

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-259305

Date Filed

4/17/2020

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

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

2a. Name of Employer:
Community and Shelter Assistance Corp.
(CASA of Oregon)

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
20508 SW Roy Rogers Rd. #155, Sherwood, OR, 97140

3a. Employer Representative - Name and Title:
Peter Hainley

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

3c. Tel. No.
(503) 687-3311

3d. Cell No.
(503) 939-8650

3e. Fax No.
(503) 537-0558

3f. E-Mail Address
phainley@casaoeforegon.org

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

4b. Principal Product or Service
Housing and financial services

5a. City and State where unit is located:
Sherwood, OR

5b. Description of Unit Involved:

Included:
All employees

Excluded:
Staff with supervisory functions; contractors; confidential employees

6a. Number of Employees in Unit:
21

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

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/18/20 and Employer declined recognition on or about (Date) 03/24/20 (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

As soon as may be scheduled, via a mail-in ballot

11a. Election Type:

☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

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

Communications Workers of America Local 7901

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

3645 SE 32nd Ave, Portland, OR 97202

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.

(503) 238-6666

12e. Cell No.

(503) 459-7177

12f. Fax No.

12g. E-Mail Address

president@cwa7901.org

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

13a. Name and Title:

A.J. Mendoza, President

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

3645 SE 32nd Ave, Portland, OR 97202

13c. Tel. No.

(503) 238-6666

13d. Cell No.

(503) 459-7177

13e. Fax No.

13f. E-Mail Address

president@cwa7901.org

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

Name (Print)

A.J. Mendoza

Signature



Title

President

Date

04/16/20

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

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

FORM NLRB-502 (RC)
(2-18)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

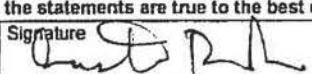
19-RC-259373

Date Filed

4-21-2020

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

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

2a. Name of Employer: Ferrellgas		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 306 N. Fruitland St., Kennewick, WA 99336	
3a. Employer Representative - Name and Title: Jim Kloehn, District Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 509-586-0959	3d. Cell No.	3e. Fax No. 509-582-6357	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Propane Supplier		4b. Principal Product or Service Propane	5a. City and State where unit is located: Kennewick, WA
5b. Description of Unit Involved: Included: Full-Time and Part-Time Drivers and Dock Workers Excluded: Office Staff, Service Technicians, Supervisors, Managers and all other employees		6a. Number of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 4/21/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) Austin DePaolo		8b. Address: 1103 W. Sylvester St., Pasco, WA 99301	
8c. Tel. No. 509-547-7513	8d. Cell No. 509-551-9212	8e. Fax No. 509-546-2560	8f. E-Mail Address team839_adepaolo@outlook.com
8g. Affiliation, if any: Teamsters Local 839		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="radio"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Austin DePaolo, Teamsters Local 839		12b. Address (street and number, city, State and ZIP code): 1103 W. Sylvester St., Pasco, WA 99301	
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. 509-547-7513 x13	12e. Cell No. 509-551-9212	12f. Fax No. 509-546-2560	12g. E-Mail Address team839_adepaolo@outlook.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Austin DePaolo, Business Agent		13b. Address (street and number, city, State and ZIP code): 1103 W. Sylvester St., Pasco, WA 99301	
13c. Tel. No. 509-547-7513 x13	13d. Cell No. 509-551-9212	13e. Fax No. 509-547-2560	13f. E-Mail Address team839_adepaolo@outlook.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) Austin DePaolo	Signature 	Title Business Agent	Date 4/21/2020

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-259439

Date Filed

4-22-2020

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

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

2a. Name of Employer US Foods	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3520 E. Francis WA Spokane 99207-
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3a. Employer Representative - Name and Title Larry Boyer	3b. Address (If same as 2b - state same) 3520 E. Francis WA Spokane 99207-
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3c. Tel. No. (509) 483-7700	3d. Cell No. (253) 906-2868	3e. Fax No.	3f. E-Mail Address larry_boyer@fsafood.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Processing	4b. Principal product or service Food	5a. City and State where unit is located: Spokane, WA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 04/21/2020 and Employer declined recognition on or about 04/21/2020 (Date) (If no reply received, so state). Yes
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

11b. Election Date(s): 05/04/2020	11c. Election Time(s): return by 05/11/2020	11d. Election Location(s): Mail Ballot
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12a. Full Name of Petitioner (including local name and number) Larry E Kroetch Teamsters Local Union No. 690	12b. Address (street and number, city, state, and ZIP code) 1912 N. Division St. Suite 200 WA Spokane 99207-
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood Of Teamsters

12d. Tel No. (509) 455-9410	12e. Cell No. (208) 659-0511	12f. Fax No. (509) 326-9507	12g. E-Mail Address lkroetch@teamsterslocal690.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Larry E Kroetch	Signature Larry Kroetch	Title Business Agent	Date 04/22/2020 09:42:43
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

Employees Included
Maintenance

Employees Excluded
All other employees

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-259487

Date Filed
4-23-2020

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

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

2a. Name of Employer Providence		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 914 S Scheuber Rd WA Centralia 98531-	
3a. Employer Representative - Name and Title Dana Vandewege		3b. Address (If same as 2b - state same) 413 Lilly Rd NE WA Olympia 98506-	
3c. Tel. No. (360) 493-5534	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dana.vandewege@providence.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Healthcare	
4c. City and State where unit is located: Centralia, WA			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 160
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

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

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

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

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

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

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

11b. Election Date(s): as soon as practicable	11c. Election Time(s): as soon as practicable	11d. Election Location(s): as soon as practicable
12a. Full Name of Petitioner (including local name and number) Matt Loveday United Food and Commercial Workers, Local 21		12b. Address (street and number, city, state, and ZIP code) 5030 1st Ave S, Ste 200 WA Seattle 98134-

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

12d. Tel No. (206) 419-0433	12e. Cell No.	12f. Fax No.	12g. E-Mail Address mloveday@ufcw21.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) Matt Loveday	Signature /s/ Matt Loveday	Title Organizer	Date 04/22/2020 08:12:33
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time, regular part-time, and per diem nonprofessional employees and nonprofessional lead employees employed by the Employer at its 914 S Scheuber Rd, Centralia, Washington facility in the following classifications: Anesthesia Technicians, Central Services Technicians, Certified Nursing Assistants, Cooks, Dietary Aides, Emergency Department Technicians, Food Service Workers, Environmental Services Technicians, EKG Technicians, Endoscopy Technicians, Health Unit Secretaries, Imaging Assistants, Laboratory Assistant/Phlebotomists, Monitor Technicians, Rehab Aides, Respiratory Therapy Assistants, Sterile Processing Technicians, and Telemetry Technicians.

Employees Excluded

Excluding all other employees, employees represented by other labor organizations, professional employees, technical employees, clerical employees, managerial employees, confidential employees, and guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-259514

Date Filed

4-23-2020

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

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2a. Name of Employer

Providence

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

914 S Scheuber Rd
WA Centralia 98531-

3a. Employer Representative - Name and Title

Dana Vandewege

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

413 Lilly Rd
WA Olympia 98506-

3c. Tel. No.

(360) 493-5534

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

dana.vandewege@providence.org

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

Healthcare

4b. Principal product or service

Healthcare

5a. City and State where unit is located:

Centralia, WA

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
100

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

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

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
as soon as practicable

11c. Election Time(s):
as soon as practicable

11d. Election Location(s):
as soon as practicable

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

Matt Loveday
United Food and Commercial Workers, Local 21

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

5030 1st Ave S, Ste 200
WA Seattle 98134-

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

United Food and Commercial Workers, AFL-CIO

12d. Tel No.

(206) 419-0433

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

mloveday@ufcw21.org

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

13a. Name and Title

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

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

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

Name (Print)

Matt Loveday

Signature

/s/ Matt Loveday

Title

Organizer

Date

04/22/2020 08:20:26

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time, regular part-time, and per diem technical employees and technical lead employees employed by the Employer at its 914 S Scheuber Rd, Centralia, Washington facility in the following classifications: Cardiovascular Technicians, CT Technicians, Echo Technicians, Interventional Radiology Technicians, Mammography Technicians, MRI Technicians, Pharmacy Technicians, Radiology Technicians, Respiratory Therapists, Surgical Technicians, Ultrasound Sonographers, and X-Ray Technicians.

Employees Excluded

Excluding all other employees, employees represented by other labor organizations, professional employees, clerical employees, managerial employees, confidential employees, and guards and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

Teamsters Local 839

03:30:33 p.m.

04-24-2020

2/4

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-259640

Date Filed
4-24-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petitioner; (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:
Ferrellgas

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
306 N. Fruitland St., Kennewick, WA 99336

3a. Employer Representative - Name and Title:

Tim Davis, Attorney

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

3c. Tel. No.
509-586-0959

3d. Cell No.

3e. Fax No.
509-582-6357

3f. E-Mail Address
tadavis@constangy.com

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

4b. Principal Product or Service
Propane

5a. City and State where unit is located:
Kennewick, WA

5b. Description of Unit Involved:

Included:

Full-Time and Part-Time Drivers, Dock Workers and service techs.

Excluded:

Office Staff, Service Technicians, Supervisors, Managers and all other employees

6a. Number of Employees in Unit:
5

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

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 4/21/2020 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)
Austin DePaolo

8b. Address:
1103 W. Sylvester St., Pasco, WA 99301

8c. Tel. No.
509-547-7513

8d. Cell No.
509-551-9212

8e. Fax No.
509-546-2560

8f. E-Mail Address
team839_adepaolo@outlook.com

8g. Affiliation, if any:
Teamsters Local 839

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type:

☐ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
Austin DePaolo, Teamsters Local 839

12b. Address (street and number, city, State and ZIP code):
1103 W. Sylvester St., Pasco, WA 99301

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.
509-547-7513 x13

12e. Cell No.
509-551-9212

12f. Fax No.
509-546-2560

12g. E-Mail Address
team839_adepaolo@outlook.com

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

13a. Name and Title:

Austin DePaolo, Business Agent

13b. Address (street and number, city, State and ZIP code):
1103 W. Sylvester St., Pasco, WA 99301

13c. Tel. No.
509-547-7513 x13

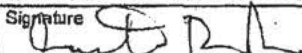
13d. Cell No.
509-551-9212

13e. Fax No.
509-547-2560

13f. E-Mail Address
team839_adepaolo@outlook.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)
Austin DePaolo

Signature


Title
Business Agent

Date
4/24/20

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-259705

Date Filed
4-28-2020

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

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

2a. Name of Employer Providence		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 914 S Scheuber Rd WA Centralia 98531-	
3a. Employer Representative - Name and Title Dana Vandewege		3b. Address (If same as 2b - state same) 413 Lilly Rd NE WA Olympia 98506-	
3c. Tel. No. (360) 493-5534	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dana.vandewege@providence.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Healthcare	
5a. City and State where unit is located: Centralia, WA			5b. Description of Unit Involved
Included: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 160
Excluded: See Attached Page 2 for additional details			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): as soon as practicable	11c. Election Time(s): as soon as practicable	11d. Election Location(s): as soon as practicable
12a. Full Name of Petitioner (including local name and number) Matt Loveday United Food and Commercial Workers, Local 21		12b. Address (street and number, city, state, and ZIP code) 5030 1st Ave S, Ste 200 WA Seattle 98134-	

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

12d. Tel No. (206) 419-0433	12e. Cell No.	12f. Fax No.	12g. E-Mail Address mloveday@ufcw21.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) Matt Loveday	Signature /s/ Matt Loveday	Title Organizer	Date 04/28/2020 08:15:50
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time, regular part-time, and per diem nonprofessional employees and nonprofessional lead employees employed by the Employer at its 914 S Scheuber Rd, Centralia, Washington facility in the following classifications: Anesthesia Technicians, Central Services Technicians, Certified Nursing Assistants, Cooks, Dietary Aides, Emergency Department Technicians, Food Service Workers, Environmental Services Technicians, EKG Technicians, Endoscopy Technicians, Health Unit Secretaries, Imaging Assistants, Laboratory Assistant/Phlebotomists, Monitor Technicians, Rehab Aides, Respiratory Therapy Assistants, Sterile Processing Technicians, and Telemetry Technicians.

Employees Excluded

Excluding all other employees, employees represented by other labor organizations, professional employees, technical employees, clerical employees, managerial employees, confidential employees, and guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-259709

Date Filed
4-28-2020

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

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

2a. Name of Employer Providence		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 914 S Scheuber Rd WA Centralia 98506-	
3a. Employer Representative - Name and Title Dana Vandewege		3b. Address (If same as 2b - state same) 413 Lilly Rd WA Olympia 98506-	
3c. Tel. No. (360) 493-5534	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dana.vandewege@providence.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Healthcare	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Centralia, WA	
		6a. No. of Employees in Unit: 100	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

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

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

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

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

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

11b. Election Date(s): as soon as practicable	11c. Election Time(s): as soon as practicable	11d. Election Location(s): as soon as practicable
12a. Full Name of Petitioner (including local name and number) Matt Loveday United Food and Commercial Workers, Local 21		12b. Address (street and number, city, state, and ZIP code) 5030 1st Ave S, Ste 200 WA Seattle 98134-

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

12d. Tel No. (206) 419-0433	12e. Cell No.	12f. Fax No.	12g. E-Mail Address mloveday@ufcw21.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

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

Name (Print) Matt Loveday	Signature /s/ Matt Loveday	Title Organizer	Date 04/28/2020 08:21:06
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time, regular part-time, and per diem technical employees and technical lead employees employed by the Employer at its 914 S Scheuber Rd, Centralia, Washington facility in the following classifications: Cardiovascular Technicians, CT Technicians, Echo Technicians, Interventional Radiology Technicians, Mammography Technicians, MRI Technicians, Pharmacy Technicians, Radiology Technicians, Respiratory Therapists, Surgical Technicians, Ultrasound Sonographers, and X-Ray Technicians.

Employees Excluded

Excluding all other employees, employees represented by other labor organizations, professional employees, clerical employees, managerial employees, confidential employees, and guards and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RD-259129

Date Filed

4-14-2020

INSTRUCTIONS: Unless a-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 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 Ultimate RB		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) AKA 904 NE 10th Ave McMinnville, OR 97128	
3a. Employer Representative - Name and Title Tim Voyles Plant Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 503-472-4691	3d. Fax No.	3e. Cell No.	3f. E-Mail Address Tim.Voyles@carlsileccm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Rubber mats	
5a. Description of Unit Involved Included: Fulltime & regular part time production, maintenance, shipping & receiving Excluded: Temporary employees, administrative personnel, office clerical, managers & supervisors			5b. City and State where unit is located: McMinnville, OR
6. No. of Employees in Unit		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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent Ron Rodgers		8b. Affiliation, if any United Steelworkers	
8c. Address USW District 12, 24437 Russell Suite 205 Kent, WA 98032		8d. Tel. No.	8e. Cell No. 541-501-2590
		8f. Fax No.	8g. E-Mail Address r.vodgers@usw.org
9. Date of Recognition or Certification June 15, 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) June 14, 2020	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)	
14. (b) (6), (b) (7)(C)			
14b. Tel. No.		14c. Fax No.	
14d. Cell No.		14e. E-Mail Address	
(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.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and that the facts stated therein are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Title (b) (6), (b) (7)(C)	Date Filed
STATEMENTS			
BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)			
PRIVACY ACT STATEMENT			