FORM NLRB-502 (RC) (2-18)

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

Case No. 20-RC-255595

DO NOT WRITE IN THIS SPACE

Date Filed 2/3/2020

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.

2a. Name of Employer:

Producers Dairy

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

199 Red Top Road, Fairfield, CA 94534

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

Mark Flagg, General Manager

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

Same

3a. Employer Representative - Name and Title:       3b. Address (if same as 2b - state same):         Mark Flagg, General Manager       same								
3c. Tel. No. (707) 863-3212	3d. Cell No.		3e. Fax N	lo.	3f. E-Mail A		ducersdairy.com	
4a. Type of Establishment (Factor Dairy	ory, mine, wholesa	ler, etc.)	4b. Principal Product or Service Dairy products			5a. City and State where unit is located: Fairfield, California		
5b. Description of Unit Involve Included: All full-time and regula		Production and				6a. Number 58	er of Employees in Unit:	
Excluded: All other employees, s	upervisors an	d guards, as d	efined in t	he Act.		of the	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be
Check One: 🕱 7a. Request for on or about (D	ate)	(If no rep	oly received, so		Attion	d Employer	declined recognition	MARKET TO SECOND
8a. Name of Recognized or Ce None				ddress:				
8c. Tel. No.	8d. Cell No.		8e. Fax N	lo.	8f. E-Mail A	ddress		-
8g. Affiliation, if any:			8h. Date of F	Recognition or Certification		ration Date of Current or Most Contract, if any (Month, Day, Year)		
9. Is there now a strike or picket (Name of Labor Organization) 10. Organizations or individuals		100			, has picketed	the Employ	es are participating?  ver since (Month, Day, Yes and other organization)	
individuals known to have a None								- 10 m
10a. Name	1	0b. Address	10c			0.	10d. Cell No.	
						0.	10f. E-Mail Address	
11. Election Details: If the NLR				ition with respect to any se		11a. Electio	al Mail Mixe	d Manual/Mail
11b. Election Date(s): February 22, 2020	1			30 pm - 4:00 pm	Break re		Employer's facility	/
12a. Full Name of Petitioner (ii Teamsters Local 315	ncluding local nam	e and number):		12b. Address (street and 2727 Alhambra A Martinez, CA 94	Avenue		ZIP code):	
12c. Full name of national or inte International Brotherh			Petitioner is an	affiliate or constituent (if n	one, so state)	):		
12d. Tel. No. (925) 228-2246	12f. Fax No. (925) 228-1612							
13. Representative of the Peti 13a. Name and Title: Sheila K. Sexton, Attorn		cept service of all	13b. Add	rposes of the representa ress (street and number, on th Street, Ste. 200,	ity, State and	ZIP code):		
13c. Tel. No. (510) 625-9700	13d. Cell No.		///	625-8275		@beesor	ntayer.com	
I declare that I have read the a Name (Print)	bove petition and	Signature /	ts/are true to		e and belief.			Date
Sheila K. Sexton		1		ttorney fo	or Petitio	oner	02/03/20	

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

FORM NLRB-502 (RC) (4-15)

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 20-RC-256091	Date Filed 2/11/2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Tartine Partners LLC d/b/a Tartine Bakery 600 Guerrero St., San Francisco, CA 94110 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Zach Taylor, General Manager same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 415-487-2600 415-487-2600 zach.taylor@tartinebakery.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service bakery/restaurant bakery food and beverage services San Francisco, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: approx. 44 Included: see attachment 6b. Do a substantial number (30% or more) of the employees in he Excluded: see attachment unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recogni ion on or about Check One: (Date) (If no reply received, so state). no reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address none 8c Tel No 8d Cell No 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): as soon as possible, pref. not on Mon. or Tue. morning and afternoon windows at the employer's location 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1188 Franklin St., 4th Floor, San Francisco, CA 94109 International Longshore and Warehouse Union 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (415) 775-1302 (415) 775-0533 agustin.ramirez@ilwu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Emily Maglio, attorney 13b. Address (street and number, city, state, and ZIP code) 1188 Franklin St., Ste. 201, San Francisco, CA 94109 13c Tel No 13d. Cell No. 13e Fax No. 13f F-Mail Address (415) 771-6400 (415) 771-7010 emaglio@leonardcarder.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) Title Date Emily M. Maglio attorney 2/10/20 BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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.

PRIVACY ACT STATEMENT

## **Tartine Bakery**

## 5.b.

**Included:** All baristas, pastry counter employees, servers, bread bakers, dishwashers, pastry bakers, pastry prep employees, prep cooks, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

FORM NLRB-502 (RC) (4-15)

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 20-RC-256131	Date Filed 2/11/2020						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Tartine Holdings JV LLC d/b/a Tartine All Day 1226 9th Ave., San Francisco, CA 94122 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Scott Mosier, General Manager same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 415-742-5005 310-699-0702 scott.mosier@tartinebakery.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service restaurant/bakery bakery food and beverage services San Francisco, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: approx 22 Included: see attachment 6b. Do a substantial number (30% or more) of the employees in he Excluded: see attachment unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recogni ion on or about Check One: (Date) (If no reply received, so state). no reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address none 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): as soon as possible, pref. not on Mon. or Tue. morning and afternoon windows at the employer's location 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1188 Franklin St., 4th Floor, San Francisco, CA 94109 International Longshore and Warehouse Union 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (415) 775-1302 (415) 775-0533 agustin.ramirez@ilwu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Emily Maglio, attorney 13b. Address (street and number, city, state, and ZIP code) 1188 Franklin St., Ste. 201, San Francisco, CA 94109 13c Tel No 13d. Cell No. 13e Fax No. 13f F-Mail Address (415) 771-6400 (415) 771-7010 emaglio@leonardcarder.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) Title Date Emily M. Maglio attorney 2/10/20 BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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.

PRIVACY ACT STATEMENT

## **Tartine Inner Sunset**

## 5.b.

**Included:** All baristas, baristas, bussers and support employees, dishwashers, line cooks, porters, pastry bakers, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

FORM NLRB-502 (RC) (4-15)

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

#### RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 20-RC-256138	Date Filed 2/11/2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Tartine Partners LLC d/b/a Tartine Manufactory 595 Alabama St., San Francisco, CA 94110 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Suzanne Roberts, General Manager same 3c Tel No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 415-757-0007 949-886-5880 suzanne.roberts@tartinebakery.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service bakery/restaurant bakery food and beverage services San Francisco, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: approx. 123 Included: see attachment 6b. Do a substantial number (30% or more) of the employees in he Excluded: see attachment unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/6/20 and Employer declined recogni ion on or about Check One: (Date) (If no reply received, so state). no reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address none 8c Tel No 8d Cell No 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): as soon as possible, pref. not on Mon. or Tue. morning and afternoon windows at the employer's location 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1188 Franklin St., 4th Floor, San Francisco, CA 94109 International Longshore and Warehouse Union 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (415) 775-1302 (415) 775-0533 agustin.ramirez@ilwu.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Emily Maglio, attorney 13b. Address (street and number, city, state, and ZIP code) 1188 Franklin St., Ste. 201, San Francisco, CA 94109 13c Tel No 13d. Cell No. 13e Fax No. 13f F-Mail Address (415) 771-6400 (415) 771-7010 emaglio@leonardcarder.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) Title Date Emily M. Maglio attorney 2/10/20 BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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PRIVACY ACT STATEMENT

## **Tartine Manufactory**

#### 5.b.

**Included:** All bar preparation employees, baristas, bar backs, bartenders, bussers and support employees, hosts, pastry counter employees, servers, sommeliers, bread bakers, dishwashers, line cooks, sous chefs, porters, utility employees, pastry bakers, pastry prep employees, prep cooks, drivers, cashiers, and leads.

Excluded: Office-clericals, guards, managers, and supervisors as defined in the Act

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE Case No. Date Filed 20-RC-256536 2/18/2020

#### NATIONAL LABOR RELATIONS BOARD RC PETITION

Excluded: ANY AND ALL MANAGERS, SUPERVISORS, SUPERINTENDENTS, WATCHMEN, AND SECURITY PERSONNEL  Check One:	in which the employ of service showin (Form NLRB-505), with the NLRB an 1. PURPOSE OF THIS bargaining by Petiti requests that the 2a. Name of Employed	loyer concerned is low g service on the emp g and (3) Description of d should not be serve s PETITION: RC-CERTIF oner and Petitioner desires National Labor Relations	cated. The loyer and a of Represe ed on the e ICATION OF s to be certified	e petition musical other parties entation Case of employer or an REPRESENTA das representatived under its pro-	the accompanied by es named in the petition Procedures (Form NL by other party. IVE - A substantial number ve of the employees. The upper authority pursuant to ddress(es) of Establishmen	both a showing o on of: (1) the petit RB 4812). The sh of employees wish to Petitioner alleges the Section 9 of the Na et(s) involved (Street a	f interest (seion; (2) State eowing of interest the following at the following tional Labor Read number, city,	g circumstances exist and elations Act.
808-538-6918  808-538-6918  808-538-6918  808-538-6918  808-538-6918  808-538-6918  808-538-6919  5s. Ciprand State where unit is located: Wholesaler, etc.)  Wholesaler of Unit Involved Included; Divers  5s. Ciprand State where unit is located: Honolulu, Hill  6s. No. of Employees in Unit Involved Included; Divers  Excluded: ANY AND ALL MANAGERS, SUPERVISORS, SUPERINTENDENTS, WATCHMEN, AND SECURIT PERSONNEL  Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about 100.  Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about 100.  Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about 100.  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. Date of Recognition or Certification  8c. Tell No. 8d Cell No. 8d Cell No. 8d Cell No. 8d Cell No. 8d. Address  8c. Tell No. 8d. Cell No. 8d Cell No. 8d. Cell No. 9d. Which have claimed recognition as representative interest in any employees in the unit described in item 5b above. (If none, so date)  11. Election Details: If the NILRB conducts an election in this matter, state your position with respect to 11st. Election Location(s). Hawaiin clear and number, Cely, state, and ZIP code)  110. Cell No. 9d. C	3a. Employer Repres	entative - Name and Title		1125	3b. Address (If same as		117	- Ap. 20
Wholesaler   Ice Distribution   Honolulu, H   Sb. Description of Unit Involved Included: Drivers   Sb. Description of Unit Involved Included: Drivers   Sb. Description of Unit Involved Included: Drivers   Sc. Description of Unit Involved Involved Involved Included: Drivers   Sc. Description Involved Involv		3d.	Cell No.					
Included: Drivers  Excluded: ANY AND ALL MANAGERS, SUPERVISORS, SUPERINTENDENTS, WATCHMEN, AND SECURIT  PERSONNEL  Check One: 7 a. Request for recognition as Bargaining Representative was made on (Date) (If no reply received, so state).  To. Petitioner's currently recognized as Bargaining Representative was made on (Date).  8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  8b. Date of Recognized or Certified Bargaining Agent (If none, so state).  8c. Tel No. 8d Cell No. 8d Cell No. 8d Cell No. 8d Cell No. 8d. E-Fax No. 8f. E-Mail Address  8l. Date of Recognization or Certification under the Act.  8h. Date of Recognization or Certification Certification Certification Certification Certification Certifica	Wholesaler					4.		
PERSONNEL  Check One:  7a. Request for recognition as Bargaining Representative was made on (Date)  7b. Dettioner's 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.  8d. E-Mail Address  6dress of Cortract, if any (Month Day, Year)  7d. Year	5b. Description of Ur Included: Drivers	nit Involved						10 6b. Do a substantial number (30%
8a. Name of Recognized or Certified Barsaining Agent (if none, so state).  8c. Tel No.  8d Cell No.  9d If so, approximately how many employees are participating?  Contract, if any (Montity Day, Year)  Contract, if any (Montity Day, Year)			, SUPER\	/ISORS,SUPI	ERINTENDENTS, W	ATCHMEN, AND	SECURITY	unit wish to be represented by the
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  8b. Address  8c. Tel No.  8c. Tel No.  8d. Cell No.  8d. Cell No.  8d. Cell No.  8e. Fax No.  8f. E-Mail Address  10c. Fax No.  10c.	Check One:	none	(Date) (	If no reply receive	ed, so state).			lined recognition on or about
89. Affiliation, if any  8h. Date of Recognition or Certification  8l. Expiration Date of greent 6rMost Recognition or Certification  9l. 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)						octanidation student and	7.00.	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participaliting?  10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other diganizations and other diganizations and indignish 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. 10c. Fax No. 10c. Evaluation Mail Mail Mixed Manual/Mail Mixed Manual/Mail Mixed Manual/Mail Mixed Manual/Mail Mixed Manual/Mail Mixed Manual/Mail Mixed North 10, 2020  12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 11c. Election Time(s): 5:30AM-6:00AM 11c. Election Location(s): Hawaii Teamsters and Allied Workers. Local 996 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12c. Tell No. 12c. Tell No. 12d. Fax No. 12e. Cell No. 12f. Fax No. 10g-842-4575 12g. E-Mail Address 12g. E-Mail Address 12g. E-Mail Address 12g. E-Mail Address 12g. B-Mail Address 13g. B-Mail Address 13g. B-Mail Address 13g. B-Mail Address 13g. B		8d	Cell No.		8e. Fax No.		8f. E-Mail Addr	ress = 8 =
(Name of labor organization)	8g. Affiliation, if any	'			8h. Date of Recognition o	r Certification		y (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 indigrible known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  10. Name  10. Address  10. Tel. No.  10. Fax No.  10. Fax No.  10. E-Matil Address  11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  11. Election Date(s):  11. Election Imm(s):  11. Election Date(s):  12. Election Date(s):  12. Election Date(s):  12. Election Date(s):			yer's establis	9/6/			ployees are pa	E 60 20 Z
10b. Address 10b. Address 10c. Tel. No. 10c. Tel. No. 10d. Gelf.No. 10d.	known to have a repre	ndividuals other than Petitic sentative interest in any er	oner and thos nployees in t	e named in items he unit described	8 and 9, which have claim in item 5b above. (If none	ed recognition as repr , so state)	resentatives and	other organizations and individuals
any such election.  11b. Election Date(s):  March 10, 2020  5:30AM-6:00AM  Hawaiian Ice Breakroom  12c. Full Name of Petitioner (including local name and number)  Hawaii Teamsters and Allied Workers, Local 996  12c. Full name of national cr international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12c. Full name of national cr international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12c. Full name of national cr international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12c. Full name of national cr international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12d. Tel No.  808-842-4575  13g. E-Mail Address (org86@hawaii.rr.com)  13g. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer  13b. Address (street and number, city, state, and ZIP code)  1817 Hart Street, Honolulu, Hawaii 96819  13c. Tel No.  808-842-4575  13d. Cell No.  808-842-4575  13f. E-Mail Address  asi@hawaiiteamsters.com  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print)  Asi Fakaosi  Title  Assistant to the President/ Organizer	10a. Name		10b. Add	iress		*		10d. Gelf.No.
March 10, 2020  5:30AM-6:00AM  12a. Full Name of Petitioner (including local name and number) Hawaii Teamsters and Allied Workers, Local 996  12b. Address (street and number, city, state, and ZIP code) 1817 Hart Street, Honolulu, Hawaii 96819  12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  12d. Tel No. 12e. Cell No. 12e. Cell No. 12f. Fax No. 808-842-4575  13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer  13b. Address (street and number, city, state, and ZIP code) 18t7 Hart Street, Honolulu, Hawaii 96819  13c. Tel No. 808-847-6633  13d. Cell No. 808-940-3540  13e. Fax No. 808-842-4575  13f. E-Mail Address asi@hawaiiteamsters.com  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print) Asi Fakaosi  Title Assistant to the President/ Organizer  Title Assistant to the President/ Organizer		If the NLRB conducts an e	CONTRACTOR CONTRACTOR		ur position with respect to	150		Mail Mixed Manual/Mail
Hawaii Teamsters and Allied Workers, Local 996  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. 808-847-6633  12e. Cell No. 808-842-4575  12g. E-Mail Address loc996@hawaii.rr.com  13g. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer  13b. Address (street and number, city, state, and ZIP code) 1817 Hart Street, Honolulu, Hawaii 96819  13c. Tel No. 808-847-6633  13d. Cell No. 808-940-3540  13e. Fax No. 808-842-4575  13f. E-Mail Address asi@hawaiiteamsters.com  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print) Asi Fakaosi  Title Assistant to the President/ Organizer  Title Assistant to the President/ Organizer	March 10, 2020		5:30AN	I-6:00AM	7	Hawaiian Ice Bre	akroom	
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808-847-6633  808-842-4575  13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer  13b. Address (street and number, city, state, and ZIP code)  13c. Tel No.  13c. Tel No.  808-847-6633  13d. Cell No.  808-940-3540  13e. Fax No.  808-842-4575  13f. E-Mail Address asi@hawaiiteamsters.com  1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.  Name (Print) Asi Fakaosi  1 Title Assistant to the President/ Organizer  1 Title Assistant to the President/ Organizer			organization of	of which Petitioner	r is an affiliate or constituer	nt (if none, so state)		Walkington 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1887 - 1
13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer  13b. Address (street and number, city, state, and ZIP code)  18t7 Hart Street, Honolulu, Hawaii 95819  13c. Tel No.  808-847-6633  13d. Cell No.  808-940-3540  13e. Fax No.  808-842-4575  14e. Fax No.  808-842-4575  14e. Fax No.  808-842-4575  14e. Fax No.  808-842-4575  15e. Fax No.  808-842-4575  16e. Fax No.  808-842-								
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Name (Print) Asi Fakaosi  Title Assistant to the President/ Organizer  Date 2/18/2020						and the state of t		
Asi Fakaosi Assistant to the President/ Organizer 2/18/2020	<u> </u>	ead the above petition a	nd that the s	tatements are tr	N. S.	vledge and belief.		
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE/ TITLE /8, SECTION 1001)	Asi Fakaosi	& Ignate	i-fr	den.	Assistant to the Preside		///	8/2020

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.

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE I	N THIS SPACE
Case No. 20-RC-257148	Date Filed 2/28/2020

						<u> </u>			
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition must s named in the pe	be accompanied tition of: (1) the p	by both etition;	a showing of interest (s (2) Statement of Position	see 6b below) an n form (Form NL	d a certificat .RB-505); an	e of service showing s d (3) Description of Rep	ervice on presentation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboration	tioner desires to be	certified as repre	sentative	of the employees. The P	etitioner alleges	that the foll	owing circumstances e	경영영영경일 개요	
2a. Name of Employer:				s) of Establishment(s) invo	olved (Street and	number, City	State, ZIP code):		
Wellpath	. 0	See	Attacl	hment A	3		× 8	類	
3a. Employer Representative - Nar	me and Title:			same as 2b - state same		! P!!	t- (MADE)		
Debra Kolman				County Jail, Main			ity (MADF)		
Program Manager		211		tura Ave, Santa Ro	1054				
3c. Tel. No.	3d. Cell No. (707) 290-3			ax No.	23	n@sonor	na-county.org	7.	
4a. Type of Establishment (Factory, Detention Center (Health	mine, wholesaler, care Workers	etc.)	Med Med	rincipal Product or Service dical & behavioral	health	Santa I	d State where unit is loc Rosa, CA	ated:	
5b. Description of Unit Involved: Included: See Attachment A	792 E B					6a. Numbe	r of Employees in Unit:	R a	
Excluded: See Attachment A					77	of the	ubstantial number (30% imployees in the unit wis ented by the Petitioner?	h to be	
Check One: 7a. Request for rec					ar		declined recognition		
on or about (Date)				d, so state). tive and desires certification	on under the Act.			0.00	
8a. Name of Recognized or Certific	ed Bargaining Ag	ent (If none, so st	ate) 8	b. Address:		12		102 (800 )	
National Union of Health	care Workers	(NUHW)	1	250 45th Street, S Emeryville, CA 94			N 32	22	
8c. Tel. No. (510) 834-2009	8d. Cell No.			ax No. 0) 834-2019	8f. E-Mail	8f. E-Mail Address			
8g. Affiliation, if any:	1	- S	8h. Date	of Recognition or Certific			ment or Most (Month, Day, Year)	£0 34	
9. Is there now a strike or picketing a	at the Employer's e	stablishment(s) in	volved?	No If so, appro			s are participating?	<u> </u>	
(Name of Labor Organization)	# D ##-	111	· · · · · · · ·				er since (Month, Day, Ye		
<ol> <li>Organizations or individuals other individuals known to have a representation.</li> </ol>							es and other organization	is allu	
10a. Name	10b.	Address			10c. Tel. N	lo.	10d. Cell No.	707,725	
8		*			10e. Fax N	lo.	10f. E-Mail Address	Mail Address	
								841	
11. Election Details: If the NLRB co	10.00	40 40	ate your	position with respect to a		☐ Manua	Mail Mixed	Manual/Mail	
11b. Election Date(s): March 18, 2020	11c. 1 NA	Election Time(s):				11d. Election Location(s): NA			
12a. Full Name of Petitioner (include National Union of Health	ding local name an		***	12b. Address (stree 1250 45th Str Emeryville, C	et and number, cit eet, Suite 20		ZIP code):		
12c. Full name of national or internal None	tional labor organiz	cation of which Per	titioner is	an affiliate or constituent	(if none, so state	):	2. 10		
12d. Tel. No. (510) 834-2009	12e. Cell No.	***		ax No. 0) 834-2019	12g. E-Ma ktom@	il Address nuhw.org	/rdraper@nuhw.o	org	
13. Representative of the Petition	er who will accept	service of all pa					4	#:	
13a. Name and Title: Latika Malkani, Esq.		*	SIE	Address (street and numb GEL LEWITTER M O Harrison Street, Su	IALKANI		4612	en	
13c. Tel. No. (510) 452-5000	13d. Cell No.	201	13e. I	Fax No. 0) 452-5004	13f. E-Mail	13f. E-Mail Address   lmalkani@sl-employmentlaw.com			
I declare that I have read the abov	e petition and tha		are true	to the best of my know					
Name ( <i>Print</i> ) Latika Malkani		Signature 4	lita	Maltoni	Counsel fo	r NUHW	7	Date 02/27/20	

#### Attachment A

to RC Petition filed by National Union of Healthcare Workers (NUHW)

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

Sonoma County Jail consists of two facilities:

- Main Adult Detention Facility (MADF)
   2777 Ventura Ave
   Santa Rosa, CA 95403
- North County Detention Facility (NCDF)
   2254 Ordinance Rd
   Santa Rosa, CA 95403

### **5b.** <u>Description of Unit Involved</u>:

**Included:** All full-time, regular part-time and per diem professional employees

employed by the employer at or from Sonoma County Main Adult Detention

Facility and North County Detention Facility, in the following job

classifications:

Licensed Vocational Nurse, Nurse Practitioner, Registered Nurse, Certified Nursing Assistant, Substance Abuse Counselor, Physician's Assistant, Licensed Clinical Social Worker, Marriage Family Therapist, Licensed Counselor, Licensed Marriage Family Therapist, Discharge Planner, Administrative Assistant, Unit Secretary, Medical Records Clerk, Clerk,

**Dental Assistants** 

**Excluded:** All other employees, confidential employees, employees represented by other

labor organizations, guards and supervisors as defined by the National Labor

Relations Act.

FORM NLRB-502 (RD) (2-18)

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

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
20-RD-255613	2/3/2020				

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

the employer and all other parties nan Case Procedures (Form NLRB 4812).		the petition; (2) St	atement of Pos	ition form	Form NLRB-505); a	and (3) Descripti	on of Representation		
PURPOSE OF THIS PETITION: RD-D recognized bargaining representative is Labor Relations Board proceed under	no longer their represent	ative. The Petitione	r alleges that t	he followin	g circumstances e				
2a. Name of Employer	0 .			ent(s) involved (Street and number, city, state, ZIP code)					
PEPSI BEVERAGE	Company	7550 R	eese	PLOAT	SACRAY	NENTO,	× 95828		
MARQUES BUTTIS/ST	Title	3b. Address (If sar	me as 2b - state	same)					
3c. Tel. No. 3d. Fax	No.	3e. Cell No.	57	3f. E-Mail	Address UESOBURR	IS @ Peps	ico, com		
4a. Type of Establishment (Factory, mine,	wholesaler, etc.) RY / WINE +	2	2000	4b. Princip	al product or service	-1			
Beverage inpust	RY/WAREL	10NSE +1	anspor	Bi	everages	1.500A	FTC		
oa. Description of Unit involved		****				5b. City ar	d State where unit		
ALL EMPLOYEES L	T UI DER	HE CBA				Is loca SACI	LAMONTO		
Excluded:						0000	FORMA		
EMPLOYEES NUT	LISTED/De	parrother	TT NO	TUS	CED	Che			
300 - 340	<ol><li>Do a substantial number recognized bargaining</li></ol>			n the unit no		•			
8a. Name of Recognized or Certified Barga	aining Agent (VEYLS LOC	ac 565	SACRY	mem	8b. Affiliation, if any	AFL-C	io, cic		
Rr. Address			8d. Tel. No.		8e. Cell No.				
DOES NUT EXIST		(0	16) 833	9496					
			8f. Fax No.		8g. E-Mail Address USW50510	ical a gr	mil.rom		
9. Date of Recognition or Certification	ben in the second	10. Expiration Date	e of Current or	Most Recen	Contract, if any (Mo	onth, Day, Year)			
11a. Is there now a strike or picketing at th	e Employer's establishme	ent(s) involved?	Yes X No		approximately how r	nany employees	are participating?		
11c. The Employer has been picketed by o			-				a labor organization, of		
(Insert Address)	**************************************	(1)(C. 6)			sine	ce (Month, Day, Y	'ear)		
12. Organizations or individuals other thos	e named in items 8 and 1	1c, which have dain	ned recognition	as represen	tatives and other org	ganizations `			
and individuals known to have a repres	sentative interest in any e 2b. Address	mployees in the unit	described in ite	m 5 above.		12d. Fax No.			
12a. Name	ZD. Address			120. 191. 1	io.	120. Fax No.			
				40 0 11 1		101 5 11 3 1 11			
				12e. Cell N	ю.	12f. E-Mail Addr	ess		
Election Details: If the NLRB conduction     matter, state your position with respect				13a. Electi	on Type: Manua	l ☐ Mail 💆	Mixed Manual/Mail		
13b. Election Date(s)	13c. Election Ti	me(s)		13d. Electi	on Location(s)				
14. Full Name of Petitionar (b) (6), (b) (7)(C)									
14a. Address (Street and number, city, sta (b) (6), (b) (7)(C)	te. ZIP code)	<b></b>		14b. Tel. N	ło.	14c. Fax No.			
	e de la companya de		(	14d Cell ) b) (6), (b	(7)(C)	(b) (6), (b) (	7)(C)		
14f. Affiliation, if any			**		,				
15. Representative of the Petitioner who	will accept service of a	all papers for purpo	ses of the rep	resentation	proceeding.				
15a. Name				15b.Title					
15c. Address (Street and number, city, sta	te, ZIP code)	· · · · · · · · · · · · · · · · · · ·	<del></del>	15d. Tel. N	lo.	15e. Fax No.			
				15f. Cell N	0.	15g. E-Mail Add	ress		
I declare that I have read the above peti	tion and that the statem	ents are true to the	best of my kn	owledge ar	ed belief.	L			
	gnature (b) (6		- String All	Title			Date Filed		
Nar (b) (6), (b) (7)(C)	(b) (c	), (b) (1)(O)					1-28-20		

WILLFUL FALSE STATEMENTS ON THIS P

IISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)