					_ :				
FORMINERS SOLTRO	UNITED STATES OF	AMERICA		<u> </u>	<u> </u>	DOLNOLL	WRITE IN THIS	SPACE	
(2-18)	NATIONAL LABOR RELA			Casi	19-RC-2	2/0104		Date Fil	
	RC PETITI	ON:			19-KU-	249180) 	10	/1/201
INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other par Case Procedures (Form NLRB	d. The petition must be accordes named in the petition of:	npanied by both (1) the petition	a showing of interes (2) Statement of Pos	it (see 6) itlon fon	below) and m (Form NLR	a certifica B-505); ai	ite of service si nd (3) Description	owing se	ervice on resentation
PURPOSE OF THIS PETITIO bargaining by Petitioner and f requests that the National L	Petitioner desires to be certified	as representativ	e of the employees. Th	e Petitio	ner alleges t	hat the fol	lowing circums	tances e	
2a. Name of Employer:			es) of Establishment(s)						
Wildfire Defense Systems	s, inc	580 Zoot E	Enterprise Lane Montana 59718		(0000.000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·• <i>y_:,</i>	
3a. Employer Representative - David Torgerson	Name and Title:	3b. Address (Same	if same as 2b - stale so	ame):					
3c. Tel. No.	3d. Cell No.	3e. F	ax No.	· · · · · · · · · · · · · · · · · · ·	3f. E-Mail Ad				·
		45			atorgerso		e-defense.co		
4e, Type of Establishment (Factor Private Fire Protection	NO STATE OF STATES	10 mg 1 mg	rincipal Product or Ser ed firefighting and i		on a		nd State where i in, Montana	init is loca	rted:
6b. Description of Unit Involve Included:	1 3	••			•	6a. Numb	er of Employees	in Unit	•
All employees classified as Excluded:	FF1, FF2, Engine Boss/L	laison, LOFR	and Captain perma	nent or	Seasonal	6b. Do a s	substantial numb	er (30% o	r more)
Guards, confidential clerical Check One: 😧 7a. Request for			made on (Date)	09/29/	10 and		employees in the ented by the Per declined recogn		yobe Yes [
on or about (De	te)	no reply receive	d.so.state)	09/29/	19. and	Employer	decimed recogn	mon 6	<u> </u>
7b. Petitioner is	currently recognized as Barga	ining Represent	ative and desires certifi	cation un	der the Act.				
8a: Name of Recognized or Cer None	rtified Bargaining Agent (If no	ne, so state)	Bb. Address:		_		•		
8c. Tel. No.	8d. Cell No.	8e. F	ax No.	•	8f. E-Mail Ad	Idress	<u></u>		
8g. Affiliation, if any:	<u> </u>	8h. Date	of Recognition or Cer	tification	8i. Expiration	Date of C	urrent or Most	<u>-</u>	 .
					Recent Cont	ract, if any	(Month, Day, Ye	ear)	
Is there now a strike or picketing (Name of Labor Organization)	Territoria de la companya della companya della companya de la companya della comp	ent(s) involved?	No If so, er	-			es are participation	·	
10. Organizations or individuals of				imed reco	ognition as re	presentativ		•	
10a. Näme	10b. Address				10c. Tel. No.		10d, Cell No.		
					10e. Fax No.		10f. E-Mail Add	1ress	
		7 · (+ 1 · 5 · 5				3 11 2 1			70.5
11. Election Details: If the NLRB	conducts and election in this r	natter, state your	position with respect t	o any suo	** **		- Till	Mixed I	Manual/Ma
11b. Election Date(s):	11c. Election T	ime(s):		,	11d. Election	Location(s):	-	· · · · · ·
12a. Full Name of Petitioner (inc International Association of			12b. Address (st PO Box 560 West Richlar	4		State and	ZIP code):		
12c. Full name of national or inter	national Jabor organization of	vhich Petitioner				<u> </u>	<u> </u>		
International Association of			A STATE OF THE PARTY OF THE PAR		J. S. S. G. G.	·		.; ; .	
12d. Tel. No.	12e. Celi No.	12f. F	áx No	.,	12g. E-Mail /	Address	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	509-999-3090	AS AU		لــــــــــــــــــــــــــــــــــــــ					
13. Representative of the Petition 13a. Name and Title: Ricky J. Walsh, IAFF 7th I		13b. / PO	Address (street and nu Box 5604	mber, city					
13c. Tel. No.	13d. Cell No.		st Richland, WA 9	9353	13f. E-Mail A	ddress		•	<u>.</u>
	509 999 3090	المرابع عراب	Assess Assess		. <u></u>		م برند و سروب بالمراجع	<u> </u>	
I declare that I have read the ab	ove petition and that the stat	emprits are true	the best of my kno	owledge	and belief.	· · · · · · ·			
Name (Print)	", Signatu			Title	}			T	Date
Ricky J. Walsh		Sudden!	V/ 121_	IAF	F 7th Distr	ict Vice F	President	[9/29/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAMBE 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, fallure to supply the information may cause the NLRB to decline to invoke its processes.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
19-RC-249167	10/1/2019					

							I						
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition i named in t	must b he peti	e accomp ition of: (1	anied b	y both tition; (a sh (2) St	owing of interest (se tatement of Position	ee 6b b form (elow) and (Form NLF	a certificat RB-505); and	e of servic I (3) Descr	e showing s iption of Re	ervice on presentation
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Labor	oner desires	s to be	certified as	represe	entative	of th	e employees. The Pe	titione	r alleges t	hat the folk	wing circ	umstances (
2a, Name of Employer:				2b, Add	Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):								
The Columbian				701 V	West	8th	St., Vancouver	, WA	A 98660				
3a. Employer Representative - Nam	ne and Title:			3b. Add	ress (if	same	e as 2b - state same):	:					
Scott Campbell, Publisher San					;								
3c. Tel. No. 360-694-3391	3d. Cell No		l		3e. Fa	x No),		f. E-Mail A	ddress npbell@	aalumb	ion com	
4a, Type of Establishment (Factory, r	nine wholes	color o	to)		4h Pri	incin	al Product or Service	3	con.cai			ere unit is loc	atod:
Media	mile, wholes	saioi, o	10.)		l		nedia			Vancouv		ere unit is loc	ateu.
5b. Description of Unit Involved:					1,0,,	, , ,	10010					ees in Unit:	
ncluded:										28			
All newsroom employees											bstantia l n	umber (30%	or more)
Editors, managers, superv	isors, an	d all	those e	xclud	ed un	der	the Act			of the e	mployees i	n the unit wis Petitioner?	sh to be
Check One: X 7a. Request for rec								0/201	9 and	Employer o			
on or about (Date)	09/30			o reply re na Repr			state). Ind desires certification	n unde	r the Act				
Ba. Name of Recognized or Certifie							dress:						
None					-								
3c. Tel. No.	8d. Cell No				8e. Fax No.			8f. E-Mail Address					
Bg. 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 Employ	/er's es	tahlishmer	nt(e) invo	lved?	No	▼ If so, approx	cimateh	v how man	v employees	are partici	nating?	_
(Name of Labor Organization)	ano Empio,	,01 5 05	CODIIO IIII CI	-		INO	II so, approx					onth, Day, Ye	ear)
Organizations or individuals other individuals known to have a repre											s and othe	r organizatio	ns and
None													
10a. Name		10b. A	ddress					1	10c. Tel. No.		10d. Ce I N	No.	
-		-						1	10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB cor	nducts and e	election	in this ma	tter. stat	e vour	positi	ion with respect to any	v such	election:	11a. Election	Tvpe:		
-				,	, , ,			,		× Manua		Mixed	d Manual/Mail
11b. Election Date(s):		11c. E	lection Tim	ne(s):	e(s):			1	11d. Election Location(s):				
10/31/2019		8am	-10am,	4pm-	6pm			7	701 Wes	st 8th St.	, Vanco	uver, WA	A
12a. Full Name of Petitioner (includ Pacific Northwest Newspa			number):				12b. Address (street 2800 First Ave		-		-	8121	
12c. Full name of national or internati Communications Workers			ation of whi	ich Petiti	oner is	an a	ffiliate or constituent (i	if none	, so state):				
12d, Tel. No.	12e. Cell N				12f, Fa	ax No	0.	1:	2g, E-Mail	Address			
206-328-1190	-				-)82@gm	ail.com		
13. Representative of the Petitione	r who will a	ccept	service of	all pape					-	_			
13a. Name and Titte: Dmitri Iglitzin, Attorney				l		S (street and number Mercer St., Ste.	-		-	9			
13c. Tel. No. 206-257-6003	13d. Cell N	0.			13e. F	ax N	lo.	- 1		ail Address n@workerlaw.com			
declare that I have read the above	petition ar	nd that	the state	nents a	re true	to th	e best of my knowle			y W OI KUI	aw.con		
Name (Print)	pennon ai		Signature			111	zeet zi iiij kilonje	Title	Sellell				Date
Dmitri Iglitzin								Atto	orney				10/1/2019

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
19-RC-249466	10-4-2019					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1201 South Miller St WA Wenatchee 98801 Confluence Health 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1201 South Miller St WA Wenatchee 98801 Tom Christensen 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address thomas.christensen@confluencehealth.org (509) 665-6072 (509) 860-1765 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Wenatchee, WA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 13 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 09/30/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 5030 1st Ave S Suite 200 UFCW 21 Matt Loveday WA Burien 9813 8c Tel No 8d Cell No 8e. Fax No 8f. E-Mail Address (206) 419-0433 (206) 419-0433 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/30/2020 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 Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 10/28/19 on-site at Central Washington Hospital Noon-1pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Matt Loveday United Food and Commercial Workers Local 21 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 12g. E-Mail Address mloveday@ufcw21.org 12d Tel No 12e, Cell No. 12f. Fax No. (206) 419-0433 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Matt Loveday Organizer Matt Loveday 10/3/2019 15:35:43

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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DO NOT WRITE IN THIS SPACE							
Case	Date Filed						

Employees Included

The petitioner seeks to add through a self-determination election all full-time and regular part-time Echocardiography Techs, Echocardiography Techs (Lead), Histology Techs, Histology Techs (Lead), Nuclear Medicine Techs, Nuclear Medicine Techs (Lead), Vascular Sonographers, and Vascular Sonographers (Lead), employed by Confluence Health at 1201 South Miller St, Wenatchee WA 98801, to the existing technical bargaining unit.

Employees Excluded

Excluding all guards, supervisors, managers, and confidential employees, as defined by the Act.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
19-RC-249684	10-9-19					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Swire Coca-Cola 9570 SW Barber Street, Wilsonville, OR 97070 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Gary Hoffman -----Supervisor 9570 SW Barber Street, Wilsonville, OR 97070 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 971-412-5783 N/A N/A ghoffman@swirecc.com 4b. Principal Product or Service 5a, City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Soft drink warehouse Coca-Cola Wilsonville Oregon 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 8 Checkers Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Pelitioner? X Yes \ \ \ No Mechanics, shipping & Receiving, Lab, Can lines, Everyone except Checkers 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). X 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 Michal P. Mayo 1850 NE 162nd Ave Portland, OR 97230 Bc. Tel. No. 8f F-Mail Address 8d. Cell No. 8e. Fax No. 503-257-0162 503-348-4674 503-251-2330 mmayo@taemsters162.com 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) International Brotherhood of Teamsters 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) 10c, Tel. No. 10d. Cell No. 10a Name 10b. Address N/A N/A N/A N/A 10e. Fax No. 10f, E-Mail Address N/A 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type N/A 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s) Warehouse lunch room 11/12/2019 5 am-8 am 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): General Teamsters Local Union No. 162 1850 NE 162nd Ave Portland, OR 97230 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 12f. Fax No. 12g. E-Mail Address 12d. Tei. No. 12e. Cell No. 503-257-0162 503-348-4674 503-251-2330 mmayo@teamsters162.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Michal P. Mayo **Business Agent** 1850 NE 162nd Ave Portland, Or 97230 13c. Tel. No. 13d. Cell No. 13e. Fax No 13f. E-Mail Address 503-257-0162 503-348-4674 503-251-2330 mmayo@teamsters162.com are/true/to the best of my knowledge and belief. I declare that I have read the above petition and that the statements Date Signature Title

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
19-RC-249667	10-9-2019					

					17-10-24	7007	10-3	7-2019	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	he petition must named in the pe 12). The showing	be accompanied atition of: (1) the of interest shou	by both a si petition; (2) s uld only be fil	nowing of interest (se Statement of Position ed with the NLRB an	ee 6b below) and n form (Form NL nd should not be	d a certifica RB-505); an served on t	te of service showing s nd (3) Description of Re the employer or any otl	ervice on presentation her party.	
 PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratory 	tioner desires to b	e certified as repr	esentative of t	he employees. The P e	etitioner alleges	that the fol	lowing circumstances		
2a. Name of Employer:		2b. A	ddress(es) of	Establishment(s) invo	lved (Street and	number, City	, State, ZIP code):		
Pacific Northwest Ballet	Association			Street, Seattle, V					
3a. Employer Representative - Nar	me and Title:	3b. A	ddress (if san	ne as 2b - state same));				
Ellen Walker, Executive		sam		······································					
3c. Tel. No. (206) 441-2428				0.		@PNB.c			
4a. Type of Establishment (Factory, Ballet company	mine, wholesaler,	etc.)		pal Product or Service performances		5a. City ar Seattle, V	nd State where unit is loo WA	ated:	
5b. Description of Unit Involved: Included:							er of Employees in Unit:		
See attached	1.					See a	attached.		
Excluded:						of the c	ubstantial number (30% employees in the unit wis ented by the Petitioner?	h to be	
Check One: 7a. Request for recon on or about (Date)			tive was made y received, so		/29/19 an	d Employer	declined recognition		
7b. Petitioner is cu	09/13/19				on under the Act				
8a. Name of Recognized or Certific				ddress:	in under the Act.				
American Guild of Music			.,	0 Broadway, 14	th Floor, Ne	w York,	NY 10018		
8c. Tel. No.	8d. Cell No.		8e. Fax No	D.	8f. E-Mail A	3f. E-Mail Address			
(212) 265-3687	(415) 310-9	877	(212) 2	(212) 262-9088 nheibe		er@musicalartists.org			
8g. Affiliation, if any: Associated Actors & Arti	sts of Ameri	ca	8h. Date of R	Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/30/2022					
9. Is there now a strike or picketing a	t the Employer's	stablishment(s) ir	volved? No	If so, approx	ximately how mar	y employee	s are participating?	E-18	
(Name of Labor Organization)			411				er since (Month, Day, Ye	ear)	
10. Organizations or individuals other	r than Petitioner a	nd those named in	n items 8 and	9, which have claimed	recognition as re	epresentativ			
individuals known to have a repre	esentative interest	in any employees	s in the unit de	scribed in item 5b abo	ove. (If none, so s	tate)	•		
10a. Name	10b.	Address			10c. Tel. No	Э.	10d. Cell No.		
					10e. Fax No	D.	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and election	on in this matter, s	tate your posit	tion with respect to an	y such election:	11a. Electio	n Type:		
						x Manua		l Manual/Mail	
11b. Election Date(s):	11c.	Election Time(s):		104	11d. Electio	n Location(s			
October 30, 2019	12:	00 - 12:30 p.	m.		Employe				
12a. Full Name of Petitioner (include	ling local name an	d number):		12b. Address (street			•		
American Guild of Music				1430 Broadwa	y, 14th Floo	r, New Y	York, NY 10018		
12c. Full name of national or internat Petitioner is a national lab	onal labor organi or organizat	ation of which Pe On	titioner is an a	ffiliate or constituent ((if none, so state):			. =:	
12d. Tel. No. (212) 265-3687	12f. Fax No	o. 62-9088	12g. E-Mail		Instinta ora				
13. Representative of the Petitione	(415) 310-9		Dore for num	02-9000	illicioei(wiiiusica	lartists.org		
13a. Name and Title:	. mio mii accop	our vice or air pa	13b. Addre	ess (street and number	r city State and	ng. 7IP code):			
Andrew H. Baker, Attorney			Beeson,	Tayer & Bodine,	, 483 Ninth S	treet, Ste.	200, Oakland, CA	94607	
13c. Tel. No.	13d. Cell No.		13e. Fax N		13f. E-Mail			- /	
(510) 625-9700				25-8275	abaker@	beesont	ayer.com		
I declare that I have read the above	petition and tha		are true to the	pest of my knowle					
Name (Print) Andrew H. Baker		Signature	1/	<u> </u>	Title	D4'4'		Date	
Allulew II. Dakel		<u> </u>	-c+/'		Attorney fo	r Petitioi	ner	10/9/2019	

ATTACHMENT TO RC PETITION

Pacific Northwest Ballet Association

5b. Description of Unit Involved:

By this Petition, Petitioner seeks a self-determination election among the Employer's Stage Managers and Assistant Stage Managers to determine if they wish to be represented by Petitioner as part of the established bargaining unit represented by Petitioner.

PRESENT BARGAINING UNIT:

Included: All Dancers, Apprentices and Singers employed by the Employer.

Excluded: All other employees, guards and supervisors as defined by the Act.

PROPOSED BARGAINING UNIT:

Included: All Dancers, Apprentices, Singers, Stage Managers and Assistant Stage

Managers employed by the Employer.

Excluded: All other employees, guards and supervisors as defined by the Act.

6a. Number of Employees in Unit.

Number of employees in **present** bargaining unit: Approximately 47 Number of employees in **proposed** bargaining unit: Approximately 51

FORM NLRB-502 (RC) (2-15)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
19-RC-249824	10/11/2019					

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition mul s named in the	it be accomp petition of: (1	anied by) the pe	/ both a st lition; (2) S	nowing of interest (se Statement of Position	ee 6b below) a 1 form (Form N	nd a certifica (LRB-606); an	te of service id (3) Descrip	showing s otion of Re	ervice on presentation
PURPOSE OF THIS PETITION: bargeining by Petitioner and Petit requests that the National Laborater	lioner desires to	be certified as	s represe	ntative of ti	he employees. The Po	etitioner allege	s that the fol	lowing circui	mstances e	
2a. Name of Employer:			2b. Addı	ress(es) of	Establishment(s) invo	ived (Street an	d number, City	, State, ZIP o	ode):	
DHL Express (USA) Inc.			5330	N.E. Co	ourier Court, Po	ortland, OR	97218			
3a. Employer Representative - Nar	me and Title:		3b. Addı	ress (If sam	ne as 2b - stele same)	:				
Ryan Kramer - Station Services Manager Same										
3c. Tel. No.	3d. Cell No.			3e. Fax No		3f. E-Mai				_
503-484-2040	503-568-0			503-28		Ryan.	Kramer(a)			
4a. Type of Establishment (Factory,		r, eto.)			el Product or Service	<i>2</i> 01 <i>i</i>	1 .	d State wher	e unit is loc	ated:
Package Processing Facil	ıty			Раскар	e Delivery/Pick	cup/Sort	Portland			
5b. Description of Unit Involved: Included:							6a. Numb	er of Employe	es in Unit:	
All office service agents of	employed at	the Cour	ier Co	urt DHI	. station		6			
Excluded: All other employees, and	.,						of the	ubstantial nur employees in ented by the f	the unit wis	to be
Chack One: 7a. Request for rec						-	nd Employer			X 168 110
on or about (Date)		(if no	o reply re	calvad, ao	atate),				•	
▼ 7b. Petitioner is cui Ba, Name of Recognized or Certific						n under the Ac		· · ·		
Michael Van Orsow	od Gargaming P	gent (ir none	, SO State	9) 8b. Address: 1850 NE 162nd Ave. Portland, OR 97230						
8c. Tel. No.	8d. Cell No.			8e. Fax No		8f. E-Mail				
503-257-0162	503-320-9	501		503-25			rsow@tea			
8g. Affiliation, if any:			8h	. Date of R	ecognition or Certifica		tion Date of Contract, if any			
Intern. Brotherhood of Te		• • • • • • • • • • • • • • • • • • • •							<u> </u>	
9. Is there now a strike or picketing a	it the Employer's	establishmen	ıt(s) Invol	ved? <u>No</u>	If so, approx	kimately how m		,	· —	
(Name of Labor Organization)						, has picket	ed the Employ	er since (Mor	ith, Day, Ye	er)
Organizations or individuals other individuals known to have a repre-								es and other (organization	is and
NA 10a. Name	1106	Address		-		10c. Tel.	Mn	10d. Cell No		
NA	N.			NA NA				NA		
NA.	172	1				10e, Fax				
						NA		NA		
11. Election Details: If the NLRB cor	nducts and elect	ion in this ma	tter, state	your posit	ion with respect to any	y such election	11s. Electio	п Турв:		
ŇA							⊠ Manus	al 🔲 Mail	Mixed	i Manual/Mail
11b. Election Date(s):	110	Election Tim	o(s):	• • • • • • • • • • • • • • • • • • •			tion Location(s):			
October 28, 2019		8 am th	ru 6	pm			i conferen			
12a. Full Name of Petitioner (Includ. General Teamsters Local	-				12b. Address (street 1850 NE 162n		-			
12c. Full name of national or international Brotherhood			ch Petitic	oner is an a	ffillate or constituent (if none, so stat	9):			
12d. Tel. No.	12e. Cell No.	-	$\overline{}$	12f. Fax No	Q.	12g. E-Me	il Address			
503-257-0162 503-320-9501 50					1-2330	mvano	rsow@tea	ımsters 16	2.com	
13. Representative of the Petitione	r who will acce	ot service of								
l l					ess (street and number E 162nd Ave. Por					
13c. Tel. No.	13d. Cell No.			13e. Fax N	lo.		all Address			
503-257-0162	503-320-9:			503-25			/anorsow@tearnsters162.com			
declare that I have read the above	petition and th		nents are	true to th	e best of my knowle					15.
Name (Print)		Signature	110			Title	۸ ۱-			Date Oliolia
Michael Van Opson Phuhallandon			9 ф /		Business	HOW			PHANKON	

Name (Print)

Khalial Leigh Withen

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

> Signature Khalial Withen

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
19-RC-249945	10/15/2019					

Date

10/14/2019 10:03:45

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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 200 Myrtle Street CT New Britain 06053 CW Resources 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 200 Myrtle Street CT New Britain 06053 William Green 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. (860) 229-6847 WGreen@cwresources.org (860) 229-7700 (860) 748-1819 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Business Services** Jber, AK 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [No [] Check One: 7a, Request for recognition as Bargaining Representative was made on (Date) 10/07/2019 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 8f F-Mail Address 8c. Tel No. 8d Cell No 8e. Fax No. 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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) 10b. Address 10c, Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): November 5, 2019 11c. Election Time(s): 11d. Election Location(s): Building 8197, JBER, Alaska 11:00 a.m. to 1:00 p.m. 12a. Full Name of Petitioner (including local name and number) Brandon Calcaterra Laborers' Local 341 12b. Address (street and number, city, state, and ZIP code) 2501 Commercial Drive AK Anchorage 99501-I. AK Anchorage 99.

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Laborers' International Union of North America 12e. Cell No. 12f Fax No 12g, E-Mail Address bcalcaterra@local341.com (907) 360-4953 (907) 341-0342 (907) 341-0341 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) Khalial Leigh Withen General Counsel Alaska District Council of Laborers 2501 Commercial Dr Ste 140 AK Anchorage 99501-13f. E-Mail Address kwithen@alaskalaborers.com 13c. Tel No. 13d, Cell No. 13e. Fax No. (907) 276-1640 (907) 341-7295 (907) 274-7289 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

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

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

19-RC-249945

10/15/2019

Employees Included

All full-time and part-time employees, including all janitors and non-supervisory lead janitors, employed by the Employer at Joint Base Elmendorf-Richardson, Alaska.

Employees Excluded
Supervisors, confidential employees, and clerical employees.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RC-249953	10/15/2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 2500 NE Neff Road St. Charles Medical Center 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 929 108th Avenue NE, Suite 1500 WA Bellevue 98004-Paula Lehmann 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address paulalehmann@dwt.com (425) 646-6186 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Bend, OR 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 he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address Oregon Nurses Association 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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 Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11c. Election Time(s): 11d. Election Loca ion(s): 11b. Election Date(s): October 23, 2019 7 a.m. to 9 a.m. TRD 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 18765 Southwest Boones Ferry Road 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Teachers 12g. E-Mail Address ruiz@oregonrn.org 12d. Tel No. 12e, Cell No. 12f. Fax No. 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) Thomas Doyle General Counsel Bennett Hartman 210 Southwest Morrison Street OR Portland 97204-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address tom@bennetthartman.com (503) 333-5975 (503) 248-6800 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date General Counsel Thomas Dovle 10/14/2019 13:51:34 Thomas Doyle

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

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE				
Case		Date Filed		

Employees Included

All registered nurses employed at St. Charles Medical Center, Bend, in Cancer Center to be included in existing Registered Nurse Unit at same facility

Employees Excluded Supervisors, managers, and guards

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Case No. 19-RC-250040

Date Filed 10/16/2019

DO NOT WRITE IN THIS SPACE

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and

requests that the National Labor Relati	ions Board procee						
2a. Name of Employer		2b. Ad	dress(es) of Establishment(s) involved (Street and number, city, State, ZIP code)				
Recology CleanScapes 7303			8th Ave South Seattle, WA 98108				
3a. Employer Representative – Name and Title			3b. Address (If same as 2b – state same)				
Kevin Kelly General Manager			7303 8th Ave South Seattle, WA 98108				
3c. Tel. No.	3d Cell No.		3e. Fax No.		f. E-Mail Add	ress	
206.764.8994	206.619.0892		206-260-9012	k	kelly@reco	ology.com	
4a. Type of Establishment (Factory, mine, w	rholesaler, etc.)	4b, Principal pro	duct or service		5a. City	and State where unit is located:	
Sanitation		office clerical			Seattle	,	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: All full-time and part-time	e Opt Analyst,	Data Quality	Specialist and GIS S	pecialist located in	n Seattle.	6b. Do a substantial number (30%	
						or more) of the employees in the	
Excluded: All other employees	o guardo ar	nd cunonii	nare as defined b	w the Act		unit wish to be represented by the	
All other employees	s, guarus ai	id supervi		by the Act.		Petitioner? Yes No	
Check One: 7a. Request for re-	cognition as Bargai	ining Representa	tive was made on (Date) _	and l	Employer decl	lined recognition on or about	
H	(Date) (If	no reply receive	d, so state).				
7b. Petitioner is cu	rrently recognized	as Bargaining R	epresentative and desires	certification under the A	ct.		
8a. Name of Recognized or Certified Barg	aining Agent <i>(If n</i>	one, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.	3	Bf. E-Mail Add	ress	
8g. Affiliation, if any			8h. Date of Recognition or	Certification 8	Bi. Expiration [Date of Current or Most Recent	
, - ,			-	Contract, if any (Month, Day, Yea			
9. Is there now a strike or picketing at the Er	mployer's establishi	ment(s) involved	? If so, approx	imately how many emp	loyees are pa	rticipating?	
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)			
10. Organizations or individuals other than P	etitioner and those	named in items	8 and 9, which have claims	ed recognition as repres	sentatives and	d other organizations and individuals	
known to have a representative interest in a							
				<u> </u>			
10a. Name	10b. Addre	ess		10c. Tel. No.		10d. Cell No.	
						400 5 14 11 4 1 1 1 1 1	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	an election in this	matter, state vou	r position with respect to	11a. Election Type:	/ Manual	Mail Mixed Manual/Mail	
any such election.	an olocuon in tino		position managed to	Tia. Election Type.	✓ _ivianuai _	wanwandanwan	
11b. Election Date(s):	I	ction Time(s):		11d. Election Locatio	• /		
10-22-2019		1-12:00 PM		Employee break roor		7 11 170 - 17	
12a. Full Name of Petitioner (including loc General Teamsters Local Union #174	cal name and num	nber)	12b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168				
12c. Full name of national or international la	hor organization of	which Petitioner	is an affiliate or constituen		3 O. Odilo 00.	o rakina, tirroo too	
International Brotherhood of Teamsters	o, o,gamzanon e.		To an animals of obtaining	. (
12d. Tel No.	12e. Cell No.		12f. Fax No.	1	2g. E-Mail Ac	dress	
13. Representative of the Petitioner who	will accept service	of all papers for	or purposes of the repres	entation proceeding.			
13a. Name and Title Meaza Ogbe Organizer 13b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168							
	14675 Interurban Ave S. Sui		r				
13c. Tel No.	13d. Cell No.		13e. Fax No.	1	3f. E-Mail Ad		
206-250-2566 I declare that I have read the above petition	206-250-2566	atements are tri	(206) 441-4853		ogbe@team:	siers (74.0/g	
· · · ·	<u> </u>						
Name (Print) Sig	Violall	h	Title Organizer		Date 10-15-2019		
Meaza Ogbe					1 10-15-2018	4	

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

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

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

DO NOT WRITE IN THIS SPACE				
Case No. 19-RC-250115	Date Filed 10/17/2019			

INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	ne petition mus named in the p	t be accompa etition of: (1)	anied by) the pet	y both : tition; (a shov (2) Sta	wing of interest (see tement of Position f	6b below) ar orm (Form N	nd a certifica LRB-505); ar	te of service showing od (3) Description of	g service on Representation
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti- requests that the National Laboratory	oner desires to l	oe certified as	represe	ntative	of the	employees. The Peti	tioner allege	s that the fol	lowing circumstance	
2a. Name of Employer: Pacific Northwest Ballet A	Association					reet, Seattle, W		number, Cit	, State, ZIP code):	
3a. Employer Representative - Nam Ellen Walker, Executive I		1	3b. Addi same	ress (if	same	as 2b - state same):				
3c. Tel. No. (206) 441-2428	3d. Cell No.			3e. Fa	x No.		3f. E-Mail Ellen V	Address V@PNB.c	org	
4a. Type of Establishment (Factory, r Ballet company	nine, wholesale	r, etc.)				Product or Service rformances		5a. City a Seattle,	nd State where unit is WA	located:
5b. Description of Unit Involved: Included:									er of Employees in Ur	it:
See attached								6b. Do a s	attaehed. Substantial number (30 employees in the unit ented by the Petitione	wish to be
Check One: 7a. Request for recon or about (Date) 7b. Petitioner is cur	09/13/1 rently recognize) (İf no d as Bargaini	reply re ng Repre	eceived esentat	l, so st	ate). d desires certification	2/12	nd Employer	declined recognition	
American Guild of Music		gent (ii none	, 50 51411			Broadway, 14ti	h Floor, N	lew York	, NY 10018	
8c. Tel. No. (212) 265-3687	8d. Cell No. (415) 310-	9877		_	2) 26	2-9088	nheibe	8f. E-Mail Address nheiber@musicalartists.org		
8g. Affiliation, if any: Associated Actors & Artis	sts of Amer	ica	181	h. Date	of Red	cognition or Certificati	on 8i. Expira Recent C	tion Date of 0 ontract, if any	Current or Most (Month, Day, Year)	06/30/2022
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's	establishmer	nt(s) invo	olved?	No	If so, approxi	•		es are participating? yer since (<i>Month, Day</i>	, Year)
Organizations or individuals other individuals known to have a repressione	r than Petitioner esentative intere	and those na st in any emp	med in it loyees in	tems 8 the un	and 9, nit desc	which have claimed cribed in item 5b abov	recognition as re. (If none, so	representati state)	ves and other organiza	ations and
10a. Name	101	. Address					10c. Tel.	No.	10d. Cell No.	
							10e. Fax	No.	10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and elec	tion in this ma	itter, stat	te your	positio	on with respect to any	such election	: 11a. Electi		xed Manual/Mail
11b. Election Date(s): October 30, 2019		: Election Tim 2:00 - 12:3		1.				tion Location yer's faci		
12a. Full Name of Petitioner (including local name and number): American Guild of Musical Artists 12b. Address (street and number, city, State and ZIP code): 1430 Broadway, 14th Floor, New York, NY 10018										
12c. Full name of national or internal Petitioner is a national lab			ich Petit	ioner is	an aff	filiate or constituent (ii	f none, so stat	te):		
12d. Tel. No. (212) 265-3687	12e. Cell No. (415) 310-			(212	,	2-9088	nheibe	\sim	alartists.org	
13. Representative of the Petitione 13a. Name and Title: Andrew H. Baker, Attorney	r who will acco	ept service of	fall pap	13b. /	Addres	s (street and number	city, State ar	nd ZIP code):	e. 200, Oakland,	CA 94607
13c. Tel. No. (510) 625-9700	13d. Cell No.			(510		5-8275	abakeı	\sim	tayer.com	
I declare that I have read the abov Name (Print)	e petition and t	hat the state Signature		re true	to the	best of my knowled	Title		31. 32. ^{41.} 1	Date
Andrew H. Baker			Jul	LH.	-//	Jal-	Attorney	for Petiti	oner	10/17/19

ATTACHMENT TO RC PETITION

Pacific Northwest Ballet Association

5b. Description of Unit Involved:

By this Petition, Petitioner seeks a self-determination election among the Employer's Stage Managers and Assistant Stage Managers to determine if they wish to be represented by Petitioner as part of the established bargaining unit represented by Petitioner.

PRESENT BARGAINING UNIT:

Included: All Dancers, Apprentices and Singers employed by the Employer.

Excluded: All other employees, guards and supervisors as defined by the Act.

PROPOSED BARGAINING UNIT:

Included: All Dancers, Apprentices, Singers, Stage Managers and Assistant Stage

Managers employed by the Employer.

Excluded: All other employees, guards and supervisors as defined by the Act.

6a. Number of Employees in Unit.

Number of employees in **present** bargaining unit: Approximately 47 Number of employees in **proposed** bargaining unit: Approximately 51 FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 19-RD-250199 Date Filed 10-18-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of 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.

Case Procedures (Form NLRB 4812).	The showing of interest	should only be file	d with the NLF	RB and sho	uld <u>not</u> be served o	on the employer	or any other party.
PURPOSE OF THIS PETITION: RD- DI recognized bargaining representative is Labor Relations Board proceed under	no longer their representa	ative. The Petitione	r alleges that t	he followin	g circumstances e	es assert that the kist and requests	certified or currently that the National
2a. Name of Employer REC 5/L/CON		2b. Address(es) of	Establishment	s) involved	(Street and number,	city, state, ZIP co	de) 59750
3a. Employer Representative - Name and	Title	3b. Address (If san			UAY, STUE	DOW M	37730
Ed STEPAN	Tide	,,	SAME	name)			
3c. Tel. No. 3d. Fax I	No.	3e. Cell No.	Onvice	3f. E-Mail			
406-496-9851				Edis	tepan e.Rec	L6:licon	. Com
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)			4b. Princip	al product or service		
MANU FACTURE T 5a. Description of Unit Involved				Pol	4 5:1:00		
Included:						is locat	d State where unit ed:
MAINTONANCE DEP	τ,-					S:140	EN BOW TANA
Excluded:						22. 77	-a./L
Operations						10001	ANA
	. Do a substantial number recognized bargaining re			the unit no	longer wish to be re	presented by the	certified or currently
8a. Name of Recognized or Certified Bargai	ning Agent	7			8b. Affiliation, if any		
TBEW LOCAL 233 8c. Address					IBE U)	
BC. Address 156 W. Gran; te &	T. Butte, N	1759701	8d. Tel. No.	7623	8e. Cell No.		
, 3	-		8f. Fax No.		8g. E-Mail Address		
				_	16ew 233		
9. Date of Recognition or Certification Jan 187 2016		10. Expiration Date		Nost Recent	t Contract, if any (Mo	onth, Day, Year)	
	Fordered A. Michael						
11a. Is there now a strike or picketing at the			Yes No	11b. If so,	approximately how r	nany employees a	
11c. The Employer has been picketed by or	on behalf of (insert Nan	ne)			-1	- (Marth Day V	a labor organization, of
(Insert Address) 12. Organizations or individuals other those	named in items 9 and 11	c which have claim	ad recognition	ac rapraces		e (Month, Day, Ye	ear)
and individuals known to have a represe	entative interest in any em			m 5 above.	(if none, so state)		
12a. Name	b. Address			12c. Tel. N	ю.	12d. Fax No.	
				40- 0-04		100 = 11 11 11 11	
				12e. Cell N	10.	12f. E-Mail Addre	!SS
Election Details: If the NLRB conducts matter, state your position with respect to				13a, Electi	on Type: Manua	Mail	Mixed Manual/Mail
13b. Election Date(s)	13c, Election Tim	ne(s)			on Location(s)		
11/12/19 OR TBD	1 4:45 pl	4- 5:30	PM	REC S	Silicon M	I'N KUNC	4 Room
14(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)						
(b) (6), (b) (7)(C)	e, ZIP code)	* *		14b. Tel. N		14c. Fax No.	
(b) (6), (b) (7)(C) (b) (6), (b) (7)	7)(C) (b) (6), (b) (7)(C)		14d, Cell N (b) (6),	(b) (7)(C)	b) (6), (b) (7)(C)
14f. Affiliation, if any							
15. Representative of the Petitioner who		papers for purpos	ses of the repr		proceeding.		
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)				15b.Title			
(b) (6), (b) (7)(C)	, ZIP code)			15d. Tel. N	0.	15e. Fax No.	
b) (6), (b) (7)(C) (b) (6), (b) (7)(C		C)	_			(b) (6), (b) (7	7)(C)
I declare that I have read the above petition		C)		wledge an			Data Filed
(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	(b) (b), (b) (1)(t				(b) (7)(C) _(b) (6	5), (b) (7)(C)	Date Filed
FUL FALSE STATEMEN	NTS		D BY FINE AN		NMENT (U.S.	,, JECT	TON 1001)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

Case No. 19-RC-250364

Do NOT WRITE IN THIS SPACE

Date Filed
10/22/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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.

(Form NLRB-505); and (3) Desc	•			.RB 4812). The st	howing of int	erest should only be filed
1. PURPOSE OF THIS PETITION: RO bargaining by Petitioner and Petition	-CERTIFICATION er desires to be cer	OF REPRESENTA tified as representa	TIVE - A substantial number ative of the employees. The	Petitioner alleges th	at the following	g circumstances exist and
requests that the National Labor I 2a. Name of Employer	Relations Board pr		roper authority pursuant to Address(es) of Establishmer			
First Student Inc.			3212 So. Sprague Ave 1128 WA Tacoma 98409-		,,	, =====,
3a. Employer Representative - Name	and Title		3b. Address (If same a			
Kim Mingo			201 NE Park Plaz WA Vancouver 98	ga Dr. 3684		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	
(360) 896-9500	(360) 334-27				kim.mingo@first	·
4a. Type of Establishment (Factory, mi	ne, wholesaler, etc.,) 4b. Principal p	roduct or service		5a. City a	and State where unit is located:
Transportation			Home to School & Charte	er Busing		Tacoma, WA
5b. Description of Unit Involved Included: See Attached Page 2 for ac	iditional details					6a. No. of Employees in Unit:
Excluded: See Attached Page 2 for ac	dditional details					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 (or recognition as Ba	argaining Represer	tative was made on (Date)	an	d Employer decl	ined recognition on or about
	=	(If no reply receiv	· · · · ·		ap.o,o, aco.	
7b. Petitioner			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 Add	ress
8g. Affiliation, if any	8h. Date of Recognition o	h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Re Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing at t	ne Employer's estat	lishment(s) involve	ed? If so, approx	imately how many en	nployees are par	ticipating?
(Name of labor organization)	, ,	has pi	cketed the Employer since (Month Day Year)		- · · · · · · · · · · · · · · · · · · ·
10. Organizations or individuals other the known to have a representative interest		nose named in item	s 8 and 9, which have claim	ed recognition as repr	resentatives and	other organizations and individuals
10a. Name	1 10b /	ddress		10c. Tel. No.		10d. Cell No.
Toa. Name	100.7	duiess		100. 161. 110.		Tou. Cen No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.	ducts an election in	this matter, state ye	our position with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail
11b. Election Date(s): ASAP	11c. AM	Election Time(s):		11d. Election Location(s): 3212 So Sprague Ave Tacoma WA 98409 and 1128 St. Paul Ave Tacom		
12a. Full Name of Petitioner (includir Bob Dahl Bob Dahl Teamsters Local 313	g local name and	number)	· · · · · · · · · · · · · · · · · · ·	12b. Address (street and number, city, state, and ZIP code) 220 So. 27th. St. WA Tacoma 98402-		
12c. Full name of national or internation General Teamsters Local 313 affiliated v	al labor organizatio	n of which Petition	er is an affiliate or constituen	it (if none, so state)		
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address bdahl@teamsters313.org						
(253) 627-0103	(253) 229-797		(253) 627-0106			ers313.01g
13. Representative of the Petitioner who will accept service of all papers for 13a. Name and Title			13b. Address (street and	•	•	
13c. Tel No.	13d. Cell No.		13e, Fax No.		13f. E-Mail Add	dress
I declare that I have read the above p		e statements are t		vledge and belief.		
Name (Print) Bob Dahl	Signature Bob Dahl	11/1/11	Title Organizer		Date 10/21/2019	12:04:04
DUD Dani I		IA JOHN	- · J		1 10/21/2019	14.04.04

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

PRIVACY ACT STATEMENT

Attachment

Employees Included

All Full and Part Time Mechanics

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
19-RC-250364	10/22/2019			

Employees Excluded All others including managerial, temporary, confidential and statutory supervisory employees

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
19-RC-250648	10/28/2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3325 Pocahontas Rd OR Baker City 97814 Saint Alphonsus Medical Center 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3325 Pocahontas Rd OR Baker City 97814 Brooke Thrasher 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address Brooke.Thrasher@saintalphonsus.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Baker City, OR 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 he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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 Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11c. Election Time(s): 11d. Election Loca ion(s): 11b. Election Date(s): November 5, 2019 6-8 a.m., 12-2 p.m., 4-6 p.m. Employer's facility conference room. 12b. Address (street and number, city, state, and ZIP code) 18765 Southwest Boones Ferry Road Suite 200 OR Tuala in 97062-12a. Full Name of Petitioner (including local name and number) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Teachers 12g. E-Mail Address hallay@oregonrn.org 12d. Tel No. 12e, Cell No. 12f. Fax No. 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) Thomas Doyle Bennett Hartman Morris and Kaplan 210 SW Morrison Street OR Portland 97204-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address doylet@bennetthartman.com (503) 333-5975 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Thomas Dovle 10/25/2019 10:32:47 Thomas Doyle

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

PRIVACY ACT STATEMENT

Attachment

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Case	Date Filed			
19-RC-250648	10/28/2019			

Employees Included

All Technical employees to be in included through Armour-Globe election into existing registered nurse bargaining unit.

Employees Excluded Managers, supervisors, and guards.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. Date Filed

19-RC-250685 10/28/2019

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4100 W Marginal Way SW, Seattle, WA 98106 Ferguson 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Brian Nieuwenhuis Area Manager 3c. Tel. No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 206-767-7700 951-536-4124 Brian.Nieuwenhuis@ferguson.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Plumbing Supply Delivery / Driving Seattle, WA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and part-time delivery drivers employed by the employer at its facility located in Seattle, WA 6b. Do a substantial number (30% or more) of the employees in the **Excluded:** All other employees including ,warehouse, office clerical, guards and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes 🗸 No Check One: 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 8f. E-Mail Address 8c Tel No 8d Cell No. 8e Fax No. 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract if any (Month Day Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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. 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b Election Date(s): 11c. Election Time(s): 4:30 am -5:30 am 11-14-19 Employee break room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) General Teamsters Local Union #174 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d Tel No 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a Name and Title Meaza Ogbe Organizer 13b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No 206-250-2566 206-250-2566 (206) 441-4853 mogbe@teamsters174.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title \ Name (Print) Signature Date Organize 10-25-19 Meaza Ogbe

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

PRIVACY ACT STATEMENT

Name (Print) Meaza Ogbe UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No. 19-RC-250692	Date Filed 10/28/2019			

RC PETITION

19-RC-250692

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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Costco Wholesale 4000 142nd Ave E Sumner, WA 98390 3a. Employer Representative - Name and Title 3b Address (If same as 2b - state same) Rvan White Fleet Manager 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e Fax No 253-826-6504 d171flm@costco.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Wholesale Depot delivery Sumner, WA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and part-time semi truck (depot) drivers and hostlers employed by the employer at facility located in 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, including warehouse, office clerical, guards and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) _ Check One: 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 Celi 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? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 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 5h above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail _ Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 11-25-19 10:30am-12:00pm and 3:30pm-6:00pm Employee break room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) General Teamsters Local Union #174 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168 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 12e. Cell No. 12g. E-Mail Address 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Meaza Ogbe Organizer 13b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c Tel No. (206) 441-4853 206-250-2566 206-250-2566 mogbe@teamsters174.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Signature
Organizer

Organizer

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

PRIVACY ACT STATEMENT