

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-259928	Date Filed 5-4-2020
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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 DEER PARK VOLUNTEER AMBULANCE	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) P.O. BOX 596 WA DEER PARK 99006-
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3a. Employer Representative - Name and Title STEVE COOKE	3b. Address (If same as 2b - state same) P.O. BOX 596 WA DEER PARK 99006-
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3c. Tel. No. (509) 276-2789	3d. Cell No.	3e. Fax No. (509) 276-2363	3f. E-Mail Address scooke@deerparkamb.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others	4b. Principal product or service EMS SERVICES	5a. City and State where unit is located: Deer Park, 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: 7 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) _____ 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
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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): 06/01/2020	11c. Election Time(s): 1500-1900	11d. Election Location(s): 19 N ARMIN ST, DEER PARK, WA 99006
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12a. Full Name of Petitioner (including local name and number) Taj Wilkerson Teamsters Local Union #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) 818-1685	12f. Fax No. (509) 326-9507	12g. E-Mail Address twilkerson@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) Taj Wilkerson	Signature Taj Wilkerson	Title Business Agent	Date 05/4/2020 09:00:22
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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 PAID EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS

Employees Excluded
VOLUNTEERS

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-259983

Date Filed

5-5-2020

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)

401 W Poplar St
WA Walla Walla 99362-

3a. Employer Representative - Name and Title

Angela Mager

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

401 W Poplar St
WA Walla Walla 99362-

3c. Tel. No.

(509) 942-2748

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

angela.mager@kadlec.org

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

Healthcare

4b. Principal product or service

Healthcare

5a. City and State where unit is located:

Walla Walla, 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:
200

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

05/5/2020 06:47:31

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 401 W Poplar St, Walla Walla, 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-260095	Date Filed 5-6-2020

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 Bradken, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3021 S Wilkenson St, Tacoma, WA 98409	
3a. Employer Representative - Name and Title Kara Twiggs		3b. Address (If same as 2b - state same) Same as 2b	
3c. Tel. No. 253-473-8719	3d. Cell No. 253-219-1870	3e. Fax No.	3f. E-Mail Address ktwiggs@bradken.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Foundry		4b. Principal product or service Fabricated Metal and Hardware	
		5a. City and State where unit is located: Tacoma, WA	

5b. Description of Unit Involved
Included: All Full-time and permanent part-time Truck Drivers, Weld Cage, Weld Cage Assistants, and Warehouse Material Handlers
Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act.

6a. No. of Employees in Unit: 6
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) 5/06/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **No Reply**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). International Association of Machinists and Aerospace Workers, District Lodge 160		8b. Address 9135 15th Place South Seattle, WA 98108	
8c. Tel No.	8d. Cell No. 206-295-4360	8e. Fax No.	8f. E-Mail Address steve@iam160.com
8g. Affiliation, if any International Association of Machinists and Aerospace Workers, AFL-CIO		8h. Date of Recognition or Certification 7/05/2019	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	

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

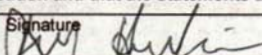
11b. Election Date(s): 6/2/2020	11c. Election Time(s): 11:00AM - 1:00PM and 6:00PM - 8:00PM	11d. Election Location(s): Lunch Room, 3021 S Wilkenson St, Tacoma, WA 98409
12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 160		12b. Address (street and number, city, state, and ZIP code) 9135 15th Place South Seattle, WA 98108

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel No.	12e. Cell No. 206-295-4360	12f. Fax No.	12g. E-Mail Address steve@iam160.com

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

13a. Name and Title Jason Hardwick, Grand Lodge Representative		13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd. Suite 130, Folsom, CA 95630	
13c. Tel No. 916-985-8101	13d. Cell No. 916-936-6013	13e. Fax No. 916-985-8121	13f. E-Mail Address jhardwick@iamaw.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) Jason Hardwick	Signature 	Title Grand Lodge Representative	Date 5/06/2020
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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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	19-RC-260284	Date Filed	5/11/2020
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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 LUX POT SHOP	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4919 17th Ave NW WA Seattle 98107-
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3a. Employer Representative - Name and Title Erin Allen	3b. Address (If same as 2b - state same) 4919 17th Ave NW WA Seattle 98107-
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3c. Tel. No.	3d. Cell No. (661) 487-7701	3e. Fax No.	3f. E-Mail Address hr@luxpotshop.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Retail (Drugs)	4b. Principal product or service Cannabis Products	5a. City and State where unit is located: Seattle, 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: 42 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) _____ 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
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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? _____ 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
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11b. Election Date(s): As soon as practicable	11c. Election Time(s): As soon as practicable	11d. Election Location(s): Mail
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12a. Full Name of Petitioner (including local name and number) Matt Edgerton United Food and Commercial Workers Union Local 21	12b. Address (street and number, city, state, and ZIP code) 5030 1st Ave S, Suite 200 WA Seattle 98146-2438
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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, AFL-CIO

12d. Tel No. (206) 436-6589	12e. Cell No.	12f. Fax No. (206) 436-6700	12g. E-Mail Address medgerton@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)
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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) Matt Edgerton	Signature Matthew J Edgerton	Title Campaigns Director	Date 05/11/2020 15:38:16
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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 non-supervisory employees at: 4912 17th Ave NW, Seattle WA 98107, 10333 Lake City Way NE, Seattle WA 98125 4465 Fremont Ave N, Seattle WA 98103

Employees Excluded

Supervisors and Guards as defined by the Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-260510

Date Filed 5/15/2020

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

Crisis Connections

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

2901 3rd Ave Suite 100
WA Seattle 98121-

3a. Employer Representative - Name and Title

Alicia Franklin

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

707 S. Grady Way Suite 350
WA Renton 98057-

3c. Tel. No.

(206) 436-2980

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

afranklin@crisisconnections.org

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

Others

4b. Principal product or service

Non-profit community phone lines for support and resources

5a. City and State where unit is located:

Seattle, 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:
130

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) 05/15/2020 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

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):
June 12, 2020 - July 3, 2020

11c. Election Time(s):
mail

11d. Election Location(s):
mail

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

Nallely Flores
Office and Professional Employees International Union, Local #8

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

2800 First Ave Suite 304
WA Seattle 98121-

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

12d. Tel No.

(425) 322-9483

12e. Cell No.

(425) 318-2650

12f. Fax No.

(206) 441-0207

12g. E-Mail Address

nallely@opeiu8.org

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

13a. Name and Title

SaNNi Lemonidis
Lemonidis Consulting & Law Group, PLLC

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

2211 Elliott Ave Suite 200
WA Seattle 98121-

13c. Tel No.

(206) 926-6700

13d. Cell No.

(206) 355-3572

13e. Fax No.

13f. E-Mail Address

sanni@lemonidislaw.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)

Nallely Flores

Signature

Nallely Flores

Title

Organizer

Date

05/15/2020 15:29:57

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 regular, part-time and on-call employees employed by employer

Employees Excluded

All managerial, confidential and supervisory employees

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	19-RC-260520	Date Filed	5/18/2020
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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 Seattle Children's Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4800 Sand Point Way NE WA Seattle 98105	
3a. Employer Representative - Name and Title Devnee Gadbois		3b. Address (If same as 2b - state same) 4800 Sand Point Way NE WA Seattle 98105	
3c. Tel. No. (206) 987-2554	3d. Cell No.	3e. Fax No. (206) 987-4820	3f. E-Mail Address devnee.gadbois@seattlechildrens.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Healthcare	5a. City and State where unit is located: Seattle, WA

5b. Description of Unit Involved		6a. No. of Employees in Unit: 20
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 05/18/2020 07:54:27
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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 Medical Assistants in the Seattle Children's Urgent Cares at the following locations: Seattle Children's North Clinic, 1815 13th St, Everett, WA 98201; Seattle Children's South Clinic, 34920 Enchanted Pkwy S, Federal Way, WA 98003; Bellevue Clinic and Surgery Center, 1500 116th Ave NE, Bellevue, WA 98004; Seattle Children's Hospital, 4800 Sand Point Way NE, Seattle, WA 98105.

Employees Excluded

All guards, supervisors, managers, technical employees, and confidential employees, as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	Date Filed
19-RC-260809	5/26/2020

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) 401 W Poplar St WA Walla Walla 99362-	
3a. Employer Representative - Name and Title Angela Mager		3b. Address (If same as 2b - state same) 401 W Poplar St WA Walla Walla 99362-	
3c. Tel. No. (509) 942-2748	3d. Cell No.	3e. Fax No.	3f. E-Mail Address angela.mager@providence.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.)		4b. Principal product or service	
4c. City and State where unit is located: Walla Walla, WA			

5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 100
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 05/26/2020 06:35:22
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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 technical employees and technical lead employees employed by the Employer at its 401 W Poplar St, Walla Walla, Washington facility in the following classifications: Echocardiographer Technologist, MRI Technologist, OB Technician, Pharmacy Technician, Radiology Technologist, Respiratory Therapist, Surgical Technician, and Ultrasound Sonographer.

Employees Excluded

All other employees, employees represented in other bargaining units, 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

DO NOT WRITE IN THIS SPACE

Case No.

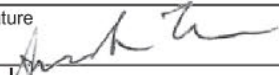
19-RC-260992

Date Filed

5/28/2020

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: MultiCare Health Systems dba Indigo Urgent Care Clinics		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See Attachment A.	
3a. Employer Representative - Name and Title: Laura Edwards, Director, Labor Relations		3b. Address (if same as 2b - state same): P.O. Box 5299, MS. 603-1-HR Tacoma, WA 98415-0299	
3c. Tel. No. (253) 403-1372	3d. Cell No.	3e. Fax No. (253) 403-7966	3f. E-Mail Address lledwards@multicare.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Clinic		4b. Principal Product or Service Health Care Clinic	5a. City and State where unit is located: See Attachment A.
5b. Description of Unit Involved: Included: employed at three locations; please see attached A Excluded: all others			6a. Number of Employees in Unit: 14 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) _____ By Petitioner 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)		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> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input checked="" 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): Union of American Physicians and Dentists, AFSCME, Local 206		12b. Address (street and number, city, State and ZIP code): 708 Broadway, Suite 300D Tacoma, WA 98402-3778	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County and Municipal Employees, AFL-CIO			
12d. Tel. No. (253) 244-7797	12e. Cell No. (805) 722-2295	12f. Fax No. (253) 244-7819	12g. E-Mail Address ghanley@uapd.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Anne Yen, Attorney		13b. Address (street and number, city, State and ZIP code): 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel. No. (510) 337-1001	13d. Cell No. (510) 224-7687	13e. Fax No. (510) 337-1023	13f. E-Mail Address nlrbnotices@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Anne I. Yen	Signature 	Title Attorney	Date 05/28/20

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 A TO RC PETITION

2a. Indigo Urgent Care- Maple Valley

Address of establishment: 26380 238th Ln SE Suite 100, Maple Valley, WA 98038

2a. Indigo Urgent Care - Orting

Address of establishment: 215 Whitesell St NW Suite B113, Orting, WA 98360

2a. Indigo Urgent Care- Frederickson

Address of establishment: 5314 176th St E Unit A, Tacoma, WA 98446

5a. Maple Valley, Orting, and Tacoma, Washington

5b All full time, part time, and per diem Physicians (MD or DO), Physician Assistants (PA-Cs), and Nurse Practitioners (ARNPs).

13f. ayen@unioncounsel.net

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

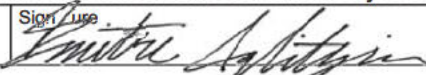
DO NOT WRITE IN THIS SPACE

Case No. 19-RC-261015

Date Filed
5/29/2020

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: The Seattle Times		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1000 Denny Way, Seattle, WA 98109	
3a. Employer Representative - Name and Title Alan Fisco, President		3b. Address (if same as 2b - state same): Same	
3c. Tel No 206-624-7323	3d. Cell No	3e. Fax No	3f. E-Mail Address afisco@seattletimes.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Media		4b. Principal Product or Service News Media	
5b. Description of Unit Involved: Included: See attached Excluded: See attached		5a. City and State where unit is located Seattle, WA	
		6a. Number of Employees in Unit 15	
		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) 05/26/2020 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)		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> if so approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9 which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above (if none, so state)			
10a. Name		10b. Address	
10c. Tel No		10d. Cell No	
10e. Fax No		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): ASAP		11c. Election Time(s): N/A	
		11d. Election Location(s): N/A	
12a. Full Name of Petitioner (including local name and number): Pacific Northwest Newspaper Guild (The NewsGuild-CWA Local 37082)		12b. Address (street and number, city, State and ZIP code) 2800 1st Ave, Room 312, Seattle, WA 98121	
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 206-328-1190	12e. Cell No	12f. Fax No	12g. E-Mail Address guild37082@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Dmitri Iglitzin, Attorney		13b. Address (street and number, city, State and ZIP code): 18 W Mercer St, Suite 400, Seattle, WA 98119	
13c. Tel No 206-257-6003	13d. Cell No	13e. Fax No 206-257-6038	13f. E-Mail Address iglitzin@workerlaw.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) Dmitri Iglitzin		Signature 	Title Attorney
		Date 05/28/20	

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.

ATTACHMENT

5B. Description of Unit Involved:

Included:

All full-time and regular part-time digital newsroom employees. NOTE: Petitioner seeks an “Armour Globe” election to place these newly-represented employees within the existing Petitioner-represented bargaining unit.

Excluded:

Statutory supervisors, guards, confidential employees, and all other persons appropriately excluded under the NLRA.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RD-260377

Date Filed
5/13/2020

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: 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 Matanuska Electric Association		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 163 E Industrial Way AK Palmer 99645-	
3a. Employer Representative - Name and Title Justin Patterson Director of Human Resources		3b. Address (If same as 2b - state same) 163 E Industrial Way AK Palmer 99645-	
3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc) Electric Utilities		4b. Principal product or service Electricity	
4a. Type of Establishment (Factory, mine, wholesaler, etc) Electric Utilities		5a. City and State where unit is located: Palmer, AK	
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: 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 IBEW Local Union 1547 Dave Reeves Business Manager		8b. Address 3333 Denali St AK Anchorage 99503-	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address dreeves@ibew1547.org
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 02/29/2020

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. 11b. Election Date(s): tbd		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail 11d. Election Location(s): Palmer Alaska	
11c. Election Time(s): tbd			

12a. Full Name of Petitioner (b) (6), (b) (7)(C) Matanuska Electric Association	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) International Brotherhood of Electrical Workers Local Union 1547	

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No.	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 05/11/2020 19:28:31
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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

Employees Included
Engineering, Operations, and Accounting

Employees Excluded
na

DO NOT WRITE IN THIS SPACE	
Case	Date Filed