RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 28-RC-243841	Date Filed August 1, 2019				

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1943 W Adams St Chispa of Arizona a subsidiary of League of Conservation Voters 3a. Employer Representative – Name and Title 3b. Address (If same as 2b - state same) 1943 W Adams St AZ Phoenix 85009 Laura Dent 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address Ident@lcv org (602) 258-0464 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Public Advocacy** Phoenix, AZ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 4 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 07/31/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): September 9, 2019 1:00 p.m. to 3:00 p.m. MST 1943 W Adams St., Phoenix, AZ 85009 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) John Lee Seeley Communication Workers of America Local 7019 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communication Workers of America 12g. E-Mail Address jseeley@cwa7019.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (602) 221-7019 (602) 861-4171 (602) 579-6544 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Unit 3 Area Vice President John Lee Seeley 08/1/2019 08:34:42 John Lee Seelev

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

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

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included

All full-time and regular part-time Senior Community Organizers and Coalition and Training Directors.

Employees Excluded

All other employees including Organizing Director, Civic Engagement Director, Executive Director, Advocacy Director, office clerical employees, confidential employees, professional employees, guards and supervisors as defined in the Act.

DO NOT WRITE IN THIS SPACE

Case No 28-RC-246001

Date Filed
August 5, 2019

RC PETITION

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code, VectorCSP, LLC Cannon Airforce Base, 13 East Albright Ave, Cannon AFB, NM 88101 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Dave Boseman/Chris McHale, Attorney 405 E Main Street, Elizabeth City, North Carolina, 27909 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address mchale2052@gmail.com 252-333-4798 252-338-2264 dave.boseman@vectorcsp.co 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Office Building on Cannon Air Force Base Aircraft Simulator Training and Maintenance Cannon AFB, New Mexico 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Full-time and regular part-time Security Specialists, Librarians, Schedulers, Registrar and Lead, 19 6b. Do a substantial number (30% Synthetic Environment Coordinators (SIM operators), and Schedulers. or more) of the employees in the Excluded: All other employees, managerial employees, professional employees) supervisors, guards and other employees as defined by the Act. unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 04/12/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none none 10c. Tel. No. 10b. Address 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Tuesday August 20, 2019 11:00 a.m. - 2:00 p.m. Cannon AFB Library Mtg Room 1, 107 Albright Ave, Bldg 75 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 315 Pine Street S.E., Albuquerque, NM 87106 International Association of Machinists and Aerospace Workers, Local Lodge 794 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12e. Cell No 12g. E-Mail Address 916-985-8101 916-936-6013 jhardwick@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Caren P. Sencer, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13f. E-Mail Address csencer@unioncounsel.net 13d. Cell No. 13e. Fax No. 13c. Tel No 510-337-1001 510-337-1023 nlrbnotices@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Date Caren P. Sencer Attorney August 5, 2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

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

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R.C. P.F.T.L.T.L.O.N.

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
28-RC-246005	8/5/2019			

MOTOLIOTIONO, University Printers			28-RU-240	000		/2017	
						n NLRB office in the Region	
in which the employer concerned in							
of service showing service on the	employer and	all other partie	s named in the petition	n of: (1) the petit	ion; (2) State	ement of Position form	
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed							
with the NLRB and should not be s	served on the	employer or an	y other party.				
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2a. Name of Employer	JUNE BOARD DIVE		idress(es) of Establishment				
CAE USA Mission Solutions Inc.	±1		nd AFB 4250 Aberde				
3a. Employer Representative - Name and	Title	•	3b. Address (If same as	2b - state same)			
Carrie Stawski, HR and Labor Re	lations Manag	ger	4908 Tampa West	Blvd., Tampa, Fl	33634	Carlo	
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress	
	813.887.153	34		1	Carrie.Staw	ski@caemilusa.com	
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)	4b. Principal pro				and State where unit is located:	
Government Contractor		Aircrew Train	ing Support		Albuqu	erque, NM	
5b. Description of Unit Involved	annest Dest T			Casa unita a Dana una		6a. No. of Employees in Unit: 8	
Included: All Full Time and Perm	nanent Part I	ime Cyberse	cunty and industrial	Security Repres	sentauves	6b. Do a substantial number (30%	
Evoluded:					4	or more) of the employees in the	
Excluded: Managers, Supervisors, Clerical W	orkers, and all other	remployees including	professional employees, mana	agerial employees, guard	is, supervisors,	unit wish to be represented by the	
and other employees as defined by	the act.					Petitioner? Yes ✓ No	
Check One: / 78. Request for re	cognition as Baro	aining Represents	nive was made on (Date) A	/5/2019and	Employer ded	ined recognition on or about	
<u> </u>			d, so state) No Rep		33		
7h Putitionerie or					And		
Sa. Name of Recognized or Certified Barr			epresentative and desires of 8b. Address	SOLDINGS OUT ON THE STATE OF TH	ACL.	****	
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8c. Tel No.	8d Cell No.		6e. Fax No.		8f. E-Mail Add	7053	
Bg. Affiliation, if any	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Rec Contract, if any (Month, Day, Year)						
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(Name of labor organization)		has pict	keted the Employer since (#	nonui, Day, 16a)			
	Petitioner and tho	<u> </u>			esortativos and	other omanizations and individuals	
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10. Organizations or individuals other than I known to have a representative interest in a None 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 8/22/2019 12a. Full Name of Petitioner (Including le International Association of Machinists and 12c. Full name of national or international I linternational Association of Machinists and 12d. Tel No. (505) 242-9622 13. Representative of the Petitioner who	10b. Add s an election in thi 11c. El 11:0b. Add Aerospace We bor organization d Aerospace We 12e. Cell No. 505-604-8217 will accept servi	is matter, state you lection Time(s): M to 1:00PM umber) orkers, Local Lodorkers, AFL-CIO	as and 9, which have claims in item 5b above. (If none, in item 5b above. (If none, item 5b above.) (Item 5	ed recognition as repriso state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Locat Chapman Hall Break 12b. Address (street 315 Pine Street SE (if none, so state)	Manual ion(s): toom 4250 Abert of and number, Abuquerque, 12g. E-Mail Ad sburkland@iar i. and ZIP code)	10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Seen Ave., SE Albuquerque, NM 87117 ity, state, and ZIP code) NM 87106 dress naw.org	
10. Organizations or individuals other than I known to have a representative interest in a None 10a. Name 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 8/22/2019 12a. Full Name of Putitioner (Including Io International Association of Machinists and 12c. Full name of national or international la International Association of Machinists and 12d. Tel No. (505) 242-9622 13. Representative of the Petitioner who 13a. Name and Title Jason Hardwick, (13c. Tel No.	any employees in 10b. Ad 10b. Ad 11c. El 11:00A 12d Aerospace Wo 12e. Cell No. 505-604-8217 will accept servi Grand Lodge R 13d. Cel No. 916-936-6013	ee named in items the unit described dress is matter, state you lection Time(s): M to 1:00PM umber) orkers, Local Lod of which Petitioner/kers, AFL-CIO lice of all papers to the papers	as and 9, which have claims in item 5b above. (If none, in item 5b above.) (If none, item 5b above.) (Item	ed recognition as repriso state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Locati Chapman Hall Breakr 12b. Address (street SE (if none, so state) entertion proceeding Inumber, city, state, (Folsom, CA 95630)	Manual ion(s): ton 4250 Abert of and number, Albuquerque, 12g. E-Mail Ac sburkland@iar and ZiP code) 13f E-Mail Ad	10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Seen Ave., SE Albuquerque, NM 87117 ity, state, and ZIP code) NM 87106 dress naw.org	
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10. Organizations or individuals other than I known to have a representative interest in a None 10a. Name 10a. Name 11b. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 8/22/2019 12a. Full Name of Petitioner (Including Io International Association of Machinists and 12c. Full name of national or international laterational Association of Machinists and 12d. Tel No. (505) 242-9622 13. Representative of the Petitioner who 13a. Name and Title Jason Hardwick, (13c. Tel No. 916-985-8101 I declare that I have read the above petitic laterature.	any employees in 10b. Ad 10b. Ad 11c. El 11:00A 11c. El 11:00A 12c. All 11:00A 12c. Cell No. 13d. Cell No. 11d. Cell No.	ee named in items the unit described dress is matter, state you lection Time(s): M to 1:00PM umber) orkers, Local Lod of which Petitioner/kers, AFL-CIO lice of all papers to the papers	as and 9, which have claims in item 5b above. (If none, in item 5b above.) (If none, item 5b above.) (Item	and recognition as repriso state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Location Hall Breaker 12b. Address (street SE if none, so state) antistion proceeding in number, city, state, crossom, CA 95630 fedge and belief.	Manual ion(s): ton 4250 Abert of and number, Albuquerque, 12g. E-Mail Ac sburkland@iar and ZiP code) 13f E-Mail Ad	10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Seen Ave., SE Albuquerque, NM 87117 ity, state, and ZIP code) NM 87106 dress naw.org	

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

PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 28-RC-246226	Date Filed August 7, 2019					

INSTRUCTIONS: Unless e-Filed using the Agency's website, [vxxvv.nlrb.gov/], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): TechWise Building 11685 Sergeant Major Blvd. Fort Bliss, TX 79916 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Matthieu Isaia, President 1624 South 21st street. Suite B, Colorado Springs, CO 80904 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e, Fax No. (719) 591-9966 misaia@techwise.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Air Traffic Control Air Traffic Control El Paso, Texas 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Air Traffic Control Specialist (Full & Part Time) Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No Guards, Supervisors and Air Traffic Manager Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) July 15, 2019 and Employer declined recognition July 15, 2019 on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Election to be held ASAP at time to capture folks between shift changes. Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Wednesday August 21, 2019 Between 3:30 & 5:30 PM Break Room at Facility 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 161 SW Willow Lake Trail Stuart, Florida 34997 Professional Air Traffic Controllers Organization, Inc. 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Office and Professional Employees International Union AFL-CIO, CLC (OPEIU) 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Ron Taylor, President PATCO 161 SW Willow Lake Trail Stuart, Florida 34997 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (772) 283-3369 (772) 286-4154 patcoron@bellsouth.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Signature 8/5/2019 Ron Taylor President

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

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
20- DC-246274	August 8, 2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2701 Simmons St. North Las Vegas NV 89032 United Site Services 3a. Employer Representative - Name and Title 3b. Address (If same as 2b state same) Eddie Garcia, Operations Manager Same 3e, Fax No. 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address eddie.garcia@unitedsiteservices.com 702-647-9783 702-318-1857 702-647-9784 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Portable Restrooms rentals, sanitation, delivery, pickup North Las Vegas NV Equipment Rental 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included; all full and part time, service techs, equip, specialist, utility, mechanics, pickup/delivery drivers, yardmen, Master 6b. Do a substantial number (30% service techs and Dispachers or more) of the employees in the Excluded: all others employees,office clerical employees,guards, sales reps. and supervisors as defined by the act. unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 8/8/19 and Employer declined recognition on or about Check One: _(Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9 Is there now a strike or picketing at the Employer's establishment(s) involved? No. approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b Address 10c Tel No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: ✓ Manual any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Thursday, August 22th, 2019 2701 Simmons St. North Las Vegas NV 89032 4 8am then 5:30pm 8:30pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Teamster Chauffeurs, Warehousemen, and Helpers Local Union No.631 700 NORTH LAMB BLVD. LAS VEGAS NV. 89110 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATINAL BROTHERHOOD OF TEAMSTERS 12g. E-Mail Address 12e. Cell No. 12d. Tel No. 12f. Fax No. 702-453 6310 702-437-7237 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title FRANCISCO MIRANDA, ORGANIZER 700 NORTH LAMB BLVD. LAS VEGAS NV. 89110 13f. E-Mail Address 13d. Cell No. 13e. Fax No. FRANCISCOM@TEAMSTERS631.COM 702-430-5031 702 437 7237 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Name (Print) Date Signatube August 8th,2019 FRANCISCO MIRANDA **ORGANIZER**

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
28-RC-246366	8/9/2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.hirb.gov/ |, submit an original of this Petition to an NLRB office in the Region in which the

the employer and all other parties Case Procedures (Form NLRB 48	named in the pe	tition of: (1) the	petition; (2) S	Statement of Position for	m (Form NLF	RB-505); an	d (3) Description of Re	presentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboration	ioner desires to b	e certified as repr	esentative of t	he employees. The Petition	oner alleges t	hat the foll	owing circumstances	
2a. Name of Employer:		2b. A	ddress(es) of	Establishment(s) involved	(Street and n	umber, City	State, ZIP code):	
Switch		679	95 S. Edm	ond St, 3rd Floor,	Las Vega	s, Nevad	la 89118	
3a. Employer Representative - Nan	ne and Title:	3b. A	ddress (if san	ne as 2b - state same):				
Jessica Battaglia-V.P of H	Iuman Reso	arces 679	95 S. Edm	ond St, 3rd Floor,	Las Vega	s, Nevad	la 89118	
3c. Tel. No.	3d. Cell No.		3e. Fax N	0.	3f. E-Mail Ad			
(702) 444-4140	(702) 419-5				jessica(a			
4a. Type of Establishment (Factory, I Data Center	mine, wholesaler,	etc.)	٠,	oal Product or Service cal Communicatio	ns		d State where unit is loc as, Nevada	ated:
5b. Description of Unit Involved:							r of Employees in Unit:	
Included: CS APPrENT						49		
All Full-time, regular part	time CS Le	ad Tech, CS	Tech I, C	S Tech II, CS App	rentice I	Ĺ	7	
Excluded: All other employees, office	e clerical er	nployees gu	ards and s	upervisors as defin	ed by the	of the e	ubstantial number (30% mployees in the unit wis ented by the Petitioner?	h to be
Check One: X 7a. Request for rec		ining Representa	tive was made	on (Date) 8/9/19			leclined recognition	
on or about (Date)	rently recognized		y received, so	state). and desires certification un	Ider the Act			
8a. Name of Recognized or Certific				ddress:	der die Aot.			
N/A			N/A					
8c. Tel. No.	8d. Cell No.		8e. Fax N	D.	8f. E-Mail Ad	ddress		
N/A	N/A		N/A		N/A			
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification			8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A			
9. Is there now a strike or picketing a	t the Employer's	stablishment(s) i	nvolved? No	■ If so, approxima	tely how many	y employee:	s are participating?	
(Name of Labor Organization)					has picketed	the Employe	er since (Month, Day, Ye	ear)
10. Organizations or individuals other							es and other organization	ns and
individuals known to have a repre	sentative interest	in any employee	s in the unit de	scribed in item 5b above.	(If none, so st	ate)		
N/A 10a. Name	1105	Address			10c. Tel. No		10d. Cell No.	
N/A	N/A				N/A N/A			
IVA	11/2	1			10e. Fax No		10f. E-Mail Address	
					N/A		N/A	
11. Election Details: If the NLRB con	nducts and election	n in this matter, s	tate your posi	tion with respect to any su	ch election: 1	1a. Election	т Туре:	
N/A						Manua Manua	I Mail Mixed	Manual/Mail
11b. Election Date(s):		Election Time(s):	2.20	5 00	11d. Election):	
8/23/19			am 3:30 p	m-5:30pm				
12a. Full Name of Petitioner (includ	-		501	12b. Address (street and 301 Deauville St	-		•	
International Union of Op	erating Engi	neers Local	301	301 Deauville St	Las vega	s, IN V 0:	9100,	
AFL 12c. Full name of national or internati	onal labor organi	ration of which Po	titioner is an a	effiliate or constituent (if no	ne so state):			
Internatinal Union of Ope					me, so state).			
12d. Tel. No.	12e. Cell No.	•	12f. Fax N	0.	12g. E-Mail			
702=382-8452	702-622-08		702-38		isoto@lo	_	org	
 Representative of the Petitione Name and Title: 	r who will accep	service of all p		ooses of the representati ess (street and number, cit				
Jose Soto Director of Organi	izing		1	auville St, LAs Vega		_		
13c. Tel. No.	13d. Cell No.		13e. Fax N		13f. E-Mail A			
702=382-8452	702-622-08			6-5813	jsoto@lo	ocal501.	org	
I declare that I have read the above Name (Print)	petition and the	t the statements	are true to t	pe best of my knowledge				Date
Jose Soto		< /2	2	//	irector of	Organiz	ing	8/9/19

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
28-RC-246695	8/16/2019				

INSTRUCTIONS: Unless e-Filed us												
in which the employer concerned	is locate	ed. The	petition	must be	е ассол	npanied by	both a showing (of inter	est (se	e 6b below) and	l a certif	ficate
of service showing service on the	employe	er and i	all other p	oarties i	named .	in the petition	on of: (1) the pet	ition; (2) State	ment of Position	n form	
(Form NLRB-505); and (3) Descript	tion of R	Represe	entation C	ase Pro	ocedure	s (Form NL	RB 4812). The s	howing	of inte	erest should on	lv be file	ed
with the NLRB and should not be s	served o	on the e	mplover	or any o	other pa	artv.		-				
 PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d 	RTIFICAT	TION OF	REPRESE	NTATIVE	E - A subs	stantial number	Petitioner alleges t	hat the fi	ollowing	circumetances e	lective xist and	
requests that the National Labor Related 2a. Name of Employer	uons Boa	ara proc	eea under i	ts proper	er authori	ty pursuant to	o Section 9 of the N t(s) involved (Street	lational L	abor Re	Ctoto ZID code)		
Core-Mark International					Wigwam		ii(a) iiivoived (Street	and num	der, city,	State, ZIP code)		
3a. Employer Representative – Name and	d Title			NV F	Heriderso	n.89074-	s 2b - state same)					
Andy Ross , Director of Operations	1 1160			'	855	Wigwam Park Henderson 89	way					
3c, Tel. No.	3d, Cell	i No.			3e. Fax N		<u> </u>	3f. E-N	fail Addr	ess		
(702) 876-5220								aross@	core-man	k.com		
4a. Type of Establishment (Factory, mine, v	vholesaler	r, etc.)	4b. Princip	al produc	ict or servi	ice		£	ā. City a	and State where un	t is locate	ed.
Trucking						Food				Henderson	, NV	
5b. Description of Unit Involved										6a. No. of Employ	ees in Un	it:
Included: See Attached Page 2 for addition	nai details								-	6		(0.004
										6b. Do a substant or more) of the en		
Excluded: See Attached Page 2 for addition	nal details								[unit wish to be rep		
										Petitioner? Yes	✓ No	
Check One: 7a. Request for re	cognítion	as Barga	aining Repr	esentative	e was ma	ide on (Date) <u>0</u>	8/06/2019 ar	nd Emplo	yer decli	ned recognition on	or about	
08/09/2019			f no reply re									
7b. Petitioner is co	urrently re	cognize	as Bargair	ning Repr			certification under the	e Act.				
8a. Name of Recognized or Certified Ban International Brotherhood of Teamsters Loca		igent (/f	none, so si	(ate).	'		ahara Aye. #100					
8c. Tel No.	8d Cell	No.		18	8e. Fax N	lo. NV las veg	jas 89117	8f. E-Mail Address				
(702) 384-7841						gdavis@teamsters14.com						
8g. Affiliation, if any International Brotherhood of Teamsters			8h	8h. Date of Recognition or Certification 6i. Expiration Date of Contract, if any (Mon					nt			
9. Is there now a strike or picketing at the E	mployer's	establish	nment(s) inv	olved?	No	If so, approx	imately how many e	mployees	are par	ticipating?		
(Name of labor organization)			ha	- as pickete	ed the Em							
10. Organizations or individuals other than I known to have a representative interest in a	Petitioner	and thos	e named in	iterns 8 a	and 9, whi	ich have claime	ed recognition as rec		ives and	other organization	and indi	viduals
10a. Name	1	10b. Add	ress				10c, Tel. No.			10d. Cell No.		
None	i											
	i						10e. Fax No.			10f. E-Mail Addre	ess	
 Election Details: If the NLRB conducts any such election. 	an election	on in this	matter, sta	te your po	osition wit	th respect to	11a. Election Type	: <u> </u>	anual _	Mail Mixe	Manual/	Mail
11b. Election Date(s): 08/29/2019			ction Time(11d. Election Loca					
			. to 5:00 a.r	m.			Core-mark Internat					/ada 89
12a. Full Name of Petitioner (including lo	cai naine	and nur	nber)				12b. Address (stre 8951 W. Sahara Av	et and nu e. #100	imber, d	ity, state, and ZIP o	ode)	
International Brotherhood of Teamsters Local 14 12c. Full name of national or international la	bor oman	ization of	f which Peti	tioner is a	an affiliate	or constituent	8951 W Sahara Av NV Las Vegas 8911	7-5899				
International Brotherhood of Teamsters					an continuo	or consultation	(In none, ac siete)					
12d. Tel No.	12e. Cel	II No.		1	12f. Fax N	lo.		12g. E-	Mail Add	iress		
(702) 384-7841								gdávis@	gteamst	ers14.com		
13. Representative of the Petitioner who	will accep	pt servic	e of all pap	ers for p	purposes	of the repres	entation proceeding	g.				
13a. Name and Title] 1	13b, Addn	ess (street and	number, city, state,	and ZIP	code)			
Grant Davis, Vice-President							#100, Las Vegas, N	Vevada 8	9117			
13c. Tel No.	13d. Cel 702-30	II No. 06-1063		1	13e. Fax N	No.	_		Mail Add			
I declare that I have read the above petition			atements a	re true to	to the bes	st of my know	ledge and belief.	guavis	-cuceami	sters14.com		
	natura		121		Title			Dat	e			
Grant S Davis	(mr/	Me	D	Director of		Business Agent	08/1	4/2019	09:32:33		
WILLFUL FALSE STATEMEN	NCS ON T	HIS PET	TITION CAN	BE PUN	NISHED E	BY FINE AND I	IMPRISONMENT (U	.s. code	, TITLE	18, SECTION 100	1)	

PRIVACY ACT STATEMENT

Attachment

Employees Included Lumpers

Employees Excluded
Any current non-represented employees

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
28_RC-246668	08/15/2019				

								<u> 20 – KC-</u>	<u>- 2 4 0 0 0</u>	0		-
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48	he petition named in t	must b the peti	e accompanie tion of: (1) the	ed by t e petiti	oth a si ion; (2) S	howing of interest (se Statement of Position	f this ee 6b n form	Petition to below) and (Form NL	an NLRB of d a certificat RB-505); an	fice in the Region e of service showin d (3) Description of	ng se Rep	ervice on resentation
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desire	s to be	certified as rep	resent	ative of t	the employees. The Pe	etition	ner alleges	that the foll	owing circumstand		
						Establishment(s) invol Drive, Henderso				State, ZIP code):		
3a. Employer Representative - Nan Michael Eigner, Owner; J Office Manager	ne and Title azmin E	igner		Addre: me	ss (if san	ne as 2b - state same).	:	······································			<u> </u>	
3c. Tel. No. 702-431-6502	3d. Cell No).	<u>I</u> ,	3	e. Fax N	lo.		3f. E-Mail A jazmine		ncityplumbing	g.co	om
4a. Type of Establishment <i>(Factory, r</i> Plumbing Contractor	nine, whole	saler, e	tc.)			pal Product or Service ing Services	•		5a. City an Hender	d State where unit is Son, NV	loca	ited:
5b. Description of Unit Involved: Included: All full-time and regular p	art-time	plun	bers and p	olum	ber-la	borers.			13	r of Employees in U		
Excluded: All other employees, guar Check One: 7a. Request for rec		_						an	of the e	ubstantial number (3 mployees in the unit of the petition of the Petition leclined recognition)	t wis <u>t</u>	to be
on or about (Date) 7b. Petitioner is cur		_	(If no rep	ly rece	eived, so	state).	ın und		u Employer (recontred recognition		
8a. Name of Recognized or Certifie None						ddress:	ar urio	or the riot.			_	
8c. Tel. No.	8d. Cell No) .	_	8	e. Fax N	0.		8f. E-Mail Address				
8g. Affiliation, if any:				8h. [n. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing at	the Employ	yer's es	tablishment(s)	involve	d? No	If so, approx		•		s are participating?		
(Name of Labor Organization) 10. Organizations or individuals other	than Petitir	nner and	those named	in iten	ne 8 and	9 which have claimed				er since (Month, Day		<u> </u>
individuals known to have a repre										o and outer organiz	011011	o uno
10a. Name	-	10b. A	ddress					10c. Tel. N	o.	10d. Cell No.		
								10e. Fax N	o.	10f. E-Mail Address	\$	
11. Election Details: If the NLRB con	nducts and	election	in this matter,	state	our pos	ition with respect to an	y suc	h election:	11a. Election Manua	<u> </u>	ixed	Manual/Mail
11b. Election Date(s): September 4, 2019			ection Time(s) am-11:00					11d. Election	on Location(s):		
12a. Full Name of Petitioner (includ UA Plumbers and Pipefitt	ing local na ers Loca	me and il 525	number):			12b. Address (street 760 North Lan	and inb	number, city Boulevar	d, State and Z d, Las V	egas, Nv 8911	0	
12c. Full name of national or internati United Association of Jou	onal labor o	organiza 1 & A	ition of which F pprentices	etition of t	er is an he Plu	affiliate or constituent (1mbing & Pipefi	(if non	ne, so state) g Indus.	of the U.	S. and Canada	ì	
12d. Tel. No. 12e. Cell No. 702-452-1520 702-883-9402					2f. Fax N			12g. E-Mail Address mhill@uanet.org				
13. Representative of the Petitione 13a. Name and Title: Kathleen Bichner, Esq.	r who will a	accept :	service of all p	3	appers for purposes of the representat 13b. Address (street and number, ci 325 Chestnut Street, Suite 6 Philadelphia, PA 19106			, State and				
13c. Tel. No. 267-737-9692	13d. Cell N 267-25:	5-536		2		9-4996		13f. E-Mail Address kbichner@odonoghuelaw.com				
I declare that I have read the above Name (Print)	e petition a	nd that		ts are	true to t	the best of my knowle						Date
				en B				Title Attorney				Date 08/15/19

DO NOT WRITE IN THIS SPACE

Case No. Date Filed
28-RC-246723 8/16/2019

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Advanced IT Concepts, Inc. 20184 Minue Drive, Biggs Field, Fort Bliss, Texas 79918 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1351 Sundial Point, Winter Springs, FL 32708 Alix Porto 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 321-316-7603 321-323-1376 alix.porto@aitcinc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Government Contractor Flight Simulation Fort Bliss, TX 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time Simulator Technicians 6b. Do a substantial number (30% or more) of the employees in the Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, unit wish to be represented by the and other employees as defined by the act. Petitioner? Yes ✓ No Check One: Request for recognition as Bargaining Representative was made on (Date) 8/16/2019... and Employer declined recognition on or about (Date) (If no reply received, so state). No Reply 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8d Cell No. 8c. Tel No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type: ✓ Manual Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Chase Suites, 6791 Montana Ave, El Paso, TX 79925 8/26/2019 5:00pm to 7:00pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, Local Lodge 2515 PO Box 2620, Alamogordo, NM 88310 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12d. Tel No. 12e, Cell No. 12f, Fax No. 12g. E-Mail Address 575-434-0211 916-350-0237 575-437-4960 ciaramillo@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Jason Hardwick, Grand Lodge Representative 13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd., Suite 130, Folsom, CA 95630 13c. Tel No. 13e. Fax No. 13d, Cell No. 13f, E-Mail Address 916-985-8101 916-936-6013 916-985-8121 ihardwick@iamaw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief, Name (Print) onature Jason Hardwick Grand Lodge Representative 8/16/2019

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor

Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 28-RC-247048	Date Filed August 22, 2019						

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

(Form NLRB-505); and (3) Desc with the NLRB and should not		•		RB 4812). The s	howing of int	erest should only be filed	
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.							
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) JRS Federal Services Inc./Solution One Industries, Inc. Creech AFB, 811 Grier Dr., Las Vegas, NV 89119							
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) Lester Jordan, Labor Relations Manager 11832 Rock Landing Dr. Suite 306, Newport News, VA 23606							
3c. Tel. No. 757-383-6223	3d. C	ell No.	3e. Fax No.		3f. E-Mail Addi Lester.Jorda	ress an@aecom.com	
4a. Type of Establishment (Factory, mi. Military Contractor	ne, wholesal	der, etc.) 4b. Principal pro Military Supp				and State where unit is located: gas, NV	
5b. Description of Unit Involved Included: All Full Time, Regula					ech),	6a. No. of Employees in Unit: 80	
Weapons Tech, AG Excluded: All managers, branch ma supervisors as defined b	anagers, reg	nics, Support & Scheo gional managers, cooperat			s, guards and	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
H	Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.						
8a. Name of Recognized or Certified			8b. Address				
8c. Tel No.	8d Ce	ell No.	8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recognition or Certification Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing at the (Name of labor organization)	he Employer		f? no If so, approx keted the Employer since (Month Day Year	mployees are pa	rticipating?	
Organizations or individuals other the known to have a representative interest None		er and those named in items	8 and 9, which have claim	ed recognition as rep	presentatives and	d other organizations and individuals	
10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB cond any such election. 	ducts an elec		ur position with respect to	11a. Election Type		Mail Mixed Manual/Mail	
11b. Election Date(s): Mailed 9/06/2019 and counted 10/04/		11c. Election Time(s):		11d. Election Loca			
12a. Full Name of Petitioner (includir International Association of Machinis	ts and Aero	space Workers, Local Lo		4343 N. Rancho D		city, state, and ZIP code) as Vegas, NV 89130	
12c. Full name of national or internation International Association of Machinist	s and Aeros			it (if none, so state)			
12d. Tel No. (916) 542-3351		12f. Fax No. 12g. E-Mail Address rcarrillo@iamaw.org					
13. Representative of the Petitioner of 13a. Name and Title Caren P.	13b. Address (street an Weinberg, Roger & Rosenfe	d number, city, state,	and ZIP code)	, Alameda, CA 94501			
13c. Tel No. 510-337-1001	13d. C	Cell No.	13e. Fax No. 510-337-1023			dress csencer@unioncounsel.net nioncounsel.net	
I declare that I have read the above p		that the statements are tr		vledge and belief.	dfujimoto@uni	ioncounsel.net	
Name (Print) David W. M. Fuiimoto	Signature		Title Attorney		Date August 22.	2019	

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

PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

^{Case No.} 28-RC-247225

DO NOT WRITE IN THIS SPACE

Date Filed 08/27/2019

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

Case Procedures (Form NLRB 48	12). The showing	of interest should	only be file	ed with the NLRB and	d should not be s	served on t	he employer or any oth	er party.	
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petitioner and Petitioner and Petitional Laboratory	ioner desires to be	certified as represe	entative of the	he employees. The Pe	titioner alleges t	hat the foll	owing circumstances e		
2a. Name of Employer: Technica LLC			Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Cool Blow St., Ste 201, Charleston SC 29403						
3a. Employer Representative - Nan Christian Bassily, Vice Presi		3b, Add	Address (if same as 2b - state same): Same						
3c. Tel. No. (843) 822-9605	3d, Cell No.	"	3e. Fax No (270) 47		3f, E-Mail Accbassily@		ow.com		
4a. Type of Establishment (Factory, I Service Provider	mine, wholesaler, e	ta)		pal Product or Service esportation			d State where unit is loca s Texas	ated:	
5b. Description of Unit Involved: Included: All hourly full-time employees, Excluded:	Material Coordi	nators and Lead	ds employ	ed by the employe	r Technica		r of Employees in Unit: 4 abstantial number (30% of	or more)	
All supervisors as defined by t	he Act.					of the	mployees in the unit wis nted by the Petitioner?	h to be	
Check One: 7a. Request for recon or about (Date) 7b. Petitioner is cur	cognition as Bargain	(If no reply re	eceived, so	state).			leclined recognition	A 100 [] 110	
8a. Name of Recognized or Certifie	ed Bargaining Age	nt (If none, so stat	(e) 8b, Ac	ddress:				_	
8c, Tel. No.	8d, Cell No.		8e. Fax No	0.	8f. E-Mail Ad	8f. E-Mail Address			
8g. Affiliation, if any:		81					(Month, Day, Year)		
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's es	tablishment(s) invo	olved?	If so, approx			s are participating? er since (Month, Day, Ye	ar)	
Organizations or individuals other individuals known to have a representation.							es and other organization	s and	
10a. Name	10b. A	ddress			10c. Tel. No	N.	10d. Cell No.		
					10e, Fax No).	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and election	in this matter, star	te your posi	tion with respect to any	y such election:	11a. Election		Manual/Mail	
11b. Election Date(s):		lection Time(s):			11d. Election	-		d Ft Disc TV	
September 6, or 10, 2019		0 9:00 a.m.		10h Addrona (almost	£2615-A Carrigton R	d. Ft Bliss 1X			
12a. Full Name of Petitioner (include International Union of Opera	-	,	-CIO	12b. Address (street 6967 Commerce					
12c. Full name of national or internat International Union of Operating	_			affiliate or constituent (i	if none, so state):				
12d. Tel. No. (915) 771-0224			12f. Fax N (915) 77		12g. E-Mail	Mail Address			
13. Representative of the Petitione	r who will accept	service of all pap							
13a. Name and Title: Butch Ballez, Organizer			20		,	city, State and ZIP code): Paso, TX. 79915			
13c. Tel. No. (915) 771-0224	13d. Cell No. (915) 493-9778	3	13e, Fax N (915) 77		174	f. E-Mail Address rtch.ballez@local351.com			
I declare that I have read the above	e petition and that		re true to th	he best of my knowle				-	
Name (Print) Butch Ballez			1		Title Organizer			8/27/2019	

Name (Print)

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE

Date

NATIONAL LABOR I		ARD	Case No.		Date F		
RC PE	TITIO N		28-RC-2	47301	8/2	8/2019	
INSTRUCTIONS: Unless e-Filed usi	ing the Agend	y's website, w	ww.nlrb.gov, submit a	an original of this	Petition to a	n NLRB office in the Region	
in which the employer concerned is							
of service showing service on the							
(Form NLRB-505); and (3) Descript				RB 4612). The Si	nowing or inte	erest snoula only be filea	
with the NLRB and should <u>not</u> be s							
PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de requests that the National Labor Relat	esires to be certif	ied as representat ceed under its pro	ive of the employees. The oper authority pursuant to	Petitioner alleges the Section 9 of the Na	at the following	circumstances exist and elations Act.	
2a. Name of Employer			ddress(es) of Establishmen		and number, city,	State, ZIP code)	
URS Federal Services/AECOM		Build	ing #1012, Creech A	,			
3a. Employer Representative – Name and Lester Jordan, Director of Employ		r Relations	3b. Address (If same as 11832 Rock Landir		. Newport Ne	ews, VA 23606-4278	
3c. Tel. No.	3d. Cell No.		3e. Fax No.	<u> </u>	3f. E-Mail Addr		
757-383-6223	301-526-009	93	00.1 dx 140.			@aecom.com	
4a. Type of Establishment (Factory, mine, w		4b. Principal pro	duct or conden			and State where unit is located:	
Government Contractor	niolesaler, etc.j	AFB Support				AFB, NV	
		Ai D Gappoii	Орегацопъ		Orccorr		
5b. Description of Unit Involved						6a. No. of Employees in Unit; 30	
Included: All Full Time and Regular F	art Time Logis	iticians, and Sup	pply Technicians employ	ed by the employe	r at Building	6b. Do a substantial number (30%	
Excluded: All managers, branch managers, regional managers, cooperate managers, all other professional employees, guards and supervisors as defined by unit wish to be representations.					or more) of the employees in the unit wish to be represented by the Petitioner? Yes No		
Check One: / 7a. Request for re	cognition as Bar	nainina Panmeant	ative was made on (Date)	2/20/2010 ar	d Employer decl	ined recognition on or about	
<u> </u>	(Date)	(If no reply receive	ed, so state). No Rep Representative and desires	lv		ned recognition on or about	
8a. Name of Recognized or Certified Barg	gaining Agent (f none, so state).	8b. Address	oranouton and on	7104		
None							
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess	
8g. Affiliation, if any						Date of Current or Most Recent (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mplover's establi	shment(s) involved	? No If so, approx	dimately how many er	mployees are par	rticipating?	
(Name of labor organization)	,		keted the Employer since (, ,		
10. Organizations or individuals other than F	Petitioner and the				recentatives and	other organizations and individuals	
known to have a representative interest in a None					nesentauves and	other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	an election in th	is matter, state yo	ur position with respect to	11a. Election Type	: / Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): 9/17/2019		lection Time(s): // - 9:00AM and 3	:00PM - 5:00PM	11d. Election Loca Upstairs Conference F		m, Building 1012, Creech AFB, NV 89018	
12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge SC711				12b. Address (street and number, city, state, and ZIP code)			
12c. Full name of national or international la			-		LLIO AI D, IV	03131	
International Association of Machinists and	Aerospace Wo			it (ii none, so state)			
12d. Tel No. 12e. Cell No. 916-985-8101 916-542-3351			12f. Fax No.		12g. E-Mail Ad rcarrillo@iama		
13. Representative of the Petitioner who		ice of all papers	or purposes of the repres	sentation proceeding			
13a. Name and Title Jason Hardwick, G	-		13b. Address (street and 620 Coolidge Rd, Suite 130,	d number, city, state,			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add		
916-985-8101	916-936-6013		916-985-8121	4-4	jhardwick@larr	law.org	
I declare that I have read the above petiti	on and that the	statements are tr	ue to the best of my know	viedge and belief.			

Grand Lodge Representative 8/28/2019 Jason Hardwick S ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMEN PRIVACY ACT STATEMENT

Case No. 28-RC-247376 DO NOT WRITE IN THIS SPACE Date Filed 8/28/2019

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

(Farm III BB 505); and (2) December							
(Form NLRB-505); and (3) Descript				KB 4812). The Si	nowing or inte	rest snoula only be filea	
with the NLRB and should not be	servea on the	employer or an	y otner party.	and a sealer of the first			
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Rela	esires to be certifi	ied as representati	ve of the employees. The	Petitioner alleges th	at the following	circumstances exist and	
2a. Name of Employer	and a data pro-		idress(es) of Establishmen				
Community Legal Services, Inc.		3	05 S. 2nd Ave. Z Phoenix 85003-		_	•	
3a. Employer Representative - Name and	d Title	<u> </u>	3b. Address (if same as	s 2b - state same)			
Lillian O Johnson			305 S. 2nd Ave. AZ Phoenix 85003	,			
3c. Tel. No.	3d. Çeli No.		3e. Fax No.	·	3f. E-Mail Addre	195	
(602) 258-3434			(602) 254-1536		ijohnson@dsaz.o	ro .	
4a. Type of Establishment (Factory, mine,	vholesaler, etc.)	4b. Principal pro	1, ,		5a. City a	nd State where unit is located:	
Legal	. ,	[Non-profit legal servi	ices		Phoenix, AZ	
5b. Description of Unit Involved					'	6a. No. of Employees in Unit:	
1 .1 1 1	nol dataila					24	
Included: See Attached Page 2 for addition	nar detans .				F	6b, Do a substantial number (30%	
: ————					··	or more) of the employees in the	
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the	
						Petitioner? Yes [] No []	
		- '	ntive was made on (Date) <u>o</u>	<u>7/18/2019</u> an	d Employer decli	ned recognition on or about	
08/05/2019		(If no reply receive	•				
			epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified Bar	gaining Agent (li	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e, Fax No.		8f. E-Mail Addre	985	
8g, Affiliation, if any	8h. Date of Recognition or	Certification	8í, Expiration Da	ate of Current or Most Recent			
			Contract, if any (Month, Day, Year)				
	·						
9. Is there now a strike or picketing at the E				imately how many en	nployees are part	icipating?	
(Name of labor organization)		, has picl	keted the Employer since (Month, Day, Year)			
10, Organizations or individuals other than	Petitioner and tho	se named in items	8 and 9, which have claims	ed recognition as reni	resentatives and	other organizations and individuals	
known to have a representative interest in a							
10a. Name	10b. Ad-	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	an election in thi	a maltar etata uau	u nacitian with reconst to				
any such election.	S ATT ELECTION III UII	o mauor, siale you	i position with respect to	11a. Election Type:	: Manual	Mail 🕖 Mixed Manual/Mail	
11b. Election Date(s): 09/12/2019	11c, El	ection Time(s):		11d. Election Locat	ion(s):		
09/12/2019	12 - 5:3	0 p.m.		305 S. 2nd Ave., Pl	noenix, AZ 8500		
12a. Full Name of Petitioner (Including is	cal name and nu	imber)		12b. Address (stree	et and number, ci	ty, state, and ZIP code)	
(b) (6), (b) (7)(C) Services Support Staff Union (CL	SSSU)			2701 E. Andy Devin- AZ Kingman 86401-	e Ave. Suite 400	•	
12c. Full name of national or international is	bor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)			
none				-			
12d, Tel No.	12e. Cell No.		12f. Fax No.	-	(b) (6) (b)	(7)(C)	
(928) 681-1177	(b) (6), (b) (7)(C)	, 	(928) 661-5998		(6) (6), (6)	(<i>r</i>)(O)	
13. Representative of the Petitioner who	will accept servi	ce or all papers N			•		
13a, Name and Title			13b. Address (street and	number, city, state,	and ZIP code)	· ·	
		•		<u> </u>			
13c, Tel No.	13d. Ceļi Ņģ,		13e, Fax No.		13f. E-Mail Addi	ess	
I declare that I have read the above anti-	on and that the	statements are to	to to the heat of my k-	dodgo and bellef			
I declare that I have read the above petiti		erateinents are tri		wedge and beller.			
b) (6), (b) (7)(C)	(6), (b) (7)(C)		(b) (b) (7)(C) CL SSSII		Date		

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

ATTACHMENT 5a to RC Petition COMMUNITY LEGAL SERVICES, INC.

5a. Additional locations of the unit include:

2701 E. Andy Devine Ave. Suite 400 Kingman, AZ 86401

148 N. Summit Ave. Prescott, AZ 86301

204 South 1st Ave. Yuma, AZ 85364

845 East B St., Suite 1 P.O. Box 2045 San Luis, AZ 85349

DO NOT WRITE IN THIS SPACE							
Case		Date Filed					
	•						

Attachment

Employees Included
Paralegals/Legal Assistants, Rural Intake Receptionists/Paralegals/Fair Housing
Advocate

Employees Excluded Attorneys, Administration Staff, and VLP Staff/Paralegals

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
28-RC-247387	August 29, 2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be confired as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(a) Involved (Street and number, city, State, ZIP code) 600 S. Grand Central Parkway Ste 350, Las Vegas, NV 89106 Allied Universal 3a. Employer Representative - Neme and Title 3b. Address (if same as 2b - state same) David Chapla - VP Labor Relations 161 Washington St. Sulte 600, Conshohocken, PA 19428 3f. E-Mail Address 3c Tel No. 3d. Cell No. 3e. Fax No. 484-351-1414 484-351-1419 David.chapla@aus.com 4a, Type of Establishment (Factory, mine, wholeseler, etc.) 4b. Principal product or service 5e. City and State where unit is located: SECURITY AGENCY SECURITY Las Vegas, NV 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included:ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ALLIED UNIVERSAL @ REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA ,800 S. GRAND CENTRAL PARKWAY STE 350, LAS VEGAS, NV 89106 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No Chack One: 7a. Request for recognition as Bargaining Representative was made on (Date). and Employer declined recognition on or about (Date) (If no reply received, so state). NO 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so state). 8b. Address UGSOA 2879 Cranberry Hwy, East Wareham, MA 02538 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e, Fax No. 774-678-0936 774-678-4658 8g. Affiliation, if any 8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) unknown If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10a, Name 10b Address 10c Tel No 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11s, Election Type; Manual / Mail Mixed Manual/Mail any such election. 11b, Election Date(s); 11c. Election Time(s): 11d. Election Location(s): 9/23/19 mail mail 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Road, Roseville, MI 48066 12c. Full name of national or international labor organization of which Politioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12d. Tel No. 12e, Cell No. 12g. E-Mall Address 12f. Fex No. 586-872-5634 586-772-7250 X111 586-772-9644 organize@spfpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a, Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Sulfa 3727, Datroit, MI 48226. 13d, Cell No. 13c. Tel No 13f, E-Mail Address 313-964-5600 313-964-2125 Gordon@UnionLaw.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Sighature Date Dwayne Phillips Organizing Director 8/29/19

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

PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No. 28-RC-247464

8/30/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on

the employer and all other parties Case Procedures (Form NLRB 48	s named in the pe 312). The showing	tition of: (1) the pe of interest should	etition; (2) S I only be fil	Statement of Position led with the NLRB an	n form (Form NL nd should not be	RB-505); and served on	nd (3) Description of Re the employer or any of	presentation her party.	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Labo	RC-CERTIFICATIOn tioner desires to be	ON OF REPRESEN	ITATIVE - A entative of t	A substantial number of the employees. The P	of employees wis etitioner alleges	h to be repre	esented for purposes of collowing circumstances	ollective	
2a. Name of Employer:		2b. Add	dress(es) of	Establishment(s) invo	olved (Street and	number, Cit	y, State, ZIP code):		
Western Wall Systems, L	LC		5075 S. Koval Ln., Las Vegas, Nevada 89119						
3a. Employer Representative - Na	me and Title:	3b. Add	dress (if san	ne as 2b - state same,):				
Mr. Schroeder, Super.;M Forman	r. Bellereza,	1761	8 North	28 Drive, Phoe	enix Arizona	a 85053			
3c. Tel. No.	3d. Cell No.		3e. Fax No	0	3f. E-Mail	Δddress			
56. 161. 160.	480-886-78	65	Se. I ax IV	0.			sternwallsystems	llc.com	
4a. Type of Establishment (Factory,			4b Princir	oal Product or Service			nd State where unit is lo		
Construction Site	mino, miorodalor,	0.0.7	Constr				gas, Nevada		
5b. Description of Unit Involved:			Consti	dellon			er of Employees in Unit:		
Included:							,,		
Plastering Work						10			
Excluded:							substantial number (30%		
Non Plasterers							employees in the unit wi ented by the Petitioner?		
Check One: x 7a. Request for re	cognition as Barga	ining Representativ	e was made	e on (Date) July	8,2019 an		declined recognition		
on or about (Date)									
7b. Petitioner is cu				and desires certification ddress:	on under the Act.				
	led bargailing Ag	ent (ii none, so sta	(e) Ob. At	uuless.					
None.									
8c. Tel. No.	8d. Cell No.	9	8e. Fax No.		8f. E-Mail A	Address		14 (4	
8g. Affiliation, if any:		8	h. Date of R	Recognition or Certifica			current or Most (Month, Day, Year)		
9. Is there now a strike or picketing	at the Employer's e	establishment(s) inv	olved? No	If so, approx	ximately how mai	ny employee	es are participating?		
(Name of Labor Organization)			110	Lamental	, has picketed	the Employ	ver since (Month, Day, Y	ear)	
10. Organizations or individuals other	er than Petitioner a	nd those named in i	tems 8 and	9 which have claimed					
individuals known to have a repr	resentative interest	in any employees i	n the unit de	escribed in item 5b abo	ove. (If none, so	state)			
10a. Name	10h	Address			10c. Tel. N	0.	10d, Cell No.		
Toa. Ivanie	100.	, taar ooo							
					10e. Fax N	0.	10f. E-Mail Address		
11. Election Details: If the NLRB co	andusts and alastic	on in this matter eta	te vour noci	tion with respect to an	v such election: I	11a. Electio	n Type:		
Consent or Stipulated, de					y ducir dicolori.	Manu		d Manual/Mail	
	pending upor	Election Time(s):	сэропэс.		11d Flection	on Location(a ividitadi/ividii	
11b. Election Date(s):		0 a.m.			Neutral	on Location(3).		
9/24 to 10/1				12b. Address (street		/ State and	7IP code):		
12a. Full Name of Petitioner (include Operative Plasterers and				,	-		egas, Nevada 891	18	
				100-1	//				
12c. Full name of national or interna-	tional labor organiz	ation of which Petit	ioner is an a	affiliate or constituent	(if none, so state)):			
Operative Plasterers and	Cement Maso	ons Internation	nal Asso	ciation					
12d. Tel. No.	12e. Cell No.		12f. Fax N		12g. E-Mai		1		
702-452-9199	702-569-65	45	702-45				evada.org		
13. Representative of the Petitione	er who will accept	service of all pape	ers for purp	poses of the represe less (street and numbe	ntation proceed	ing.			
13a. Name and Title:							7		
Evan L. James, Esq., Attorn	iey			Sahara Ave., La			1		
13c. Tel. No.	13d. Cell No.		13e. Fax N		13f. E-Mail				
702-255-1718	435-851-25		702-25			elj@cjmlv.com			
I declare that I have read the abov	e petition and tha		re true to th	ne best of my knowle	edge and belief.			Doto	
Name (Print)		Signature			Title			7/30/19	
Pablo Leos			200		Organizer	Organizer		1/30/17	

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

PRIVACY ACT STATEMENT

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