tel. No. (See Attached)	3d. Cell No.	I		3e. Fax No			3f. E-Mail A (See Att				
4a. Type of Establishment (Factory, n School	nine, wholesaler,	etc.)		4b. Princip Educati	al Product or Service ON	8			d State where u , Marin, W		<sup>ated:</sup> Creek, CA
5b. Description of Unit Involved: Included:								6a. Numbe	r of Employees	in Unit:	
Department Heads, full tir	ne, part time	e, and sub	stitute	e teache	rs and support	: staf	ff				
Managers and administrat	ors								mployees in the nted by the Peti		
Check One: X 7a. Request for rec on or about (Date)	05/08/19	(lf no	reply rec	eived, so	state).	5/08/1			leclined recogni		
7b. Petitioner is cur 8a. Name of Recognized or Certifie	, ,		<u> </u>			ion un	der the Act.				
None		-	,								
8c. Tel. No.	8d. Cell No.			8e. Fax No			8f. E-Mail A				
8g. Affiliation, if any:					ecognition or Certific	ation			rrent or Most (Month, Day, Ye	ar)	
9. Is there now a strike or picketing a	t the Employer's e	establishment	t(s) involv	ved? No	lf so, appro		•	• • •	s are participatir	·	
(Name of Labor Organization)									er since (Month,		THE REAL PROPERTY AND ADDRESS
10. Organizations or individuals other individuals known to have a repre None									es and other org	anization	s and
10a. Name	10b.	Address					10c. Tel. N	0.	10d. Cell No.	I No.	
							10e. Fax N	0.	10f. E-Mail Add	iress	
11. Election Details: If the NLRB con				your posit	ion with respect to a	iny su		11a. Election	I Mail	Mixed	Manual/Mail
11b. Election Date(s):	11c.	Election Time	e(s):				11d. Election	on Location(s	s):		
12a. Full Name of Petitioner (includ California Federation of T		nd number):			12b. Address (stree 2001 Center S	et and Stree	<i>number, cit</i> y et, Suite (	r, State and 2 600 Berk	<i>ZIP code):</i> eley, CA 94	4704	
12c. Full name of national or internati American Federation of T			ch Petitio	ner is an a	ffiliate or constituent	t (if no					
12d. Tel. No. (510) 523-5238	12e. Cell No. (510) 220-3			· /	23-5262			@cft.org			
13. Representative of the Petitioner who will accept service of all papers for purposes of the repres         13a. Name and Title:         Glenn Rothner         13b. Address (street and number)         Rothner							ty, State and	ZIP code):	engo Ave., P	asaden	a, CA 91101
13c, Tel. No.         13d. Cell No.         13e. Fax No.           (626) 796-7555         (626) 577-0124						13f. E-Mail Address grothner@rsglabor.com					
I declare that I have read the above Name (Print)	petition and the	at the statem Signature	nents are	e true to th	he best of my know				Date		
Glenn Rothner		Signature		$\mathcal{W}$			ttorney				05/10/19

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

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

# Attachment to Amended RC Petition

# Box 2a. Name of Employer

Tilden Preparatory School - Albany, Walnut Creek, and Marin Campuses, d/b/a School for Independent Learners, East Bay Branch, LLC, Tilden Preparatory School Marin, LLC, a single and/or joint employers

# **Box 3a. Employer Representative**

Rebecca Hobbs (415) 944-2254 rebeccah@tildenprep.com

Karen Hobbs (510) 821-1773 karenhobbs@tildenprep.com FORM NLR8-502 (RC) (4-15)

UNITED STATES					DO NO	T WRITE IN THI	RITE IN THIS SPACE			
NATIONAL LABOR R		RD	C	ase No.		Date				
RC PETITION 32-RC-241643 05/17/2019							05/17/2019			
INSTRUCTIONS: Unless e-Filed usi	na the Agency	swebsite. w	ww.nirb.go	v. submit a	n original of this	s Petition to a	an NLRB office in the Region			
NSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.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 Position form										
of service showing service on the e	mployer and a	all other partie	s named in	n the petitio	on of: (1) the pet	ition; (2) Stat	ement of Position form			
(Form NLRB-505); and (3) Description	on of Represe	entation Case F	Procedures	s (Form NLF	RB 4812). The s	howing of in	terest should only be filed			
with the NLRB and should not be s						•				
PURPOSE OF THIS PETITION RC-CER	TIFICATION OF	REPRESENTATI	VE - A substa	antial number	d employees wish t	o be represente	d for purposes of collective			
bargaining by Petitioner and Petitioner de	sires to be certific	ed as representativ	e of the emp	loyees. The F	Petitioner alleges t	hat the followin	g circumstances exist and			
requests that the National Labor Relati		eed under its pro	per authority	y pursuant to	Section 9 of the N	ational Labor R	lelations Act.			
2a Name of Employer		2b Ad	dress(es) of l	Establishment	(s) involved (Street	and number, city	r, State, ZIP code)			
Lockheed Martin		700 A	venger Av	venue, Buil	ding 42, Operat	tions Side NA	AS Lemoore, CA 93246			
3a Employer Representative Name and	Title		3b. Addres	ss (If same as	2b - state same)					
Ichael Cross, Site Manager Same as 2b										
Sc Tel No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address										
i59-998-3488 559-816-6482 Michael.e.cross@Imco.com										
4a. Type of Establishment (Factory, mine, w	,	4b. Principal pro		28						
Government Contractor (Air Force	)	F-35 Flight Tr	raining			Lemoo				
5b. Description of Unit Involved							6a. No. of Employees in Unit:			
Included: All full time and regular part time Contractor Instructor Pilots										
An run unte anu re	yulai part	ume Contra		Suucior	FIIOIS	1	6b. Do a substantial number (30%			
Excluded: Managers. Separators, Clarked W	orkers and all other	amolowass inclusion		molovaes maaa	Suprime and a second	rds supervisors	or more) of the employees in the unit wish to be represented by the			
and other employees as defined by	the act.	and of the second se	protession at o	inployoos, mara	Active curber aces and		Petitioner? Yes / No			
Check One: 7a. Request for re				le on (Date) 5	/17/2019_ar	nd Employer dec	lined recognition on or about			
<u> </u>		(If no reply receive								
7b. Petitioner is c	urrently recognize	ed as Bargaining R	epresentative	e and desires o	certification under the	e Act.				
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										
8c. Tel No.	8d Cell No.		8e. Fax No	<b>D</b> .		8f. E-Mail Add	ress			
8g. Affiliation, if any			8h. Date of F	Recognition or	Certification		Date of Current or Most Recent y (Month, Day, Year)			
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	?	If so, approxi	imately how many e	mployees are pa	rticipating?			
(Name of labor organization)		has pick	keted the Emp	plover since (A	Month. Dav. Year)					
10. Organizations or individuals other than							ather omonizations and industry			
<ol> <li>Organizations or individuals other than known to have a representative interest in a</li> </ol>	iny employees in	the unit described	in item 5b ab	ove. (If none,	so state)	nesentatives and	o other organizations and individuals			
the biene	10b Ad	Amee			10c. Tel. No.		10d. Cell No.			
10a. Name	100.40				100. 101. 110.		1.00.000110.			
					10e, Fax No.		10f. E-Mail Address			
							TOI. L'INAN AGUESS			
11. Election Details: If the NLRB conducts	an election in the	is matter, state you	r position wit	th respect to	11a. Election Type		Mail Mixed Manual/Mail			
any such election.					та. сессон туре	s. V Manual	Moxed Manual/Man			
11b. Election Date(s):	11c. E	lection Time(s):			11d. Election Loca	ition(s):				
5/17/19	9am-10	Dam		-	700 Avenger Avenue, Building 42	Operations Side, NAS Lem	oore, CA 93246: F-35 PTC (Pliot Training Center) Conference Rin			
12a. Full Name of Petitioner (Including k	cal name and n	umber)			12b. Address (stre	et and number,	city, state, and ZIP code)			
International Association of Machinests an	d Aarospace W	orkers, Local Lod	ge 2947		672 BRENTWOO					
12c Full name of mational or international to	bor organization	of which Petitioner	r is an affiliate	or constituent	(if none, so state)					
International Apportation of Machinists an	d Aerospace Wo	rkers, AFL-CIO								
12d. Tel No.	12e. Cell No.		12f. Fax N	lo.		12g. E Mail Ad	ddress			
	916-549-6907					snickel@iama				
13. Representative of the Petitioner who	will accept servi	ice of all papers f	or purposes	of the repres	entation proceedin	g.				
13a Name and Title Jason Hardwick, (			13b. Addre	ess (street and	d number, city, state,					
100 T - 11-	Land College				Folsom, CA 95630		1			
13c. Tel No.	13d. Cell No.		13e. Fax M			13f. E-Mail Ad				
916-985-8101	916-936-6013	atata marta	916-985-8		4-4	jhardwick@iar	maw.org			
I declare that I have read the above petit	ion and that the	statements are tr	ue to the bes	et of my know	viedge and belief.					
Name (Print) S	anature	/	Title			Date				
Jason Hardwick	In a	when		lge Represen		5/17/2019				
WILLFUL FALSE STATEME	NTS ON THIS P	ETITION CAN BE	PUNISHED B	BY FINE AND	IMPRISONMENT (	J.S. CODE, TITL	E 18, SECTION 1001)			
-//				TATEMENT						
And the second sec	thermost built a blo				154	ind on the state	formation is to assist the National Labor			

Solid State of the information on this form is alloronzed by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (ALRB) is proceedings or this 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 Sections to invoke de proceedings.

FORM NLRB-502 (RC)	UNITE	ED STATES OF A		A			DO NOT WRITE IN THIS SPACE					
(2-18)		LABOR RELAT	IONS B		D		Case				Date Fil	ed
		RC PETITIO	ION					32-R	C-24167	75	05	/17/2019
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 accomp the petition of: (	panied i 1) the p	by b etitic	oth a sh on; (2) S	owing of Interest (s tatement of Positio	see 6b n forn	below) and n (Form NL	d a certificat RB-505); an	e of service sh d (3) Descriptio	owing so on of Rep	ervice on presentation
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	ioner desire	s to be certified a	as repres	senta	tive of th	e employees. The P	etitio	ner alleges	that the foll	owing circums	tances e	
2a. Name of Employer:			2b. Ad	dres	s(es) of	Establishment(s) invo	olved (	(Street and	number, City	, State, ZIP code	e):	
Shred Works, Inc.			455	Hig	h Stre	et, Oakland, C	CA 9	4601				
3a. Employer Representative - Nan			-		s (if sam	e as 2b - state same	<i>):</i>					
Kari Talvola Verduin, President Same.												
3c. Tel. No.	3d. Cell No	).		3e	. Fax No	).		3f. E-Mail A				
(510) 729-7110 4a. Type of Establishment (Factory, I	mine whole	solor etc.)		46	Princin	al Product or Service		nr( <i>a</i> )snr	edworks.	d State where u	nit ie loca	tod:
Ha. Type of Establishment (Factory, F		50101, 610.7				hredding and d		sal	Oakland,			
5b. Description of Unit Involved:		-							6a. Numbe	r of Employees	in Unit:	
Included: Drivers and warehouse en	nployees								20			
Excluded:	d alaniaa	1								ubstantial numb mployees in the		n to be
Managers, supervisors and Check One: 🖌 7a. Request for rec	a cierica	Bargaining Repre	esentativ	ve wa	as made	on (Date) have	petiti	on an		ented by the Peti feclined recogni		¥ Yes No
on or about (Date)	-	(If n	no reply	recei	ved, so :	state).			ap.o.jo. (	loomined recegn		
7b. Petitioner is cur 8a. Name of Recognized or Certifie					8b. Ad		on und	der the Act.				
None.	•		,									
8c. Tel. No.	8d. Cell No	).		89	. Fax No	).		8f. E-Mail A	\ddress			
8g. Affiliation, if any:			8	Bh. 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	yer's establishme	ent(s) inv	volve	d? <u>No</u>	If so, appro	oximat	tely how mai	ny employee	s are participatir	ng?	
(Name of Labor Organization)							-			er since (Month,		
10. Organizations or individuals othe individuals known to have a representation										es and other org	anization	s and
None. 10a, Name		10b. Address						10c Tel N	0	10d. Cell No.		
		IDD. Address						10c. Tel. No.				
								10e. Fax N	<b>0.</b> .	10f. E-Mail Add	ress	
11. Election Details: If the NLRB co	nducts and	election in this m	atter, sta	ate y	our posit	ion with respect to a	ny suc	ch election:	11a. Election	-	] Mixed	Manual/Mail
11b. Election Date(s):		11c. Election Tir						11d. Election	on Location(s	i):		
May 28, 2019 12a. Full Name of Petitioner (include	ling local na	5:45am - 8:		1		12b. Address (stree	at and	number cit	State and	7/P code):		
Teamsters Local 70	ing lood na	nio ana namboly.	•			400 Roland W						
12c. Full name of national or internat		-	hich Pet	itione	er is an a	ffiliate or constituent	(if nor	ne, so state)	);		'	
International Brotherhood												
12d. Tel. No. (510) 569-9317	12e. Cell N	lo.			f. Fax N (10) 5	。. 69-1906		12g. E-Mai rfierro@		slocal70.or	·σ	
13. Representative of the Petitione	r who will a	accept service o	of all pap								B	
13a. Name and Title: Susan K. Garea, Attorney						ss (street and numb Tayer & Bodine				land, CA 94	607	
13c. Tel. No.	13d. Cell N	lo.		13	e. Fax N	lo.		13f. E-Mail	Address			
(510) 6259700						25-8275				ayer.com		
I declare that I have read the above Name (Print)	e petition a			are t	rue to th	e best of my know	ledge Title					Date
Susan K. Garea		Signatur	ĩ⁄ħ	1	11			e torney				05/17/19
Susan I. Gulda		Q /	~//		$\gamma \Delta$	J	In	torney				0011119

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

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.

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	TES GOVERNMEN			DO NOT WRITE IN THIS SPACE								
	OR RELATIONS BO		C	32-RD-2423	91 Date	05/30/2019						
INSTRUCTIONS: Unless e-Filed usin						1						
in which the employer concerned is	located. The ne	tition must	be accompanied by	both a showing o	f interest (s	ee 6b below) and a certificate						
of service showing service on the e	mployer and all o	other partie	s named in the petit	ion of: (1) the petit	ion: (2) Sta	tement of Position form						
(Form NLRB-505); and (3) Description	on of Representa	tion Case F	Procedures (Form NI	LRB 4812). The sh	owing of in	terest should only be filed						
with the NLRB and should not be se	erved on the emp	oloyer or an	y other party.			-						
1. PURPOSE OF THIS PETITION: RD-DE	CERTIFICATION (RI	EMOVAL OF	REPRESENTATIVE) - A	substantial number of	mployees ass	ert that the certified or currently						
recognized bargaining representative is no Labor Relations Board proceed under i	to longer their represe ts proper authority	pursuant to S	Petitioner alleges that the Section 9 of the National	te following circumst Labor Relations Act	ances exist a	nd requests that the National						
2a. Name of Employer		2b. Ad	dress(es) of Establishme	nt(s) involved (Street a		ty, State, ZiP code)						
Trench Plate Rental Co. 3a. Employer Representative – Name and		6792	Central Avenue, Nev									
Tadd Sibley, General Manager	1100		3b. Address (If same a SAME AS ABOVE									
3c. Tel. No.	3d. Cell No.		3e. Fax No.	<u></u>	3f. E-Mail Ad	dress						
(877) 246-4086	510.513.3180		510.744.9048		tsibley@tp	orco.com						
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Office and Yard Renting excavation shoring equipment and trench plates Newark, CA												
	Office and Yard Renting excavation shoring equipment and trench plates Newark, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit:											
Included: All full-time and regular part-time large and small crane drivers employed by the Employer at its facility												
located at 6792 Central Avenue Newark California												
or more) of the employees in the unit no longer wish to be												
Excluded: Confidential employees, office clerical employees, guards, and supervisors as defined in the Act.												
currently recognized bargaining												
Check One:         7a. Request for recognition as Bargaining Representative was made on (Date)         and Employer declined recognition on or about												
	Check One:7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state).											
7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.												
8a. Name of Recognized or Certified Bargaining Agent 8b. Address												
Teamsters Local 70     400 Roland Way, Oakland, CA 94621       8c. Tel No.     8d Cell No.       8e. Fax No.     6f. E-Mail Address												
510.569.9317	510.568.5494		510.569.1906			eamsterslocal70.org						
8g. Affillation, if any		T	8h. Date of Recognition	or Certification	<b>Bi. Expiration</b>	Date of Current or Most Recent						
International Brotherhood of Teamste	ers		11/1/2017			ny (Month, Day, Year)						
9. Is there now a strike or picketing at the En	anlovaria ostabliabro	ant/a) involved	2 No		N/A	tois-stin-2						
			eted the Employer since		employees an	e participating						
10. Organizations or individuals other than the					nd other organ	Izations and individuals known to						
have a representative interest in any employ	ees in the unit descr	lbed in Item 5b	above, (if none, so state	θ)								
10a. Name	10b. Addres			10c. Tel. No.		10d. Cell No.						
ioa. Namo	ivo. Addres			TOC. THE NO.								
				10e, Fax No.		10f. E-Mail Address						
11. Election Details: If the NLRB conducts any such election.	an election in this m	atter, state you	ur position with respect to	11a. Election Type	: <u>X</u> Manu	al Mail Mixed Manual/Mail						
11b. Election Date(s):		on Time(s):		11d. Election Loca								
June 19, 2019 12a. Full Name of Petitioner	6:00 a.m	n. to 7:30 a.n	1			lover's premises						
				(b) (6), (b) (7)		r, city, state, and zir_code)						
(b) (6), (b) (7)(C)	bor organization of w	hich Petitione	r is an affiliate or constitu	ent (if none, so state)	(0)	A ( .						
NONE												
12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.		12f. Fax No.		(b) (6), (b	Address						
13. Representative of the Petitioner who	will accept service	of all papers f	for purposes of the repr	esentation proceedin	(b) (b), (b g.	5)(7)(8)						
13a. Name and Title			13b. Address (street a	and number, city, state,	and ZIP code	)						
(b) (6), (b) (7)(C)			SAME AS ABOV	E		-						
SAME AS ABOVE	13d. Cell No. SAME AS ABC	WE	13e, Fax No, SAME AS ABOV	F	13f, E-Mail							
I declare that I have read the abov(b) (6	(h) (7)(C)		ue to the best of my kn		SAME AS	ADUYE						
Name (Print)	$(\mathbf{O})(\mathbf{O})$		Title		Date							
(b) (6), (b) (7)(C)			(b) (6), (b) (7)(C	.)	5	5-20-19						
WILLFUL FALSE STATEME	NIS ON THIS PETT	ION CAN BE	PUNISHED BY FINE AN	DIMPRISONMENT (	J.S. CODE. TI	TLE 18. SECTION 1001)						

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UNITED STATES	UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE											
NATIONAL LABOR		ARD	[	Case No.	DC 242472	Date						
	RC PETITION 32-RC-242472 05/31/2019											
INSTRUCTIONS: Unless e-Filed us												
in which the employer concerned i												
of service showing service on the	employer and	all other partie	s named	in the petitio	on of: (1) the peti	tion; (2) State	ement of Position form					
(Form NLRB-505); and (3) Descript	(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 served on the employer or any other party.												
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION O	F REPRESENTATI	VE - A sub	stantial number								
bargaining by Petitioner and Petitioner de	esires to be certif	ied as representativ	ve of the er	mployees. The	Petitioner alleges th	hat the following	g circumstances exist and					
requests that the National Labor Relat 2a, Name of Employer	ions Board proc				t(s) involved (Street i							
Dignity Health dba St. Joseph's M	ledical Cente				tockton, CA 952		, Sidle, 21 - 6000/					
3a. Employer Representative – Name and					s 2b - state same)							
Judy Coffin	, nac					rancisco, CA	A 94107					
Judy Coffin         185 Berry Street, Suite 300, San Francisco, CA 94107           3c. Tel. No.         3d. Cell No.         3e. Fax No.         3f. E-Mail Address												
(415) 438-5755			415-43	8-5726		judy.coffin@	dignityhealth.org					
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal prod	duct or ser	vice			and State where unit is located:					
Healthcare		Healthcare				Stockto						
5b. Description of Unit Involved							6a. No. of Employees in Unit:					
Included: Administrative Secretary II Home Health department												
	or or carry in r	ionio rioun	a dop.				6b. Do a substantial number (30%					
Excluded: All other classifications, inclu-	ding but not limi	ted to guards, mar	nagers, co	nfidential empl	oyees and supervis	ors as defined	or more) of the employees in the unit wish to be represented by the					
by the Act.	-						Petitioner? Yes V No					
Check One: 7a. Request for re	cognition as Barg	aining Representation	tive was m	ade on (Date)	by this petition ar	d Employer dec	lined recognition on or about					
	-	(If no reply received			of the pottern a							
7b. Petitioner is cu					certification under the	e Act.						
8a. Name of Recognized or Certified Barg				8b. Address								
None												
8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address												
					A	0.5						
8g. Affiliation, if any			8h. Date o	f Recognition or	r Certification		Date of Current or Most Recent y (Month, Day, Year)					
						Contract, ir any	(month, Duy, rour)					
9. Is there now a strike or picketing at the Er	mplover's establis	shment(s) involved	? No	If so, approx	imately how many er	nployees are pa	rticipating?					
(Name of labor organization)					Month, Day, Year)							
	Detitioner and the					recentatives and	a the experimetions and individuals					
<ol> <li>Organizations or individuals other than F known to have a representative interest in a</li> </ol>						resentatives and	other organizations and individuals					
	, , , , ,				,							
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.					
None					10e. Fax No.		10f. E-Mail Address					
11. Election Details: If the NLRB conducts	on election in th	a matter state upu	, position u	with respect to								
any such election.	an election in th	is matter, state you	r position v	with respect to	11a. Election Type	: 🖌 Manual	Mail Mixed Manual/Mail					
11b. Election Date(s):	11c. E	lection Time(s):			11d. Election Loca	tion(s):						
6/4/19	12:00 -	12:30			2nd Floor breakro	om						
12a. Full Name of Petitioner (including lo							city, state, and ZIP code)					
Service Employees International Union, L					560 Thomas L. Be	erkley Way, Oak	kland, CA 04612					
12c. Full name of national or international la Service Employees International Union	bor organization	of which Petitioner	is an affilia	ite or constituen	t (if none, so state)							
12d. Tel No.	12e. Cell No.		12f. Fax	No		12g. E-Mail Ad	drass					
510-251-1250	126. 081 140.		121.1 0	140.		izg. E-mail Ad	0.000					
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	r purpose	s of the repres	entation proceedin	g.						
	,					-						
13a. Name and Title Bruce A. Harland, Attorney 13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501												
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address												
510-337-1001			510-337-			bharland@uni	oncounsel.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 Title Date												
Bruce A. Harland	SULLA	tallance	Attorney			May 31, 20						
WILLFUL FALSE STATEME	NIS ON THIS PE			BY FINE AND	IMPRISONMENT (U	.s. CODE, TITL	E 18, SECTION 1001)					

PRIVACY ACT STATE

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