

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
28-RC-255788

Date Filed
2/5/2020

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

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

2a. Name of Employer North American Security		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) please see attached	
3a. Employer Representative - Name and Title Art Lopez		3b. Address (If same as 2b - state same) 550 Carson Plaza Dr. #222 Carson, CA 90746	
3c. Tel. No. 323-634-1911	3d. Cell No. NA	3e. Fax No. NA	3f. E-Mail Address a.lopez@nasecurityinc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Buildings		4b. Principal product or service Security	
5b. Description of Unit Involved Included: all fulltime and part time armed and unarmed security officers employed by the employer Excluded: clerical, managerial, salaried, and supervisory personel as defined by the act		5a. City and State where unit is located: Las Vegas Nevada	
6a. No. of Employees in Unit: 67		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) **NA** and Employer declined recognition on or about **NA** (Date) (If no reply received, so state). **NA**
☒ 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). SPFPA		8b. Address 25510 Kelley Rd. Roseville, MI 48066	
8c. Tel No. 586-772-7250	8d. Cell No. NA	8e. Fax No. 586-772-9644	8f. E-Mail Address spfapres@spfpa.org
8g. Affiliation, if any SPFPA		8h. Date of Recognition or Certification NA	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) March 31, 2020

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

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)
NA

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

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

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): 02/03/2020	11c. Election Time(s): NA	11d. Election Location(s): NA
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12a. Full Name of Petitioner (including local name and number)
United Government Security Officers of America and its Local 323

12b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Government Security Officers of America International Union

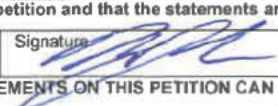
12d. Tel No. 617-620-7225	12e. Cell No. 617-620-7225	12f. Fax No. NA	12g. E-Mail Address Mleblanc@ugsoa.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Mike LeBlanc DHS Vice President UGSOA International Union		13b. Address (street and number, city, state, and ZIP code) 2879 Cranberry Highway East Wareham, MA 02538	
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13c. Tel No. 617-620-7225	13d. Cell No. 617-620-7225	13e. Fax No. NA	13f. E-Mail Address Mleblanc@ugsoa.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Mike LeBlanc	Signature 	Title DHS Vice President UGSOA International Union	Date 02/03/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-255857

Date Filed

2/6/2020

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

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

2a. Name of Employer:

Amentum

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

20501 Seneca Meadows Pkwy, Ste. 300 Germantown MD 20876

3a. Employer Representative - Name and Title:

Jonathan Jones

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

Same

3c. Tel. No.

(817) 984-2569

3d. Cell No.**3e. Fax No.****3f. E-Mail Address**

jonathan.jones@aecom.com

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

Service Provider

4b. Principal Product or Service

Military Accessory Issue Items

5a. City and State where unit is located:

El Paso Texas

5b. Description of Unit Involved:**Included:**

SEE ATTACHED

Excluded:

All supervisors as defined by the Act.

5a. Number of Employees in Unit:

15

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

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) N/A on or about (Date) (If no reply received, so state). and Employer declined recognition
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

None

8b. Address:**8c. Tel. No.****8d. Cell No.****8e. Fax No.****8f. E-Mail Address****8g. Affiliation, if any:****8h. Date of Recognition or Certification****8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____

(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

None

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

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

11a. Election Type:☒ Manual ☐ Mail ☐ Mixed Manual/Mail**11b. Election Date(s):**

Thursday, February 27, 2020

11c. Election Time(s):

11:00 a.m. to 12:30 p.m.

11d. Election Location(s):

Breakroom Bld #1717 Pleasanton Rd. Fort Bliss TX.

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

International Union of Operating Engineers Local 351

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

6967 Commerce Street, El Paso, TX. 79915

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

International Union of Operating Engineers AFL-CIO

12d. Tel. No.

(915) 771-0224

12e. Cell No.**12f. Fax No.**

(915) 771-9018

12g. E-Mail Address

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

13a. Name and Title:

Butch Ballez, Organizer

13b. Address (street and number, city, State and ZIP code):

6967 Commerce Street, El Paso, TX. 79915

13c. Tel. No.

(915) 771-0224

13d. Cell No.

(915) 493-9778

13e. Fax No.

(915) 771-9018

13f. E-Mail Address

butch.ballez@local351.com

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

Name (Print)

Butch Ballez

Signature**Title**

Organizer

Date

2/6/20

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

PRIVACY ACT STATEMENT

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

Petition CRC Unit

5b. Description of Unit Involved:

Included: All hourly employees including all full-time and part-time Sewing Machine Operators, Stock Clerks, and Stock Clerk Lead employed by the employer at Conus Redeployment Center (CRC) at Fort Bliss Texas.

Excluded: All supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

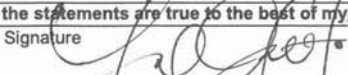
DO NOT WRITE IN THIS SPACE

Case No. 28-RC-255945

Date Filed
February 6, 2020

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

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

2a. Name of Employer: Audio Visual Services Group Inc. d/b/a PSAV and/or PSAV Hotel Division		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See Attachment A	
3a. Employer Representative - Name and Title: Ray Trujillo, Regional Manager		3b. Address (if same as 2b - state same): PSAV Branch Office - Las Vegas 6630 Arroyo Springs Street, Suite 800, Las Vegas, NV 89113	
3c. Tel. No. (702) 891-0953	3d. Cell No. (702) 281-2224	3e. Fax No.	3f. E-Mail Address rtrujillo@psav.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Entertainment		4b. Principal Product or Service Entertainment	
5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A		5a. City and State where unit is located: Las Vegas, Nevada 6a. Number of Employees in Unit: 53 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>By this Petition</u> and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): February 21, 2020		11c. Election Time(s): 10:00 am - 2:00 pm; 6:00 pm - 9:00 pm	
11d. Election Location(s): Cosmopolitan (Green Room)			
12a. Full Name of Petitioner (including local name and number): IATSE, Local 720		12b. Address (street and number, city, State and ZIP code): 3000 S. Valley View Boulevard Las Vegas, NV 89102	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical Stage Employees			
12d. Tel. No. (702) 309-8052	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Lisl R. Soto, Attorney		13b. Address (street and number, city, State and ZIP code): 800 Wilshire Boulevard, Suite 1020, Los Angeles, CA 90017	
13c. Tel. No. (213) 380-2344	13d. Cell No.	13e. Fax No. (213) 443-5098	13f. E-Mail Address nlrnotices@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Lisl R. Soto		Signature 	Title Attorney
Date 02/06/20			

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

PRIVACY ACT STATEMENT

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Re: IATSE Local 720 and Audio Visual Services Group
d/b/a PSAV and/or PSAV Hotel Division

ATTACHMENT A

RC PETITION

2b. Address(es) of Establishment(s) involved:

Las Vegas, NV, including but not limited to:

*The Cosmopolitan of Las Vegas
3708 Las Vegas Boulevard South, Las Vegas, NV 89109*

*M Resort Spa Casino
12300 South Las Vegas Boulevard, Henderson, NV 89044*

*Four Seasons Hotel Las Vegas
3960 Las Vegas Boulevard South, Las Vegas, NV 89119*

*JW Marriott Las Vegas Resort and Spa
221 North Rampart Boulevard, Las Vegas, NV 89145*

5b. Description of Unit Involved:

Included:

All Stagehands and Technicians, including Technical Lead, Technical Spec, Technician, Lead Rigger, Rigger, Power Distributor, Floor "supervisor," performing work in Las Vegas, NV, including but not limited to at the Cosmopolitan, M Resort Spa Casino, Four Seasons, and JW Marriott.

Excluded:

All other employees, including management, supervisors, confidential employees, guards, sales, and area scheduling.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-255958

Date Filed

February 6, 2020

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

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

2a. Name of Employer Great Southwestern Construction, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1035 Pendale Rd. TX El Paso 79907-	
3a. Employer Representative - Name and Title Efrain Cerros		3b. Address (If same as 2b - state same) 1035 Pendale Rd. TX El Paso 79907-	
3c. Tel. No. (915) 856-8766	3d. Cell No.	3e. Fax No. (915) 595-9989	3f. E-Mail Address ecerros@myrgrgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction		4b. Principal product or service Electrical Powerline Construction	
		5a. City and State where unit is located: El Paso, TX	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 30
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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 any such election.

11b. Election Date(s): 02/21/2020	11c. Election Time(s): 7:00 am to 7:30 am	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11d. Election Location(s): Office at 1035 Pendale Rd., El Paso, TX 79907		12b. Address (street and number, city, state, and ZIP code) 311 Borderland TX El Paso 79932-

12a. Full Name of Petitioner (including local name and number)
Leticia Marcum
IBEW Local 583

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

12d. Tel. No. (915) 877-9166	12e. Cell No.	12f. Fax No.	12g. E-Mail Address letty@ibew583.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Michael A Murphy Counsel IBEW Local 583		13b. Address (street and number, city, state, and ZIP code) 311 W Borderland TX El Paso 79932-	
13c. Tel. No. (512) 920-4114	13d. Cell No. (512) 920-4114	13e. Fax No.	13f. E-Mail Address michael_murphy@ibew.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) Michael A Murphy	Signature Michael A Murphy	Title Counsel	Date 02/6/2020 15:48:40
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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ATTACHMENT A

Included: All General Foreman, Foreman, Journeyman, Apprentice, and Groundman Line Construction workers employed by the Employer in El Paso, Hudspeth, and Culberson counties in Texas, and Luna, Dona Anna, and Otero counties in New Mexico.

Excluded: All other employees, including office clerical, guards, and supervisors within the meaning of the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-255962

Date Filed

2/7/2020

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

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2a. Name of Employer

Columbus Electric Cooperative

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

900 N Gold Ave
NM Deming 88030-

3a. Employer Representative - Name and Title

Susanna Morris

3b. Address (If same as 2b - state same)

900 N Gold Ave
NM Deming 88030-

3c. Tel. No.

(575) 546-8838

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

suem@col-coop.com

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

Utilities

4b. Principal product or service

Electricity

5a. City and State where unit is located:

Deming, NM

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

9

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

Check 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).

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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 any such election.

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

11b. Election Date(s):
2-19-20

11c. Election Time(s):
8am-11am

11d. Election Location(s):
Conference room at Deming service center

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

Jason W Simpson
International Brotherhood of Electrical workers, AFL/CIO Local 611

12b. Address (street and number, city, state, and ZIP code)
4921 Alexander Blvd NE, #A
NM Albuquerque 87110/-

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

International Brotherhood of Electrical workers, AFL/CIO

12d. Tel No.

(817) 975-7044

12e. Cell No.

(817) 975-7044

12f. Fax No.

12g. E-Mail Address
Jason_Simpson@IBEW.org

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. E-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)

Jason W Simpson

Signature

Jason Simpson

Title

International Lead Organizinr

Date

02/7/2020 12:59:07

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All Journeyman Linemen, Apprentice Linemen, Groundmen and working Formen

Employees Excluded

All Supervisors, Clerical and Guards as described by the ACT

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-256437	Date Filed February 14, 2020

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

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

2a. Name of Employer Frontier Communications d/b/a Navajo Communications	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) AZ-264, St Michaels, AZ 86511
--	---

3a. Employer Representative - Name and Title Mark Jeffries, Director of Operations	3b. Address (If same as 2b - state same) 831 East Hall Street, Show Low, AZ 85901
--	---

3c. Tel. No. (928) 871-3814	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Mark.Jeffries@ftr.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Telecommunications Service Provider	4b. Principal product or service Telecommunications Services	5a. City and State where unit is located:
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5b. Description of Unit Involved Included: Technicians and Mechanics Excluded: All other employees	6a. No. of Employees in Unit: 33 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 2/13/2020 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). None	8b. Address
--	--------------------

8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address wreinken@cwa-union.org
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): March 3, 2020	11c. Election Time(s): Any and all practicable	11d. Election Location(s): AZ-264, St Michaels, AZ 86511
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12a. Full Name of Petitioner (including local name and number) Communications Workers of America, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 8085 East Prentice Avenue, Greenwood Village, CO 80111
---	--

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

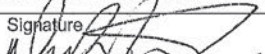
12d. Tel No. (303) 770-2822	12e. Cell No.	12f. Fax No.	12g. E-Mail Address wreinken@cwa-union.org
---------------------------------------	----------------------	---------------------	--

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

13a. Name and Title William R. Reinken, Attorney	13b. Address (street and number, city, state, and ZIP code) 8085 East Prentice Avenue, Greenwood Village, CO 80111
--	--

13c. Tel No. (303) 721-7399	13d. Cell No.	13e. Fax No.	13f. E-Mail Address wreinken@cwa-union.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) William R. Reinken	Signature 	Title Attorney	Date 2-14-2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	28-RC-256504
Date Filed	February 18, 2020

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

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

2a. Name of Employer Decypher Technologies Ltd.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Mike O'Callaghan Military Med. Ctr., 4700 Las Vegas Blvd N, Nellis AFB, NV 89191
---	--

3a. Employer Representative - Name and Title Deborah Heifner, Director of Operations	3b. Address (If same as 2b - state same) 200 Concord Plaza Dr., Suite 780, San Antonio, Texas, 78216-6972
--	---

3c. Tel. No. (210) 735-9900	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Deborah.heifner@decypher.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor	4b. Principal product or service Military Support	5a. City and State where unit is located: Nellis AFB, NV
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5b. Description of Unit Involved Included: All full time and regular part time Medical Office Clerks employed by the employer at Mike O'Callaghan Military Medical Center. Excluded: All managers, site supervisors, all other professional employees, guards and supervisors as defined by the Act.	6a. No. of Employees in Unit: 6 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** By petition **and Employer declined recognition on or about** _____ **(Date) (If no reply received, so state).**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): Tuesday, March 10, 2020	11c. Election Time(s): 3:30 pm - 4:30 pm	11d. Election Location(s): Family Medicine Lecture Hall Room 1806, or Logistics Conference Room L218
--	--	--

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) 4343 N. Rancho Dr. Suite 218, Las Vegas, NV 89130
---	---

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

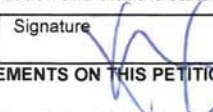
12d. Tel. No. (916) 542-3351	12e. Cell No. (760) 810-6989	12f. Fax No.	12g. E-Mail Address rcarrillo@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Xochitl A. Lopez, Attorney	13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
--	--

13c. Tel. No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrbnotices@unioncounsel.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Xochitl A. Lopez, Attorney	Signature 	Title Attorney	Date Tuesday, February 18, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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.

1\1070268

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **28-RC-256955** Date Filed **February 25, 2020**

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

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

2a. Name of Employer Balfour Beatty Communities LLC Fort Bliss		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) One Country View Rd. PA Malvern 19355	
3a. Employer Representative - Name and Title Leslie Cohn		3b. Address (If same as 2b - state same) One Country View Rd. PA Malvern 19355	
3c. Tel. No. (610) 355-8266	3d. Cell No.	3e. Fax No.	3f. E-Mail Address lcohn@bbcgrp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Housing Facilities at Fort Bliss Army Base	
		5a. City and State where unit is located: El Paso, TX	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 36
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check 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).
☒ 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). International Union of Operating Engineers, Local 953 Barry Dixon		8b. Address 151 Pennsylvania NE NM Albuquerque 87108	
8c. Tel No. (505) 266-5757	8d. Cell No.	8e. Fax No.	8f. E-Mail Address bwdixon953@msn.com
8g. Affiliation, if any International Union of Operating Engineers		8h. Date of Recognition or Certification 06/23/2015	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 03/29/2020	

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 any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): As soon as possible
11c. Election Time(s): All shifts
11d. Election Location(s): El Paso, TX

12a. Full Name of Petitioner (including local name and number)
Barry Dixon
International Union of Operating Engineers, Local 953

12b. Address (street and number, city, state, and ZIP code)
151 Pennsylvania NE
NM Albuquerque 87108

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

12d. Tel No. (505) 266-5757	12e. Cell No.	12f. Fax No.	12g. E-Mail Address bwdixon953@msn.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Stephen Curice Attorney YOUTZ & VALDEZ, PC		13b. Address (street and number, city, state, and ZIP code) 900 Gold Ave. SW NM Albuquerque 87102	
13c. Tel No. (505) 244-1200	13d. Cell No.	13e. Fax No. (505) 244-9700	13f. E-Mail Address stephen@youtzvaldez.com

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

Name (Print) Stephen Curice	Signature Stephen Curice	Title Attorney	Date 02/25/2020 13:45:00
---------------------------------------	------------------------------------	--------------------------	------------------------------------

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

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Full time assistant maintenance supervisors, general maintenance, techs (turns, and general maintenance techs

Employees Excluded

office clerical employees, guards, managers, supervisors

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-257076

Date Filed

2/27/2020

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

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

2a. Name of Employer:
CoffeeMongers Inc. DBA Humble Coffee

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
505 Central NW Suite C Abq, NM 87102 & 4200 Lomas NE Abq, NM 87110

3a. Employer Representative - Name and Title:
Mark Baker, Director

3b. Address (if same as 2b - state same):
505 Central NW Suite C, Albuquerque, NM 87102

3c. Tel. No.
505-609-7099

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
baker@bakerad.com

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

4b. Principal Product or Service
Gourmet Coffee

5a. City and State where unit is located:
Albuquerque, NM

5b. Description of Unit Involved:

Included:

Full & Part-time baristas & Assistant Managers at all NM retail locations.

Excluded:

Guards, Managers and Supervisors as defined by the Act.

6a. Number of Employees in Unit:

12

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

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2-27-2020 on or about (Date) No Reply (If no reply received, so state). and Employer declined recognition

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

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

None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☐ If so, approximately how many employees are participating?

(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
March 18, 2020

11c. Election Time(s):
8:00am-10:00am & 3:00pm-6:00pm

11d. Election Location(s):
4200 Lomas NE Abq NM 87110 Storage Rm

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

United Food and Commercial Workers Union Local 1564

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

130 Alvarado Dr. NE, Albuquerque, NM 87108

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

United Food and Commercial Workers International Union

12d. Tel. No.

505-206-1683

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

csaavedra@ufcw1564.org

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

13a. Name and Title:

Chris Saavedra

13b. Address (street and number, city, State and ZIP code):

130 Alvarado Dr. NE, Albuquerque, NM 87108

13c. Tel. No.

505-206-1683

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

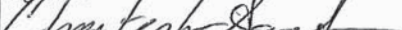
csaavedra@ufcw1564.org

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)

Chris Saavedra

Signature



Title

Employee Advocate

Date

2-27-2020

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-257243

Date Filed

2/28/2020

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

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

2a. Name of Employer:
Southern Glazer's Wine & Spirits

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
2375 South 45th Ave, Phoenix Arizona 85043

3a. Employer Representative - Name and Title:
Mark Koslow Vp of Operations

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

3c. Tel. No.
602-533-8791

3d. Cell No.
954-599-2038

3e. Fax No.

3f. E-Mail Address
mkoslow@sgws.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Liquor Distributor & Warehousing

4b. Principal Product or Service
Alcohol Distrbutor & Warehouse

5a. City and State where unit is located:
See Attached Page 2 for Additional Details

5b. Description of Unit Involved:

Included:

See attached Page 2 for additional details

Excluded:

See attached Page 2 for additional details

6a. Number of Employees in Unit:

Approx 125

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

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/2020 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state).

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

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____

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

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type:

☐ Manual ☐ Mail ☒ Mixed Manual/Mail

11b. Election Date(s):
3/12/2020

11c. Election Time(s):

0100 to 0630 / 1000 to 1200 / 1800 to 2100

11d. Election Location(s):

Down stairs meeting room

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

See attached page 2 for additional details

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

1450 South 27th Ave Phoenix, Az 85009

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

International Brotherhood of Teamsters

12d. Tel. No.

602-272-5561

12e. Cell No.

602-477-9060

12f. Fax No.

602-272-3744

12g. E-Mail Address

Russell.medigovich@teamsterslocal104.com

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

13a. Name and Title:

Russell Medigovich II Business Representative

13b. Address (street and number, city, State and ZIP code):

1450 South 27th Ave, Phoenix Arizona, 85009

13c. Tel. No.

602-272-5561

13d. Cell No.

602-477-9060

13e. Fax No.

602-272-3744

13f. E-Mail Address


Russell.Medigovich@teamsterslocal104.com

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

Name (Print)

Russell Medigovich II

Signature



Title

Business Representative

Date

2/28/2020

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

PRIVACY ACT STATEMENT

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

Attachment page 2

5a. City and State where unit is located:

Locations in Phoenix, Tucson, Lake Havasu, Flagstaff, Sierra Vista, Seligman and Yuma, Arizona.

5b. Description of Unit involved

Included:

All full-time and part-time Drivers and Warehouse employees employed by the employer at the company's locations in Phoenix, Tucson, Lake Havasu, Flagstaff, Sierra Vista, Seligman and Yuma facilities.

Excluded:

All other employees, office and clerical employees, guards and supervisors as defended by the National Labor Relations Act.

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

General Teamsters (excluding mailers) State of Arizona, Local Union No.104.