

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-254021

Date Filed

1/2/2020

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 St. Peter Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 413 Lilly Road NE WA Olympia 98506	
3a. Employer Representative - Name and Title Medrice Coluccio		3b. Address (If same as 2b - state same) 413 Lilly Road NE WA Olympia 98506	
3c. Tel. No. (360) 493-4092	3d. Cell No.	3e. Fax No.	3f. E-Mail Address medrice.coluccio@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: Olympia, WA 6a. No. of Employees in Unit: 200 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 <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 1/22/19		11c. Election Time(s): 6-8am, noon-2pm, 6-8pm		11d. Election Location(s): on-site at St Peter Hospital			
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 Suite 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. (206) 419-0433		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 Matt Loveday	Title Organizer	Date 01/2/2020 07:28:47
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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 19-RC-254021	Date Filed 1/2/2020

Employees Included

All full-time, part-time, and per diem Technical employees in the following classifications: Cardiovascular Technicians, Crisis Technicians, CT Technicians, Echo Technicians, Electronic Imaging Technicians, Interventional Radiology Technicians, MRI Technicians, Pharmacy Technicians, Radiology Technicians, Respiratory Therapists, Ultrasound Sonographers, X-Ray Technicians, and any Leads employed in the stated classifications, employed by the Employer in its location at 413 Lilly Rd NE, Olympia, Washington.

Employees Excluded

All other employees, professional 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-254086	Date Filed 1/3/2020
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Rosauers Supermarkets, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1815 W. Garland Avenue WA Spokane 99205
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3a. Employer Representative - Name and Title Jamie Haun	3b. Address (If same as 2b - state same) P.O. Box 9000 WA Spokane 99209
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3c. Tel. No. (509) 326-8900	3d. Cell No.	3e. Fax No. (509) 325-7624	3f. E-Mail Address JamieH@rosauers.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Grocery)	4b. Principal product or service Retail Grocery and Meat Sales	5a. City and State where unit is located: Nine Mile Falls, WA
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 44
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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"/>
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Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 01/03/2020 and Employer declined recognition on or about _____ (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
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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): 1/30/2020	11c. Election Time(s): 10:30 AM to 12:00 PM and 5:00 PM to 7:00 PM	11d. Election Location(s): Store Breakroom
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12a. Full Name of Petitioner (including local name and number) Scott Habenicht United Food and Commercial Workers Union Local 1439	12b. Address (street and number, city, state, and ZIP code) 1719 N. Atlantic St. WA Spokane 99205
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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)
United Food and Commercial Workers International Union

12d. Tel No. (509) 328-6090	12e. Cell No.	12f. Fax No. (509) 326-2208	12g. E-Mail Address scott@ufcw1439.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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Name (Print) Scott Habenicht	Signature Scott Habenicht	Title Counsel	Date 01/3/2020 09:58:47
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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 19-RC-254086	Date Filed 1/3/2020

Employees Included

All full and regular part-time grocery, deli, bakery, general merchandise, customer service, floral, fuel station, and produce employees at the Employer's store located in Nine Mile Falls, Washington

Employees Excluded

Guards, supervisors as defined under the NLRA, and all other employees

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-254203

Date Filed

1/6/2020

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: Groceryworks.com DBA Safeway.com
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 15570 SW Pacific Hwy 22010 Salinas Rd 1100 NE Broadway King City, OR 97224 West Linn, OR 97068 Portland, OR 97232

3a. Employer Representative - Name and Title: Vilayvank Campbell
3b. Address (if same as 2b - state same): 2800 SE Hawthorne 13485 NW Cornell Rd 13023 NE Hwy 99 Portland, OR 97206 Portland, OR 97229 Vancouver, WA 98686

3c. Tel. No. 3d. Cell No. 925-719-5145 3e. Fax No. 3f. E-Mail Address Vilayvank.Campbell@Safeway.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Grocery Delivery 4b. Principal Product or Service Groceries 5a. City and State where unit is located: Portland, OR Vancouver, WA

5b. Description of Unit Involved: Included: All Safeway.com Delivery drivers from Stores 1478, 1713, 1612, 3134, 1525, and 1842 Excluded: 6a. Number of Employees in Unit: 55

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) 1-2-2020 and Employer declined recognition on or about (Date) 1-6-2020 (if no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address

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

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 1-20-2020 11c. Election Time(s): By Mail 11d. Election Location(s): By Mail

12a. Full Name of Petitioner (including local name and number): Tom Alcomendy Local 50 Robert Warner Brispler III Teamsters Local 162 12b. Address (street and number, city, State and ZIP code): 1850 NE 162nd Portland, OR 97230 2212 NE Andresen Rd, Vancouver, WA 98661

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. 503-257-0162 12e. Cell No. 360-852-3228 12f. Fax No. 502-251-2330 12g. E-Mail Address brispler@teamsters162.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Teamsters Local 162 Robert W. Brispler III Union Representative 13b. Address (street and number, city, State and ZIP code): 1850 NE 162nd Portland, OR 97230

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) Signature Title Union Rep Union Representative/organizer Date 1-6-20
Tom Alcomendy Robert W. Brispler III

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-254632	Date Filed 1/14/2020

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 Puget Sound Energy		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) P.O. Box 90868 10-N Bellevue, WA 98009-0864	
3a. Employer Representative - Name and Title Marl Mellies		3b. Address (If same as 2b - state same)	
3c. Tel. No. 425-457-5751	3d. Cell No.	3e. Fax No. 425-462-3430	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Load Office		4b. Principal product or service Electric	5a. City and State where unit is located: Bellevue, Washington
5b. Description of Unit Involved Included: Senior Power Disatchers, Power Dispatchers, Transmission Schedulers, EIM Generation Operators and EIM Generation Operator Trainees. Excluded: Office clerical employees, guards; supervisors as defined by the Act and other employees.			5a. No. of Employees in Unit: 25 5b. 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). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): **February TBD** 11c. Election Time(s): **TBD** 11d. Election Location(s): **Bellevue, Washington**

12a. Full Name of Petitioner (including local name and number)
International Brotherhood of Electrical Workers Local Union No. 77 12b. Address (street and number, city, state, and ZIP code)
19415 International Blvd, SeaTac, WA 98188

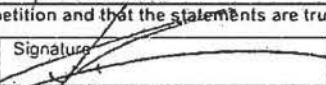
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers

12d. Tel No. 206-323-4505	12e. Cell No. 206-639-0748	12f. Fax No. 206-323-0186	12g. E-Mail Address seanbagsby@ibew77.com
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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 SaNNi M-K Lemonidis, Union Attorney		13b. Address (street and number, city, state, and ZIP code) Robblee Detwiler, PLLP, 2101 4th Avenue, Suite 1000, Seattle 98121	
13c. Tel No. 206-467-6700	13d. Cell No. 206-355-3572	13e. Fax No. 206-467-7589	13f. E-Mail Address slomonidis@unionattorneysnw.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) SaNNi Lemonidis	Signature 	Title Attorney	Date 1/13/2020
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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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FORM NLRB-502 (RC)
(2-18)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

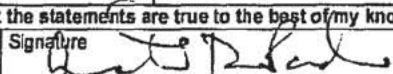
DO NOT WRITE IN THIS SPACE

Case No.
19-RC-254955

Date Filed
1/22/2020

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 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: Waste Management City of Kennewick		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1611 S. Washington, Kennewick, WA 99337	
3a. Employer Representative - Name and Title: James Clements		3b. Address (if same as 2b - state same): Same	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jclement1@wm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Hauler/Recycler		4b. Principal Product or Service Garbage and Recycling Services	
5a. City and State where unit is located: Kennewick WA		5b. Description of Unit Involved: Included: All full and part-time drivers (rear, side and front loader, container and recyclers) Excluded: Supervisors, managers, office staff, mechanics and all other employees.	
6a. Number of Employees in Unit: 25		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) 1/14/2020 and Employer declined recognition on or about (Date) no reply (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? 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 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		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): Teamsters Local 839			
12d. Tel. No. 509-547-7513 x 13	12e. Cell No. 509-551-9212	12f. Fax No. 509-546-256-	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 x 13	13d. Cell No. 509-551-9212	13e. Fax No. 509-546-2560	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 1/21/2020

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

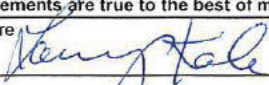
19-RC-255017

Date Filed

1/22/2020

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: SnoTemp Cold Storage		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3815 Marion St SE, Albany, OR 97322	
3a. Employer Representative - Name and Title: Jason Lafferty - C.E.O		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 541 9285-5755	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jason@snotemp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Cold Storage Warehousing		4b. Principal Product or Service Cold Storage	
5a. City and State where unit is located: Albany, Oregon		5b. Description of Unit Involved: Included: Warehousemen Excluded: Supervisors, Office Staff, Managers.	
6a. Number of Employees in Unit: 22		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <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) <u>1/22/2020</u> on or about (Date) (If no reply received, so state). and Employer declined recognition <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) 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? <u>No</u> <input type="checkbox"/> 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 N/A		10b. Address N/A	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): February 5, 2020		11c. Election Time(s): 9:00 a.m. and 4:00 p.m.	
11d. Election Location(s): 750 Browning Ave. SE, Salem, OR 97302			
12a. Full Name of Petitioner (including local name and number): Teamster Local Union No. 670		12b. Address (street and number, city, State and ZIP code): 750 Browning Ave, SE, PO Box 3048, Salem, OR 97302	
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. 503 378-1444	12e. Cell No. 503 510-1862	12f. Fax No. 503 585-5469	12g. E-Mail Address info@teamster670.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Larry Kale, Business Agent / President		13b. Address (street and number, city, State and ZIP code): 750 Browning Ave, SE, PO Box 3048, Salem, OR 97302	
13c. Tel. No. 503 378-1444	13d. Cell No. 503 510-1862	13e. Fax No. 503 585-5469	13f. E-Mail Address lkale@teamster670.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) Larry Kale		Signature 	Title Business Agent / President
		Date 1/22/2020	

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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RD-254116	Date Filed 1/3/2020

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: 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 Boeing		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1301 SW 16th Street WA Renton 98055-	
3a. Employer Representative - Name and Title Carlton Davis Director - Commercial Flight Training and Air Crew Operations		3b. Address (if same as 2b - state same) 1301 SW 16th Street WA Renton 98055-	
3c. Tel. No. (206) 662-1889	3d. Cell No. (206) 393-2090	3e. Fax No. (206) 662-4747	3f. E-Mail Address carlton.s.davis@boeing.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Aerospace & Defense		4b. Principal product or service Airplane Manufacture	
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: Renton, WA	
		6a. No. of Employees in Unit: 29	
		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes <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 Society of Professional Engineering Employees in Aerospace SPEEA (IFPTE Local 2001)		8b. Address 15205 52nd Ave S WA Tukwila 98188-	
8c. Tel No (206) 674-7370	8d. Cell No.	8e. Fax No. (206) 374-2597	8f. E-Mail Address jasonc@speea.org
8g. Affiliation, if any Society of Professional Engineering Employees in Aerospace SPEEA (IFPTE)		8h. Date of Recognition or Certification 05/10/2012	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 03/06/2020	

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 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): 01/21/2020		11c. Election Time(s): n/a		11d. Election Location(s): Mail			
12a. Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)				12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Society of Professional Engineering Employees in Aerospace SPEEA (IFPTE Local 2001) (b) (6), (b) (7)(C)							
12d. Tel No. (b) (6), (b) (7)(C)		12e. Cell No. (b) (6), (b) (7)(C)		12f. Fax No. (b) (6), (b) (7)(C)		12g. E-Mail Address (b) (6), (b) (7)(C)	
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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 01/2/2020 19:45:42
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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 19-RD-254116	Date Filed 1/3/2020

Employees Included

Pilots and Instructors providing product support and training for Boeing Airplanes.

Employees Excluded

Management pilots and instructors, and employees who are not pilots or instructors.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RD-255045

Date Filed

1/23/2020

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 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 Waste Management of Washington, Seattle Div.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 8111 1st Ave S Seattle, WA, 98106 7201 W Marginal Way SW Seattle, WA, 98106	
3a. Employer Representative - Name and Title Jon Sardeson - District Fleet Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (206)-505-9160	3d. Fax No. (206)-762-6928	3e. Cell No. (206)-391-8962	3f. E-Mail Address jsardeso@wm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Heavy Duty Fleet Maintenance Repair Facilities		4b. Principal product or service Fleet maintenance of refuse vehicles and equipment	
5a. Description of Unit Involved Included: All positions with "Technician", "Welder", "Utility Worker", and "Apprentice" in the title Excluded: Managers, Supervisors, Guards, and all other Employees			5b. City and State where unit is located: Seattle, Washington
6. No. of Employees in Unit 14	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 International Association of Machinists and Aerospace Workers, District 160, Local 289		8b. Affiliation, if any Union Representation	
8c. Address 9135 15th Pl S Seattle, WA, 98108		8d. Tel. No. (206)-762-7990	8e. Cell No. (253)-304-6313
		8f. Fax No. (206)-764-0468	8g. E-Mail Address tommy@iam160.com
9. Date of Recognition or Certification 1/1/2016		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2019	
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 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 None	12b. Address None	12c. Tel. No. None	12d. Fax No. None
		12e. Cell No. None	12f. E-Mail Address None
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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) 1/27/2020, 1/28/2020, 1/29/2020	13c. Election Time(s) 0700, 1400, 1600	13d. Election Location(s) 8111 1st Ave S, Seattle, WA 98108	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. None	14c. Fax No. None
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (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 (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. None	15e. Fax No. None
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)
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) (b) (6), (b) (7)(C)		Date Filed 1/23/2020	

WILLFUL FALSE STATEMENTS

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

PRIVACY ACT STATEMENT

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