UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
32-RC-228849	10/09/2018				

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Stanford Hospital 300 Pasteur Drive, Stanford, CA 94305 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) David Jones, VP & Chief HR Officer Same as above 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address DavidJones@stanfordhealthcare.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Stanford, CA Hospital Healthcare 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All Respiratory Care Practitioners (Relief, I, II, III, IV), Cystic Fibrosis Respiratory Therapy Coordinators. 91 6b. Do a substantial number (30% Pulmonary Function Respiratory Associates or more) of the employees in the Excluded: unit wish to be represented by the All other employees Petitioner? Yes V No 10/9/18 7a. Request for recognition as Bargaining Representative was made on (Date) \_ and Employer declined recognition on or about Check One: (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 NONE 8c. Tel 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? MIL. has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) 10b. Address 10c. Tel. No. 10d. Cell Nó 10a. Name 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 11a. Election Type: Manual Mail \_ Mixed Manual/Mail any such election. 11c. Election Time(s): 11d Election Location(s): 11b. Election Date(s): 300 Pasteur Drive, Stanford, CA 94305 October 30, 2018 18:00 - 20:30 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Engineers and Scientists of California, Local 20, IFPTE, AFL-CIO/CLC 810 Clay St, Oakland, CA 94607 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Federation of Professional and Technical Engineers, AFL-CIO & CLC 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 510-238-8320 510-384-7088 510-238-8324 iwright@ifpte20.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Danielle Lucido, Chief Counsel 13b. Address (street and number, city, state, and ZIP code) SAME 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax No. dlucido@ifpte20.org 415-269-5554 SAME SAME 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) Jonathan T. Wright Date October 9, 2018 Organizer

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

PRIVACY ACT STATEMENT

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

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 32-RC-229053

053 Date Filed 10/11/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of 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 <u>not</u> be served on the employer or any other party.

(Form NLRB-505); and (3) Descri with the NLRB and should not be						RB 4812). The si	nowing of int	erest should only be filed
PURPOSE OF THIS PETITION: RC-Cobargaining by Petitioner and Petitioner requests that the National Labor Re	CERTIFICATION OF desires to be certif	REPRESE ied as repre	ENTATI esentativ	VE - A su ve of the	bstantial number employees. The	Petitioner alleges th	at the followin	g circumstances exist and
2a. Name of Employer 2b. Ad				dress(es)	of Establishment	t(s) involved (Street a	and number, city	
Le Boulanger, Inc.			305 N			Sunnyvale, CA 9	4085-4207	
3a. Employer Representative – Name and Title Tony Quintong, CEO				3b. Ad Same	dress (If same as	s 2b – state same)		=
3c. Tel. No.	3d. Cell No.			3e. Fax	No.		3f, E-Mail Add	ress
(408) 774-9000				(408)	523-9810		tquintong@	leboulanger.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)  4b. Principal pro Bread & Bread								and State where unit is located: rale, California
5b. Description of Unit Involved								6a. No. of Employees in Unit:
Included: All full-time & regular part-time packers, loaders, & ma				nainten	ance for pote	ntial addition to t	he existing	~17
drivers bargaining unit at the Sunnyvale facility as the Excluded: Bakery production, clerical, managers, Supervisors an					t of an Armou ards as defin	r-Globe election ed by the Act.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
no reply		(If no reply	receive	d, so state	е).	0/1/18 an		lined recognition on or about
8a. Name of Recognized or Certified B					8b. Address			
None								
8c. Tel No. 8d Cell No.				8e. Fax	k No.	8f. E-Mail Address		ress
8g. Affiliation, if any				8h. Date	ate of Recognition or Certification  8i. Expiration Date of Current or Mos Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the	Employer's establis	shment(s) ir	nvolved	? <u>No</u>	If so, approx	imately how many er	nployees are pa	rticipating?
(Name of labor organization)		,	has pick	eted the	Employer since (I	Month, Day, Year)		
Organizations or individuals other that known to have a representative interest in None							resentatives an	d other organizations and individuals
10a. Name	10b. Ad	dress				10c. Tel. No.		10d. Cell No.
						10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB condu	cts an election in th	is matter, s	tate you	r position	with respect to	11a. Election Type	Mail Mixed Manual/Mail	
11b. Election Date(s): October 24, 2018	(o:t	lection Time		ny oc	11d. Election Location(s): Employer's site, upstairs meeting room			s meeting room
12a. Full Name of Petitioner ( <i>including</i> Teamsters Local 853	local name and n	umber)						city, state, and ZIP code) d, CA 94621-1497
12c. Full name of national or internationa International Brotherhood of Tea		of which Pe	etitioner	is an affil	iate or constituen	t (if none, so state)		
12d. Tel No. (510) 895-8853	12e. Cell No.			12f. Fa (510)	x No. 895-6853		12g. E-Mail A	ddress
13. Representative of the Petitioner wh	o will accept serv	ice of all pa	apers fo	or purpos	ses of the repres	entation proceeding	g.	
13a. Name and Title Lorrie Bradley,	Attorney					d number, city, state, nd Floor, Oaklan		7-4051
13c. Tel No. (510) 625-9700	13d. Cell No.		1	13e. Fa		,	13f. E-Mail Ad	
I declare that I have read the above pe	tition and that the	statements	s are tru			ledge and belief.	-10-	
Name (Print) Lorrie E. Bradley	Signafure 41m	alx		Title Attorn	ey		Date October	10, 2018

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

#### PRIVACY ACT STATEMENT

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

8c. Tel No.

8g. Affiliation, if any

LINITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

8d Cell No.

RC PETITION

DO NOT WRITE IN THIS SPACE Case No. Date Filed

32-RC-229101

10/12/2018

8f. E-Mail Address

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

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1, PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 305 N. Mathilda Avenue, Sunnyvale, CA 94085-4207 Le Boulanger, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Daniel Brunello, Chairman Same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (408) 774-9000 (408) 523-9810 dbrunello@leboulanger.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Sunnyvale, California Bread & Bread Delivery 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time & regular part-time packers, loaders, & maintenance for potential addition to the existing ~17 6b. Do a substantial number (30% drivers bargaining unit at the Sunnyvale facility as the result of an Armour-Globe election. or more) of the employees in the Excluded: Bakery production, clerical, managers, Supervisors and Guards as defined by the Act. unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 10/1/18 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). no reply 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

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

9. Is there now a strike or picketing	g 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 o	her 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 in	terest in any employees in the unit described in item 5b above. (If none, so state)

8e. Fax No.

8h. Date of Recognition or Certification

None 10c. Tel. No. 10d. Cell No. 10b. Address 10a. Name 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 11a. Election Type: 

Manual Mail Mixed Manual/Mail

any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Employer's site, upstairs meeting room 6:30 pm - 9:00 pm October 24, 2018 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 7750 Pardee Lane, Oakland, CA 94621-1497 Teamsters Local 853

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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (510) 895-8853 (510) 895-6853 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Lorrie Bradley, Attorney 13b. Address (street and number, city, state, and ZIP code) 483 - 9th Street, 2nd Floor, Oakland, CA 94607-4051 13f. E-Mail Address 13d. Cell No. 13e. Fax No.

(510) 625-9700 (510) 625-8275 lbradley@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) Signature Title Date Attorney October 12, 2018 Lorrie E. Bradley

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

PRIVACY ACT STATEMENT

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

Lorrie Bradley

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. Date Filed 10/16/2018

October 16, 2018

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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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 1551 Shelton Drive, Hollister, CA 95023 Stericycle, Inc. 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Jim Kedwards, Manager Same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. Jkedwards@stericycle.com (831) 630-1098 (831) 630-1614 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Hollister, CA Biohazard Disposal Medical Waste Disposal 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time Class A drivers employed at or out of Employer's Hollister location. 6b. Do a substantial number (30% or more) of the employees in the Excluded: Clericals, Managers, Supervisors and Guards as defined by the Act. unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) by this Petition and Employer declined recognition on or about Check One: (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). None 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8c. Tel No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Employer's on-site conference room October 29, 2018 5:00 a.m. - 8:00 a.m. 12a, Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1452 N. Fourth Street, San Jose, CA 95112 Teamsters Local 287 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 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12d. Tel No. (408) 453-0287 (408) 453-2034 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Lorrie Bradley, Attorney 13b. Address (street and number, city, state, and ZIP code) 483 - 9th Street, 2nd Floor, Oakland, CA 94607-4051 13e. Fax No. 13f. E-Mail Address 13c Tel No (510) 625-8275 lbradley@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. Signature Name (Print) Title Date

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

#### PRIVACY ACT STATEMENT

Attorney

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

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS	SPACE
Case No.	Date Filed
32-RC-229747	10/23/2018

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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: U.S. Foods, Inc. 300 Lawrence Drive Livermore, CA 94551 (Hub + other yards in Northern California) 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Bill Yray, Transportation Manager Same. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (925) 606-1919 bill.yray@usfoods.com 4a. Type of Establishment (Factory, mine, wholesaler. etc.) 4b. Principal Product or Service 5a. City and State where unit is located: yard food distribution various locations in Northern CA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 245 See attached. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition by petition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None. 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?  $N_0$ 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: ☐ Manual ☐ Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s) 11d. Election Location(s) mailed on 11/6/18 N/A (mail ballot) N/A (mail ballot) 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local 853 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (510) 895-8853 (510) 895-6853 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): Susan K. Garea, Attorney Beeson, Tayer & Bodine 483 Ninth Street, Oakland, CA 94607 13c, Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (510) 625-9700 (510) 625-8275 sgarea(a)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) Signature Title Date Susan K. Garea 10/23/18 Attorney

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

## ATTACHMENT TO RC PETITION

### Section 5b. Description of Unit Involved:

**Included:** All full-time and regular part-time drivers and hostlers employed by U.S. Foods, Inc. in Northern California, including at the Livermore hub and other Northern California locations of Anderson, Chico, Sacramento, Cloverdale, Santa Rosa, Fresno, Gilroy, San Jose, Oakdale, Richmond, Fairfield, Ceres and Auburn.

**Excluded:** All other employees and supervisors.

Date Filed: 10/23/2018

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

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R D PETITION

DO NOT W	RITE IN THIS SPACE
32-RD-228785	Duta Filed 10/9/2018

						10/9/2010	
INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.kirb.gov</u> , submit an original of this Polition to an MLRB office in the Region In which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b 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 from (Form NLRB-565); and (3) Description of Representation Case Procedures (Form NLRB-4812). The showing of interest should only be filled with the							
NLRB and should not be served on	the employer or	any other par	ty.				
PURPOSE OF THIS PETITION: RO- DE recognized bargaining representative is re- Labor Relations Board proceed under	o Japoer their repre-	sentative. The P y pursuant to 9	ethioner alleges that the action 9 of the National L	following elecumet abor Relations Act	ances exist and	d requests that the National	
2a. Name of Employer		2b. Ad	dress(as) of Establishment(	(5) myolyed (Street a	sod number, dty.	State, ZIP code)	
Advanced Communications		1060	Minacsota Avenue, Su		A 95125		
3a. Employer Representative - Name and	l Title "		3b Address (if same as	26 – State Same)			
Gary Gass							
3c. Tel No.	3d. Cell No		3e Fan No		31 E-Mail Addi		
	408,930,6704		L			ancedcom com	
4a. Type of Establishment (Fectory, mine, w	vinolessiler, etc.		oduct or service		_	and State where and is localed:	
Construction	<u>_                                </u>	Low vollage co	mmunication cable				
5b. Description of Unit involved						84 No. of Employees in Unit.	
All full-time and regular part-time employees employees by the Endployer in or From 1969 Mantesonal Ob Domisinstantial number (or more) of the employees in the endployees in the Excluded: managerial employees, professional employees, office clerical employees, guards, and supervisors as defined in the Act						65 Do in satisfundar number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized burgaining representative? Yes [ X ] No	
Check One: 7a, Request for re	concilos as Barnai	onn Representa	tive was made on (Date)	idi	nd Employer des	lined recognition on or ation!	
	(Dale) (if						
			epresentative and desires o	on Senten ander th	n Ara		
Sa. Name of Recognized or Certified Bar-		es sarganing re	8b Address	CONTRACTOR CONTRACTOR	<u> </u>		
Communications Workers of Americ Secretary Treasurer)		Monica Alvara		Ave., San Jose,	CA 95128		
Bc. Tel No.	8d Cell No.		8e Fax No	1	BI E Mail Add	Iress	
(408) 278-9447					monica a cwa9423. org		
Sq. Affiliation, if any			8h. Date of Recognition or Certification		Bi Expiration	Date of Current or Most Recent	
og, Amanuni, rany Communications Workers of America			prior to 8/4/13				
9. Is there now a strike or picketing at the E	Construents on Lable to	ment to be investigated	2 No. it so appro	namentals below mean	complexees are	nuticipating?	
9. Is there now a strike or plexeting at the co	introver s establism	nierajaj irivolveu kar alak	eted the Employee since (A)	bont Dev Your	and projective and		
(Name of labor organization)		nas pick	ered the Employer state (in	KNOPI, ZXIY, TONEY			
10. Organizations or individuals other than have a representative interest in any emplo	those named in item iyees in the unit des	is 8 and 9, which cribed in item 50	t have clamed recognition; above: (If none, so state)	as reprosentatives a	ind other organi;	galions and individuals known to	
10a. Name	10b. Addr	855		10c Tel No		10d Gell No	
TOB! TUNIO	100.720					! }	
				10a Fax No		101 E-Mail Address	
					<del></del>	<u> </u>	
11. Election Details: If the NLRB conduct	s an election in this	matter, state you	n pastion with respect to	11a Election Typ	e. X Manua	H Mail Mexod Manual/Mail	
any such election. 11b, Election Date(s):	11c Fla	ction Time(s)		Ind Election Loc	anen(s):		
10/23/18		an. to 2:30 p.:		The front s			
	2,00 β	.м. ео х. юр.					
12 Full Name of Patitioner (b) (6), (b) (7)(C)  12c. Full name of national of international	abov ocazni zation ot	Fushion Buldington	an au athliata or constituen	(b) (6), (b)	(7)(C)	eliz stata und 71P code;	
NONE	awir olyanizalion 01	MARIAN PERMIUNC	to all aminore of Polishinan	re programme, and and corp.			
12d, Tel No	12a Celi No		12f Fax No.		12g. E-Mail A	lddiess	
	(b) (6), (b) (7)				(b) (6),	(b) (7)(C)	
13. Representative of the Petitioner who	will accept service	e of all papers (	or purposes of the repres		ng: n, and ZIP pode)		
(b) (6), (b) (7)(C)			SAME AS ABOVE				
13¢, Tel No.	136. Cell No.		13e. Fax No.		13f E-Moll A		
SAME AS ABOVE	(h) (6)	(h)	ABOVE		SAME AS A	BOVE	
I declare that I have read the above petit	(D) (D),	(b) (7	t of my know	viedge and ballef.			
Name (Print) S (b) (6), (b) (7)(C)			(b) (6), (b)	(7)(C)	Date	+8,2018	

WILLFUL FALSE STATEMENTS O

(FINE AND IMPRISONMENT (U.S. CODE, TITLE IR, SECTION 1061)PRIVACY ACT STATEMENT Solicitation of the information on thes 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 Beard (NLRB) in processing representation and related proceedings or hitigation. 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 used principal this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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

#### UNITED STATES GOVERNMENT NATIONAL

L LABOR RELATIONS BUARD	Case_No.
PETITION	Case No.

	RITE IN THIS SPACE
Case No. 32-RD-229316	Date Filed 10/16/2018

KU P	EILLION			J2 KD 22.	23.0	.0, .0, 2010
INSTRUCTIONS: Unless e-Filed us						
in which the employer concerned is	s located. The petiti	on must	be accompanied by t	both a showing o	f interest (see	6b below) and a certificate
of service showing service on the	mployer and all oth	er partie	s named in the petitio	on of: (1) the peti	tion; (2) State	ment of Position form
(Form NLRB-505); and (3) Descript						
with the NLRB and should not be s	erved on the employ	er or an	y other party.	,		•
1. PURPOSE OF THIS PETITION: RD-DE	CERTIFICATION (REM	OVAL OF	REPRESENTATIVE) - A su	ubstantial number of	employees asser	t that the certified or currently
recognized bargaining representative is r Labor Relations Board proceed under	io longer their representati	tive. The f	Petitioner alleges that the Section 9 of the National I	following circumst	ances exist and	I requests that the National
2a. Name of Employer Community Chil	d Care Council of	2b. Ad	dress(es) of Establishment	t(s) involved (Street a	and number, city,	State, ZIP code)
Santa Clara County, Inc.		150 1	River Oaks Parkway, S	uite F-1, San Jose	e, CA 95134	
3a. Employer Representative - Name and		•	3b. Address (If same as	2b - state same)		
Trevor Jackman, Senior Director	of Operations		SAME AS ABOVE			
3c. Tel. No.	3d. Cell No.	-	3e. Fax No.		3f. E-Mail Addre	
408.487.0747	4-444-1-1-0-5		408.413.2700		trevorj@4c.c	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal prod					San Jos	nd State where unit is located:
Building			child care services			
Included: All full-time and regu	ılar part-time em	ployees	s employed by the	Employer at	its facility	6a. #of employees 85
located at 150 River Oaks Parkway in San Jose, CA 6b. Do a substantial number (30%						
Excluded: Managers guards at	nd supervisors as	defined	in the Act			or more) of the employees in the
Excluded: Managers, guards, and supervisors as defined in the Act.						unit no longer wish to be represented by the certified or
						currently recognized bargaining
						representative2 Yes [ x ] No
					<del></del>	
Check One: 7a. Request for re		-	tive was made on (Date) _	an	d Employer decli	ned recognition on or about
7h Potitioner is a	(Date) (If no rep	-	o, so state). epresentative and desires (	nortification under the	Act	
8a. Name of Recognized or Certified Barg		rgaining Re	8b. Address	seruncation under the	ACL.	9 <del>v 5</del> m
Service Employees International Uni				r Road, San Jose,	CA 95131	
8c. Tel No.	8d Cell No.	-	8e. Fax No.	· 1	8f. E-Mail Addre	ess p N w
408.678.3300			408.954.1538	0.00	mario.castill	o@seiu521.org
8g. Affiliation, if any Service Employees International Uni	on	1	8h. Date of Recognition or 8/13/15	Certification		ate of Current or Most Recent (Month, Day, Year)
Service Employees International On	Oli		0/13/13		Still no Con	
9. Is there now a strike or picketing at the Er	mployer's establishment(s	s) involved	? No If so, appro	oximately how many	employees are p	participating?
(Name of labor organization)	· · · · · ·		eted the Employer since (M			
10. Organizations or individuals other than t	hose named in items 8 ar	nd 9, which	have claimed recognition	as representatives at	nd other organiza	ations and individuals known to
have a representative interest in any employ						
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.
ioa. Name	100. Address			TOC. Tel. No.		10d. Cell 140.
				10e. Fax No.		10f. E-Mail Address
				_		
11. Election Details: If the NLRB conducts	an election in this matter	, state you	r position with respect to	11a. Election Type	X Manual	Mail Mixed Manual/Mail
any such election.  11b. Election Date(s):	11c. Election T	ime(s):		11d. Election Local	tion(s):	
10/24/18	12 noon to 2		'	The Large Con		
12a Full Name of Petitioner			_	12b Address (stre	et and number. c	itv. state. and ZIP code)
(b) (6), (b) (7)(C)		<b>D</b>	To an applicate an appetitude	(b) (6), (b)	) ( <i>1</i> )(C)	
12c. Full name of national or international la	bor organization of which	Petitioner	is an affiliate or constituen	t (If none, so state)		
	10- 0-1111-		T 404 F No		12g F-Mail Add	d
12d. Tel No.	12e, Cell No. (b) (6), (b) (7)(C)		12f. Fax No.		(b) (6), (b	
13. Representative of the Petitioner who		l papers fo	r purposes of the repres		(b) (b), (b	// (r/(O)
13a, Name and Title	•	, ,	13b. Address (street and			
(b) (6), (b) (7)(C)			SAME AS ABOVE	, 417, 41416)		
13C. 1 et NO.	13a. Cell No.		13e. Fax No.		13f. E-Mail Add	
SAME AS ABOVE	SAME AS ABOVE		SAME AS ABOVE	dadaa sed beed	SAME AS A	BOVE
I declare that I have read the ab	(6), (b) (7)(	C) tru	ue to the best of my know	riedge and belief.		
Name (Print) (b) (6), (b) (7)(C)	o), (o) (1)(		Title (b) (6), (b) (7)(C)		Date 10	16/18

WILLFUL FALSE STATEMI 1001)PRIVACY ACT STATE

PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 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.

(b) (6), (b) (7)(C) 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 (RD) (4-15)

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT W	RITE IN THIS SPACE
į	Case No.	Date Filed
İ	32-RD-229405	10/17/2018

RD P	ETITION		32-RD-229405		10/17/2018			
INSTRUCTIONS: Unless e-Filed using	ng the Agency's websit	e, <u>www.nirb.gov</u> , submit a	n original of this Peti	tion to ar	n 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 NI RR-505); and (3) Description	(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed							
with the MI RR and should not be se	arved on the emolover o	or any other party.						
I. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Potitioner 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.								
	ts proper authority pursual	<u>it to Section 9 of the National I</u> 25. Address(es) of Establishment	_abor Relations Act.	mher city	State 7/P code)			
2a. Name of Employer Sunnyvale Volkswagen	,	1025 E. El Camino Re	al Suppivale CA:	9 <u>4</u> 087	Siate, En Code)			
3a. Employer Representative – Name and	Title	3b, Address (If same as		9 7007				
Mike Ebrahimian, General Manager		SAME AS ABOVE	,					
3c, Tel. No.	3d. Coll No.	3e. Fax No.	I	-Mall Addr	,			
408-215-2694			mil		yvalevw.com			
4a. Type of Establishment (Factory, mine, w.	holesalor, etc.) 4b, Princip	at product or service			and State where unit is located:			
Auto Dealership	Vehicle	sales and service		Sunnyv	valc, CA 6a. No. of Employees in Unit:			
5b. Description of Unit Involved		11 1-1-1-1	t		6			
Included: All full-time and regular pathe Employer at its facility located at Excluded: All other employees, office	1025 E. El Camino Real,	Sunnyvale, CA 94807	rvice employees emple	yed by	6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining			
					representative? Yes [ X ] No			
					II			
Check One: 7a. Request for re-	cognition as Bargaining Repr	esentative was made on (Oate) _	and Em	ployer doc	lined recognition on or about			
	(Date) (If no reply it		•					
		ning Representative and desires	certification under the Act.	<b></b>				
8a. Name of Recognized or Certified Barg		8b. Address	less Ave Suite 310, Sa	s kiranaja	on CA 94100			
Teamsters Local Union 665 (Plorenc 8c. Tel No.	8d Cell No.	8e. Fax No.	ACSS PLYC SOME STO, SAL	E-Mall Add	ress			
415-825-0694	oc dell'ivo.	1	fsir	rogui <i>(a</i> )te	amsters665.org			
8g. Affiliation, If any		8n, Date of Recognition o Unknown	Cor		Date of Current or Most Recent y (Month, Day, Year)			
9, is there now a strike or picketing at the Ed	volovada ostablishmoni(e) in	volued2 No tiso and			nadicinatine?			
(Name of labor organization)	npicyer s establishmentits) in	es nicketed the Employer since (/	Month. Dav. Year)	,	:			
10. Organizations or Individuals other than t	have somed in Items 4 and 0	which have claimed recognition	se representatives and of	her organiz	ations and individuals known to			
have a representative interest in any employ	yees in the unit described in i	tem 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, st	ate your position with respect to	11a. Election Type:	X_ Manua	MailMixed Manual/Mail			
any such election.					om at Employer's Premises			
11b. Election Date(s):	11c. Election Time 1:00 to 1:30 p.r		170. Election Location(s	урогеактос	All al Cilibraters Lieurious			
November 6, 2018	j 1:00 to 1:50 pa	11.	125 Address /street an	d number	city_state_and ZIP code)			
(b) (6), (b) (7)(C)			(b) (6), (b) (7	)(C)				
12a. Full name of national or international fa				/ /				
	ibor organization of which Pe	titioner is an affiliate or constitue	nt (if none, so state)					
	bor organization of which Pe	titioner is an affiliate or constitue	nt (if none, so state)					
12d. Tel No.	(b) (6), (b) (7)(C)	12f. Fax No.	(b)	F-Mail A ) (6), (	drittes b) (7)(C)			
12d. Tel No.  13. Representative of the Petitioner who	(b) (6), (b) (7)(C)	12f. Fax No.	(b)	1 F-Mail A ) (6), (				
	(b) (6), (b) (7)(C)	12f. Fax No.  pers for purposes of the repre	scntation proceeding.	(6), (				
13. Representative of the Petitioner who	12e Cell No. (b) (6), (b) (7)(C) will accept service of all pa	12f. Fax No.	scntation proceeding. and number, city, state, and	) (6), ( ZIP code) , E-Mail Ad	b) (7)(C)			
13. Representative of the Petitioner who 13s. Name and Title  13c. Tel No.  SAME AS ABOVE	12c. Cell No. (b) (6), (b) (7)(C) will accept service of all pa	12f. Fax No.  12f. Fax No.  13b. Address (sireet ar SAME AS ABOVE 15e. Fax No.  SAME AS ABOVE	scntation proceeding.  If an armony of the control	) (6), ( ZIP code)	b) (7)(C)			
13. Representative of the Petitioner who 13s. Name and Title 13c. Tel No. SAME AS ABOVE. I declare that I have read the above petit	12e Cell No. (b) (6), (b) (7)(C) will accept service of all pa  13d. Cell No. SAME AS ABOVE on and that the statements	12f. Fax No.  12f. Fax No.  13b. Address (street ar SAME AS ABOVIIISE. Fax No.  SAME AS ABOVIIISE. Fax True to the best of my kno.	scntation proceeding.  If an armony of the control	) (6), ( ZIP code) , E-Mail Ad	b) (7)(C)			
13. Representative of the Petitioner who 13s. Name and Title 13c. Tel No. SAME AS ABOVE. I declare that I have read the above petit	12c. Cell No. (b) (6), (b) (7)(C) will accept service of all pa	12f. Fax No.  12f. Fax No.  13b. Address (street ar SAME AS ABOVIIISE. Fax No.  SAME AS ABOVIIISE. Fax True to the best of my kno.	scntation proceeding.  If an armony of the control	ZIP code) (E-Mait Ac LME AS	b) (7)(C)			

WILLFUL FALSE STATE

E PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

RIVACY 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 procoedings or litigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Doc. 13, 2006). The NLRB will further explain those uses upon request. Disclosure of this Information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary; however, failure to supply the information to the NLRB is voluntary. NLRB to decline to invoke its processes.