

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No

32-RC-259953

Date Filed

05/04/2020

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

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

2a. Name of Employer: Courtyard by Marriott Oakland Airport		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 350 Hegenberger Rd Oakland CA 94621	
3a. Employer Representative - Name and Title: Issa Arsala		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 510-568-7600	3d. Cell No. 510-509-8509	3e. Fax No.	3f. E-Mail Address issaarsala@remingtonhotels.com
4a. Type of Establishment (Factory mine wholesaler etc) Hotel		4b. Principal Product or Service Hospitality	
5b. Description of Unit Involved: Included: See attached description Excluded:		5a. City and State where unit is located: Oakland CA	
		6a. Number of Employees in Unit: 51	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>5/4/2020</u> and Employer declined recognition on or about (Date) <u>no reply</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract if any (Month Day Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name none		10b. Address	
		10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter state your position with respect to any such election			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s) May 18th 2020		11c. Election Time(s) mail	
		11d. Election Location(s) mail	
12a. Full Name of Petitioner (including local name and number): Unite Here Local 2850		12b. Address (street and number, city, State and ZIP code): 1025 3rd st Oakland CA 94607	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none so state): Unite Here International Union			
12d. Tel. No. 510-893-3181	12e. Cell No. 510-219-6491	12f. Fax No. 510-893-5362	12g. E-Mail Address lalan@unitehere.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Kim Weber, Attorney for Unite Here Local 2850		13b. Address (street and number city State and ZIP code): 595 Market St Suite 800 San Francisco Ca 94105	
13c. Tel. No.	13d. Cell No. 617-780-9055	13e. Fax No. 415-597-7201	13f. E-Mail Address kweber@msh.law
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) Lian Alan		Signature /s Lian Alan	Title Lead Organizer
			Date 5/4/2020

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.

Form 502 Attachment Section 5b. Description of Unit Involved:

All regular part-time and full-time housekeepers, housepersons, laundry, front desk agents, shuttle drivers, bartenders, cooks, servers, dishwashers, bistro attendants, and engineering/maintenance employees of the Employer at its operations at 350 Hegenberger Rd Oakland CA, but excluding guards, office clericals, managers and statutory supervisors.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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Case No.

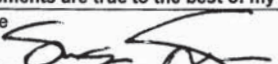
32-RC-260301

Date Filed

5/12/2020

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

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

2a. Name of Employer: Greenwaste Recovery, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 625 Charles Street San Jose, CA 95112	
3a. Employer Representative - Name and Title: Frank Weigel Co-Executive Officer		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 408-938-4902	3d. Cell No. 408-499-0502	3e. Fax No. 408-287-3108	3f. E-Mail Address FWeigel@greenwaste.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Truck yard and material recycling facility		4b. Principal Product or Service Refuse collection	
5b. Description of Unit Involved: Included: All full-time and regular part-time drivers and driver helpers. Excluded: All other employees.		5a. City and State where unit is located: San Jose, CA 6a. Number of Employees in Unit: 80 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by petition _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None.		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No.</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) None.			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): May 29, 2020		11c. Election Time(s): mail ballot	
11d. Election Location(s): mail ballot			
12a. Full Name of Petitioner (including local name and number): Teamsters Local 350		12b. Address (street and number, city, State and ZIP code): 295 89th Street, Suite 304 Daly City, CA 94015	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. (650) 757-7290	12e. Cell No.	12f. Fax No. (650) 757-7294	12g. E-Mail Address S.Arranaga@ibtlocal350.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Susan K. Garea, Attorney		13b. Address (street and number, city, State and ZIP code): 483 Ninth Street, Suite 200 Oakland, CA 94607	
13c. Tel. No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address sgarea@beesontayer.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Susan K. Garea	Signature 		Title Attorney
			Date 05/12/20

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 32-RC-260434	Date Filed 5/14/2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer: Model Dairy	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 500 Gould Street, Reno, NV 89502
3a. Employer Representative - Name and Title: Derek Allbee, Plant Manager	3b. Address (if same as 2b - state same): same

3c. Tel. No. 775-788-7930	3d. Cell No. 510-999-1093	3e. Fax No.	3f. E-Mail Address derek_allbee@deanfoods.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food processing and delivery	4b. Principal Product or Service Dairy products	5a. City and State where unit is located: Reno, NV
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5b. Description of Unit Involved: Included: All full/part-time employees including drivers, production employees, cooler employees, plant maintenance & mechanics, including employees in Bishop Excluded: Office, clerical, laboratory and professional employees, supervisors and guards defined in the Act	6a. Number of Employees in Unit: 45
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6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 05/13/20 and Employer declined recognition on or about (Date) none (if no reply received, so state).**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating?
(Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:**
☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Teamsters, Chauffeurs, Warehousemen and Helpers, Professional, Clerical, Public & Misc Employees, Donner & the Tahoe Basin, Reno & Northern Nevada, Local 533	12b. Address (street and number, city, State and ZIP code): 1190 Selmi Drive, Suite 100 Reno, NV 89512
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters


12d. Tel. No. 775-348-6600	12e. Cell No.	12f. Fax No. 775-348-1501	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Lori Pittard, Business Agent	13b. Address (street and number, city, State and ZIP code):
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13c. Tel. No. 775-348-6600	13d. Cell No. 755-225-5338	13e. Fax No. 775-348-1501	13f. E-Mail Address lori@teamsters533.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Tiffany Crain	Signature 	Title Attorney for Teamsters Local 533	Date 05/13/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-260453

Date Filed

05/15/2020

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

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

2a. Name of Employer

Tracy Toyota

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)

2895 North Naglee Rd; Tracy, CA 95304

3a. Employer Representative Name and Title
Jae Lee, General Manager

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

3c. Tel. No.
209-834-1111

3d. Cell No.

3e. Fax No.
209-830-5060

3f. E-Mail Address
Jlee@tracytoyota.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Automotive Dealership

4b. Principal product or service
Auto Sales & Auto Maintenance

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

5b. Description of Unit Involved
Included: All full-time and regular-part time service technicians and lube techs.

Excluded: All others

6a. No. of Employees in Unit:
15

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) May 15, 2020 and Employer declined recognition on or about May 15, 2020 (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

Mail ballot going out May 22, 2020

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)

Machinists & Mechanics Lodge No. 2182, International Association of Machinists and Aerospace Workers, District Lodge 190

12b. Address (street and number, city, state, and ZIP code)

967 Venture Court, Sacramento, CA 95825

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

International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel. No.
(916) 929-1040

12e. Cell No.
(925) 550-0586

12f. Fax No.
(916) 929-3794

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

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

13a. Name and Title Caren P. Sencer, Attorney

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

13c. Tel. No.
510-337-1001

13d. Cell No.

13e. Fax No.
510-337-1023

13f. E-Mail Address
nlrnotices@unioncounsel.net

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

Name (Print)
Caren P. Sencer

Signature



Title
Attorney

Date
May 15, 2020

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

PRIVACY ACT STATEMENT

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Case No.


32-RC-260603

Date Filed

05/19/2020

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

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

2a. Name of Employer: Windsor Oakridge Healthcare Center, L.P. DBA Windsor Healthcare Center of Oakland		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2919 Fruitvale Avenue, Oakland, CA 94602	
3a. Employer Representative - Name and Title Maria Thompson Administrator; Owners Lee Samson, Lawrence Feigen, Donny Feldman		3b. Address (if same as 2b - state same): SAME	
3c. Tel No (510) 261-8564	3d. Cell No N/A	3e. Fax No	3f. E-Mail Address administrator@whcoakland.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Skilled Nursing Facility		4b. Principal Product or Service Health care	
5a. City and State where unit is located Oakland, CA		5b. Description of Unit Involved: Included: Regular full and part-time LVNs, RNs, & Treatment Nurses (Armour-Globe election) Excluded: All other employees, MDS-PPS-TILE Nurses, clericals managers guards & supervisors	
6a. Number of Employees in Unit 15		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>By this petition</u> and Employer declined recognition on or about (Date) <u>N/A</u> (if no reply received so state) <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) NONE		8b. Address	
8c. Tel No	8d. Cell No	8e. Fax No	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9 which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above (if none, so state) NONE			
10a. Name	10b. Address	10c. Tel No	10d. Cell No
		10e. Fax No	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:		11a. Election Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 05/22/2020	11c. Election Time(s): N/A	11d. Election Location(s): N/A	
12a. Full Name of Petitioner (including local name and number): SERVICE EMPLOYEES INTERNATIONAL UNION, LOCAL 2015		12b. Address (street and number, city, State and ZIP code) 2910 BEVERLY BLVD. LOS ANGELES, CA 90057	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): SERVICE EMPLOYEES INTERNATIONAL UNION			
12d. Tel No 213-985-0400	12e. Cell No	12f. Fax No	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Manuel A. Boigues, Attorney for Union		13b. Address (street and number, city, State and ZIP code): 1001 Marina Village Parkway, Suite, 200, Alameda, CA 94501	
13c. Tel No 510-337-1001	13d. Cell No	13e. Fax No 510-337-1023	13f. E-Mail Address mboigues@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Manuel A. Boigues	Signature 	Title Attorney for Union	Date 05/19/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

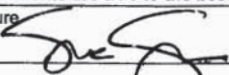
32-RC-260991

Date Filed

05/29/2020

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

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

2a. Name of Employer: Cardinal Logistics Management Corporation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6611 Preston Avenue Livermore, CA 94551	
3a. Employer Representative - Name and Title: Alan Hayes, Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No.	3d. Cell No. (209) 665-6903	3e. Fax No.	3f. E-Mail Address ahayes@cardlog.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse and Truck Yard		4b. Principal Product or Service Glass Installation	
4c. City and State where unit is located: Livermore, CA		5a. City and State where unit is located: Livermore, CA	
5b. Description of Unit Involved: Included: All full time and regular part time drivers employed by Cardinal Logistics at or out of 6611 Preston Avenue, Livermore, CA. Excluded: All other employees.		6a. Number of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by petition _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No.</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None.			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): June 5, 2020		11c. Election Time(s): Mail Ballot	
11d. Election Location(s): Mail Ballot			
12a. Full Name of Petitioner (including local name and number): Teamsters Local 853		12b. Address (street and number, city, State and ZIP code): 7750 Pardee Lane Oakland, CA 94621	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. (510) 895-8853	12e. Cell No.	12f. Fax No. (510) 895-6853	12g. E-Mail Address sbender@teamsters853.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Susan K. Garea, Attorney		13b. Address (street and number, city, State and ZIP code): Beeson, Tayer & Bodine 483 Ninth Street, Suite 200, Oakland, CA 94607	
13c. Tel. No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address sgarea@beesonayer.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Susan K. Garea	Signature 	Title Attorney	Date 05/29/20

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.