

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|---------------------------------|---------------------------------|
| Case No. 32-RC-247696 | Date Filed 09/05/2019 |

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 International Paper (Bay Sheets Plant) | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6791 Alexander Street, Gilroy, CA 95020 | |
| 3a. Employer Representative - Name and Title Kim Carlson, Human Resource Representative | | 3b. Address (If same as 2b - state same) same | |
| 3c. Tel. No. 408-846-2060 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address Kimcarlson@ipaper.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory | | 4b. Principal product or service Paper | |
| 5b. Description of Unit Involved Included: See Attachment A Excluded: Guards, Office Clerical and Supervisors as defined in the Act. | | 5a. City and State where unit is located: Gilroy, CA | |
| | | 6a. No. of Employees in Unit: 38 | |
| | | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

Check One: ☒ 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).
☐ 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? _____ 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.

| | | |
|---|---|---|
| 11b. Election Date(s): Wednesday September 25, 2019 | 11c. Election Time(s): 2:30 pm-4:00 pm and 10:30 pm- 11:59 pm | 11d. Election Location(s): Conference or Break Room at 6791 Alexander Street, Gilroy CA 95020 |
|---|---|---|

| | |
|--|---|
| 12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 725 | 12b. Address (street and number, city, state, and ZIP code) 5150 Kearny Mesa Road San Diego, CA 92111 |
|--|---|

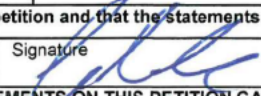
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

| | | | |
|---------------------------------------|----------------------|---------------------|---|
| 12d. Tel No. (619) 906-0394 | 12e. Cell No. | 12f. Fax No. | 12g. E-Mail Address jmauldin@iam725.org |
|---------------------------------------|----------------------|---------------------|---|

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

| | | | |
|---|----------------------|---|---|
| 13a. Name and Title Caroline N. Cohen, 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 ccohen@unioncounsel.net nlrbnotices@unioncounsel.net |

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

| | | | |
|--|---|--------------------------|----------------------------------|
| Name (Print) Caroline N. Cohen | Signature  | Title Attorney | Date September 5, 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 will cause the NLRB to decline to invoke its processes.

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

Attachment A

5b. Description of Unit Involved

Included: All full time and regular part-time CCC Operator/ Lead, Services, Shipping Lead, Clamp 1, Clamp 2, Ducker 1, Ducker 2, Ducker 3, Ducker 4, Rollstock Clerk, Safety Advocate, Strapper, Stacker 1, Stacker 2, MF 1 Operator, MF 2 Operator, DB, Wet End Relief, Dry End Relief, Forklift 1 Driver, Forklift 2 Driver, Forklift 3 Driver employees employed at the International Paper Bay Sheets plant at 6791 Alexander Stree, Gilroy, CA 95020.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

32-RD-247755

Date Filed

09/06/2019

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 7 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: 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 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 Indus Holding CO | | 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 20 Quail Run Circle ste C Salinas ca 93907 | |
| 3a. Employer Representative - Name and Title Kelly J McMillan Chief Compliance | | 3b. Address (If same as 2b - state same) 20 Quail Run Circle ste C Salinas ca 93907 | |
| 3c. Tel. No. (831) 809-24-51 | 3d. Fax No. | 3e. Cell No. | 3f. E-Mail Address kelly@indusholding.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing | | 4b. Principal product or service Cannabis Edibles | |
| 5a. Description of Unit Involved Included: see attached Excluded: See attached | | 5b. City and State where unit is located: Salinas, CA | |
| 6. No. of Employees in Unit 90 | 7. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8a. Name of Recognized or Certified Bargaining Agent United Food and Commercial Workers Union Local #5 | | 8b. Affiliation, if any AFL-CIO, LLC | |
| 8c. Address 1145 N. Main st, Salinas, CA 93906 | | 8d. Tel. No. (831) 755-8094 | 8e. Cell No. (831) 758-1066 |
| | | 8f. Fax No. (831) 757-9115 | 8g. E-Mail Address csantillan@ufo5.org |
| 9. Date of Recognition or Certification Issued April 13, 2018 | | 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) None | |
| 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 11b. If so, approximately how many employees are participating? | |
| 11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) N/A | | 11d. If so, approximately how many employees are participating? a labor organization, of since (Month, Day, Year) | |
| 12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state) | | | |
| 12a. Name NONE | | 12b. Address NONE | |
| 12c. Tel. No. | | 12d. Fax No. | |
| 12e. Cell No. | | 12f. E-Mail Address | |
| 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. | | | |
| 13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed | | 13b. Election Date(s) Tuesday 9/24/19 | |
| 13c. Election Time(s) 11am | | 13d. Election Location(s) Employer Facility, Conference Room | |
| 14. Full Name of Petitioner (b) (6), (b) (7)(C) | | | |
| 14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) | | 14b. Tel. No. (b) (6), (b) (7)(C) | |
| 14c. Fax No. (b) (6), (b) (7)(C) | | 14d. Cell No. (b) (6), (b) (7)(C) | |
| 14e. E-Mail Address (b) (6), (b) (7)(C) | | 14f. Affiliation, if any | |
| 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 15a. Name (b) (6), (b) (7)(C) | | 15b. Title Individual - (b) (6), (b) (7)(C) | |
| 15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) | | 15d. Tel. No. (b) (6), (b) (7)(C) | |
| 15e. Fax No. (b) (6), (b) (7)(C) | | 15f. Cell No. (b) (6), (b) (7)(C) | |
| 15g. E-Mail Address (b) (6), (b) (7)(C) | | 15h. Signature (b) (6), (b) (7)(C) | |
| 15i. Title (b) (6), (b) (7)(C) | | 15j. Date Filed 9-4-19 | |

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT

PRIVACY ACT STATEMENT

TION 1001)

5a. Included All full time and regular part time general labor employees, packaging employees, production employees dishwashers, maintenance employees inventory employees, lab extraction, technicians and lab apprentices employed by the Employer at its facility located at 20 quail Run Circle suite C in Salinas, Ca

5b. Excluded: Consultant, Company, Owners, management employees truck drivers, sales person, administrative employees working foremen. Confidential employees, office clerical employees, guards and supervisors as defined in the act.

RECEIVED
NLRB REGION 32
OAKLAND, CA
2019 SEP -6 AM 10:28

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|------------------------------|-----------------------------|
| Case No. 32-RC-248038 | Date Filed 9-11-2019 |

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 KTVU Fox 2 | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2 Jack London Square, Oakland, CA 94607 |
|---|---|

| | |
|---|---|
| 3a. Employer Representative - Name and Title Mellynda Hartel, General Manager | 3b. Address (if same as 2b - state same) |
|---|---|

| | | | |
|-------------------------------------|---------------------|--------------------|--|
| 3c. Tel. No. 510.834.1212 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address mellynda.hartel@foxtv.com |
|-------------------------------------|---------------------|--------------------|--|

| | | |
|--|--|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) News Media | 4b. Principal product or service Media | 5a. City and State where unit is located: |
|--|--|--|

| | |
|--|---|
| 5b. Description of Unit Involved Included: All full time and regular part time news photographers Excluded: Standard exclusions | 6a. No. of Employees in Unit: 4 |
|--|---|

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) N/A 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 (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? _____ 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 IATSE Local 600 | 10b. Address 7755 W. Sunset Blvd., Los Angeles, CA | 10c. Tel. No. 323.876.0160 | 10d. Cell No. |
| | | 10e. Fax No. 323.875.1162 | 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.

| | | |
|---|---|--|
| 11b. Election Date(s): September 26, 2019 | 11c. Election Time(s): 9:00 am - 11:00 am | 11d. Election Location(s): Back Room |
|---|---|--|

| | |
|---|--|
| 12a. Full Name of Petitioner (including local name and number) International Brotherhood of Electrical Workers Local 45 | 12b. Address (street and number, city, state, and ZIP code) |
|---|--|

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

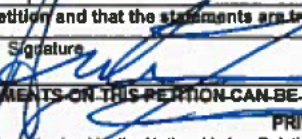
| | | | |
|-------------------------------------|----------------------|---------------------|--|
| 12d. Tel No. 323.851.5515 | 12e. Cell No. | 12f. Fax No. | 12g. E-Mail Address eocasio@ibew45.org |
|-------------------------------------|----------------------|---------------------|--|

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

| | |
|---|--|
| 13a. Name and Title Amanda Lively, Attorney | 13b. Address (street and number, city, state, and ZIP code) 16501 Ventura Blvd., Suite 304, Encino, CA 91436 |
|---|--|

| | | | |
|---|----------------------|-------------------------------------|--|
| 13c. Tel No. 818-501-8030 x 326 | 13d. Cell No. | 13e. Fax No. 818-501-5306 | 13f. E-Mail Address alively@wkclegal.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) Amanda Lively | Signature  | Title Attorney for IBEW Local 45 | Date September 11, 2019 |
|--------------------------------------|---|--|-----------------------------------|

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 48, 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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


32-RC-248268

Date Filed

9/13/2019

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: Hallcon, Inc. | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1675 Pomona Avenue, San Jose, CA 95110-3513 | |
| 3a. Employer Representative - Name and Title: Michael Springer, VP and Chief People Officer | | 3b. Address (if same as 2b - state same): 14325 West 95th Street, Lenexa, KS 66215 | |
| 3c. Tel. No. (913) 890-6125 | 3d. Cell No. (913) 553-1971 | 3e. Fax No. | 3f. E-Mail Address mspringer@hallcon.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation | | 4b. Principal Product or Service Transportation | |
| 5a. City and State where unit is located: San Jose, California | | 5b. Description of Unit Involved: Included: All full-time and regular part-time bus cleaners employed by the Employer at its San Jose facility. Excluded: Jose facility. All other employees, Managers, Supervisors and Guards as defined by the Act. | |
| 6a. Number of Employees in Unit: 5 | | 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) _____ (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 an election in this matter, state your position with respect to any such election: | | | 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
| 11b. Election Date(s): September 30, 2019 | | 11c. Election Time(s): 9:00 a.m. - 9:30 a.m. | |
| 11d. Election Location(s): 1675 Pomona Ave., San Jose, CA 5110 | | | |
| 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 94621-1497 | |
| 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. (510) 673-4475 | 12f. Fax No. (510) 895-6853 | 12g. E-Mail Address Smurphy@teamsters853.org |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title: Sheila K. Sexton, Attorney | | 13b. Address (street and number, city, State and ZIP code): 483 Ninth Street, Ste. 200, Oakland, CA 94607 | |
| 13c. Tel. No. (510) 625-9700 | 13d. Cell No. | 13e. Fax No. (510) 625-8275 | 13f. E-Mail Address ssexton@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) Sheila K. Sexton | Signature  | | Title Attorney for Petitioner |
| | | | Date 09/13/19 |

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-248241

Date Filed

9/13/2019

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:
Valley Pride, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
365 Victor St. Salinas, CA 93907

3a. Employer Representative - Name and Title:
Jose Guadalupe Jimenez

3b. Address (if same as 2b - state same):
Same

3c. Tel. No.
831 633-5883

3d. Cell No.
831 970-3316

3e. Fax No.
831 633-9218

3f. E-Mail Address

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

4b. Principal Product or Service
Ag

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

5b. Description of Unit Involved:
Included:
All truck drivers

5c. Number of Employees in Unit:
13

Excluded:
any supervisor

5d. 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) _____ by this petition 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 (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 an election in this matter, state your position with respect to any such election: as soon as possible

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
as soon as possible

11c. Election Time(s):

12:00 PM to 6:00 PM

11d. Election Location(s):

Castroville, CA 0423 Arichoke Rd

12a. Full Name of Petitioner (including local name and number):
Teamsters Union Local 890

12b. Address (street and number, city, State and ZIP code):
207 N. Sanborn Rd Salinas, CA 93905

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

12d. Tel. No.
831 0424-5743

12e. Cell No.
831 240-5976

12f. Fax No.
831 424-2091

12g. E-Mail Address
c.diaz@local890.org

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

13a. Name and Title:
Crescencio Diaz, President

13b. Address (street and number, city, State and ZIP code):
207 N. Sanborn Rd. Salinas, CA 93905

13c. Tel. No.
831 424-5743

13d. Cell No.
831 240-5976

13e. Fax No.
831 424-2091

13f. E-Mail Address
c.diaz@local890.org

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)
Crescencio Diaz

Signature

Title
President

Date
09/12/19

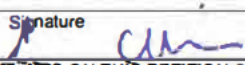
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|---------------------------------|--------------------------------|
| Case No. 32-RC-248280 | Date Filed 9-16-2019 |

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 National Express Transit - Maxx | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1001 N. 9th Street, Suite A, Modesto, CA 95354 | |
| 3a. Employer Representative Name and Title Janice Curre, General Manager | | 3b. Address (If same as 2b - state same) Same | |
| 3c. Tel. No. (209) 521-1274 x. 100 | 3d. Cell No. | 3e. Fax No. (209) 522-5659 | 3f. E-Mail Address Janice.curre@nationalexpresstransit.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation | | 4b. Principal product or service Transportation | |
| 5a. City and State where unit is located: Modesto, California | | 5b. Description of Unit Involved Included: All dispatchers and customer service representatives Excluded: All other employees, guards and supervisors | |
| 6a. No. of Employees in Unit: 9 | | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 9/16/2019 and Employer declined recognition on or about (Date) (If no reply received, so state) by this Petition <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 an election in this matter, state your position with respect to any such election. | | 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | |
| 11b. Election Date(s): September 27, 2019 | 11c. Election Time(s): TBD | 11d. Election Location(s): Breakroom | |
| 12a. Full Name of Petitioner (including local name and number) Teamsters Local 386 | | 12b. Address (street and number, city, state, and ZIP code) 1225 13th Street, Modesto, CA 95354 | |
| 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. (209) 526 2755, Ext. #17 | 12e. Cell No. (209) 872 8527 | 12f. Fax No. (209) 526 9485 | 12g. E-Mail Address michelle@teamsters386.org |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title Eric J. Wiesner, 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 ewiesner@wronsonlaw.com, crosland@wronsonlaw.com, hrtmccoy@wronsonlaw.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) Eric J. Wiesner | Signature  | Title Attorney | Date 9/16/19 |

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 will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|------------------------------|-----------------------------|
| Case No. 32-RC-248601 | Date Filed 9-20-2019 |

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 Lexus of Stevens Creek | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 300 Martin Ave and 1500 Coleman Ave, Santa Clara, CA 95050 | |
| 3a. Employer Representative - Name and Title Jared Miller, General Manager | | 3b. Address (If same as 2b - state same) 333 Stevens Creek Blvd, San Jose, CA 95117 | |
| 3c. Tel. No. (408) 553-4500 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address Jared.Miller@lexusofstevenscreek.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Auto dealership | | 4b. Principal product or service Sales and service of automobiles | |
| 4c. City and State where unit is located: Santa Clara, CA | | 5a. City and State where unit is located: Santa Clara, CA | |
| 5b. Description of Unit Involved Included: All full-time and regular part-time Retail Parts Specialists, Back Counter Specialists, Wholesale Parts Specialists, Shipping and Receiving, and Parts Drivers. Excluded: All others. | | | 6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| | | | |
|---|---------------------|--|---------------------------|
| 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? 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | 11b. Election Date(s): Wednesday October 9, 2019 | 11c. Election Time(s): 12:00 p.m. to 1:00 p.m. | 11d. Election Location(s): Employee Break Rooms at each location |
|--|--|--|--|

| | |
|--|--|
| 12a. Full Name of Petitioner (including local name and number) Machinists Automotive Trades Local 1101, District Lodge 190 | 12b. Address (street and number, city, state, and ZIP code) 2102 Almaden Road, Suite 105, San Jose, CA 95125 |
|--|--|


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. 408-440-8716 | 12e. Cell No. | 12f. Fax No. | 12g. E-Mail Address rbreckenridge1101@sbcglobal.net |
|-------------------------------------|----------------------|---------------------|---|

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 csencer@unioncounsel.net 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 September 19, 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 will cause the NLRB to decline to invoke its processes.

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|---------------------------------|---------------------------------|
| Case No. 32-RC-248749 | Date Filed 09/23/2019 |

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 Safeway, Inc. d/b/a Safeway.com and/or Grocery Works | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attachment A |
|---|--|

| | |
|--|--|
| 3a. Employer Representative - Name and Title Frank Jorgensen, HR Labor Relations | 3b. Address (If same as 2b - state same) 5918 Stoneridge Mall Road, Pleasanton, CA 94588 |
|--|--|

| | | | |
|---------------------------------------|---------------------|--------------------------------------|---|
| 3c. Tel. No. (425) 455-6332 | 3d. Cell No. | 3e. Fax No. (623) 336-6656 | 3f. E-Mail Address fjorgensen@safeway.com |
|---------------------------------------|---------------------|--------------------------------------|---|

| | | |
|--|--|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail Groceries | 4b. Principal product or service Groceries | 5a. City and State where unit is located: See Attachment A |
|--|--|--|

| | |
|---|--|
| 5b. Description of Unit Involved Included: All drivers employed by Safeway, Inc., d/b/a Safeway.com and/or Grocery Workers in Administrative Regions 2, 3, 4 and 5 Excluded: All other employees, including supervisors, guards and office clericals | 6a. No. of Employees in Unit: 160 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|---|--|

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 09/23/19 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **by this Petition**
☐ 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 an election in this matter, state your position with respect to any such election.

| | | | |
|--|--|---|---|
| 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | 11b. Election Date(s): October 7, 2019 | 11c. Election Time(s): 6:00 a.m.-12:00 p.m. | 11d. Election Location(s): Breakrooms, see Attachment A |
|--|--|---|---|

| | |
|---|--|
| 12a. Full Name of Petitioner (including local name and number) See Attachment A | 12b. Address (street and number, city, state, and ZIP code) See Attachment A |
|---|--|

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food & Commercial Workers Union, AFL-CIO, CLC

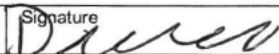
| | | | |
|--|--|---------------------|--|
| 12d. Tel. No. (925) 269-2419 | 12e. Cell No. (510) 599-0488 | 12f. Fax No. | 12g. E-Mail Address jaraby@ufcw5.org |
|--|--|---------------------|--|

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

| | |
|--|--|
| 13a. Name and Title David A. Rosenfeld, 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 drosenfeld@unioncounsel.net, 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) David A. Rosenfeld | Signature  | Title Attorney | Date September 23, 2019 |
|---|---|--------------------------|-----------------------------------|

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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ATTACHMENT A

Box2b.

Safeway # 3132
5100 Broadway
Oakland, CA 94611

Safeway # 3031
85 Westlake Center
Daly City, CA 94015

Safeway # 1883
103 American Canyon Road
American Canyon, CA 94503

Safeway # 1483
1530 Hamilton Avenue
San Jose, CA 95125

Safeway # 2621
3110 Balfour Road
Brentwood, CA 94513

Box 5a:

Safeway # 3132
5100 Broadway
Oakland, CA 94611

Safeway # 3031
85 Westlake Center
Daly City, CA 94015

Safeway # 1883
103 American Canyon Road
American Canyon, CA 94503

Safeway # 1483
1530 Hamilton Avenue
San Jose, CA 95125

Safeway # 2621
3110 Balfour Road
Brentwood, CA 94513

Box 11d: Breakroom in:

Safeway # 3132
5100 Broadway
Oakland, CA 94611

Safeway # 3031
85 Westlake Center
Daly City, CA 94015

Safeway # 1883
103 American Canyon Road
American Canyon, CA 94503

Safeway # 1483
1530 Hamilton Avenue
San Jose, CA 95125

Safeway # 2621
3110 Balfour Road
Brentwood, CA 94513

Boxes 12a-b: United Food & Commercial Workers Union, Local 5
28870 Mission Boulevard
Hayward, CA 94544

United Food & Commercial Workers Union, Local 648
1980 Mission Street
San Francisco, CA 94103

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

FIRST AMENDED RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|--------------|
| Case No. | 32-RC-248749 |
| Date Filed | 09/24/2019 |

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 Safeway, Inc. d/b/a Safeway.com and/or Grocery Works | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) See Attachment A | |
| 3a. Employer Representative - Name and Title Frank Jorgensen, HR Labor Relations | | 3b. Address (If same as 2b - state same) 5918 Stoneridge Mall Road, Pleasanton, CA 94588 | |
| 3c. Tel. No. (425) 455-8332 | 3d. Cell No. | 3e. Fax No. (623) 336-6656 | 3f. E-Mail Address frank.jorgensen@safeway.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail Groceries | | 4b. Principal product or service Groceries | |
| | | 5a. City and State where unit is located: See Attachment A | |

| | | |
|--|--|--|
| 5b. Description of Unit Involved Included: All drivers employed by Safeway, Inc., d/b/a Safeway.com and/or Grocery Workers in Administrative Regions 2, 3, 4 and 5 Excluded: All other employees, including supervisors, guards and office clericals | | 6a. No. of Employees in Unit: 160 |
| | | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| | |
|---|---|
| Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 09/23/19 and Employer declined recognition on or about (Date) (If no reply received, so state). by this Petition | <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 an election in this matter, state your position with respect to any such election. | 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|---|---|

| | | |
|---|--|--|
| 11b. Election Date(s): October 7, 2019 | 11c. Election Time(s): 6:00 a.m.-12:00 p.m. | 11d. Election Location(s): Breakrooms, see Attachment A |
|---|--|--|

| | |
|---|---|
| 12a. Full Name of Petitioner (including local name and number) United Food & Commercial Workers Union, Local 5 | 12b. Address (street and number, city, state, and ZIP code) 28870 Mission Boulevard, Hayward, CA 94544 |
|---|---|

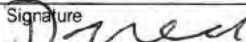
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food & Commercial Workers Union, AFL-CIO, CLC

| | | | |
|---------------------------------|---------------------------------|--------------|---|
| 12d. Tel. No. (925) 269-2419 | 12e. Cell No. (510) 599-0488 | 12f. Fax No. | 12g. E-Mail Address jaraby@ufcw5.org |
|---------------------------------|---------------------------------|--------------|---|

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

| | | | |
|---|---------------|---|---|
| 13a. Name and Title David A. Rosenfeld, 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 drosenfeld@unioncounsel.net, nlrbotices@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) David A. Rosenfeld | Signature  | Title Attorney | Date September 24, 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 will cause the NLRB to decline to invoke its processes.

ATTACHMENT A

Box2b.

Safeway # 3132
5100 Broadway
Oakland, CA 94611

Safeway # 3031
85 Westlake Center
Daly City, CA 94015

Safeway # 1883
103 American Canyon Road
American Canyon, CA 94503

Safeway # 1483
1530 Hamilton Avenue
San Jose, CA 95125

Safeway # 2621
3110 Balfour Road
Brentwood, CA 94513

Box 5a:

Safeway # 3132
5100 Broadway
Oakland, CA 94611

Safeway # 3031
85 Westlake Center
Daly City, CA 94015

Safeway # 1883
103 American Canyon Road
American Canyon, CA 94503

Safeway # 1483
1530 Hamilton Avenue
San Jose, CA 95125

Safeway # 2621
3110 Balfour Road
Brentwood, CA 94513

Box 11d: Breakroom in:

Safeway # 3132
5100 Broadway
Oakland, CA 94611

Safeway # 3031
85 Westlake Center
Daly City, CA 94015

Safeway # 1883
103 American Canyon Road
American Canyon, CA 94503

Safeway # 1483
1530 Hamilton Avenue
San Jose, CA 95125

Safeway # 2621
3110 Balfour Road
Brentwood, CA 94513

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|---------------------------------|---------------------------------|
| Case No. 32-RC-248845 | Date Filed 09/25/2019 |

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 The Guild San Jose | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2943 Daylight Way, San Jose, CA 95111 | |
| 3a. Employer Representative - Name and Title Stephen Yurek | | 3b. Address (If same as 2b - state same) same | |
| 3c. Tel. No. (602) 478-2510 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address Stephen@receivershipspecialists.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing of Cannabis Products | | 4b. Principal product or service Cannabis Products | |
| 5b. Description of Unit Involved Included: All regular full-time and part-time employees in the classifications or jobs of Budtender and Assistant Managers. Excluded: Guards, Processing employees, Supervisors, Financial Manager, Marketing/Buyer, Inventory Manager, Reception/ID Checker. | | 5a. City and State where unit is located: San Jose, CA | |
| | | 6a. No. of Employees in Unit: 20 | |
| | | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **09/25/2019** 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 (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 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): <u>10/11</u> , 2019 | 11c. Election Time(s): TBA | 11d. Election Location(s): Breakroom, 2943 Daylight Way, San Jose, CA 95111 |
|--|--------------------------------------|---|

| | |
|--|--|
| 12a. Full Name of Petitioner (including local name and number) United Food & Commercial Workers Union, Local 5 | 12b. Address (street and number, city, state, and ZIP code) 28870 Mission Boulevard, Hayward, CA 94544 |
|--|--|


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food & Commercial Workers Union, AFL-CIO, CLC

| | | | |
|--|--|---------------------|---|
| 12d. Tel. No. (925) 269-2419 | 12e. Cell No. (510) 599-0488 | 12f. Fax No. | 12g. E-Mail Address jaraby@ufcw.org |
|--|--|---------------------|---|

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

| | | | |
|---|----------------------|--|---|
| 13a. Name and Title Alan G. Crowley, Attorney for Union | | 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 acrowley@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) Alan G. Crowley | Signature  | Title Attorney for Union | Date September 25, 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 will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

FIRST AMENDED RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|--------------------------|
| Case No. 32-RC-248845 | Date Filed 09/26/2019 |

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 The Guild San Jose | | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2943 Daylight Way, San Jose, CA 95111 | |
| 3a. Employer Representative - Name and Title Stephen Yurek | | 3b. Address (If same as 2b - state same) same | |
| 3c. Tel. No. (602) 478-2510 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address Stephen@receivershipspecialists.com |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing of Agricultural Products | | 4b. Principal product or service Cannabis Products | |
| 5b. Description of Unit Involved Included: All regular full-time and part-time employees in the classifications or jobs of Budtender/Counter-Sales, Lead Budtender/Assistant-Manager, Lead Budtender/Floor-Manager, Reception/ID-Checker, Processing Employees/Cultivation Excluded: Guards, Supervisors, Financial Manager, Marketing/Buyer, Inventory Manager | | 5a. City and State where unit is located: San Jose, CA | |
| | | 6a. No. of Employees in Unit: 20 | |
| | | 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 09/25/2019 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 (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 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):
October 11, 2019
11c. Election Time(s):
Approximately 2:00 p.m.
11d. Election Location(s):
Breakroom, 2943 Daylight Way, San Jose, CA 95111

12a. Full Name of Petitioner (including local name and number)
United Food & Commercial Workers Union, Local 5
12b. Address (street and number, city, state, and ZIP code)
28870 Mission Boulevard, Hayward, CA 94544

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Food & Commercial Workers Union, AFL-CIO, CLC

| | | | |
|--------------------------------|---------------------------------|--------------|--|
| 12d. Tel No. (925) 269-2419 | 12e. Cell No. (510) 599-0488 | 12f. Fax No. | 12g. E-Mail Address jaraby@ufcw.org |
|--------------------------------|---------------------------------|--------------|--|

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

| | | | |
|--|---------------|---|--|
| 13a. Name and Title Alan G. Crowley, Attorney for Union | | 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 acrowley@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) Alan G. Crowley | Signature  | Title Attorney for Union | Date September 26, 2019 |
|---------------------------------|--|-----------------------------|----------------------------|

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

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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.