UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE	
Case No.	Date Filed	
28-RC-247708	September 4,	2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Sulphur Springs Valley Electric Cooperative, INC 350 N Haskell Ave Willcox, AZ 85643-1718 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 350 N Haskell Ave Willcox, AZ 85643-1718 Jason Bowling 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 520-220-6563 520-384-5223 jbowling@ssvec.com 520-384-2221 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Transmission / Distribution / Maintenance Utilities Willcox, AZ 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: Warehouse Worker I and Warehouse Worker II, Safety and Training Specialist I 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Tech Ops, Engineering, Admin, IT Dept. Petitioner? Yes 🗸 No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (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 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Bh. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b. Address 10a, Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mixed Manual/Mail any such election. 11d Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Break room located in the service center of Benson 0900/1000 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (Including local name and number) 4601 S. Butterfield Dr. Tucson AZ 85714 Robert Sample International Brotherhood of Electrical Workers Local 1116 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 12g. E-Mail Address 12f. Fax No. 12d. Tel No. 12e. Cell No. 520-882-6132 robert_sample@ibew.org 520-904-9999 520-792-1475 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Robert Sample IBEW State Organizer Coordinator 4601 S. Butterfield Dr. Tucson AZ 85714 13f E-Mail Address 13e. Fax No. 13d. Cell No. 13c. Tel No. 520-882-6132 robert_sample@ibew.org 520-904-9999 520-792-1475 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature 9-04-2019 IBEW State Organizer Coordinator Robert Sample WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
28-RC-247781	September 6, 2019			

NOFE	111101			20-	-KC-Z4//OI	Joep	Lember 0, 2019
INSTRUCTIONS: Unless e-Filed us	ing the Agen	cy's webs	site, <u>w</u> v	vw.nlrb.gov, submit a	n original of this	Petition to a	n NLRB office in the Region
in which the employer concerned in							
of service showing service on the							
(Form NLRB-505); and (3) Descript							
with the NLRB and should not be							•
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Rela	RTIFICATION O esires to be carti	F REPRES fied as repr	ENTATI esentativ	VE - A substantial number re of the employees. The	Petitioner alleges ti	nat the followin	g circumstances exist and
2a. Name of Employer	done doerd pro	Cook Bilds		dress(es) of Establishmen			
The Hospitals of Providence - Eas	st Campus			Joe Battle Blvd, El P			
3a. Employer Representative - Name and	1 Title			3b. Address (If same as	2b - state same)		•
Monica Vargas-Mahar, CEO				Same			
3c. Tel. No.	3d, Cell No.	· · · · · · · · · · · · · · · · · · ·		3e. Fax No.		3f. E-Mail Add	ress
(915) 832-2700							gas@tenethealth.com
4a. Type of Establishment (Factory, mine, s Acute Care Hospital	wholesaler, etc.)	4b. Princ		duct or service		1	and State where unit is located: o, Texas
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: See Attachment A	1						365
	•						6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attachment A							unit wish to be represented by the
							Petitioner? Yes V No
Check One: 7a. Request for re				_	81	d Employer dec	lined recognition on or about
7h Politioner is a		(if no reply		o, so state). epresentative and desires	andification under the	. 4 🗝	
Ba. Name of Recognized or Certified Bar				8b. Address	Caltilication once the	- Nu.	
None	,	,	,-				<u> </u>
8c. Tel No.	8d Cell No.			8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any 8			Bh. Date of Recognition of Certification 8i. Expiration Date of Current or Most F Contract, if any (Month, Day, Year)				
				2.51	day at all . h ann an ann a	<u> </u>	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No							
10. Organizations or individuals other than						resentatives an	d other organizations and individuals
known to have a representative interest in a	any employees in	the unit de	scribed i	in item 5b above. <i>(If none,</i>	so state)		
none 10a, Name	10b, Ad	irinaee			10c, Tel, No.		10d. Cell No.
108. (48/10	105.70	101635			100. (0). (10.		100.001110.
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduct any such election.	s an election in th	is matter, s	tate you	r position with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail
11b, Election Date(s):	11c. E	lection Tim	te(s):		11d. Election Loca	tion(s):	
September 18, 2019		; 12:30-2:3	0pm; 6-	9pm	2d Floor Conferen		
12a. Full Name of Petitioner (including to National Nurses Organizing Committee/N			IOC/NN	U)	12b. Address (street 155 Grand Ave., C		city, state, and ZIP code) 612
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)							
12d. Tel No.	12e. Cell No.	Organizati	0113 (711	12f. Fax No.		12g. E-Mail A	ddress
510-273-2200				510-663-4822		mwalcek@cal	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a Name and Title Marie Walco	ek, Legai	Couns	sel	13b. Address (street and 155 Grand Ave., Oakland, C		and ZIP code)	
13c: Tel No.	13d. Cell No.			13e. Fax No.		13f. E-Mail Ac	
510-433-2742	100 200 200 200 200		h an- k	510-663-4822	uladas and helies	mwalcek@cal	nurses.org
I declare that I have read the above petit	/// /	statement	s are tru		vieogo and boliet.		
Name (Print) St Marie Walcek	ghature			Title Legal Counsel		Date Septembe	r 6, 2019

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

Attachment A

RC Petition The Hospitals of Providence – East Campus

by National Nurses Organizing Committee/National Nurses United (NNOC/NNU)

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses, including those who serve as relief charge nurses, employed by the Employer at its 3280 Joe Battle Blvd, El Paso, Texas facility.

Excluded:

All other employees, confidential employees, guards, physicians, residents, central business office employees (whether facility based or not) who are solely engaged in qualifying or collection activities or are employed by another Tenet entity, such as Syndicated Office Systems or Patient Financial Services, employees of outside registries, traveling nurses, permanent charge nurses, employees of other agencies supplying labor to the Employer, already represented employees, managers, and supervisors within the meaning of the Act.

Eligibility date is pay period ending Saturday, August 31, 2019.

Per diem/floaters/casual RNs are eligible if they have worked a minimum of one hundred and twenty (120) hours in either of the previous twelve (12) week periods immediately preceding the August 31, 2019 eligibility date for the election.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
28-RC-247964	9/6/2019			

RC PETITION

INSTRUCTIONS: Unless e-Filed us in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Descrip	is located. The employer and tion of Represe	e petition must all other partie antation Case I	be accompanied by it is named in the petition Procedures (Form NL)	both a showing on of: (1) the peti	of interest (se tion; (2) State	ee 6b below) and a certificate ement of Position form
with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.						
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) FP Holdings, L.P. d/b/a Palms Casino Resort 4321 W. Flamingo Road, Las Vegas, NV 89103						
3a. Employer Representative – Name an Valerie Murzl - Senior Vice Presi	dent of Huma	n Resources	3b. Address (If same as Same	2b – state same)		
3c. Tel. No. (702) 495-3458	3d. Cell No.	4b. Principal pro	3e. Fax No. (702) 495-3460			ress zl@stationcasinos.com and State where unit is located:
4a. Type of Establishment (Factory, mine, Casino	wnoiesaier, e(c.)	Hospitality an				gas, Nevada
5b. Description of Unit Involved Included: All full-time bell captains a facility in Las Vegas, Neva Excluded: Employees already represented	ida.					6a. No. of Employees in Unit: 22 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
H NA	(Date) (If no reply received	tive was made on (Date) \(\) d, so state). epresentative and desires of	-	. ,	lined recognition on or about
8a. Name of Recognized or Certified Bar None		none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 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?						
Organizations or individuals other than known to have a representative interest in a None					resentatives and	other organizations and individuals
10a. Name	10b. Add	Iress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conduct any such election. 	s an election in this	s matter, state you	r position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail
11b. Election Date(s): September 27, 2019	6:00am-8		Opm; and 6:00pm to 8:00pm	11d. Election Locat Palms Casino Reso	٠,	mingo Road, Las Vegas, NV 89103
12a. Full Name of Petitioner (including lo General Teamsters, Airline, Aerospace and Allied Em	ployees, Warehouser	nen, Drivers, Construct		1198 Durfee Avenu		city, state, and ZIP code) , 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			dress amsters986.org
13. Representative of the Petitioner who 13a. Name and Title Tim Vera, Business Re			13b. Address (street and 1198 Durfee Avenue, S. El M	number, city, state,		
13c. Tel No. 702-704-4203	13d. Cell No.		13e. Fax No. 626-488-0986		13f. E-Mail Add tvera@Teamst	
I declare that I have read the above petit		tatements are tru		ledge and belief.		
Name (Print) Levy Phillips APC, By: Daniel Barth	gnature		Title Counsel for Petitioner		Date September	6, 2019

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

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) FP Holdings, L.P. d/b/a Palms Place 4381 W. Flamingo Road, Las Vegas, NV 89103 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Valerie Murzl - Senior Vice President of Human Resources 4321 W. Flamingo Road, Las Vegas, NV 89103 3e. Fax No. 3f. E-Mail Address (702) 495-3458 (702) 495-3460 Valerie.murzl@stationcasinos.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Las Vegas, Nevada Casino Hospitality and Gaming 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time bell captains and all full-time, part time and on-call bell persons employed by the Employer at its 6b. Do a substantial number (30% facility in Las Vegas, Nevada. or more) of the employees in the Excluded: Employees already represented by a labor organization and all other employees, guards and supervisors, as defined by the Act. unit wish to be represented by the Petitioner? Yes ✓ No Check One: Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. (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 11a. Election Type: ✓ Manual Mail _ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): September 27, 2019 6:00am-9:00am; and 4:00pm to 7:00pm Palms Place, 4381 W. Flamingo Road, Las Vegas, NV 89103 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) General Teamsters, Airline, Aerospace and Allied Employees, Warehousemen, Drivers, Construction, Rock and Sand, Local 986 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 626-350-9860 626-488-0986 CGriz009@Teamsters986.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 1198 Durfee Avenue, S. El Monte, CA 91733 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 13c. Tel No. 702-704-4203 626-488-0986 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. Signature Date Levy Phillips APC, By: Daniel Barth Counsel for Petitioner September 6, 2019 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
28-RC-247913	9/6/2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/i, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Treasure Island 3300 S Las Vegas Blvd Las Vegas, NV 89109 3a, Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): David Cooke 3300 S Las Vegas Blvd Las Vegas, NV 89109 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 702-249-7213 dcooke@treasureisland.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Casino Las Vegas, NV Gaming 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: All Full-Time and regular Part-Time Treasure Island Las Vegas Slot Ambassdor Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No All other employees, professionals, guards and supervisors as defined in the act Check One: Z 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) No kenty (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 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) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No (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 and 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): 11c. Election Time(s): 11d. Election Location(s): September 27, 2019 830 am-1230 pm & 4pm-9pm **Employer Facility** 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Union, United Automobile, Aerospace and 4310 Cameron St Suite 11 Las Vegas, NV 89103 Agricultural Implement Workers of America, UAW 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace and Agricultural Implement Workers Of America, UAW 12d. Tel. No. 12e. Cell No. 12g. E-Mail Address 702-800-4744 Ext 2 hwalker@uaw.net 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): Helen Walker - International Representative Organizer 4310 Cameron St Suite 11 Las Vegas, NV 89103 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 702-800-4744 Ext 2 810-610-3134 hwalker@uaw.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) Helen Walker International Rep - Organizer 9-6-19

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
28-RC-247923	9/6/2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Treasure Island 3300 S Las Vegas Blvd Las Vegas, NV 89109 3a, Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): David Cooke 3300 S Las Vegas Blvd Las Vegas, NV 89109 3c. Tel. No. 3d. Cell No. 3e Fax No. 3f. E-Mail Address 702-249-7213 dcooke@treasureisland.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Casino Gaming Las Vegas, NV 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: 36 All Full-Time and regular Part-Time Treasure Island Las Vegas Slot Ambassdor Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

✓ Yes All other employees, professionals, guards and supervisors as defined in the act Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 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 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) NOHE 10a Name 10b Address 10c Tel No 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): 830 am-1230 pm & 4pm-9pm September 27, 2019 **Employer Facility** 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Union, United Automobile, Aerospace and 4310 Cameron St Suite 11 Las Vegas, NV 89103 Agricultural Implement Workers of America, UAW 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace and Agricultural Implement Workers Of America, UAW 12g. E-Mail Address 12d Tel No. 12e. Cell No. 12f. Fax No. 702-800-4744 Ext 2 hwalker@uaw.net 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): Helen Walker - International Representative Organizer 4310 Cameron St Suite 11 Las Vegas, NV 89103 13c. Tel. No. 13f. E-Mail Address 13d, Cell No. 13e. Fax No. 702-800-4744 Ext 2 810-610-3134 hwalker@uaw.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) Signature Date Helen Walker Llacker 9-6-19 International Rep - Organizer

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
28-RC-248240	9/16/2019			

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

or service showing service on the	empioyer and	an outer partie	s nameu in die pedal	m or, (i) are pead	on, (2) State	anent of Position form
	(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed					
with the NLRB and should <u>not</u> be served on the employer or any other party.						
 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			idress(es) of Establishmen			
Toyota of Santa Fe		1601	St. Michaels Dr. Sa	nta Fe, NM 87505	5	
3a. Employer Representative - Name and			3b. Address (If same as	2b – state same)		
Buddy Espinosa, General Manago	er		Same			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress
505-992-1695			505-982-5215	b		yotaofsantafe.com
4a. Type of Establishment (Factory, mine, w New Car Dealership	vholesaler, etc.)	4b. Principal pro New and Use			Santa F	and State where unit is located:
5b. Description of Unit Involved		I VOV and OSC	d Odi Odios		- Joanta 1	6a. No. of Employees in Unit:
Included: All Full and Part-T	ime New :	and Heed C	Car Sales Assoc	riates		25
Excluded: Managers, Supervisors, Clerical W. and other employees as defined by	orkers, and all other				s, supervisors,	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
7b. Petitioner is co	(Date) urrently recognize	(If no reply received ad as Bargaining Re	tive was made on (Date) St., so state). No Reperesentative and desires	lv		lined recognition on or about
8a. Name of Recognized or Certified Bar None	gaining Agent (II	none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any 8h. Date of Recognition or Certification 8l. 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						
(Name of labor organization), has picketed the Employer since (Month, Day, Year)						
Organizations or individuals other than a known to have a representative interest in a None					esentatives and	d other organizations and individuals
10a. Name	10b. Add	dress		10c. Tel. No.	V	10d. Cell No.
				10e. Fax No.	10.44	10f. E-Mail Address
 Election Details: If the NLRB conducts any such election. 	an election in thi	s matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
11b. Election Date(s): asap		ection Time(s): n to 2:00 pm		11d. Election Location(s): lunch room		
12a, Full Name of Petitioner (including lo			ne 794	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. 12f. Fax No. (505) 242-9622 (505) 604-8217				12g. E-Mail Ad burkland@lar		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.						
13a. Name and Title Jason Hardwick, G	Brand Lodge R	epresentative	13b. Address (street and 620 Coolidge Rd, Ste 130, F		nd ZIP code)	
13c, Tel No. 916-985-8101	13d. Cell No. 916-936-6013		13e. Fax No. 916-985-8121	I	13f. E-Mail Ad nardwick@lan	
I declare that I have read the above petiti		statements are tru				
Name (Print)	nature ₁	/	Title		Date	
Jason Hardwick	gor our	2	Grand Lodge Represen	tative	9/16/2019	

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

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
28-RC-248287	9/16/2019		

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region							
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate							
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form							
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed							
with the NLRB and should not I	e served on the	employer or an	y other party.				
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition	er desires to be certif	ied as representativ	ve of the employees. The	Petitioner alleges that	the following	g circumstances exist and	
requests that the National Labor R 2a. Name of Employer	elations Board prod		per authority pursuant to dress(es) of Establishment				
Phoenix Newspapers, Inc. d/b/	a Arizona Renut	The second secon	. Van Buren St., Pho		number, city	, State, Zir Gode)	
3a. Employer Representative – Name		511C 200 L	3b. Address (If same as				
Greg Burton, Executive Editor	and the		Same	2b - state same)			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		f. E-Mail Add		
(602) 444-8000				g	-	@azcentral.com	
4a. Type of Establishment (Factory, min News Organization	ne, wholesaler, etc.)	4b. Principal prod Print and digit				and State where unit is located: x. Arizona	
5b. Description of Unit Involved		1				6a. No. of Employees in Unit:	
Included: All full-time and regular	part-time newsroo	m employees en	nployed by the Employe	er at the Arizona Rep	ublic and	101	
La Voz.						6b. Do a substantial number (30% or more) of the employees in the	
All other employee	e including all	managere gu	ards and supervise	ore as defined hy	the Act	unit wish to be represented by the	
All other employee	s, including all	managers, gu	arus, ariu supervisi	ors as defined by	tile Act.	Petitioner? Yes V No	
Check One: J 7a. Request f	or recognition as Bar	gaining Representa	tive was made on (Date) C	9/16/19 and 8	mployer dec	lined recognition on or about	
<u> </u>			d, so state). no reply				
	is currently recognize	ed as Bargaining Re	epresentative and desires		ct.		
8a. Name of Recognized or Certified None	Bargaining Agent (I	f none, so state).	8b. Address				
8c. Tel No. 8e. Fax No. 8f. E-Mail Address			ress				
8g. Affiliation, if any						xpiration Date of Current or Most Recent ract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No							
(Name of labor organization), has picketed the Employer since (Month, Day, Year)							
Organizations or individuals other the known to have a representative interest None					sentatives and	d other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
Election Details: If the NLRB cond any such election.	lucts an election in th	is matter, state you	r position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail	
11b. Election Date(s):	11c. E	lection Time(s):		11d. Election Location	n(s):		
October 1, 2019	10 a.m	-Noon; 2:30 p.m	4:30 p.m.; 6 p.m8 p.m. Employer's Sidebar conference room				
12a. Full Name of Petitioner (including local name and number) The NewsGuild-CWA			12b. Address (street and number, city, state, and ZIP code) 501 Third St., N.W., 6th Floor, Washington, D.C. 20001				
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							
12d. Tel No. (202) 434-7177			12f. Fax No. 12g. E-Mail Address sbasile@cwa-union.org				
13. Representative of the Petitioner v	vho will accept serv	ice of all papers fo	or purposes of the repres	entation proceeding.			
13a. Name and Title Michael M	Melick, attorr	ney	13b. Address (street and 1025 Connecticut Ave., Suite				
13c. Tel No. (202) 293-9222	13d. Cell No. (443) 682-3867	7	13e. Fax No.	1	3f. E-Mail Ad	dress rcamens.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)	Signature ////	MIL	Title		Date		
Michael Melick	MULL	WILL	Attorney		9/16/2019		

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

PRIVACY ACT STATEMENT

Name (Print)

Eric J. Wiesner

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No. 28-RC-248306	Date Filed 9/16/2019			

Date

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for numbers of collective requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Acct.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 5075 W. Diablo Drive, Suite 208, Las Vegas, NV 89118 **NVision Glass** 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Scott Eagan, President 667 Spice Island Drive, #101, Sparks, NV 89431 3d. Cell No. (775) 336-2881 (775) 742-7001 scotte@nvisionglass.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Glazing contractor Installation of Glass Las Vegas, Nevada 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All glaziers 6b. Do a substantial number (30% or more) of the employees in the Excluded: All supervisors, guards, office clerical employees unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 9/16/2019 and Employer declined recognition on or about Check One: (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). 8h Address None 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 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? has picketed the Employer since (Month, Dav. Year) (Name of lebor omanization) 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 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail _ Mixed Manual/Mail any such election 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s): September 27, 2019 Breakroom, 5075 W. Diablo Drive, Suite 208, Las Vegas, NV 98118 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union of Painters and Allied Trades, District Council 16 1701 Whitney Mesa Drive, Suite 105, Henderson, NV 89014 12c. Full name of national of international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Painters and Allied Trades, AFL-CIO 12d. Tel No. 12f. Fax No. 12g. E-Mail Address 12e. Cell No. (702) 452-3062 (702) 769-8711 (702) 939-0594 tyrone@dc16.us 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) Eric J. Wiesner, Attorney Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. (510) 337-1023 (510) 337-1001 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

Title

Attornèv

Signature

PRIVACY ACT STATEMENT

FORM NLR8-502 (RD) (2.18)

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

DO NOT WRITE IN THIS SPACE Case No. Date Filed 28-RD-248121 09/19/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.								
1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.								
2a. Name of Employer El Paro Disposal LP	2b. Address(es) of 8 6539 61	_		(Street and number, 1	city, state, ZIP code)		
3a. Employer Representative - Name and Title Juna Fields, Disisional VI	3b. Address (If same	e as 2b - state	same)					
3c. Tel. No. 3l. Fax No. 916-771-0040 915-433-6695 John & Wenx. org								
4a. Type of Establishment (Factory, mine, wholes	saler, etc.)		4b. Principal product or service Solid Waste Disposal					
5a. Description of Unit Involved						State where unit		
Mechanie o Contair Excluded:					is located			
All CDL Drivers an	d all other em	ployo	95					
	substantial number (30% or more) of the		n the unit no	tonger wish to be re	presented by the ce	rtified or currently		
8a. Name of Recognized or Certified Bargaining	Agent			8b. Affiliation, if any				
Internation Union of o		ocal 3	51	NONE				
8c. Address		8d. Tel. No.		8e. Cell No.				
Ill bast coolidge			4450	915-77	1-0224	۲ .		
Borger, TX 7900,				8g. E-Mail Address				
9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)								
11a. Is there now a strike or picketing at the Emp	lover's establishment(s) involved?		, <u> </u>	approximately how m	any employees are	participating? V/A		
	· · · · · · · · · · · · · · · · · · ·					a labor organization, of		
(Insert Address) NA since (Month, Day, Year)								
 Organizations or individuals other those name and individuals known to have a representation 				(If none, so state)				
12a. Name 12b. Address				12c. Tel. No. 12d.		/ A		
				#\L	12f. E-Mail Address	•		
 Election Details: If the NLRB conducts an ematter, state your position with respect to any 			13a. Electi	on Type: 🕍 Manual	Mail	lixed Manual/Mail		
13b. Election Date(s)	13c. Election Time(s)		13d. Electi	on Location(s)				
9-27-19 11 am - 6 pm				Break Room				
(b)(6), (b)(7)(C)	(b) (7)(C)							
14a. Address (Street and number, city, state) (b) (b) (b) (b) (c) (b) (d) (b) (c)	(n(cde)		14b. Tel. N	Å	14c. Fax No.			
(b) (6), (b) (7)(C) (b) (6), (b) (7) (b) (6), (b)	(7)(C)		14d Cell N (b) (6), ((b) (7)(C)	14e E-Mail Addres (b) (6), (b) (7)	(C)		
14f. Affiliation, if any N/A								
15. Representative of the Petitioner who will a	ccept service of all papers for purpos	es of the ren	resentation	proceeding.				
15a. Name			15b.Title					
15c. Address (Street and number, city, state, ZIP code)			15d. Tel. No. 15e.		15e. Fax No.			
			15f. Cell N	0.	15g. E-Mail Addres	s		
I declare that I have read the above petition at	nd that the statements are true to the l	best of my kn	owledge an	nd belief.				
Name (Prin(b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)			s), (b) (7)(C)		Date Filed		
INDESCRIPTION OF STATES AND STATE	ON THIS RETURN CAN BE SUBJECTED	DO FINE AL			TITLE 10 CECT	9-18-19		

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE					
^{Case No} 28-RC-248737	Date Filed September 23, 2019				

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

with the NLRB and should not be served on the employer or any other party.									
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective									
bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.									
2a. Name of Employer				2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)					
GNLV, LLC d/b/a Golden Nugget	Las Vegas Hotel	& Casino '			reet, Las Vegas, N				
3a. Employer Representative – Name a					2b – state same)	0,10,00	•		
Jason Sides, VP of Casino Operation	ons		SAMI	E AS ABOVE	•				
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		3f, E-Mail Add	ress.		
(702)386-8102							lennugget.com		
4a. Type of Establishment (Factory, mine	, wholesaler, etc.)	4b. Principal pro					and State where unit is located:		
Hotel Casino		Gaming, lodgi	ing, ainii	ng		Las Ve	gas, NV		
5b. Description of Unit Involved							6a. No. of Employees in Unit: 273		
Included: All full-time and regular	r part-time table	games dealers e	mployed	by the Emplo	oyer at its Las Ve	gas, Nevada	6b. Do a substantial number (30%		
facility.							or more) of the employees in the		
Fresholded: All adher and leaves and	. C:1	4	4.	C	-4		unit wish to be represented by the		
Excluded: All other employees, pr							Petitioner? Yes [X] No []		
Check One: X 7a. Request for	-			made on (Date)	. 9/23/19 and Em	ployer declined	recognition on or about		
No reply.	_ (Date) (If no repl	y received, so state	e).						
			epresenta		certification under the	e Act.			
8a. Name of Recognized or Certified Ba	argaining Agent <i>(If</i>	none, so state).		8b. Address					
None.	L Od Call No			None.		04 5 44-11 444			
8c. Tel No.	8d Cell No.		8e. Fax		8f. E-Mail Addi None.		ress		
8g. Affiliation, if any	None. None.			8h. Date of Recognition or Certification		Bi. Expiration Date of Current or Most Recent			
None.			None.		OCI MIOGMOIT	Contract, if any (Month, Day, Year)			
							None.		
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating?									
					onth, Day, Year)				
10. Organizations or individuals other than									
known to have a representative interest in									
None.									
10a. Name	10b. Add	dress			10c. Tel. No.		10d. Cell No.		
None.	None.		None.			None.			
				10e. Fax No. None.			10f, E-Mail Address None.		
11 Flaction Details: If the Ni PR conduc	rte an election in this	matter state you	r nosition						
 Election Details: If the NLRB conducts an election in this matter, state your any such election. 				with respect to	11a. Election Type	: _A_ Manual _	Mail Mixed Manual/Mail		
11b. Election Date(s): 11c. Election Time(s):			11d. Election Locati						
Friday, October 11, 2019 11:00am-2:00pm & 7:							Las Vegas, Nevada facility.		
12a. Full Name of Petitioner (including local name and number)							city, state, and ZIP code)		
International Union, United Automo		and Agricultura	1 Implement 4310 Cameron Street St			Street Suite 11	, Las Vegas, NV 89103		
Workers of America (UAW), AFL-		C. Aliab Data	:fE!:	-1	(11				
12c. Full name of national or international International Union, United Automo						AEL-CIO			
12d. Tel No.	12e. Cell No.	and Agricultura	12f. Fax		Allienca (UAW	12g E-Mail Ad	Idress		
(702)800-4744	I	l l			None.		None.		
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)									
Helen Walker, International Representative Organizer SAME AS ABOVE (4310 Cameron Street Suite 11, Las Vegas, NV 89103)									
13c. Tel No. 13d. Cell No.			13e. Fax No. 13f. E-Mail Address						
(702)800-4744, Ext. 2	(810)610-313								
I declare that I have read the above pet			e to the t	est of my know	ledge and belief.				
Name (Print)	Signature		Title			Date /	2		
		here	1	ational Represe	entative Organizer		7-23-19		

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

PRIVACY ACT STATEMENT

(2-18)

DO NOT WRITE IN THIS SPACE UNITED STATES OF AMERICA FORM NLRB-502 (RD) Case No. Date Filed NATIONAL LABOR RELATIONS BOARD 28-RD-248916 9-24-2019 **RD PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nirb.gov/], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) Vulcan Materials 2526 E University Drive Phoenix AZ 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Same Varid herd 3e. Cell No. 3d. Fax No. 3f. F-Mall Address 602550-9531 602-528-8672 herad @ umc mail. Com 4a. Type of Establishment (Factory, mine, wholeseler, etc.) 4b. Principal product or service Producing aggregate and asphalt Aggregate Mine
5a. Description of Unit Involved 5b. City and State where unit Included: Included:
Mechanic Helper, Convey or Person, Water Pull operator, Pit hower, Scruce person
Leader operator, motor grader operator, Crane operator, Dozer operator, Baten Plant operator
Excluded: Astrock Mant special crush Plant operator, universel oper, Excorutor oper, Dragline oper,
Heavy Dury muranic, mobile Equ. nechanic, Electric and Phoenix AZ 6. No. of Employees in Unit 97 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No Ba. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any Local 428 operating Engineers 8c. Address 8d. Tel. No. Be. Cell No. 6601 N Black Conyon HWY 602 254-526 8f. Fax No. 8g. E-Mail Address Phoenix AZ 602 257 8674 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) December 11 2016 December 10 2019 No 11b. If so, approximately how many employees are participating? 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) since (Month, Day, Year) 12. Organizations or individuals other those named in items 8 and 11c, which here claimed recognition as representatives end other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12d Fax No. 12b. Address 12c. Tel. No. 12e. Cell No. 12f. E-Meil Address 13a. Election Type: Manuel Mail Mixed Manual/Mail 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election 13d. Election Location(s) 13b. Election Date(s) 13c. Election Time(s) 15 2019 confrence October 4:00 14(b) (6), (b) (7)(C) of Patitioner (b) (6), (b) (7)(C) 14c. Fax No. 14a. Address (St nd number, city, state, ZIP code) (b) (6), (b) (7)(C) (b) (6 (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C

(b) (6), (b) (7)(C) 14f Affiliation, If any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. b.Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15c. Address (Street 15d. Tel. No. 15a. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) o) (6), (b) (7)(C) (b) (6), (b) (7)(C 15g. E-Mail Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) Semo Same I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. **Date Filed** Si_{(b) (6), (b) (7)(C)} (b) (6), (b) (7)(C) (b) (6), (b) (7)(C (b) (6), (b) (7)(C WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMP

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

Case	No.

DO NOT WRITE IN THIS SPACE Date Filed

28 DC 248024

00/25/2010

INSTRUCTIONS: Unless e-Filed u. employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be named in the pet	e accompanied bition of: (1) the pe	y both a sh tition; (2) S	owing of Interest (sector)	e 6b below) and form (Form NL	d a certificat RB-505); an	e of service si d (3) Descripti	howing service on ion of Representation	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboration	ioner desires to be	certified as represe proceed under it	entative of the sproper au	ne employees. The Pet athority pursuant to S	itioner alleges ection 9 of the	that the foll National La	owing circum bor Relations	stances exist and Act.	
2a. Name of Employer:		2b. Add	ress(es) of	Establishment(s) involv	ed (Street and	number, City	, State, ZIP cod	de):	
Huckstep Holding Corp, l	DBA TechWi	se 1348	8 Hohen	fels Rd. Ft. Blis	ss, TX 799	18			
3a. Employer Representative - Nan	ne and Title:	3b. Add	ress (if sam	e as 2b - state same):				······································	
Matthieu Isaia, President		1624	South 2	1st Street. Suite	B, Colorac	lo Spring	s, CO 809	04	
3c. Tel. No.	3d. Cell No.	······································	3e. Fax No).	3f. E-Mail	Address			
(719) 591-9966			İ		misaia((a)techwise.com			
4a. Type of Establishment (Factory, I	mine, wholesaler, e	tc.)	4b. Princip	al Product or Service		5a. City an	d State where	unit is located:	
Air Traffic Control			Air Tra	ffic Control		El Paso,	TX		
5b. Description of Unit Involved:						6a. Numbe	r of Employee:	s in Unit:	
Included:	m 1		D . m'	`		3			
Air Traffic Control Maint	enance Techr	ucian (Full &	Part III	me)			, , , , , , , , , , , , , , , , , , , 	(000)	
Excluded: Guards, Supervisors and A	Air Traffic M	anager				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 rec	ognition as Bargair				IA an	d Employer	leclined recogn	nition	
on or about (Date) 7b. Petitioner is cui	rrently recognized a	(If no reply r	-	•	under the Act.				
8a. Name of Recognized or Certific									
None		·							
8c. Tel. No.	No. 8d. Cell No.			8e. Fax No.		8f. E-Mail Address			
8g. Affiliation, if any:	ig. Affiliation, if any:			Sh. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				'ear)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No									
(Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)									
10. Organizations or individuals other	r than Potitioner an	d those named in	tems 8 and	9 which have claimed	_ '				
individuals known to have a repre	esentative interest in	n any employees i	n the unit de	scribed in item 5b abov	ve. (If none, so	state)		3	
None									
10a. Name 10b. Address				10c. Tel. N	о.	10d. Cell No.			
					ļ				
					10e. Fax N	o.	10f. E-Mail Ad	ldress	
11. Election Details: If the NLRB co					such election:				
Election to be held ASAP at time to capture all folk			s elgible	to vote.		Manua Manua		Mixed Manual/Mail	
11b. Election Date(s): 11c. Election Time(s):			,-			Election Location(s):			
Wednesday October 9, 2019 Between Noon an									
12a. Full Name of Petitioner (including local name and number):12b. Address (street and number, city, State and ZIP code):Professional Air Traffic Controllers Organization, Inc.161 SW Willow Lake Trail Stuart, Florida 34997									
12c. Full name of national or internat OPEIU, AFL-CIO	ional labor organiza	ation of which Petil	ioner is an a	iffiliate or constituent (i	f none, so state):			
12d. Tel. No.	12e. Cell No.	·· <u> </u>	12f. Fax N	0.	12g. E-Ma	il Address	***************************************		
13. Representative of the Petitione	r who will accept	service of all pan	ers for pure	ooses of the represen	tation proceed	ling.		· · · · · · · · · · · · · · · · · · ·	
13a. Name and Title:			13b. Address (street and number, city, State and ZIP code):						
1			161 SW	161 SW Willow Lake Trail Stuart, Florida 3499			997		
13c. Tel. No.	13d. Cell No.		13e. Fax N		13f. E-Mail				
(772) 2833369	ĺ			86-4154		n@bellso	outh.net		
I declare that I have read the above	e petition and that		re true to t	best of my knowle				TRUE	
Name (Print)		Signature	/		Title Descident			Date 9/23/2019	
Ron Taylor		/	-		President	 		712312019	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 28-RC-248877 Date F 09/

Date Filed 09/25/2019

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

Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.								
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.								
2a. Name of Employer: International Union of Operating Engineers Local 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 111 E. Coolidge, Borger TX. 79007								
351								
3a. Employer Representative - Nar		3b, Ad		ne as 2b - state same):				
Elvi Campbell, Business Ma	nager		Sam	e				
3c, Tel. No.	3d-Cell No		3e. Fax No	0.	3f. E-Mail A			
(580) 220-9766	(580) 220-976		W 51 1	15 1 . 5 .	elva,campbell@local351.com			
4a. Type of Establishment (Factory, I Union	mine, wholesaler, e	etc.)		pal Product or Service resent Employees			d State where unit is loca o Texas	ated:
5b. Description of Unit Involved: Included:						6a. Numbe	er of Employees in Unit:	
All full-time employees, Secre	tary. Business I	Representative	and Organ	nizer employed in El	Paso Office		4	
Excluded:	,						ubstantial number (30%)	
All supervisors as defined by t	he Act.						employees in the unit wis ented by the Petitioner?	
Check One: 7a. Request for red					and		declined recognition	
on or about (Date)			received, so	state). and desires certification	under the Act			
8a. Name of Recognized or Certifie	And the second s	The state of the s		ddress:	dilect the rice			
8c. Tel. No.	Tel. No. 8d, Cell No. 8e. Fax No. 8f. E-Mail Address							
8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)								
9. Is there now a strike or picketing a	t the Employer's e	stablishment(s) inv	olved?	If so, approxi	mately how man	y employee	s are participating?	
(Name of Labor Organization)					, has picketed	the Employ	er since (Month, Day, Ye	ar)
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	10e. Fax No. 10f. E-Mail Address		
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail Mixed Manual/Ma							l Manual/Mail	
11b. Election Date(s): 11c. Election Time(s):						11d. Election Location(s):		
October 14, 2019		6967 Con	nmerce St	reet, El Paso, TX. 79	1915			
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): The Association of Union Staff Employees 9212 Shaver Dr. El Paso, TX. 79925								
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): The Association of Union Staff Employees								
12d. Tel. No. 12e. Cell No. 12f. Fax No. (915) 771-0224 (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: Juan De La Torre, Business Representative 13b. Address (street and number, city, State and ZIP code): 9212 Shaver Dr. El Paso, TX. 79925								
13c. Tel. No.	13d. Cell No.		13e, Fax N		13f. E-Mail /			
(915) 771-0224 I declare that I have read the above	(915) 820-285		(915) 77		juand351	@yanoo.c	om	
Name (Print)	s pennon and tha	Signature	1000		ge and bener. Title			Date
Juan De La Torre			XXX	. *	Business Rep	presentativ	ve	9/25/2019

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

TIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
28-RC-249145	September 30, 2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Treasure Island, LLC 3300 South Las Vegas Boulevard Las Vegas, NV 89109 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) James Fairchild -Director of Cage SAME AS ABOVE 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 702-894-7272 ifairchild@treasureisland.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Hotel Casino Gaming, Lodging, Dining Las Vegas, NV 5b. Description of Unit Involved 6a. No. of Employees in Unit: 28 Included: All Full-Time and Regular Part-Time Island Las Vegas Cage Cashiers and Cage Credit Associates 6b. Do a substantial number (30% or more) of the employees in the **Excluded:** All other employees, professionals, guards and supervisors as defined in the act unit wish to be represented by the Petitioner? Yes [X] No [] 9/30/19 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 NONE **NONE** 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address NONE NONE NONE NONE 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) NONE NONE. 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. NONE NONE NONE NONE 10e. Fax No. 10f. E-Mail Address NONE NONE 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type: X Manual _ any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): October 21, 2019 730 am - 1030 am and 330 pm - 630 pmHousekeeping Training Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 4310 Cameron St Suite 11 Las Vegas, NV 89103 International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, United Automobile, Aerospace and Agricultural Implement Workers Of America, UAW 12g. E-Mail Address 12d. Tel No. 12e Cell No. 12f Fax No 702-800-4744 NONE NONE hwalker@uaw.net 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Helen Walker - International Representative - Organizer 13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e Fax No. SAME AS ABOVE SAME AS ABOVE hwalker@uaw.net 810-610-3134 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Idelen Warker 9-30-19 Helen Walker International Representative, Organizer

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

PRIVACY ACT STATEMENT