


UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-244376	Date Filed 7/3/2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Delaware Resource Group of Oklahoma, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 880 Delaware Ave Bldg 316 Holloman AFB, NM 88330	
3a. Employer Representative - Name and Title Mike Haire		3b. Address (if same as 2b - state same) 3220 Quail Springs Parkway Oklahoma City, OK 73134	
3c. Tel. No. 405-721-7776	3d. Cell No.	3e. Fax No. 405-721-7779	3f. E-Mail Address michael.haire@drgek.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal product or service	5a. City and State where unit is located: Holloman AFB, NM
5b. Description of Unit Involved Included: All Full Time and Regular Part Time Simulator Technician I & II Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act.			6a. No. of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 7/3/2019 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).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)			
10a. Name	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): 7/19/2019	11c. Election Time(s): 12pm - 3pm	11d. Election Location(s): 660 New Mexico Ave, Bldg. 783, Holloman Air Force Base, NM 88330	
12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge 2515		12b. Address (street and number, city, state, and ZIP code)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel No.	12e. Cell No. 916-350-0237	12f. Fax No.	12g. E-Mail Address cjaramillo@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. 916-985-8101	13d. Cell No. 916-936-6013	13e. Fax No. 916-985-8121	13f. E-Mail Address jhardwick@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) Jason Hardwick	Signature 	Title Grand Lodge Representative	Date 7/3/2019

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
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-244558	Date Filed July 9, 2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Autonomy Technology Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 6980 West Warm Springs Road, Unit 160, Las Vegas, NV 89113	
3a. Employer Representative - Name and Title Mildred Munjanganja, COO		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (702)576-9200	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Electrical Supplier and Distributor		4b. Principal product or service Electrical Products	
5a. City and State where unit is located: Las Vegas, NV			5b. Description of Unit Involved Included: All full-time and regular part-time warehouse employees employed by the Employer at its Las Vegas, Nevada facility. Excluded: All other employees, guards, and supervisors as defined by the Act.
6a. No. of Employees in Unit: 3			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) 07/09/2019 and Employer declined recognition on or about 07/09/2019 (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 None.	
8c. Tel No. None.	8d. Cell No. None.	8e. Fax No. None.	8f. E-Mail Address None.
8g. Affiliation, if any None.		8h. Date of Recognition or Certification None.	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) None.
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? <u>N/A</u> (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 None.	10b. Address None.	10c. Tel. No. None.	10d. Cell No. None.
		10e. Fax No. None.	10f. E-Mail Address None.

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): Tuesday, July 16, 2019	11c. Election Time(s): 2:30pm-3:30pm	11d. Election Location(s): Employer's Las Vegas, Nevada facility	

12a. Full Name of Petitioner (including local name and number)
International Brotherhood of Electrical Workers, Local 357, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
808 North Lamb Boulevard, Las Vegas, NV 89110-2304

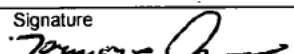
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers, AFL-CIO

12d. Tel No. (702)452-9357 **12e. Cell No.** **12f. Fax No.** (702)452-0351 **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 Lamare Jones, Membership Development Coordinator		13b. Address (street and number, city, state, and ZIP code) 808 North Lamb Boulevard, Las Vegas, NV 89110-2304	
13c. Tel No. (702) 459-7057	13d. Cell No. (702) 496-2743	13e. Fax No. (702)452-0351	13f. E-Mail Address ljones@ibew357.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) Lamare Jones	Signature 	Title Membership Development Coordinator	Date 7/9/19
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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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-244742

Date Filed

July 11, 2019

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

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

2a. Name of Employer
FP Holdings, L.P. d/b/a Palms Casino Resort

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
4321 W. Flamingo Road and 4381 W. Flamingo Road, Las Vegas, NV 89103

3a. Employer Representative - Name and Title
Valerie Murzl - Senior Vice President of Human Resources

3b. Address (If same as 2b - state same)
4321 W. Flamingo Road, Las Vegas, NV 89103

3c. Tel. No.
(702) 495-3458

3d. Cell No.

3e. Fax No.
(702) 495-3460

3f. E-Mail Address
Valerie.murzl@stationcasinos.com

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

4b. Principal product or service
Hospitality and Gaming

5a. City and State where unit is located:
Las Vegas, Nevada

5b. Description of Unit Involved
Included: All full time, part time, on call and steady extra Valet Attendants and Lead Valet Attendants

6a. No. of Employees in Unit:
45

Excluded: Employees already represented by a labor organization and all other employees, guards and supervisors, as defined by the Act.

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

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about N/A (Date) (If no reply received, so state).

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
July 26, 2019

11c. Election Time(s):
6:00am-9:00am and 4:00pm to 7:00pm

11d. Election Location(s):
Palms Casino Resort, 4321 W. Flamingo Road, Las Vegas, NV 89103

12a. Full Name of Petitioner (including local name and number)
General Teamsters, Airline, Aerospace and Allied Employees, Warehousemen, Drivers, Construction, Rock and Sand, Local 986

12b. Address (street and number, city, state, and ZIP code)
1198 Durfee Avenue, S. El Monte, CA 91733

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.
626-350-9860

12e. Cell No.

12f. Fax No.
626-488-0986

12g. E-Mail Address
CGnz009@Teamsters986.org

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

13a. Name and Title Tim Vera, Business Representative, Teamsters Local 986

13b. Address (street and number, city, state, and ZIP code)
1198 Durfee Avenue, S. El Monte, CA 91733

13c. Tel No.
702-704-4203

13d. Cell No.

13e. Fax No.
626-488-0986

13f. E-Mail Address
vera@Teamsters986.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)
Levy Phillips APC, By: Lewis N. Levy

Signature
Lewis N. Levy

Title
Counsel for Petitioner

Date
July 11, 2019

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 28-RC-245156	Date Filed 7/19/2019
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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 CAE USA Mission Solutions Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Kirtland AFB 4250 Aberdeen Ave., SE Albuquerque, NM 87117
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3a. Employer Representative - Name and Title	3b. Address (If same as 2b - state same) 4908 Tampa West Blvd., Tampa, FL 33634
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3c. Tel. No.	3d. Cell No. 813.887.1534	3e. Fax No.	3f. E-Mail Address Carrie.Stawski@caemilusa.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Contractor	4b. Principal product or service Aircrew Training Support	5a. City and State where unit is located: Albuquerque, NM
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5b. Description of Unit Involved Included: All Full Time and Permanent Part Time Cybersecurity and Security Specialists Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act.	6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 7/19/2019 and Employer declined recognition on or about** _____ (Date) (If no reply received, so state).
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	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? _____ 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
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11b. Election Date(s): 7/31/2019	11c. Election Time(s): 11:00AM to 1:00PM	11d. Election Location(s): Chapman Hall Breakroom 4250 Aberdeen Ave., SE Albuquerque, NM 87117
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge 794	12b. Address (street and number, city, state, and ZIP code) 315 Pine Street SE, Albuquerque, NM 87106
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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

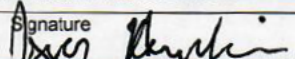
12d. Tel No.	12e. Cell No. 505-604-8217	12f. Fax No.	12g. E-Mail Address sburkland@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Jason Hardwick, Grand Lodge Representative	13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd., Suite 130, Folsom, CA 95630
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13c. Tel No. 916-985-8101	13d. Cell No. 916-936-6013	13e. Fax No. 916-985-8121	13f. E-Mail Address jhardwick@iamaw.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) Jason Hardwick	Signature 	Title Grand Lodge Representative	Date 7/19/2019
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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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-245389	Date Filed July 23, 2019

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

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 M 1 Support Services	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 5930 Rickenbacker Road, Building 328, Nellis AFB, Las Vegas, NV
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3a. Employer Representative - Name and Title Cheryl Shaw	3b. Address (If same as 2b - state same) 300 N. Elm Street, Suite 101 Denton TX 76201
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3c. Tel No. 940 323-1119	3d. Cell No. 817 371-3676	3e. Fax No.	3f. E-Mail Address cheryl.shaw@m1services.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Contractor	4b. Principal product or service Maintenance Services	5a. City and State where units located. Nellis AFB, NV
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5b. Description of Unit Involved Included: Project Accountant, Administrative assistant, and Purchaser	6a. No. of Employees in Unit: 3
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Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act.	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **7/23/2019** and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). International Association of Machinists and Aerospace Workers, Local Lodge 519	8b. Address PO Box 74811, Phoenix, AZ 85087
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8c. Tel No.	8d. Cell No. 916-549-6907	8e. Fax No.	8f. E-Mail Address snickel@iamaw.org
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8g. Affiliation, if any International Association of Machinists and Aerospace Workers, AFL-CIO	8h. Date of Recognition or Certification 11/5/2019 and 12/1/2009	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 8/11/2019
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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): 8/2/2019	11c. Election Time(s): 9am - 10am	11d. Election Location(s): Conference Room, Building 328, 5930 Rickenbacker Road, Nellis AFB 89191
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge 519	12b. Address (street and number, city, state, and ZIP code) PO Box 74811, Phoenix, AZ 85087
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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. 916-549-6907	12f. Fax No.	12g. E-Mail Address snickel@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 Jason Hardwick, Grand Lodge Representative	13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd, Suite 130, Folsom, CA 95630
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13c. Tel No. 916-985-8101	13d. Cell No. 916-936-6013	13e. Fax No. 916-985-8121	13f. E-Mail Address jhardwick@iamaw.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) Jason Hardwick	Signature 	Title Grand Lodge Representative	Date 7/23/2019
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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-245388

Date Filed

July 23, 2019

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

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

2a. Name of Employer

Palms Place

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

4381 W. Flamingo Road, Las Vegas, NV 89103

3a. Employer Representative - Name and Title

Valerie Murzl - Senior Vice President of Human Resources

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

4321 W. Flamingo Road, Las Vegas, NV 89103

3c. Tel. No.

(702) 495-3458

3d. Cell No.

3e. Fax No.

(702) 495-3460

3f. E-Mail Address

Valerie.murzl@stationcasinos.com

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

Casino

4b. Principal product or service

Hospitality and Gaming

5a. City and State where unit is located:

Las Vegas, Nevada

5b. Description of Unit Involved

Included: All full time, part time, and on call Valet Attendants and Lead Valet Attendants

Excluded: Employees already represented by a labor organization and all other employees, guards and supervisors, as defined by the Act.

6a. No. of Employees in Unit:

11

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

Check One:

☐

7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about N/A (Date) (If no reply received, so state).

☐

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

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

None

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):

August 17, 2019

11c. Election Time(s):

6:00am-9:00am and 4:00pm to 7:00pm

11d. Election Location(s):

Palms Place, 4381 W. Flamingo Road, Las Vegas, NV 89103

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

General Teamsters, Airline, Aerospace and Allied Employees, Warehousemen, Drivers, Construction, Rock and Sand, Local 986

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

1198 Durfee Avenue, S. El Monte, CA 91733

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.

626-350-9860

12e. Cell No.

12f. Fax No.

626-488-0986

12g. E-Mail Address

CGnz009@Teamsters986.org

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

13a. Name and Title

Tim Vera, Business Representative, Teamsters Local 986

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

1198 Durfee Avenue, S. El Monte, CA 91733

13c. Tel. No.

702-704-4203

13d. Cell No.

13e. Fax No.

626-488-0986

13f. E-Mail Address

vera@Teamsters986.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)

Levy Phillips APC, By: Lewis N. Levy

Signature

Lewis N. Levy

Title

Counsel for Petitioner

Date

July 23, 2019

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

PRIVACY ACT STATEMENT

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-245394

Date Filed

July 23, 2019

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

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

2a. Name of Employer
FP Holdings, L.P. d/b/a Palms Casino Resort

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
4321 W. Flamingo Road

3a. Employer Representative - Name and Title
Valerie Murzl - Senior Vice President of Human Resources

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

3c. Tel. No.
(702) 495-3458

3d. Cell No.

3e. Fax No.
(702) 495-3460

3f. E-Mail Address
Valerie.murzl@stationcasinos.com

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

4b. Principal product or service
Hospitality and Gaming

5a. City and State where unit is located:
Las Vegas, Nevada

5b. Description of Unit Involved

Included: All full time, part time, and on call Valet Attendants and Lead Valet Attendants

Excluded: Employees already represented by a labor organization and all other employees, guards and supervisors, as defined by the Act.

6a. No. of Employees in Unit:
34

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

Check One:

☐

7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about N/A (Date) (If no reply received, so state).

☐

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

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

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
August 17, 2019

11c. Election Time(s):
6:00am-9:00am and 4:00pm to 7:00pm

11d. Election Location(s):
Palms Casino Resort, 4321 W. Flamingo Road, Las Vegas, NV 89103

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

General Teamsters, Airline, Aerospace and Allied Employees, Warehousemen, Drivers, Construction, Rock and Sand, Local 986

12b. Address (street and number, city, state, and ZIP code)
1198 Durfee Avenue, S. El Monte, CA 91733

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.
626-350-9860

12e. Cell No.

12f. Fax No.
626-488-0986

12g. E-Mail Address
CGriz009@Teamsters986.org

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

13a. Name and Title Tim Vera, Business Representative, Teamsters Local 986

13b. Address (street and number, city, state, and ZIP code)
1198 Durfee Avenue, S. El Monte, CA 91733

13c. Tel. No.
702-704-4203

13d. Cell No.

13e. Fax No.
626-488-0986

13f. E-Mail Address
tvera@Teamsters986.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)

Levy Phillips APC, By: Lewis N. Levy

Signature

Lewis N. Levy

Title

Counsel for Petitioner

Date

July 23, 2019

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

PRIVACY ACT STATEMENT

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-245493	Date Filed July 25, 2019

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

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

2a. Name of Employer FIESTA HENDERSON CASINO HOTEL		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 777 West Lake Mead Parkway, Henderson, NV 89015	
3a. Employer Representative - Name and Title Cheryl Vetter - Vice President & General Manager		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 702-558-7000	3d. Cell No.	3e. Fax No. 702-567-7805	3f. E-Mail Address cheryl.etter@stationcasinos.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino		4b. Principal product or service Casino gaming	5a. City and State where unit is located: Henderson, Nevada
5b. Description of Unit Involved Included: See Attachment A Excluded: See Attachment A			6a. No. of Employees in Unit: 300+ 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input type="checkbox"/> No <input type="checkbox"/>

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). **By this Petition**
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

10a. Name None	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):
August 8, 2019

11c. Election Time(s):
6 am to 9 am; 11 am to 2pm; and 4 pm to 7 pm

11d. Election Location(s):
on-property meeting room

12a. Full Name of Petitioner (including local name and number)
Local Joint Executive Board of Las Vegas

12b. Address (street and number, city, state, and ZIP code)
1630 S. Commerce Street, 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)
UNITE HERE International Union

12d. Tel No. 702-385-2131	12e. Cell No.	12f. Fax No. 702-386-9517	12g. E-Mail Address kkline@unitehere.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 Kimberley C. Weber, Attorney		13b. Address (street and number, city, state, and ZIP code) McCracken, Stemerma & Holsberry, LLP - 595 Market Street, Suite 800 San Francisco, CA 94105	
13c. Tel No. 415-597-7200	13d. Cell No.	13e. Fax No. 415-597-7201	13f. E-Mail Address kweber@msh.law

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) Kimberley C. Weber	Signature 	Title Attorney	Date July 25, 2019
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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

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ATTACHMENT A TO RC PETITION

5b. Description of Unit Involved:

Included:

All- full time and regular time: Baker; Banquet Porters; Banquet Servers; Bartenders; Beverage Porters; Beverage Servers; Bus Persons; Cooks Helpers; Cooks; Counter Attendant; Food Runners; Food Servers; Guest Room Attendants; Host/Cashiers; Housepersons; Kitchen Runners; Kitchen Workers; Lead Counter Attendants; Pantry; Porters; Room Runners; Runners; Service Bartenders; Specialty Cook; Sprinter; Stove Persons; TDR Attendants; Utility porters

Excluded:

All other employees including front-desk employees; valet parkers; gaming employees (dealers, slot attendants, cage cashiers); inspectresses; engineering & maintenance employees; office clerical employees; confidential employees; and al guards, managers and supervisors as defined by the Act.