

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-247623

Date Filed

9/4/2019

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 Stadelman Fruit LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3366 Stadelman Drive OR Hood River 97031-	
3a. Employer Representative - Name and Title Jeff Baldwin		3b. Address (If same as 2b - state same) 3366 Stadelman Drive OR Hood River 97031-	
3c. Tel. No. (509) 314-6590	3d. Cell No.	3e. Fax No.	3f. E-Mail Address denise@stadelmanfruit.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Processing		4b. Principal product or service Fruit	
4c. City and State where unit is located: Hood River, OR			
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: 40 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) 09/03/2019 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	
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): 09/18/2019 **11c. Election Time(s):** 4pm **11d. Election Location(s):** Employers Lunchroom

12a. Full Name of Petitioner (including local name and number)
Marcus L Williams
Teamsters Local Union No. 670

12b. Address (street and number, city, state, and ZIP code)
997 Taker Road
OR Hood River 97031-

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. (971) 606-0045	12e. Cell No. (971) 606-0045	12f. Fax No.	12g. E-Mail Address mwilliams@teamster670.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) Marcus L Williams	Signature Marcus Williams	Title Business Agent	Date 09/3/2019 17:28:16
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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

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-247623	Date Filed 9/4/2019

Employees Included

Sorters, Clean up Crew/Sanitation, Forklift Drivers, box makers, packers, segregation room workers

Employees Excluded

Office clerical, supervisor, managers and forman

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-247685	Date Filed 9/5/2019

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: Tyree Oil	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1355 W. First Ave. Eugene, OR 97402
3a. Employer Representative - Name and Title: Ron Tyree, Owner	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 541-687-0076	3d. Cell No.	3e. Fax No. 541-343-0052	3f. E-Mail Address HR@tyreeoil.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distributor		4b. Principal Product or Service Oil Products	5a. City and State where unit is located: Eugene, OR

5b. Description of Unit Involved: Included: Lubricant Division, including Warehouse and Drivers (Eugene and Portland locations) Excluded: Lubricant Division (Roseburg and Coos Bay); All Fuel Division, Office, Managers	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: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 09/02/19 and Employer declined recognition on or about (Date) NO REPLY (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) Leonard Stoehr	8b. Address: 711 Shelley Street Springfield, OR 97477
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8c. Tel. No. 541-746-6500	8d. Cell No. 541-285-3792	8e. Fax No. 541-746-1994	8f. E-Mail Address leonard.stoehr@teamsterslocal206.org
8g. Affiliation, if any: Teamsters Local 206		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 206	12b. Address (street and number, city, State and ZIP code): 711 Shelley Street Springfield, OR 97477
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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. 202-624-6800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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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: Leonard Stoehr, Representative	13b. Address (street and number, city, State and ZIP code): 711 Shelley Street Springfield, OR 97477		

13c. Tel. No. 541-746-6500	13d. Cell No. 541-285-3792	13e. Fax No. 541-746-1994	13f. E-Mail Address leonard.stoehr@teamsterslocal206.org
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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) Leonard Stoehr	Signature 	Title Representative/Teamsters Local 206	Date 09/03/19
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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-247766

Date Filed
9/6/2019

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 TECT Aerospace		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1515 - 75th Street SW WA Everett 98203	
3a. Employer Representative - Name and Title Rod Holter		3b. Address (if same as 2b - state same) 1515 - 75th Street SW WA Everett 98203	
3c. Tel. No. (425) 353-8080	3d. Cell No. (316) 617-8431	3e. Fax No.	3f. E-Mail Address rholter@tectaero.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Aerospace & Defense	4b. Principal product or service Manufacturing of Aerospace Parts	5a. City and State where unit is located: Everett, 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: 153 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.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): September 26-27, 2019	11c. Election Time(s): 10am - 2pm	11d. Election Location(s): On-Site Break Room
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12a. Full Name of Petitioner (including local name and number) Jesse Cote Aerospace Machinists Industrial, District Lodge 751, IAM&AW	12b. Address (street and number, city, state, and ZIP code) 9125 - 15th Place South WA Seattle 98108
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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 Association of Machinists and Aerospace Workers

12d. Tel No. (206) 764-0303	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jessec@iam751.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 Spencer Nathan Thal Staff Attorney Aerospace Machinists District Lodge 751		13b. Address (street and number, city, state, and ZIP code) 9125 - 15th Place South WA Seattle	
13c. Tel No. (206) 764-0338	13d. Cell No.	13e. Fax No. (206) 764-0330	13f. E-Mail Address spencert@iam751.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) Spencer Nathan Thal	Signature Spencer Nathan Thal	Title Staff Attorney	Date 09/6/2019 07:13:49
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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.

DO NOT WRITE IN THIS SPACE

Attachment

Case

19-RC-247766

Date Filed

9/6/2019

Employees Included

All full time and regular part time assemblers, machine operators, maintenance, mechanics, machinists, quality assurance, material handlers, hand formers, shipping and receiving, leads, apprentices, janitors, drivers, packaging and tool room attendants working for TECT Aerospace at their Everett and Paine Field locations.

Employees Excluded

All other employees as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RD-247836

Date Filed

9-6-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, [redacted], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Cedar Grove Systems	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 7343 E. Marginal Way S. 98108
3a. Employer Representative - Name and Title Clive Westmoreland, Executive V.P.	3b. Address (If same as 2b State same) Same
3c. Tel. No. 877-764-5748	3d. Fax No.
3e. Cell No.	3f. E-Mail Address CliveW@CgCompost.Com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Diesel Shop	4b. Principal product or service Waste Collection
5a. Description of Unit Involved Included: All Journeymen and apprentice mechanics, Fuel/Tube technicians, welders and working Foremen. Excluded:	5b. City and State where unit is located: Seattle, WA

6. No. of Employees in Unit **8** 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent Int'l Ass'n of machinists and aerospace workers district lodge 160, local 289	8b. Affiliation, if any AFL-CIO, CLC
8c. Address 9135 15th Pl. S. Seattle WA 98108	8d. Tel. No. 206-762-7440
	8e. Cell No.
	8f. Fax No.
	8g. E-Mail Address tommy@iam160.com

9. Date of Recognition or Certification
June 1 2016 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
May 31, 2020

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type: ☐ Manual ☐ Mail ☒ Mixed Manual/Mail

13b. Election Date(s) **September 2019** 13c. Election Time(s) **11am-2pm** 13d. Election Location(s) **Employers facility (see 2b)**

14. Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (an individual)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
	14d. Cell No.	(b) (6), (b) (7)(C)

14f. Affiliation, if any

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

15a. Name (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

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

Name (Print) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 9/6/19
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WILLFUL FALSE STATEMENTS OR FRAUD MAY BE PUNISHED BY A 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-248186

Date Filed
9-13-2019

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
Highland Court Memory Care
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1704 E. Melody Ln, Port Angeles WA 98362

3a. Employer Representative - Name and Title
Helen Milligan, Executive Director
3b. Address (If same as 2b, state same)
Same

3c. Tel. No.
360-452-9086
3d. Cell No.
360-452-9877
3e. Fax No.
360-452-9877
3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Assisted living facility
4b. Principal product or service
Healthcare and Nursing
5a. City and State where unit is located.
Port Angeles, WA

5b. Description of Unit Involved
Included: All regular full time, part time, on call, housekeeping employees
Excluded: CNA's, Dietary staff, Restorative Aides, all other aides.
6a. No. of Employees in Unit:
28

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐
All Confidential Employees, employees, and guards, and supervisors as defined by NLRB

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) SEPT. 12 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): 9/24/19
11c. Election Time(s): 6 AM and 2 PM
11d. Election Location(s): 1704 E Melody Ln, Port Angeles, WA 98362

12a. Full Name of Petitioner (including local name and number)
Service Employee International Union 775
12b. Address (street and number, city, state, and ZIP code)
215 Columbia St, Seattle, WA 98104

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

12d. Tel No.
206-818-1451
12e. Cell No.
206-818-1451
12f. Fax No.
206-623-3401
12g. E-Mail Address
Prince.dwivedi@seiu775.org

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

13a. Name and Title
Prince Dwivedi
13b. Address (street and number, city, state, and ZIP code)
215 Columbia St Seattle WA, 98104

13c. Tel No.
206-818-1451
13d. Cell No.
206-818-1451
13e. Fax No.
206-623-3401
13f. E-Mail Address
Prince.dwivedi@seiu775.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)
PRINCE DWIVEDI
Signature
[Signature]
Title
Organizer
Date
9/12/19

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-248517	Date Filed 9/19/2019

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
Valiant Integrated Services

2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)
COMPATRECONWING 10 802 w Randolph st Oak harbor, WA 98278-4295 BLDG 3001 room 204

3a. Employer Representative - Name and Title
Bill Prescott

3b. Address (If same as 2b - state same)
3940 Ruffin Rd, Suite C San Diego, CA 92123

3c. Tel. No.
270-885-4642

3d. Cell No.
858-790-4632

3e. Fax No.

3f. E-Mail Address
bprescott@valiantintegrated.com

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

4b. Principal product or service
Contract Services on Naval Air Station Whidbey Island

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

5b. Description of Unit Involved
Included: All full time and permanent part time Acoustic Warfare Intelligence Instructor/Analysts
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:
2

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)** 9/18/2019 **and Employer declined recognition on or about** _____ (Date) (If no reply received, so state). **No Reply**
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
ASAP

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)
International Association of Machinists and Aerospace Workers, Local Lodge 282

12b. Address (street and number, city, state, and ZIP code)
822 Park Avenue, Bremerton, WA 98332

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.
(206) 762-7990

12e. Cell No.
360-481-2209

12f. Fax No.

12g. E-Mail Address
glenn@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
9/18/2019

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
19-RC-248807

Date Filed
9/24/2019

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
YouthCare
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
Various - See Appendix A
WA Seattle 98105-

3a. Employer Representative - Name and Title
Melinda Giovengo
3b. Address (If same as 2b - state same)
2500 NE 54th St
WA Seattle 98105-

3c. Tel. No.
(206) 694-4500
3d. Cell No.
3e. Fax No.
(206) 694-4509
3f. E-Mail Address
melinda.giovengo@youthcare.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Others
4b. Principal product or service
shelter and services for homeless or at risk youth
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:
170
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) 09/24/2019 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

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):
October 15, 2019
11c. Election Time(s):
See Attachment A
11d. Election Location(s):
See Attachment A

12a. Full Name of Petitioner (including local name and number)
Corinne Cosentino
Office and Professional Employees International Union Local 8
12b. Address (street and number, city, state, and ZIP code)
2800 1st Ave Ste 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, AFL-CIO

12d. Tel No.
(206) 441-8880
12e. Cell No.
(425) 318-2650
12f. Fax No.
(206) 441-0207
12g. E-Mail Address
corinne@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
Robblee Detwilder & Black
13b. Address (street and number, city, state, and ZIP code)
2101 4th Ave Ste 1000
WA Seattle 98121-2346
13c. Tel No.
(206) 467-6700
13d. Cell No.
13e. Fax No.
(206) 467-7589
13f. E-Mail Address
slemonidis@unionattorneysnw.com

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

Name (Print)
Corinne Cosentino
Signature
Corinne Cosentino
Title
Organizing Director
Date
09/24/2019 13:55:12

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

Attachment

Case

19-RC-248807

Date Filed

9/24/2019

Employees Included
See Attached Unit Description

Employees Excluded
See Attached Unit Description

Unit Description

All regular, part-time and on-call employees employed by the employer in classifications set forth in Appendix B. Excluding all managerial, confidential and supervisory employees.

Appendix B:

Activities Coordinator

Assistant GED Teacher

Bilingual Community Advocate

Care Coordinator

Career Coordinator

Case Manager

Communications Specialist

Construction Trainer

Data Entry

Donor Database Assistant

Educational Aide

Employer Engagement Specialist

Family Engagement Case Manager

Foundation & Corporate Program Specialist

GED Instructor

Housing Case Manager

Housing Navigator

Housing Stabilization Case Manager

Intake Specialist

Life Skills Coordinator

Maintenance Tech

Meal Coordinator

Medical Coordinator

Mental Health Therapist

On Call Youth Counselor

Operations Assistant

Outreach Worker

Program Coordinator

Under 18 Case Manager

Volunteer & Community Engagement Specialist

Volunteer/In Kind Coordinator

Youth Counselor

Youth Counselor/Community Outreach

YSC Coordinator

Appendix A - YouthCare Location Addresses

Main Office, 2500 NE 54th St, Seattle WA 98105

Orion Center, 1828 Yale Ave, Seattle WA 98101

UDYC, 4516 15th Ave NE, Seattle WA 98105

Jackson Street, 3722 S Hudson St, Seattle WA 98118

And various other confidential locations in Seattle to be provided by the Employer

Attachment A

Election Details

Date: Tuesday, October 15

Location 1: YouthCare Main Office, Conference Room, 2500 NE 54th St, Seattle. Times: 6:00am-10:00am and 2:30pm – 6:30pm.

Location 2: Orion Center, Barista Room, 1828 Yale Ave, Seattle. Times: 6:00am-10:00am and 2:30pm-8:00pm.

Location 3: Interagency Classroom, 3528 S Ferdinand St, Seattle. Times: 6:00am-7:00am and 2:00pm-5:00pm

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-249045

Date Filed

9/30/2019

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

Siegner and Company

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

8824 N. Lombard
OR Portland 97203-

3a. Employer Representative - Name and Title

Ian Siegner

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

8824 N. Lombard
OR Portland 97203-

3c. Tel. No.

(503) 735-3001

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

ian@siegnerandcompany.com

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

Construction

4b. Principal product or service

Painting

5a. City and State where unit is located:

Portland, OR

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:

50

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):
10/11/2019

11c. Election Time(s):
7 am

11d. Election Location(s):
Employer's Portland facility

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

Scott Oldham
International Union of Painters and Allied Trades, Local 10

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

11105 NE Sandy Blvd.
OR Portland 97220-

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

International Union of Painters and Allied Trades

12d. Tel No.

(503) 227-6644

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

scotto@iupatdc5.org

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

13a. Name and Title

Daniel Hutzenbiler
McKanna Bishop Joffe

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

1635 NW Johnson St
OR Portland 97209-

13c. Tel No.

(503) 226-6111

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

dhutzenbiler@mbjlaw.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)

Daniel Hutzenbiler

Signature

Daniel Hutzenbiler

Title

Date

09/27/2019 15:40:52

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
19-RC-249045	9/30/2019

Employees Included

All full-time and regular part time painters.

Employees Excluded

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