| UNITED STATES OF AMERICA                                                                                                                                                                                                                                               |                                              | T                                           | DO NOT W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| NATIONAL LABOR RELATIONS BOARD                                                                                                                                                                                                                                         | )                                            | Cas                                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CHARGE AGAINST LABOR ORGANIZATION                                                                                                                                                                                                                                      | N OR ITS                                     |                                             | April 14 th Sp. and St. and St |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| AGENTS                                                                                                                                                                                                                                                                 |                                              | 28                                          | 8-CB-242659                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6/4/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| INSTRUCTIONS: File an original of this charge with the                                                                                                                                                                                                                 | e NLRB Regional Di                           | irecto                                      | r of the region in which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | n the alleged unfair labor practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| occurred or is occurring.  1. LABOR ORGANIZATION                                                                                                                                                                                                                       | OR ITS AGENTS AGE                            | TRAIA                                       | WHICH CHARGE IS BRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DUGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| a. Name                                                                                                                                                                                                                                                                |                                              | _                                           | Union Representative to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Culinary Workers Union Local 226 a/w UNIT                                                                                                                                                                                                                              | E HERE                                       | Rie                                         | chard G. McCrack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ten, Esq.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| c. Address                                                                                                                                                                                                                                                             |                                              | -                                           | Γel. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e.Cell No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| McCraken Stemerman & Holsberry                                                                                                                                                                                                                                         |                                              |                                             | 2-386-5107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1630 S. Commerce St.                                                                                                                                                                                                                                                   |                                              | 1                                           | ax No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | g. e-Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Las Vegas, NV 89102                                                                                                                                                                                                                                                    |                                              |                                             | 5-597-7201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rmccracken@msh.law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul> <li>h. The above-named labor organization or its agents have 8(b), subsection(s) (1)(A) of the National Labor Relation the meaning of the Act, or are unfair practices affecting</li> <li>2. Basis of the Charge (set forth a clear and concise state)</li> </ul> | ns Act, and these unf<br>commerce within the | air lab<br>e mea                            | or practices are unfair p<br>ning of the Act and the F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ractices affecting commerce within Postal Reorganization Act.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Within the last six-months, the above-named la                                                                                                                                                                                                                         |                                              |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| exercise of rights protected by Section 7 of the                                                                                                                                                                                                                       |                                              |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and refusing to process the grievance of (b) (6)                                                                                                                                                                                                                       |                                              |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| that are arbitrary, discriminatory, or in bad faith                                                                                                                                                                                                                    | . By these and o                             | ther                                        | acts, the above-nar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | med labor organization has                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| violated the National Labor Relations Act.                                                                                                                                                                                                                             |                                              |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Name of Employer                                                                                                                                                                                                                                                       |                                              | 4a.                                         | Tel. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4b. Cell No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| The Cosmopolitan of Las Vegas                                                                                                                                                                                                                                          |                                              |                                             | 2-698-6313                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Location of Plant involved (street, city, state, and ZIP code)                                                                                                                                                                                                         |                                              | 6. E                                        | mployer representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | gas, com<br>to contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 3708 Las Vegas Boulevard South, Las Vega                                                                                                                                                                                                                               |                                              | Christy Dunn, Assistant Dir of Housekeeping |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7. Type of Establishment (factory, mine, wholesaler)                                                                                                                                                                                                                   | 8. Principal produc                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number of Workers employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Casino                                                                                                                                                                                                                                                                 | Gaming                                       |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 10. Full name of party filing charge (b) (6), (b) (7)(C)                                                                                                                                                                                                               |                                              | 11a                                         | . Tel. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11b. Cell No<br>(b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                        |                                              | 11c                                         | . Fax No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11d e-Mail<br>(b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 11. Address of party filing charge (street, city, state, and Z                                                                                                                                                                                                         | IP code)                                     |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                    |                                              |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THE STATE OF THE S |
|                                                                                                                                                                                                                                                                        | 12. DECLARAT                                 | TION                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I declare that I have read the above charge and                                                                                                                                                                                                                        | that the statements                          | there                                       | in are true to the best                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of my knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| (signature of representations personnel king charge)                                                                                                                                                                                                                   |                                              |                                             | d title or office, if any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Address: (b) (6), (b) (7)(C)                                                                                                                                                                                                                                           |                                              |                                             | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fax No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                        |                                              |                                             | 6/4/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e-Mail<br>(b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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

| UNITED STATES OF AMERICA                                                                       | DO NOT                                        | MOITE IN THIS CRASE                    |
|------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------|
| NATIONAL LABOR RELATIONS BOARD                                                                 | DO NOT WRITE IN THIS SPACE  Case  Date flied  |                                        |
| CHARGE AGAINST LABOR ORGANIZATION OR ITS                                                       | -                                             | - Date med                             |
| AGENTS                                                                                         | 28-CB-242742                                  | 6/4/2019                               |
| INSTRUCTIONS: File an original of this charge with the NLRB Regional occurred or is occurring. | Director of the region in whi                 | ch the alleged unfair labor practice   |
|                                                                                                |                                               |                                        |
| LABOR ORGANIZATION OR ITS AGENTS A  B. Name                                                    | GAINST WHICH CHARGE IS BI                     | ROUGHT                                 |
| International Union of Operating Engineers Local 351                                           | <ul> <li>b. Union Representative (</li> </ul> | to Contact                             |
| mismatched officine of operating Engineers Local 351                                           | Juan de la Torre                              |                                        |
|                                                                                                | Business Rep                                  |                                        |
| c. Address                                                                                     | d, Tel, No.                                   | e.e. Cell No.                          |
| 6967 Commerce Street, El Paso, TX 79915                                                        | (915)771-0224                                 | e.g. Cell No.                          |
| •                                                                                              | f. Fax No.                                    | g. e-Mail                              |
|                                                                                                | ļ                                             | ittand351@yahoo.com                    |
| h. The above-named labor organization or its agents have engaged in and a                      | re engaging in unfair labor pra               | otlagg within the                      |
| O(D), SOUSCULDING) THAT OF INSUIDING LABOR RELIGIOUS ACT. And thase uni                        | fair labor practicos era unfair o             | racticae affacting commerces while the |
| <u> </u>                                                                                       | neaning of the Act and the Dou                | MAI Regressization Act                 |
| <ol><li>basis of the Charge (set form a clear and concise statement of the facts co</li></ol>  | onstituting the alleged unfair la             | bor prectices)                         |
| Within the past six months, the above-named labor organiza                                     | tion has restrained and o                     | coerced employees in the               |
| exercise of rights protected by Section 7 of the Act by refusir                                | ng to process the grievar                     | ace of (b) (6), (b) (7)(C)             |
| regarding suspension for arbitrary or discriminatory reason                                    | ons or in bad faith.                          | ,                                      |
| By these and other acts, the above-named Labor Organization                                    | on, by its officers, agents                   | s and representatives has              |
| interfered with restrained and coerced employees in the ex-                                    | eroing of rights assessed                     | -d by Dorth - 7 -s.t. A-s              |
| interfered with, restrained, and coerced employees in the ex-                                  | ercise or rights guarante                     | ed by Section 7 of the Act.            |
| D. New York                                                                                    |                                               |                                        |

| Name of Employer                                                                 |                       | 4a, Tel. No.                   | 4b. Cell No.                |
|----------------------------------------------------------------------------------|-----------------------|--------------------------------|-----------------------------|
| Technica                                                                         |                       | 101.110,                       | 1 4D. Com (40.              |
|                                                                                  |                       | 4c. Fax No.                    | 4d. e-Mail                  |
|                                                                                  |                       | 10. 1 CA 110.                  | ldavis@technicanow.com      |
| 5. Location of Plant Involved (street, city, state, and ZIP                      | code)                 | 6. Employer representative     | to contact                  |
| 2607 Carrington Road, Fort Bliss, TX                                             | ,<br>,                | 1                              |                             |
|                                                                                  | 1 4 5                 |                                | n Resources Manager         |
| 7. Type of Establishment (factory, mine, wholeseler)                             | 8. Principal produc   | t or service                   | Number of Workers employed  |
| Motor Pool                                                                       | Transportation        | on Services                    | 70                          |
| (b) (6), (b) (7)(C) charge                                                       |                       | 11a. Tel. No.                  | 11b, Cell No.               |
| (b) (b), (b) (7)(c)                                                              |                       | (b) (6), (b) (7)(C)            | · .                         |
|                                                                                  |                       | 11c. Fax No.                   | 11d e Mail                  |
|                                                                                  |                       |                                | 11(b) (6), (b) (7)(C)       |
| 11. Address of party filing charge (street, city, state, and (b) (6), (b) (7)(C) | ZIP code)             |                                | -                           |
|                                                                                  | 12. DECLARA           | TION .                         | ~~~                         |
| I declare that I have read the above charge an                                   | d that the statements | therein are true to the best   | of my knowledge and belief. |
|                                                                                  |                       |                                | Tel No.                     |
| (b) (6) (b) (7)(C)                                                               | ĺ                     |                                |                             |
| (b) (6), (b) (7)(C)                                                              | l                     |                                |                             |
|                                                                                  | (b) (6), (b)          | (7)(C)                         | (b) (6), (b) (7)(C)         |
| (s) king charge)                                                                 | Print/type nai        | me and title or office, if any | Cell No.                    |
|                                                                                  |                       |                                |                             |
| A (0) (1) (7)(0)                                                                 |                       | Date:                          | Fax No.                     |
| (b) (6), (b) (7)(C)                                                              |                       | 1 6 3 6                        |                             |
|                                                                                  |                       | 6-3-19                         | e-Mail                      |
|                                                                                  |                       | (                              | (b) (6), (b) (7)(C)         |

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

| UNITED STATES OF AMERICA                                                                                                                                                                                                                                                                                                                 | DO NOT W                                                                                   | RITE IN THIS SPACE                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------|
| NATIONAL LABOR RELATIONS BOARD                                                                                                                                                                                                                                                                                                           | Case                                                                                       | Date filed                                              |
| CHARGE AGAINST LABOR ORGANIZATION OR ITS<br>AGENTS                                                                                                                                                                                                                                                                                       | 28-CB-242628                                                                               | June 3, 2019                                            |
| INSTRUCTIONS: File an original of this charge with the NLRB Regional Di<br>occurred or is occurring.                                                                                                                                                                                                                                     |                                                                                            |                                                         |
| LABOR ORGANIZATION OR ITS AGENTS AGA                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                         |
| Name     International Union of Operating Engineers Local 351                                                                                                                                                                                                                                                                            | b. Union Representative to<br>Juan de la Torre<br>Business Rep                             | Contact                                                 |
| c. Address<br>6967 Commerce Street, El Paso, TX 79915                                                                                                                                                                                                                                                                                    | d. Tel. No.<br>(915)771-0224                                                               | e.e. Cell No.                                           |
|                                                                                                                                                                                                                                                                                                                                          | f. Fax No.                                                                                 | g. e-Mail<br>juand351@yahoo.com                         |
| h. The above-named labor organization or its agents have engaged in and are<br>8(b), subsection(s) 1(A) of the National Labor Relations Act, and these unfair<br>meaning of the Act, or are unfair practices affecting commerce within the meaning of the Act, or are unfair practices affecting commerce within the meaning.            | ir labor practices are unfair pre                                                          | actices affecting commerce within the                   |
| 2. Basis of the Charge (set forth a clear and concise statement of the facts con Within the past six months, the above-named labor organization has protected by Section 7 of the Act by refusing to process the grievanc or discriminatory reasons or in bad faith. By these and other acts, the above-named labor organization, by its | stituting the alleged unfair lab<br>restrained and coerced en<br>te of (b) (6), (b) (7)(C) | or practices) nployees in the exercise of rights arding |
| restrained, and coerced employees in the exercise of rights guarante                                                                                                                                                                                                                                                                     |                                                                                            |                                                         |
| 3. Name of Employer                                                                                                                                                                                                                                                                                                                      | 4a. Tel. No.                                                                               | 4h Cell No                                              |

| Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     | 4a. Tel. No.                   | 4b. Cell No.                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------|-----------------------------------|
| Technica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | 4c, Fax No.                    | 4d. e-Mail                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                | Idavis@technicanow.com            |
| <ol><li>Location of Plant involved (street, city, state, and ZIP or</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ode)                | 6. Employer representative     | to contact                        |
| 2607 Carrington Road, Fort Bliss, TX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     | Lauren Davis Huma              | n Resources Manager               |
| 7. Type of Establishment (factory, mine, wholesaler)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8. Principal produc | t or service                   | Number of Workers employed        |
| Motor Pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Transportation      | on Services                    | 70                                |
| (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | 11a, Tet. No.                  | 11b. Cell No.                     |
| (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | (b) (6), (b) (7)(C)            |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | 11c. Fax No.                   | 11d e-Mail<br>(b) (6), (b) (7)(C) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | <u> </u>                       | (b) (b), (b) (7)(C)               |
| 11. Address of party filling charge (street, city, state, and Z (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IP code)            |                                |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12. DEÇLARAT        | TION                           |                                   |
| I declare that I have read the above charge and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | that the statements | therein are true to the best   | t of my knowledge and belief.     |
| (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                                | Tel No.                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ļ                   |                                |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b) (6), (b)        | ) (7)(C)                       | (b) (6), (b) (7)(C)               |
| (signature of representative or person making charge)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Print/type nar      | me and title or office, if any | Cell No.                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                |                                   |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     | Date:                          | Fax No.                           |
| (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | 12 02 19                       |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | $- \omega_0\rangle$            | e-Mail                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                | (b) (6), (b) (7)(C)               |
| - The state of the |                     |                                |                                   |

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

FORM NLRB-508 (6-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

| DO NOT WRITE IN T | HIS SPACE    |
|-------------------|--------------|
| Case              | Date Filed   |
| 28-CB-243226      | June 4, 2019 |

INSTRUCTIONS; File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

| 1. LABOR ORGANIZATION OR                                                                                                                                                                 | RITS AGENTS       | AGAINST WHICH CHA              | RGE IS BROL    | IGHT                  |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------|----------------|-----------------------|------------------------|
| . Name                                                                                                                                                                                   |                   |                                | b. Union R     | epresentativ          | e to contact           |
| NATIONAL ASSOCIATION OF LETTER CARR                                                                                                                                                      | HERS              |                                | PHIL           | - DUFE                | EUC                    |
| Address (Street, city, state, and ZIP code)                                                                                                                                              |                   | -                              | d. Tel. No.    |                       | e. Cell No.            |
| Branch 576<br>3720 W. Greenway Rd.                                                                                                                                                       |                   |                                | f. Fax. No.    |                       |                        |
| PHOENIX, AZ 85053-3703                                                                                                                                                                   |                   |                                | g. e-mail      |                       |                        |
| The above-named labor organization has engaged in and is en (list subsections)  practices are practices affecting commerce within the meaning the Act and the Postal Reorganization Act. |                   | of the Nat                     | ional Labor Re | elations Act,         | and these unfair labor |
| Basis of the Charge (set forth a clear and concise statement of                                                                                                                          | f the facts const | ituting the alleged unfair     | labor practice | esi                   |                        |
| ON SEVERAL OCCASIONS, LOCAL UP                                                                                                                                                           |                   |                                |                |                       |                        |
| PEPPESENT ITS MEMBER(S), AND PRIEVANCE COMPLAINTS. (E.g., DN TOPE PEPPESENTATION AND GRIEVANCE CONSEEN ASKED, BY BOTH MY UNION REP. A                                                    | MILAINI           | MILED, NON W                   | IAS Dedi       | 10cm /                | HAVE SINCE             |
| Name of Employer                                                                                                                                                                         |                   | 4a. Tel. No.<br>(623) 561-1587 | b. Cell No.    |                       | c. Fax No.             |
| UNITED STATES POSTAL SERVICE                                                                                                                                                             |                   | d, e-mail                      |                |                       |                        |
| Location of plant involved (street, city, state and ZIP code)                                                                                                                            |                   |                                | 6. Employe     | r representa          | tive to contact        |
| ARPOWHEAD STATION<br>19801 N. 59 LAVE                                                                                                                                                    |                   |                                |                |                       |                        |
| GLENDALE, AZ 85308                                                                                                                                                                       |                   |                                | 1              |                       |                        |
| Type of establishment (factory, mine, wholesaler, etc.)  MAL, SHIPPING                                                                                                                   | 8. Identify pr    | rincipal product or servi      | ce             | 9. Number             | of workers employed    |
| (b) (6), (b) (7)(C)                                                                                                                                                                      |                   |                                |                |                       |                        |
| (b) (6), (b) (7)(C)                                                                                                                                                                      |                   | 11a. Tel. No.                  |                | (b) (7)(C             | c. Fax No.             |
| (6), (b) (7)(C)                                                                                                                                                                          |                   | $(b)(\hat{6}), (b)(7)(C)$      |                |                       |                        |
| 12. DECLARATION that I have read the above charge                                                                                                                                        | ge and that the   |                                |                | Tel. No.              |                        |
| are true to the best of my know                                                                                                                                                          | /I- / C           |                                | <u></u>        |                       |                        |
|                                                                                                                                                                                          | (b) (b),          | (b) (7)(C)                     |                | (b) (6), (l           | o) (7)(C)              |
| person making charge)                                                                                                                                                                    |                   | (b) (7)(C)                     | <u> </u>       | (b) (6), (l<br>ax No. | o) (7)(C)              |

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

| UNITED STATES OF AMERICA                                       |                      | DO NOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WRITE IN THIS SPACE                   |
|----------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| NATIONAL LABOR RELATIONS BOAR                                  |                      | Case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date filed                            |
| CHARGE AGAINST LABOR ORGANIZATIO AGENTS                        | N OR ITS             | 28-CB-234104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | June 5, 2019                          |
| INSTRUCTIONS: File an original of this charge with the         | he NLRB Regional D   | Director of the region in wh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ich the alleged unfair labor practice |
| occurred or is occurring.                                      | LOD ITO ACENTO AC    | AND THE PART OF TH |                                       |
| a. Name                                                        | OR ITS AGENTS AG     | b. Union Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
| Culinary Workers Union Local 226 a/w UNIT                      | E HERE               | Richard McCracken                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| INTERNATIONAL                                                  | LIILINE              | McCracken, Stemer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| INTERNATIONAL                                                  |                      | 1630 Commerce Str                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
|                                                                |                      | Las Vegas, NV 8910                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |
| c. Address                                                     |                      | d. Tel. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e. Cell No.                           |
| 1630 S Commerce St, Las Vegas, NV 89102                        | 2-2700               | 415-597-7200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
|                                                                |                      | f. Fax No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | g. e-Mail                             |
|                                                                |                      | 702-386-9848                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rmccracken@msh.law                    |
| h. The above-named labor organization or its agents have       | e engaged in and are | e engaging in unfair labor pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | actices within the meaning of section |
| 8(b), subsection(s) of the National Labor Relations Ac         |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| meaning of the Act, or are unfair practices affecting co       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| 2. Basis of the Charge (set forth a clear and concise state    |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Within the last six months preceding the date                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| coerced employees in the exercise of rights pr                 |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| grievances ((b) (6), (b) (7)(C)                                | and r                | efusing to process the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | grievances of (b) (6), (b) (7)(C)     |
| regarding terms and conditions of employmen                    | t for reasons that   | are arbitrary, invidious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s, discriminatory, or in bad faith.   |
| By these and other acts the above-named laborated              | or organization h    | as violated the Nationa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | al Labor Relations Act.               |
|                                                                | .0                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Name of Employer                                               |                      | do Tol No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4b. Cell No.                          |
| Harrah's Las Vegas Hotel and Casino                            |                      | 4a. Tel. No.<br>800-214-9110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4b. Cell No.                          |
| Harrait's Las Vegas Hoter and Casino                           |                      | 4c. Fax No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4d. e-Mail                            |
| -                                                              |                      | 40. Pax No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 40. e-Mail                            |
| 5. Location of Plant involved (street, city, state, and ZIP of | code)                | 6. Employer representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ve to contact                         |
| 3475 Las Vegas Boulevard South, Las Veg                        |                      | Director of Human                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| 7. Type of Establishment (factory, mine, wholesaler)           | 8. Principal produ   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|                                                                |                      | ct or service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Number of Workers employed            |
| Casino                                                         | Gaming               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1500                                  |
| 10. Full name of party filing charge                           |                      | 11a. Tel. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11b. Cell No.                         |
| (b) (6), (b) (7)(C)                                            |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b) (6), (b) (7)(C)                   |
|                                                                |                      | 11c. Fax No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11d e-Mail                            |
|                                                                | 710 40               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b) (6), (b) (7)(C)                   |
| 11. Address of party filing charge (street, city, state, and 2 | (IP code)            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| (b) (6), (b) (7)(C)                                            |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|                                                                | 12. DECLARA          | TION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |
| I declare that I have read the above charge and                | d that the statement | s therein are true to the be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | est of my knowledge and belief.       |
| (b) (6), (b) (7)(C)                                            |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tel No.                               |
|                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| 8                                                              | (b) (6), (b) (       | 7)(C) an Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                                     |
| B                                                              |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cell No.                              |
|                                                                | Prinutype na         | ame and title or office, if any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b) (6), (b) (7)(C)                   |
|                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Address:                                                       |                      | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fax No.                               |
| (b) (6), (b) (7)(C)                                            |                      | COCOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e-Mail                                |
|                                                                |                      | -CO-000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (b) (6), (b) (7)(C)                   |
|                                                                |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |

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

| UNITED STATES OF AMERICA                                                                                                                                                                                                                                                                                           | DO NOT                                                                | WRITE IN THIS SPACE                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------|
| NATIONAL LABOR RELATIONS BOARD                                                                                                                                                                                                                                                                                     | Case                                                                  | Date filed                                               |
| CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS                                                                                                                                                                                                                                                                    | 28-CB-242908                                                          | 6/6/2019                                                 |
| INSTRUCTIONS: File an original of this charge with the NLRB Region occurred or is occurring.                                                                                                                                                                                                                       |                                                                       |                                                          |
| LABOR ORGANIZATION OR ITS AGENTS                                                                                                                                                                                                                                                                                   | AGAINST WHICH CHARGE IS                                               | BROUGHT                                                  |
| Name     American Postal Workers Union Local 761                                                                                                                                                                                                                                                                   | (b) (6), (b)                                                          | (7)(C)                                                   |
| c. Address<br>1001 East Sunset Road Room 1030<br>Las Vegas, NV 89199                                                                                                                                                                                                                                               | d. Tel. No.<br>(702) 361-9200<br>f. Fax No.<br>(702) 361-9349         | g. (b) (6), (b) (7)(C)                                   |
| <ul> <li>h. The above-named labor organization or its agents have engaged in and 8(b)(1)(A), of the National Labor Relations Act, and these unfair labor pethe Act, or are unfair practices affecting commerce within the meaning of the Charge (set forth a clear and concise statement of the facts).</li> </ul> | practices are unfair practices aff<br>of the Act and the Postal Reorg | fecting commerce within the meaning of<br>anization Act. |
| During the past six months, the above-named labor organi exercise of the rights guaranteed in Section 7 of the Nation limited to, failing and refusing to provide Unit employees w to, the current Tempe, Arizona clerk seniority list.                                                                            | nal Labor Relations Act, t                                            | by its actions, including, but not                       |

By the above and other acts, the above-named labor organization has interfered with, restrained, and coerced employees in the exercise of their rights under Section 7 of the National Labor Relations Act.

| 2 None of Franksins                                            |                       | Las Tal No                     | Tab Coll No.                      |
|----------------------------------------------------------------|-----------------------|--------------------------------|-----------------------------------|
| 3. Name of Employer United States Postal Service               |                       | 4a. Tel. No.                   | 4b. Cell No.                      |
| Officed States Postal Service                                  |                       | 4c. Fax No.                    | 4d. e-Mail                        |
|                                                                |                       | (702) 361-9349                 | 40. e-Mail                        |
| 5. Location of Plant involved (street, city, state, and ZIP of | code)                 | 6. Employer representative     | to contact                        |
| 1001 East Sunset Road, Las Vegas Nevada                        |                       | John George, Stati             |                                   |
| 7. Type of Establishment (factory, mine, wholesaler)           | 8. Principal produc   |                                | Number of Workers employed        |
| Postal Service                                                 | Mail Delivery         | 01 0011100                     | 100                               |
|                                                                | Iviali Delivery       | 11a, Tel. No.                  | 11b. Cell No.                     |
| 10. Full name of party filing charge (b) (6), (b) (7)(C)       |                       | I IIa. Iei. No.                | (b) (6), (b) (7)(C)               |
|                                                                |                       | 11c. Fax No.                   | 11d e-Mail<br>(b) (6), (b) (7)(C) |
| 11. Address of party filing charge (street, city, state, and 2 | ZIP code)             |                                |                                   |
| (b) (6), (b) (7)(C)                                            |                       |                                |                                   |
|                                                                | 12. DECLARAT          | TION                           |                                   |
| I declare that I have read the above charge and                | I that the statements | therein are true to the best   | of my knowledge and belief.       |
| T decide that I have ledd the above charge and                 | Chat the Statements   | therein are true to the best   | Tel No.                           |
| (b) (6) (b) (7)(C)                                             |                       |                                |                                   |
| (b) (6), (b) (7)(C)                                            |                       |                                |                                   |
| -51                                                            | (b) (6), (b)          | (7)(C) an Individual           |                                   |
| (sig                                                           | Print/type nai        | me and title or office, if any | Cell No.<br>(b) (6), (b) (7)(C)   |
| Address:                                                       |                       | Date:                          | Fax No.                           |
| Address: (b) (6), (b) (7)(C)                                   |                       | 1.1                            |                                   |
|                                                                |                       | 6/6/10                         | e-Mail                            |
|                                                                |                       | 8817                           | ⊥_(b) (6), (b) (7)(C)             |

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

| UNITED STATES OF AMERICA                                                         |                   | DO NOT W                             | RITE IN THIS SPACE                     |  |  |
|----------------------------------------------------------------------------------|-------------------|--------------------------------------|----------------------------------------|--|--|
| NATIONAL LABOR RELATIONS BOARD                                                   |                   | Case                                 | Date filed                             |  |  |
| CHARGE AGAINST LABOR ORGANIZATION AGENTS                                         | ORITS             | 28-CB-242946                         | June 7, 2019                           |  |  |
| INSTRUCTIONS: File an original of this charge with the occurred or is occurring. | e NLRB Regional   | Director of the region in which      | ch the alleged unfair labor practice   |  |  |
|                                                                                  | OR ITS AGENTS A   | GAINST WHICH CHARGE IS BR            | OUGHT                                  |  |  |
|                                                                                  |                   | b. Union Representative to           |                                        |  |  |
| Culinary Workers Union Local 226 a/w UNITI                                       | EHERE             | Mr. Raymond Sald                     | ana                                    |  |  |
|                                                                                  |                   |                                      |                                        |  |  |
| o Addrose                                                                        |                   | d. Tel. No.                          | a Call No                              |  |  |
| c. Address<br>1630 South Commerce Street, Las Vegas, N                           | V 80102-2700      | (702)203-4888                        | e. Cell No.                            |  |  |
| 1030 South Commerce Street, Las Vegas, N                                         | v 09102-2700      | f. Fax No.                           | g. e-Mail                              |  |  |
|                                                                                  |                   | (702)386-9848                        | g. G-Ividii                            |  |  |
| h. The above-named labor organization or its agents have                         | engaged in and a  |                                      | ctices within the meaning of section   |  |  |
| 8(b), subsection(s) 1(A) of the National Labor Relations                         | Act, and these un | fair labor practices are unfair pr   | ractices affecting commerce within the |  |  |
| meaning of the Act, or are unfair practices affecting cor                        | nmerce within the | meaning of the Act and the Pos       | stal Reorganization Act.               |  |  |
| 2. Basis of the Charge (set forth a clear and concise state                      |                   |                                      |                                        |  |  |
| Within the past six months, the above-named                                      | l labor organiza  | ition has restrained and o           | coerced employees in the               |  |  |
| exercise of their rights under Section 7 of the                                  | act by, among     | other acts, failing to arbit         | trate the grievance of [0](6)(0)(7)    |  |  |
| (b) (6), (b) (7)(c) and failing to communicate with                              | about orie        | vance.                               |                                        |  |  |
| and failing to confindingate with                                                | gile              | Turiou.                              |                                        |  |  |
|                                                                                  |                   |                                      |                                        |  |  |
| 3. Name of Employer                                                              |                   | 4a. Tel. No.                         | 4b. Cell No.                           |  |  |
| Tatuado Hospitality Management Group LLC                                         | ,                 | (702)691-5991                        | AN A Mail                              |  |  |
|                                                                                  |                   | 4c. Fax No.                          | 4d. e-Mail                             |  |  |
| E. Location of Clark involved                                                    |                   | 6 Employer representative to contact |                                        |  |  |
| 5. Location of Plant involved                                                    |                   | 6. Employer representative           | Employer representative to contact     |  |  |
| 2880 S. Las Vegas Blvd., Las Vegas, NV 89                                        |                   |                                      | 1.0                                    |  |  |
| 7. Type of Establishment (factory, mine, wholesaler) 8. Principal product        |                   | uct or service                       | Number of Workers employed             |  |  |
| Restaurant and bar Dining                                                        |                   |                                      | 1                                      |  |  |
| 10. Full name of party filing charge                                             |                   | 11a. Tel. No.                        | 11b. Cell No.                          |  |  |
| (b) (6), (b) (7)(C)                                                              |                   |                                      | (b) (6), (b) (7)(C)                    |  |  |
|                                                                                  |                   | 11c. Fax No.                         | 11d e-Mail                             |  |  |
|                                                                                  |                   |                                      | (b) (6), (b) (7)(C)                    |  |  |
| 11. Address of party filing charge                                               |                   |                                      |                                        |  |  |
| (b) (6), (b) (7)(C)                                                              | ı                 |                                      |                                        |  |  |
|                                                                                  | 12. DECLAR        | ATION                                |                                        |  |  |
|                                                                                  |                   |                                      | t of six to surledge and hilled        |  |  |
| I declare that I have read the above charge and                                  | tnat the statemen | ts therein are true to the bes       | Tel No.                                |  |  |
| (b) (6), (b) (7)(C)                                                              |                   |                                      | TELNO.                                 |  |  |
|                                                                                  |                   |                                      |                                        |  |  |
| Ву:                                                                              | (b) (6), (b)      | (7)(C)                               |                                        |  |  |
| (pignoture of representative or person making charge)                            |                   | name and title or office, if any     | Cell No.                               |  |  |
| (signature of representative or person making charge)                            | Filliotype i      | iame and title of office, if any     | (b) (6), (b) (7)(C)                    |  |  |
| Address                                                                          |                   | Date: 6/7/19                         | Fax No.                                |  |  |
| Address:                                                                         | I                 | Date, O/// 19                        | F dA NO.                               |  |  |
| (b) (6), (b) (7)(C)                                                              |                   |                                      | e-Mail                                 |  |  |
|                                                                                  |                   |                                      | (b) (6), (b) (7)(C)                    |  |  |
|                                                                                  |                   |                                      | (5) (6), (6) (7)(6)                    |  |  |

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

FORM NLRB-508 (6-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

| DO NOT WRITE IN THIS SPACE |              |                             |  |
|----------------------------|--------------|-----------------------------|--|
| Case                       | 28-CB-243221 | Date Filed<br>June 11, 2019 |  |

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

| 1. LABOR ORGANIZATION OR IT                                                                                                                                                                | S AGENTS A                | GAINST WHICH CHARG                       | SE IS BRO                                          | UGHT                                    |                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|----------------------------------------------------|-----------------------------------------|-------------------------------|--|
|                                                                                                                                                                                            |                           |                                          | b. Union F<br>Jose Soto                            | Union Representative to contact se Soto |                               |  |
| c. Address (Street, city, state, and ZIP code)<br>301 Deauville St., Las Vegas, NV 89106                                                                                                   |                           |                                          | d. Tel. No<br>(702) 38                             |                                         | e. Cell No.<br>(702) 622-0846 |  |
|                                                                                                                                                                                            |                           |                                          | f. Fax. No                                         | ).                                      |                               |  |
|                                                                                                                                                                                            |                           |                                          | g. e-mail<br>jsoto@lo                              | cal501.org                              |                               |  |
| h. The above-named labor organization has engaged in and is enga                                                                                                                           | aging in unfair           | labor practices within the               | meaning o                                          | of section 8(b),                        | subsections (1) and           |  |
| (list subsections) 3                                                                                                                                                                       |                           | of the Nation                            | nal Labor F                                        | Relations Act, a                        | nd these unfair labor         |  |
| practices are practices affecting commerce within the meaning of                                                                                                                           | the Act, or th            | ese unfair labor practices               | affecting o                                        | commerce withi                          | n the meaning of              |  |
| the Act and the Postal Reorganization Act.                                                                                                                                                 |                           |                                          |                                                    |                                         |                               |  |
| 2. Basis of the Charge (set forth a clear and concise statement of the within the last six months, the above named Union, through good faith by issuing information requests in bad faith. | its officers,             | , agents and/or represen                 | ntatives, ł                                        | as failed and                           | refused to bargain in         |  |
| 3. Name of Employer                                                                                                                                                                        |                           | 4a. Tel. No.                             | b. Cell No                                         |                                         | c. Fax No.                    |  |
| International Game Technology PLC                                                                                                                                                          |                           | (212) 497-8489                           | (646) 40                                           |                                         | (646) 417-7611                |  |
|                                                                                                                                                                                            |                           | d. e-mail<br>tgould@littler.com          |                                                    |                                         |                               |  |
| 5. Location of plant involved (street, city, state and ZIP code)<br>6355 S. Buffalo Dr.<br>Las Vegas, NV 89113-2133                                                                        | -                         |                                          | 6. Employ<br>Theo Go                               | er representati<br>uld                  | ve to contact                 |  |
| 7. Type of establishment (factory, mine, wholesaler, etc.) service and manufacturing                                                                                                       | 8. Identify prigaming and | rincipal product or service<br>d lottery |                                                    | 9. Number of appx 35 in                 | f workers employed<br>b-unit  |  |
| 10. Full name of party filing charge<br>International Game Technology PLC (through counsel)                                                                                                | 1                         |                                          |                                                    |                                         |                               |  |
| 11. Address of party filing charge (street, city, state and ZIP code)<br>900 Third Ave, NY NY 10022                                                                                        |                           |                                          | b. Cell No. (646) 404-2541 c. Fax No. (646) 417-76 |                                         | c. Fax No.<br>(646) 417-7611  |  |
| d. e-mail<br>tgould@littler.com                                                                                                                                                            |                           |                                          |                                                    |                                         |                               |  |
| 12. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.                                                       |                           |                                          | Tel. No.<br>(212) 497-8489                         |                                         | 89                            |  |
| /s                                                                                                                                                                                         | _                         | Gould, counsel                           |                                                    | Cell No. (646) 404-2541                 |                               |  |
| (signature of representative or person making charge)                                                                                                                                      | (Print/type na            | me and title or office, if any)          |                                                    | Fax No. (212) 417-7611                  |                               |  |
| Address 900 Third Ave, NY NY 10022                                                                                                                                                         | Date 6.11.19              |                                          |                                                    | e-mail<br>tgould@littler.com            |                               |  |

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

FORM NLRB-508 (4-19)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## CHARGE AGAINST LABOR ORGANIZATION 28-CB-243326 6/14/2019 OR ITS AGENTS

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

| 1. LABOR ORGANIZATION OR IT                                                                                                                                                                            | S AGENTS A                             | AGAINST WHICH CHARG                                         | SE IS BROU                            | GHT      |                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------|---------------------------------------|----------|---------------------------|--|
| a. Name                                                                                                                                                                                                |                                        |                                                             | a. Union Representative to contact    |          |                           |  |
| International Alliance of Theatrical Stages Local 720                                                                                                                                                  |                                        |                                                             | Enrico Grippo                         |          |                           |  |
| b. Address (Street, city, state, and ZIP code)                                                                                                                                                         |                                        |                                                             |                                       | 373–3450 | e. Cell No.               |  |
| 3000 S Valley View Blvd                                                                                                                                                                                |                                        |                                                             | f. Fax. No.                           |          |                           |  |
| Las Vegas NV 89102                                                                                                                                                                                     |                                        |                                                             | g. e-mail                             |          |                           |  |
| h. The above-named labor organization has engaged in and is engaged $8(b)1\ 8(b)2$ of the National Labor Relations Act, and these ur or these unfair labor practices affecting commerce within the mea | nfair labor pra                        | ctices are practices affect                                 | ing commer                            |          |                           |  |
| 2. Basis of the Charge (set forth a clear and concise statement of th                                                                                                                                  | e facts const                          | ituting the alleged unfair l                                | abor practice                         | es)      |                           |  |
| The Union has breached its duty of fair representation bad faith and refusing to process any grievances other benefits. Those benefits would have been inc                                             | on my be                               | chalf, the Union ha                                         | s cost me                             | monetary | • • • •                   |  |
| 3. Name of Employer                                                                                                                                                                                    |                                        | 4a. Tel. No.                                                | b. Cell No.                           |          | c. Fax No.                |  |
| International Alliance of Theatrical Stages Local 720 (702) - d. e-mail                                                                                                                                |                                        |                                                             | 2) -873-3450                          |          |                           |  |
| 5. Location of plant involved (street, city, state and ZIP code) 3000 S Valley View Blvd                                                                                                               |                                        |                                                             | 6. Employer representative to contact |          |                           |  |
| Las Vegas NV 89102                                                                                                                                                                                     |                                        |                                                             | Enrico Grippo                         |          |                           |  |
| 7. Type of establishment (factory, mine, wholesaler, etc.) Labor Union                                                                                                                                 | 8. Identify pr<br>Labor Su             | rincipal product or service                                 | 9. Number of Approx. 2                |          | of workers employed 2,500 |  |
| 10. Full name of party filing charge (b) (6), (b) (7)(C)                                                                                                                                               |                                        |                                                             |                                       |          |                           |  |
| 11. Address of party filing charge (street, city, state and ZIP code) (b) (6), (b) (7)(C)                                                                                                              |                                        | 11a. Tel. No.<br>(b) (6), (b) (7)(C)<br>C. e-mail           | b. Cell No. c. Fax No.                |          | c. Fax No.                |  |
|                                                                                                                                                                                                        |                                        | (b) (6), (b) (7)(                                           | C)                                    |          |                           |  |
| 12. DECLARATION I declare that I have read the above charge and that the statements                                                                                                                    |                                        |                                                             | Tel. No.                              |          |                           |  |
| are true to the best of my knowled                                                                                                                                                                     | ige and belief                         | г.                                                          |                                       | Cell No. |                           |  |
| (sig(b) (6), (b) (7)(C)                                                                                                                                                                                | ( <i>Print/type na</i><br>(b) (6), (b) | me and title or office, if any)<br>(7)(C) (b) (6), (b) (7)( | C)                                    | ax No.   |                           |  |
| Address                                                                                                                                                                                                |                                        | Date JUNS 14                                                | 6                                     | e-mail   |                           |  |

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

FORM NLRB-508 (4-19)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

| DO NOT WRITE IN THIS SPACE |            |  |  |
|----------------------------|------------|--|--|
| Case                       | Date Filed |  |  |
| 28-CB-243215               | 6/10/2019  |  |  |

INSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

| 1. LABOR ORGANIZATION OR I                                                                                                                                                                       | TS AGENTS                 | AGAINST WHICH CHAR                   |                                                     |                  |               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|-----------------------------------------------------|------------------|---------------|--|
| 1                                                                                                                                                                                                |                           |                                      | a. Union Representative to contact<br>Enrico Grippo |                  | ve to contact |  |
| b. Address (Street, city, state, and ZIP code)                                                                                                                                                   |                           |                                      | d. Tel. No.<br>(702)                                | 373 3450         | e. Cell No.   |  |
| 3000 S Valley View Blvd                                                                                                                                                                          |                           |                                      | f. Fax. No.                                         |                  |               |  |
| Las Vegas NV 89102                                                                                                                                                                               |                           |                                      | g. e-mail                                           | g. e-mail        |               |  |
| h. The above-named labor organization has engaged in and is eng $8(b)1\ 8(b)2$ of the National Labor Relations Act, and these u or these unfair labor practices affecting commerce within the me | ınfair labor pra          | actices are practices affec          | ting commer                                         |                  |               |  |
| Basis of the Charge (set forth a clear and concise statement of ti                                                                                                                               | to foots asset            | itation the alleged unfoint          | -h                                                  |                  |               |  |
| The Union has breached its duty of fair representation bad faith and refusing to process any grievance other benefits. Those benefits would have been in                                         | s on my b                 | ehalf, the Union ha                  | s cost me                                           | monetary         |               |  |
| 3. Name of Employer                                                                                                                                                                              |                           | 4a. Tel. No.                         | b. Cell No.                                         |                  | c. Fax No.    |  |
|                                                                                                                                                                                                  |                           | (702) 873 3450                       |                                                     |                  |               |  |
| International Alliance of Theatrical Stages Local 720                                                                                                                                            |                           | d. e-mail                            |                                                     |                  |               |  |
| 5. Location of plant involved (street, city, state and ZIP code) 3000 S Valley View Blvd Las Vegas NV 89102                                                                                      |                           |                                      | 6. Employe                                          | r representation | ve to contact |  |
|                                                                                                                                                                                                  |                           |                                      |                                                     |                  |               |  |
| 7. Type of establishment (factory, mine, wholesaler, etc.)  Labor Union                                                                                                                          | 8. Identify p<br>Labor Su | rincipal product or service  1pport  | 9. Number of workers emplo<br>Approx. 2,500         |                  |               |  |
| 10. Full name of party filing charge (b) (6), (b) (7)(C)                                                                                                                                         |                           |                                      |                                                     | -                |               |  |
| 11. Address of party filing charge (street, city, state and ZIP code)  11a. Tel. No.                                                                                                             |                           | 11a. Tel. No.<br>(b) (6), (b) (7)(C) | b. Cell No.                                         |                  | c. Fax No.    |  |
|                                                                                                                                                                                                  |                           | c. e-mail<br>(b) (6), (b) (7)(C)     |                                                     |                  |               |  |
| (b) (6), (b) (7)(C)                                                                                                                                                                              |                           |                                      |                                                     | el. No.          |               |  |
| rge                                                                                                                                                                                              | and that the :            | _                                    |                                                     |                  |               |  |
| (b)                                                                                                                                                                                              | (0), (0) (1)              | (0)                                  |                                                     | Cell No.         |               |  |
| (b) (6), (b) (7)(C)                                                                                                                                                                              |                           | ,                                    | F                                                   | ax No.           |               |  |
| Addres                                                                                                                                                                                           |                           | Date 6/10/19                         | • e                                                 | -mail            |               |  |

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

FORM NLRB-508 (4-19)

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

| DO NOT WRITE IN THIS SPACE |            |  |  |  |
|----------------------------|------------|--|--|--|
| Case                       | Date Filed |  |  |  |
| 28-CB-243329               | 6/10/2019  |  |  |  |

| INSTRUCTIONS. File an original with NLRB Regional Director for tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | _                                    | -                             |                                                     | occurring.                                    |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|-----------------------------------------------------|-----------------------------------------------|--|--|
| 1. LABOR ORGANIZATION OR IT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TS AGENTS                     | AGAINST WHICH CHAR                   |                               |                                                     |                                               |  |  |
| a. Name<br>International Alliance of Theatrical Stages Local 720                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                      |                               | a. Union Representative to contact<br>Enrico Grippo |                                               |  |  |
| b. Address (Street, city, state, and ZIP code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                      | d. Tel. No.<br>(702) -8       | 73–3450                                             | e. Cell No.                                   |  |  |
| 3000 S Valley View Blvd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                      | f. Fax. No.                   |                                                     |                                               |  |  |
| Las Vegas NV 89102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                      | a o mail                      | g. e-mail                                           |                                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                      | g. e-man                      |                                                     |                                               |  |  |
| h. The above-named labor organization has engaged in and is engaged $8(b)1\ 8(b)2$ of the National Labor Relations Act, and these upon these unfair labor practices affecting commerce within the meaning of the second se | nfair labor pra               | ctices are practices affect          | ting commerc                  | section 8(b) are within the r                       | and (list subsections)<br>meaning of the Act, |  |  |
| 2. Basis of the Charge (set forth a clear and concise statement of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ne facts const                | ituting the alleged unfair la        | abor practices                | s)                                                  |                                               |  |  |
| The Union has breached its duty of fair representa in bad faith and refusing to process any grievances other benefits. Those benefits would have been into 3. Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s on my be                    | ehalf, the Union ha                  | s cost me                     | monetary                                            |                                               |  |  |
| 3. Name of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | (702) –873–3450                      |                               |                                                     | C. Fax No.                                    |  |  |
| International Alliance of Theatrical Stages Local                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d. e-mail                     | L                                    |                               |                                                     |                                               |  |  |
| 5. Location of plant involved (street, city, state and ZIP code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                      | 6. Employer                   | representati                                        | ve to contact                                 |  |  |
| 3000 S Valley View Blvd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                      | Enrico Grippo                 |                                                     |                                               |  |  |
| Las Vegas NV 89102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                      | Enrico G                      | прро                                                |                                               |  |  |
| 7. Type of establishment (factory, mine, wholesaler, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | rincipal product or service          | 9. Number of workers employed |                                                     |                                               |  |  |
| Labor Union                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Labor Su                      | ipport                               | Approx. 2,500                 |                                                     |                                               |  |  |
| 10. Full name of party filing charge (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                      |                               |                                                     |                                               |  |  |
| 11. Address of party filling charge (street, city, state and ZIP code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | 11a. Tel. No.<br>(b) (6), (b) (7)(C) | b. Cell No.                   | 1                                                   | c. Fax No.                                    |  |  |
| b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | }                             | c. e-mail                            |                               |                                                     |                                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | (b) (6), (b) (7)(C)                  |                               |                                                     |                                               |  |  |
| (b) (6), (b) (7)(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                                      | T                             | el. No.                                             |                                               |  |  |
| ige                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and that the s<br>(6), (b) (7 |                                      |                               | - !! Мо                                             |                                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ) (0), (b) (1                 | )(O)                                 | (b)                           | (6), (b) (7                                         | )(C)                                          |  |  |
| (signature of representative or person making charge)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (гипицуре па                  | me and title or omce, it any)        | Fa                            | ax No.                                              |                                               |  |  |
| (b) (6), (b) (7)(C) Address _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | Date <u>(-/0 - /</u>                 | 9   e-                        | mail                                                |                                               |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                      |                               |                                                     |                                               |  |  |

BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

| UNITED STATES OF AMERICA                                                                                                                                         |                                                  | DO NOT WRITE IN THIS SPACE                                       |                                                              |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------|--|--|--|--|
| NATIONAL LABOR RELATIONS BOARD                                                                                                                                   |                                                  | Case                                                             | Date filed                                                   |  |  |  |  |
| CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS                                                                                                                  |                                                  | 28-CB-243439                                                     | June 17, 2019                                                |  |  |  |  |
| INSTRUCTIONS: File an original of this charge with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring. |                                                  |                                                                  |                                                              |  |  |  |  |
|                                                                                                                                                                  | OR ITS AGENTS AGA                                | AINST WHICH CHARGE IS BR                                         | OUGHT                                                        |  |  |  |  |
| a. Name                                                                                                                                                          |                                                  | b. Union Representative to Contact                               |                                                              |  |  |  |  |
| International Union of Operating Engineers,                                                                                                                      | Local 351                                        | Juan De La Torre                                                 |                                                              |  |  |  |  |
|                                                                                                                                                                  |                                                  | Business Agent                                                   |                                                              |  |  |  |  |
| c. Address                                                                                                                                                       |                                                  | d. Tel. No.                                                      | e.e. Cell No.                                                |  |  |  |  |
| 6967 Commerce Street, El Paso, TX 79915                                                                                                                          |                                                  | (915)771-0224                                                    | e.e. Cell No.                                                |  |  |  |  |
| 6907 Commerce Street, El Faso, 1X 79915                                                                                                                          | •                                                | f. Fax No.                                                       | d o Mail                                                     |  |  |  |  |
|                                                                                                                                                                  |                                                  | I. Fax No.                                                       | g. e-Mail                                                    |  |  |  |  |
| h. The above-named labor organization or its agents hav                                                                                                          | o opened in and are                              | angeding in unfair labor proc                                    | juand351@yahoo.com                                           |  |  |  |  |
| 8(b), subsection(s) 2 of the National Labor Relations A meaning of the Act, or are unfair practices affecting co                                                 | act, and these unfair la<br>mmerce within the me | abor practices are unfair pract<br>eaning of the Act and the Pos | tices affecting commerce within the tall Reorganization Act. |  |  |  |  |
| 2. Basis of the Charge (set forth a clear and concise state                                                                                                      |                                                  |                                                                  | · ·                                                          |  |  |  |  |
| Within the past six months, the above-name                                                                                                                       | d labor organizatio                              | on has attempted to car                                          | use and caused Technica to                                   |  |  |  |  |
| discharge (b) (6), (b) (7)(C) or reasons other the                                                                                                               | nan the failure to t                             | ender uniformly require                                          | d initiation fees and periodic                               |  |  |  |  |
| dues.                                                                                                                                                            |                                                  | ,                                                                |                                                              |  |  |  |  |
| 4400.                                                                                                                                                            |                                                  |                                                                  |                                                              |  |  |  |  |
|                                                                                                                                                                  |                                                  |                                                                  |                                                              |  |  |  |  |
| Name of Employer                                                                                                                                                 |                                                  | 4a. Tel. No.                                                     | 4b. Cell No.                                                 |  |  |  |  |
| Technica                                                                                                                                                         |                                                  |                                                                  |                                                              |  |  |  |  |
|                                                                                                                                                                  |                                                  | 4c. Fax No.                                                      | 4d. e-Mail                                                   |  |  |  |  |
| 5. Location of Plant involved (street, city, state, and ZIP code)                                                                                                |                                                  | 6. Employer representative                                       | to contact                                                   |  |  |  |  |
| 2607 Carrington Road, Fort Bliss, TX                                                                                                                             |                                                  | Kurt Genne TMP St                                                | mervisor                                                     |  |  |  |  |
| 7. Type of Establishment (factory, mine, wholesaler)                                                                                                             | 8. Principal product                             |                                                                  | Number of Workers employed                                   |  |  |  |  |
| , , , , , , , , , , , , , , , , , , , ,                                                                                                                          |                                                  |                                                                  | 70                                                           |  |  |  |  |
| Motor Pool                                                                                                                                                       | Transportation                                   |                                                                  |                                                              |  |  |  |  |
| 10 Full name of party filing charge (b) (6), (b) (7)(C)                                                                                                          |                                                  | (b) (6), (b) (7)(C)                                              | 11b. Cell No.                                                |  |  |  |  |
|                                                                                                                                                                  |                                                  | 11c. Fax No.                                                     | 11d e-Mail                                                   |  |  |  |  |
|                                                                                                                                                                  |                                                  |                                                                  | 11d e-Mail<br>(b) (6), (b) (7)(C)                            |  |  |  |  |
|                                                                                                                                                                  |                                                  |                                                                  |                                                              |  |  |  |  |
| 11. Address of party filing charge (street, city, state, and Z                                                                                                   | (IP code)                                        |                                                                  |                                                              |  |  |  |  |
| (b) (6), (b) (7)(C)                                                                                                                                              | ,                                                |                                                                  |                                                              |  |  |  |  |
|                                                                                                                                                                  | 12. DECLARAT                                     | TON .                                                            |                                                              |  |  |  |  |
|                                                                                                                                                                  | 12. DECLARAT                                     | ION                                                              |                                                              |  |  |  |  |
| I declare that I have read the above charge and                                                                                                                  | that the statements                              | therein are true to the best                                     |                                                              |  |  |  |  |
|                                                                                                                                                                  |                                                  |                                                                  | Tel No.                                                      |  |  |  |  |
| (b) (6) (b) (7)(C)                                                                                                                                               | Ī                                                |                                                                  |                                                              |  |  |  |  |
| <sub>By:</sub> (b) (6), (b) (7)(C)                                                                                                                               | (b) (c) (b) (                                    | 7// (2)                                                          | (b) (6) (b) (7)(C)                                           |  |  |  |  |
|                                                                                                                                                                  | (b) (6), (b) (7                                  |                                                                  | (b) (6), (b) (7)(C)                                          |  |  |  |  |
| (signa <del>ture or representative or person m</del> aking charge)                                                                                               | Prinvtype nar                                    | ne and title or office, if any                                   | Cell No.                                                     |  |  |  |  |
| Address:                                                                                                                                                         |                                                  | Date:                                                            | Fax No.                                                      |  |  |  |  |
| (b) (6), (b) (7)(C)                                                                                                                                              |                                                  |                                                                  | 1 307                                                        |  |  |  |  |
|                                                                                                                                                                  |                                                  |                                                                  | e-Mail                                                       |  |  |  |  |
|                                                                                                                                                                  |                                                  |                                                                  | e-Mail<br>(b) (6), (b) (7)(C)                                |  |  |  |  |

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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 will cause the NLRB to decline to invoke its processes.

INTERNET FORM NLRB-508 (2-08)

#### FORM EXEMPT UNDER 44 U.S.C 3512

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION OR ITS AGENTS

|                            | FORM EXEMPT DINDER 44 0.3.C 3512 |  |  |  |
|----------------------------|----------------------------------|--|--|--|
| DO NOT WRITE IN THIS SPACE |                                  |  |  |  |
| Case<br>28-CB-244943       | Date Filed<br>June 25, 2019      |  |  |  |

NSTRUCTIONS: File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

| INSTRUCTIONS. File all original with NERB Regional Director for the                                                                                                                                                                             | region in which the alleged t                                                                                | intair labor pra                                     | ctice occurre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ed or is occurring.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
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| 1. LABOR ORGANIZATION OR ITS                                                                                                                                                                                                                    | S AGENTS AGAINST WHICH                                                                                       | CHARGE IS                                            | BROUGHT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| a. Name                                                                                                                                                                                                                                         | 287 - 2 H - 2 H                                                                                              | b. Union Rep                                         | resentative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | to contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| International Brotherhood of Electrical Workers, Local 640                                                                                                                                                                                      |                                                                                                              | Dean Wine, Business Agent                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| c. Address (Street, city, state, and ZIP code) 5808 N. 7th St. Phoenix, AZ 85014                                                                                                                                                                |                                                                                                              | d. Tel. No.<br>602-264-4                             | 506                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e. Cell No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                 |                                                                                                              | f. Fax No.                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | g. e-Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) (1)(A), 8(b)(2) are unfair practices affecting commerce within the meaning of the Ac meaning of the Act and the Postal Reorganization Act. | in and is (are) engaging in ur<br>of the Nati<br>ct, or these unfair labor pract                             | nfair labor prac<br>onal Labor Re<br>ices are unfair | tices within t<br>ations Act, a<br>practices af                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the meaning of section 8(b),<br>and these unfair labor practices<br>fecting commerce within the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 2. Basis of the Charge (set forth a clear and concise statement of the                                                                                                                                                                          | e facts constituting the allege                                                                              | d unfair labor μ                                     | ractices)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Within the last six months, the above-named labor organ                                                                                                                                                                                         | nization (the Union) has                                                                                     | restrained                                           | and coerd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ced its members in their                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| exercise of rights guaranteed under Section 7 of the Act                                                                                                                                                                                        |                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 이 사람이 있는 그렇지 않는데 사람들이 가장 하는데 하는데 하는데 가장 하지 않는데 없다.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| and other adverse actions because they engaged in pro                                                                                                                                                                                           |                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| in an effort to discourage employees from engaging in p                                                                                                                                                                                         |                                                                                                              | 7000 LT                                              | unig acon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | otanoo to an omproyor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| m an energy and men angular man                                                                                                                                                                                                                 |                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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| Name of Employer                                                                                                                                                                                                                                |                                                                                                              | 4a. Tel. No.<br>480-940-1                            | 986                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | b. Cell No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Sturgeon Electric Company, Inc.                                                                                                                                                                                                                 |                                                                                                              | c. Fax No.                                           | 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d. e-Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
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|                                                                                                                                                                                                                                                 |                                                                                                              | 480-894-1                                            | 091                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 5. Location of plant involved (street, city, state and ZIP code)                                                                                                                                                                                |                                                                                                              |                                                      | The state of the s | er representative to contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 3804 E. Whatkins St. Phoenix, AZ 85034                                                                                                                                                                                                          |                                                                                                              | Eric Lauri                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ıriha, District Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
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| <ol><li>Type of establishment (factory, mine, wholesaler, etc.)</li></ol>                                                                                                                                                                       | <ol><li>Identify principal product</li></ol>                                                                 | or service                                           | 9. Numbe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | er of workers employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Contractor                                                                                                                                                                                                                                      | electric                                                                                                     |                                                      | +/- 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 10. Full name of party filing charge                                                                                                                                                                                                            |                                                                                                              | 11a. Tel. No.                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | b. Cell No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| (b) (6), (b) (7)(C)                                                                                                                                                                                                                             |                                                                                                              | (b) (6), (b) (7                                      | )(C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Decidence of the second of the |  |
|                                                                                                                                                                                                                                                 |                                                                                                              | c. Fax No.                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d. e-Mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 11. Address of party filing charge (street, city, state and ZIP code.)                                                                                                                                                                          |                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (1 ) (2) (1 ) (7)(0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
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| 12. DECLARATION                                                                                                                                                                                                                                 |                                                                                                              | Tel.                                                 | No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| (b) (6), (b) (7)(C) le and that the statements therein are true to (b) (6), (b)                                                                                                                                                                 | 로, 4명(1.5.1) (1.1.1) (1.1.1) (1.1.1) (1.1.1) (1.1.1) (1.1.1) (1.1.1) (1.1.1) (1.1.1) (1.1.1) (1.1.1) (1.1.1) | Cell                                                 | ALCOHOL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | as 11a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| (signature of representative or person making charge) (Print/type                                                                                                                                                                               | name and title or office, if any                                                                             |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
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WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT