UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
20-RC-247613	9/4/2019							

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) McDonald Wholesale Company 1750 Enterprise Blvd, West Sacramento, CA 95691 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Doug Shoemaker, Operations Manager same 3e. Fax No. 3f. E-Mail Address 916-754-4604 DShoemaker@McDonaldWholesale.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Wholesaler Food and food handling products and equipment West Sacramento, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part-time Drivers 6b. Do a substantial number (30% Excluded: All others or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about __(Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) (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) Monday, September 16, 2019 4:00 - 5:00 p.m. Breakroom at 1750 Enterprise Blvd, West Sacramento 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Teamsters Local 150 7120 East Parkway, Sacramento, CA 95823 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 916-822-6961 916-217-0679 mariolcontreras2@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Caren P. Sencer, Attorney 13b. Address (street and number, city, state, and ZIP code) 13f. E-Mail Address Csencer@unioncounsel.net 13d. Cell No. 13c. Tel No 13e. Fax No 510-337-1001 510-337-1023 nlrbnotices@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Title Date Caren P. Sencer Attorney September 3, 2019

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

PRIVACY ACT STATEMENT

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

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No.

DO NOT WRITE IN THIS SPACE

Date Filed 9/11/2019

RC PETITION 20-RC-248051 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Grand Hyatt SFO Hotel 55 South McDonnell Road, San Francisco, CA 94128 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): 5 Embarcadero Center, San Francisco, CA 94111 Bobby Walia, Area Director of Labor 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (415) 291-6568 (818) 415-3809 bobby.walia@hyatt.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service Business 5a. City and State where unit is located: San Francisco, California Hotel and Vacation Accommodation 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full time and regular part time employees working as stationary engineers at the Employer's location at 55 South McDonnell Road, San Francisco, CA Excluded: 6b. Do a substantial number (30% or more)
of the employees in the unit wish to be
represented by the Petitioner? [x] Yes All other employees 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 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. N/A N/A N/A N/A 10e. Fax No. 10f. E-Mail Address N/A N/A 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 Manual Mail Mixed Manual/Mail 11b. Election Date(s) 11c. Election Time(s): 11d, Election Location(s): September 25, 2019 6:30 a.m. - 7:30 a.m.; Noon to 1:00 p.m. Worksite 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Union of Operating Engineers, Stationary 337 Valencia Street, San Francisco, CA 94103 Engineers, Local 39 12c, Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state); International Union of Operating Engineers 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (415) 861-1135 (415) 350-9851 (415) 861-5264 iklein@local39.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Antonio Ruiz, Attorney Weinberg, Roger & Rosenfeld 1001 Marina Village Pkwy, Suite 200, Alameda, CA 94501 13c, Tel. No. 13d. Cell No. 13f. E-Mail Address 13e. Fax No. (510) 337-1001 (510) 337-1023 aruiz@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief Name (Print) Antonio Ruiz 09/11/19

Attorney

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Date Filed Case No. 20-RC-248379

RC PETITION

INSTRUCTIONS: Unless e-Filed use in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Description with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-C	e employer and otion of Representation of Representation of the served on the	e petition must all other partie entation Case February	s named Procedu y other	mpanied by in the petition res (Form NL) bstantial number	of employees wish to	tion; (2) S howing of	tatemer interes	t should only be	filed	
bargaining by Petitioner and Petitioner requests that the National Labor Rel	dociroe to he certifi	ed as representative	ve of the e	ority pursuant to	Section 9 of the Na	ational Lab	or Relation	ons Act.	nd	
2a. Name of Employer Herc Rentals		2b. Ad	ldress(es)	of Establishmen	t(s) involved (Street a polei, HI. 96707	and number,	city, Stat	te, ZIP code)		
3a. Employer Representative - Name ar			3b. Ad	dress (If same as	2b - state same)			24424		
Lawrence Silber - President/ CE					enter Blvd., Bor	3f. E-Mail				
3G, Tel. INO.	3c. Tel. No. 3d. Cell No. 3e. Fax No. customercare@hercrentals.com							n		
4a. Type of Establishment (Factory, mine, Heavy Equipment Rental		4b. Principal pro		rvice				State where unit is lo nolulu, Hawaii	cated:	
5b. Description of Unit Involved		Heavy Equipr	nent			Тар		No. of Employees in	unit:	
Included: CDL Drivers							4	De e substantial su	h (200/	
Excluded: Any and al manager	s, supervisors	s, superinten	dents,	watchmen,	and security p	ersonnel	orr	Do a substantial number of the employed wish to be represent titioner? Yes	ees in the nted by the	
none_	(Date) (currently recognized	If no reply received d as Bargaining Re	d, so state).	9/17/2019 and certification under the					
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail	Address			
8g. Affiliation, if any								Date of Gurrent or Most Recent ny (Month, Day, Year)		
9. Is there now a strike or picketing at the E	mployer's establish	hment(s) involved?	?	If so, approxi	imately how many er	nployees ar	e participa	ating?	CO 70	
(Name of labor organization)		, has pick	eted the E		Nonth, Day, Year)				50	
10. Organizations or individuals other than known to have a representative interest in a	Petitioner and thos any employees in the	he unit described in	8 and 9, w n item 5b	which have claime above. (If none,	ed recognition as rep so state)	resentatives	s and other	er organizations and	m S	
10a. Name	10b. Add	ress			10c. Tel. No.		11	00 Cell No.	0	
					10e. Fax No.		1	Of E-Mail Address	7	
11. Election Details: If the NLRB conducts	an election in this	matter, state your	position	with respect to	44- 51- 11- 5				23	
any such election. 11b. Election Date(s):			poortion	With respect to	11a. Election Type		ualN	Mixed Ma	nual/Mail	
0/07/2019	5:30a.m	ction Time(s): - 5:45a.m.			11d. Election Location(s): Breakroom Herc Kapolei					
12a. Full Name of Petitioner (including local awaii Teamsters and Allied Workers, Local	cal name and numbers	nber)			12b. Address (stre	ess (street and number, city, state, and ZIP code) Street, Honolulu, Hawaii 96819				
2c. Full name of national or international lal ternational Brotherhood of Teamsters	oor organization of	which Petitioner is	s an affilia	ate or constituen	t (if none, so state)		Tarran oc			
2d. Tel No. 08-847-6633	1 120, OCH IVO.			-4575	12g. E-Mail Addre loc996@hawaii.rr					
3. Representative of the Petitioner who v	vill accept service	e of all papers for	purpose	es of the repres	entation proceedir	ng.				
3a. Name and Title Asi Fakaosi, Assistar 3c. Tel No.		nt/ Organizer	13b. Add 1817 Har	dress <i>(street and</i> t Street, Honolulu, I	d number, city, state Hawaii 96819	, and ZIP co	ode)			
8-847-6633	1818-4/11-35/1				logi@have	13f. E-Mail Address asi@hawaiiteamsters.com				
declare that I have read the above petitio	n and that the sta	atements are true	to the b	est of my know	rledge and belief.	asiwilaw	anteams	ters.com		
i Fakaosi	lature A		Title	t to the Preside	n+/ Oi	Date	10010			
WILLFUL FALSE STATEMEN	TS ON THIS PETI	TION CAN BE PL	JNISHED	BY FINE AND	IMPRISONMENT (J.S. CODE,	TITLE 1	8, SECTION 1001)		

PRIVACY ACT STATEMENT

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

RECEIVED FORM NLRB-502 (RC) NLRB SUB-REGION 37 (4-15)

UNITED STATES GOVERNMENT
NATIONAL CABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. 20-RC-248463

Date Filed 09/18/2019

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INSTRUCTIONS: Unless e-Filed us in which the employer-concerned in	ing the Agency's located. The	s website, <u>w</u> betition mus	ww.nlrb.gov, submit t be accompanied by	an original of this	Petition to a	n NLRB office e 6b below) ar	in the Regio	n te
of service showing service on the								.6
(Form NLRB-505); and (3) Descript								
with the NLRB and should not be s				end tolky. The s	noming or mi	creat anound t	only be med	
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF F	REPRESENTAT	IVE - A substantial number	er of employees wish t	n he represente	for numases of	collective	
bargaining by Petitioner and Petitioner d	esires to be certified	l as representati	ive of the employees. The	e Petitioner alleges ti	hat the followin	a circumstances	exist and	
requests that the National Labor Relat	tions Board proces	ed under its pro	oper authority pursuant	to Section 9 of the N	ational Labor R	elations Act.		
2a. Name of Employer			ddress(es) of Establishme					
DynCorp International	1	Kalaei	oa FLT DET 55, OSACO		CO C, ZND BA	1,641 AVN REG	Kapolel HI 96/	07
3a. Employer Representative - Name and Jeffery Grant, Western Regional I	Manager		3b. Address (If same 4102 Constitution				s, CA 90720	
3c. Tel. No. 817-844-1566	3d. Cell No.		3e. Fax No.			@dyn-intl.co		
4a. Type of Establishment (Factory, mine, v		4b. Principal pro				and State where	unit is located:	
Government Contractor		Aircraft Servi	ce and Repair		Kapole	i, HI		
5b. Description of Unit Involved			•		·	6a. No. of Empl	oyees in Unit:	_
Included: All full time and pe	ermanent pa	art time A	ircraft Mechani	CS		2		
Excluded: All other employees including office in the Act.					yees as defined	or more) of the unit wish to be a	employees in the represented by the	е
Charle Const. Co. To. Dogwood for an				0/40/0040	15	Petitioner? Ye		
Check One: 7a. Request for re			ative was made on (Date)		io employer dec	med recognition	on or about	
7b Retitioner is c			ed, so state). No Re					
8a. Name of Recognized or Certified Ban			Representative and desire 8b. Address	s ceruncason under th	5 ACT		 	
None	benning vigent for it	one, so statej.	U. Addiess					
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress		
8g. Affiliation, if any			8h. Date of Recognition	8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing at the E	mployer's establish	ment(s) Involved	1? No If so, appr	oximately how many e	nployees are pa	rticipating?	···	
(Name of labor organization)		, has pic	keted the Employer since	(Month, Day, Year)			<u>-</u>	
10. Organizations or Individuals other than known to have a representative interest in a	Petitioner and those	named in items	8 and 9, which have clai	med recognition as rep	presentatives an	d other organization	ons and individu	ais
None 10a. Name	10b. Addre	ess	_ ·	10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Ad	dress	
11. Election Details: If the NLRB conducts any such election.	an election in this	matter, state you	r position with respect to	11a. Election Type	: / Manual	Mali Mi	xed Manual/Mail	-
11b. Election Date(s): 9/30/2019		tion Time(s):	11:30AM - 12:00PM	11d. Election Loca Petri Room, Kalaetos FLT DE		DET 3, CO G. 2ND BAT. 8	41 AVN REG Kapolei H19	6707
12a. Full Name of Petitioner (including lo	cal name and num	iber)		12b. Address (stre				
International Association of Machinists an	,			2428 Rose St, Ho	nolulu, HI 9681)		
12c. Full name of national or international la International Association of Machinists and			ris an amiliate of constitue	mi (ir none, so state)				
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mall Ad			
(808) 845-1024	808-232-1209				organizer@lar	naw1998.org		
 Representative of the Petitioner who Name and Title Jason Hardwick, O 	•	• •	13b. Address (street a	nd number, city, state,	-			1
13c. Tel No.	13d. Cell No.		620 Coolidge Rd., Suite 13 13e. Fax No.	30, F0ISDM, CA 95630	13f. E-Mail Ad	dress		
916-985-8101 916-936-6013 916-985-8121				Jhardwick@lar	naw.org		 	
I declare that I have read the above petiti	on and that the sta	atements are tr	ue to the best of my kno	wledge and belief.		0		زن
Name (Print) Sig			Title		Date	4		رز
Jason Hardwick	gnature, //	1	Tiue					-
	acul ach	sh-	Grand Lodge Represe		9/18/2019		<u> </u>	1
WILLFUL FALSE STATEME	acul ach	TION CAN BE	Grand Lodge Represe				1001)	=;
//	NTS ON THIS PET	PRI	Grand Lodge Represe PUNISHED BY FINE ANI VACY ACT STATEMENT	D IMPRISONMENT (U	.s. CODE, TITL	E 18, SECTION 1	C(1001)	5
Solicitation of the information on this form's au	NAS ON THIS PET)	PRIN onal Labor Relation	Grand Lodge Represe PUNISHED BY FINE ANI VACY ACT STATEMENT ons Act (NLRA), 29 U.S.C.	MPRISONMENT (U	.s. CODE, TITL	E 18, SECTION 1	(F001)	H-19
//	NFS ON THIS PET uthorized by the Natio intation and related pr	PRIN Prinal Labor Relation Proceedings or Illig	Grand Lodge Represe PUNISHED BY FINE ANI VACY ACT STATEMENT ons Act (NLRA), 29 U.S.C. pation. The routine uses fo	D IMPRISONMENT (U § 151 et seq. The princ the information are full	is. CODE, TITL pal use of the inf y set forth in the i	ormation is to essis	st the National Lat 1 Fed. Reg. 7494 tion wit cause the	H- B

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 20-RC-248663	Date Filed 9/23/2019					

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 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) 4841 Urbani Ave Packaging Corporation of America 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) One North Field Court IL Lake Forest 60045-Mark J Romaniuk Esq. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (224) 268-6474 MarkRomaniuk@packagingcorp.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Paper & Paper Products Boxs Mcclellan, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 156 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 09/20/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 6-7:30am and 2-3:30pm Corrugator Conference room upstairs 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Miles D Cook
Miles D Cook AWPPW Organizing Director 503-709-6132 PO Box 4566 1430 SW Clay Street OR Portland 97208-4566 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Association of Western Pulp and Paper Workers 12g. E-Mail Address mcook@awppw.net 12d. Tel No. 12e. Cell No. 12f. Fax No. (503) 709-6132 (503) 977-7684 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Organizing Director Miles D Cook 09/20/2019 11:32:36 Miles D Cook WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					

Employees Included

All Full time and Part time production employees including maintenance and Truck drivers.

Employees Excluded

All Temporary employees, guards, and Supervisors as defined by the act.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
20-RC-247959	9/10/2019				

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): Merritt Hospitality LLC, DBA Pullman San 223 Twin Dolphin Drive, Redwood City, CA 94065 Francisco Bay 3a. Employer Representative Name and Title: 3b. Address (if same as 2b state same): Richard Uribe, General Manager same 3c. Tel. No. 3e. Fax No. 3f. F. Mail Address 3d. Cell No. (650) 508-7107 (650) 598-9383 richard.uribe@accor.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Hotel Hospitality Redwood City, CA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 115 See attached. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

✓ Yes See attached. Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 9/9/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). no reply ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none 8d. Cell No. 8c. Tel. No. 8e. Fax No. 8f. E Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_0 If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 7-9 am, 11:30 am - 3 pm, and 4-6 pm 9/19/2019 Location at Hotel 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): UNITE HERE Local 2 209 Golden Gate Ave., San Francisco, CA 94102 12c. Full name of national or international labor organiza ion of which Petitioner is an affiliate or constituent (if none, so state). UNITE HERE 12d. Tel. No. 12f. Fax No. 12e. Cell No. 12a, E Mail Address (415) 864-8770 ext 777 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: Lindsay R. Nicholas, Attorney 1188 Franklin Street, #201, San Francisco, CA 94109 13f. E Mail Address 13c. Tel. No. 13d. Cell No. 13e, Fax No. lnicholas@leonardcarder.com (415) 771-6400 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Signature Title Lindsay R. Nicholas 09/09/19 Attorney

5b. Description of Unit Involved:

Included: All full-time and regular part-time employees, including but not limited to housekeeping, room attendants, housekeeping inspectors and supervisor, housemen, lobby attendants, laundry, laundry supervisors, hosts, servers, bussers, room service servers, bartenders, barbacks, cocktail servers, market outlet attendants, phone operators (also known as "one touch"), bellmen and doormen, banquet servers, banquet bartenders, banquet housemen, cooks, dishwashers, and cafeteria attendants.

Excluded: Office/clerical employees, managers, guards, and supervisors as defined in the Act.

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

0.00	DO NOT WRITE	IN THIS SPA	CE	
Case No.	20-RC-249000	Date Filed	09/27/2019)

INSTRUCTIONS: Unless e-Filed us 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 services.	s located. The employer and ion of Repres	e petition must all other partie entation Case I	be acco s name Procedu	ompanied by I d in the petition res (Form NL	both a showing on of: (1) the peti	of interest (se tion; (2) State	e 6b below) a ement of Posi	nd a certific tion form	cate
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner di requests that the National Labor Relat 2a. Name of Employer	RTIFICATION OF	REPRESENTATI ed as representati eed under its pro	VE - A su ve of the e per autho	bstantial number employees. The prity pursuant to	Petitioner alleges th	nat the following ational Labor Re	g circumstance: elations Act.	s exist and	
Lanai Resorts LLC dba Rich	ard's Market	434 E	ight St.	Lanai City, I	II 96763	and number, dry	, Siale, ZIF CODE	,	[
3a. Employer Representative - Name and Roger Alconcel, Manager	Title				2b – state same) 733 Bishop Stre	et. Šuitė 20	00. Honolulu	HI 96813	
3c. Tel. No. (808) 565-3781	3d. Cell No.		3e. Fax			3f. E-Mail Add ralconcel@	ress roger.alc pulama.com	oncel@gm	ail.com;
4a. Type of Establishment (Factory, mine, w Retail Food Store	vholesaler, etc.)	4b. Principal pro Groceri		rvice		5a. City e Lanai, l			
5b. Description of Unit Involved Included: All employees em	nloved at t	the 434 Fin	ıht Str	eet locatio	nn in Lanai I	HI Ì	6a. No. of Emp 18	loyees in Unit:	}
Excluded: Supervisors, guar	•	_			m Lanai, i		6b. Do a substa or more) of the unit wish to be Petitioner? Yes	employees in represented b	the
	(Date)	(If no reply received	d, so state	y.	y this petition and the certification under the		lined recognition	on or about	N CR
8a. Name of Recognized or Certified Barry None			opi cocinia	8b. Address	Sertinoddori driedi dre	7700.	0	SEA	B R
8c. Tel No.	8d Cell No.		8e. Fax	No.		LOCE MAN Address with			85
8g. Affiliation, If any			8h. Date of Recognition or Certification 8i. Expire Contract			8i. Expiration D Contract, if any	ation Date of Current or Most Recent , if any (Month. Day, Year)		
9. Is there now a strike or picketing at the E		*				nployees are pa	45		- N
(Namé of labor organization) 10. Organizations or individuals other than I known to have a representative Interest in a None	etitioner and tho		8 and 9, v	which have claim	ed recognition as rep	resentatives and	olher organizati	ons andyndivi	iduals
10a. Name	10b. Add	dress			10c. Tel. No.		10d. Cell No.		
					10é: Fax No.		10f. E-Mail Ad	Idress	
11. 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 Mi	ixed Manual/M	lail
11b. Election Date(s): 10/8/2019		ection Time(s): a.m10:00 a.m.			11d. Election Location(s): Breakroom				
12a. Full Name of Petitioner (Including lo- United Food & Commercial Workers	cal name and nu Union, Local 48	imber) O		12b. Address (street and number, city, state, and ZIP code) 808 Factory Street					
12c. Full name of national of international la United Food & Commercial Workers			is an affili	ate or constituent	(if none, so state)				
(808) 942-7778	12e. Cell No. (808) 783-4800		12f. Fax (808) 94	9-0609		12g.:E-Mail Address oo7@ufcw480.com			
13a. Name and Title David A. R		• • •	13b. Ad	dress (street and	entation proceeding inumber, city, state, infeld, 1001 Marina	and ZIP code)	Suite 200, Alam	eda, CA 9450	1
13c. Tel No. (510) 337-1001	13d. Cell No.		13e. Fa (510) 33	x No.		131. E-Mail Add			
I declare that I have read the above petition	on and that the s	statements are tru			ledge and belief.				
Name (Print) Sig David A. Rosenfeld	De la companya della companya della companya de la companya della	ell	Title Attorney			Date September	27, 2019	201	2
WILLFUL FALSE STATEMEN	NTS ON THIS PE	TITION CAN BE P	UNISHE	BY FINE AND	MPRISONMENT (U	S. CODE, TITL	E 18, SECTION	1001)>	<u>₹</u>

Name (Print)
David A. Rosenfeld

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor. FITT Relations Board (NLRB) in processing representation and related proceedings or itigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 749/25 CO 43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, fallure to supply the information will cause the NLRB to decline to invoke its processes.