UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE			
16-RC-242776	Date Filed 6/5/2019		

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) 743 Henrietta Creek Road Randalls Food and Drug, LP 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 743 Henrietta Creek Road TX Roanoke 76262-Joe Patterson 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address joe.patterson@albertsons.com (817) 490-8154 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Distribution Center for Grocery Store Chain Roanoke, TX 5b. Description of Unit Involved 6a. No. of Employees in Unit: 67 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) 06/04/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 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. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): June 26, 2019 6 am to 10 am; noon to 4 pm. Office in Dispatch Department. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Carlos Mendez Teamsters Local Union 745 1007 Jonelle Street 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 12g. E-Mail Address camendez745@gmail.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (214) 675-4899 (214) 398-3216 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) David Watsky Attorney Lyon, Gorský & Gilbert, L.L.P. 12001 North Central Expressway Suite 650 TX Dallas 75243-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address dwatsky@lyongorsky.com (214) 415-7913 (214) 965-0097 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 David K. Watsky Attorney David Watsky 06/5/2019 15:18:33

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
16-RC-242776	6/5/2019			

Employees Included Drivers

Employees Excluded Spotters, Dispatchers, Mechanics, Supervisors, Managers, Warehousemen, Human Resources, Guards, and Watchmen

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. Date Filed

RC PETITION 16-RC-242871 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Willacy County Detention Center 1601 Buffalo Drive. Raymondville, TX, 78580 Management and Training Corp. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Martha Amundsen, 500 N. Marketplace Drive, Centerville, UT 84014 Labor & Employment Counsel 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 801-693-2600 Martha.Amundsen@mtctrains.com 4b. Principal Product or Service Medical Services 5a, City and State where unit is located: Raymondville, TX 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Detention Center 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 13 See attachment Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes See attachment Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 6/6/2019 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) None 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? 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: As soon as possible Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): TBD TBD TBD 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Consolidated Commercial Workers of America, Local 528 148-06 Hillside Ave, Jamaica, NY 11435 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Organization of Industrial Trade Unions - IUJAT 12d. Tel. No. 12e Cell No. 12f Fax No. 12g. E-Mail Address awilliams@noitu.org 718-526-2920 718-291-3434 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): 148-06 Hillside Ave, Jamaica, NY 11435 Andre Williams, In-House Counsel 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 718-526-2920 718-291-3434 awilliams@noitu.org I declare that I have read the above petition and that the staterpents are true to the best of my knowledge and belief. Date Name (Print) Title In-House Counsel 6/6/2019 Andre Williams

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

attachment: MTC Management and Training Corp.

5b. Description of Unit Involved:

Included: All full time and regular part time LVN nurses, medical assistants, and all other employees performing medical services in the Willacy County Detention Center in Raymondville, TX, and employed by the employer on its contract with the US Marshalls.

Excluded: All office clerical employees, guards and supervisors, as defined in the National Labor Relations Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
16-RC-243011	6/10/19			

RC PETITION

16-RC-243011

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

(Form NLRB-505); and (3) Desc	ription of	Representation C	ase F	Procedur	es (Form NL				
with the NLRB and should <u>not</u> b									
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petitioner requests that the National Labor R	er desires to	be certified as repres	entativ	ve of the er	mployees. The	Petitioner alleges th	nat the following	g circumstances exist and	
2a. Name of Employer	`					t(s) involved (Street a			
				•		2797. JBSA-Fort	Sam Houst	on, 1X 78234	
3a. Employer Representative – Name Kirby Collins Senior Human R		s Manager		7927 J	ones Brancl	s 2b – state same) h Drive, Suite 60		an, VA 22102-3329	
3c. Tel. No. (703) 749-3040	3d. C	ell No.		3e. Fax (703) 7	No. 49-3046		3f. E-Mail Add kcollins@s		
4a. Type of Establishment (Factory, mir	ne, wholesal	er, etc.) 4b. Princip	al pro	duct or sen	vice		5a. City	and State where unit is located:	
Military Contractor		Military S	Supp	ort			Fort Sa	am Houston, TX	
5b. Description of Unit Involved								6a. No. of Employees in Unit:	
Included: All full-time and regu	lar part-ti	me Military Famil	y Life	e Couns	elors (MFLC	() working for the	MFLC	9	
Program, which is based out of Joint Base San Antonio - Fort Sam Houston. Excluded: All other employees, managers, office clericals, guards, and supervisors as defined by the Act. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Patitioner?						or more) of the employees in the			
Check One: 7a. Request fo	or recognitio	n as Bargaining Repre	esenta	tive was m	ade on (Date)	By Petition and	d Employer ded	clined recognition on or about	
		_(Date) (If no reply re				-,			
		recognized as Bargain		epresentati	ve and desires	certification under the	e Act.		
8a. Name of Recognized or Certified	Bargaining	Agent (If none, so st	tate).		8b. Address				
8c. Tel No.	8d Ce	ell No.		8e. Fax	No.		8f. E-Mail Add	dress	
8g. Affiliation, if any				8h. Date o	Date of Recognition or Certification 8i. Expiration Date of Current of Contract, if any (Month, Day, Y			Date of Current or Most Recent by (Month, Day, Year)	
9. Is there now a strike or picketing at th	e Employer	's establishment(s) inv	olved	?	If so, approx	rimately how many er	mployees are pa	articipating?	
(Name of labor organization)		, ha			_				
10. Organizations or individuals other th known to have a representative interest	an Petitione in any empl	er and those named in loyees in the unit desc	items cribed i	8 and 9, win item 5b a	hich have claim above. (If none,	ed recognition as rep , so state)	resentatives an	d other organizations and individuals	
10a. Name		10b. Address				10c. Tel. No.		10d. Cell No.	
						10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond any such election.	ucts an elec	ction in this matter, sta	te you	r position w	vith respect to	11a. Election Type	Manual	MailMixed Manual/Mail	
11b. Election Date(s): Wednesday 6/19/2019		11c. Election Time(: 12:30 pm – 1:30 pm					11d. Election Location(s): Tobin Library at Oakwell 4134 Harry Wurzbach Rd, San Antonio, TX 782		
12a. Full Name of Petitioner (includin International Association of Machinist		ne and number)		lge 47			et and number,	city, state, and ZIP code)	
12c. Full name of national or internation International Association of Machinists				is an affilia	te or constituen	nt (if none, so state)			
12d. Tel No. (916) 985-8101		Cell No. 597-6100		12f. Fax (916) 98			12g. E-Mail A mward@iama		
13. Representative of the Petitioner w	ho will acc	ept service of all pap	ers fo	r purpose	s of the repres	sentation proceeding	g.		
13a. Name and Title David W. I	M. Fuji	moto, Attorn	еу			d number, city, state, eld 1001 Marina Village F	,	D, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. C	Cell No.		13e. Fax 510-337-	No.		13f. E-Mail Ad	dress nlrbnotices@unioncounsel.ne	
I declare that I have read the above p	etition and	that the statements a	are tru	e to the be	est of my know	vledge and belief.			
Name (Print) David W. M. Fujimoto	Signature		>	Title Attorney			Date June 10, 2	2019	

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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(b) (6) (7) (C)

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FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE					
NATIONAL LABOR RELATIONS BOARD				Case No. Date Filed					
RC PE	NOITI			16-RC	C-243093 6/11/19				
INSTRUCTIONS: Unless e-Filed us	ng the Agenc	v's website, w	www.nirb	gov submit a	on original of this	Petition			ffice in the Region
in which the employer concerned is	s located. Th	e netition must	he acco	mnanled by	hoih a showing c	intoro	et lead	6h helo	is and a cartificate
of service showing service on the	mnlover and	all other natio	e namos	inpanica by i	on of: /1) the noti	// ///.c/	et jact Ctoto	mani ai E	on High form
	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									
1 PURPOSE OF THIS BETITION: BC CEL	ELATION OF	employer or an	y orner p	party.	-f	4 b		4 4 4 4 4 4 4 4 4 4	d 110 att va
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 Relat	ions Board proc	eed under its pro	per autho	rity pursuant to	Section 9 of the Na	ational La	ibor Re	lations Act	<u>.</u>
24. Name of Employer		2b. Ac	idress(es)	of Esteblishmen	t(s) involved (Street a	and numb	er, city,	State, ZIP	code)
Allied Universal Security Services		3911	S. Walto	on Walker bl	vd Dallas, T	x 75236	3		
3a. Employer Representative - Name and	Title				3 2b – state seme)				
Ronald Garcia			3911 5	Walton We	alker blvd D	allas, T	k 752:	36	
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		31. E-Me	aii Addr	988	"
Office 214-312-4243	Cell 214-732		NA			garciaron(⊉eafe e.c	อก	ronald.x.garcja@aus.com
4a. Type of Establishment (Factory, mine, w		4b. Principal pro	duct or ser	rvice		5a	. City a	nd State wi	rere unit is located:
Army Airforce Exchange Service H	Q	Security				De	ıllas T	X	
8b. Description of Unit Involved	, , ,								Employees in Unit:
Included: all fulltime and part tir	ne armed a	nd unarmed :	security	officers em	nployed by the	emplo	ver L	32	
					יווי ליי ביי לייולי	•,٥	,		ubstantial number (30%
Excluded:	l ooloriad				ويط المصينة مام م	41	. 1		the employees in the be represented by the
clerical, manageria	i, salaried,	and superv	risory p	personel a	is defined by	tne ac	π		Yes 7 No
Check One: 78. Request for re-	coonition as Berg	aining Representa	tive was m	ade on (Date) N	VΔ an	d Employ	er decli:		tion on or about
₩ NA		(If no reply receive			V7	.u =p.o,	-1 40411	ioa rooogiii	not on a about
	really recognize	d as Barneining R	ennesentat	' IVA ive and destres (certification under the	Act			
Ba. Name of Recognized or Certified Barg	alning Agent (//	none, so state).	1	8b, Address	GOT CHICAGO TO THE	- Avi.			
NA .	,	,		NA					
8c, Tel No.	8d Cell No.		8e, Fax	No.		Bf, E-Me	il Addr	988	
NA .	NA		NA			NA			
8g. Affiliation, If any			8h. Date o	Date of Recognition or Certification 81, Expiration Date of Current or Most					
NA			NA	Contract, if any (Month, Day, Year)			y, Yeer)		
9. Is there now a strike or picketing at the En	nalaviera aetabli:	henorita) lavolvad	2 11 1	16.00 000000	imetely how many or				NA -
	irpio joi a catabila		-1 17 4		• • • • • • • • • • • • • • • • • • • •		ate hatt	icipaning / _i	<u> </u>
(Name of labor organization) NA				•	Month, Day, Year) 🗘				
10. Organizations or individuals other than Politioner 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) NA									
10a. Name	10b, Add	iress			10c, Tel. No.			10d, Cell	No.
	1				NA			NA	INU.
NA	NA NA			10a, Fax No.		_			II Address
					NA			NA	
11. Election Datalla; If the NLRB conducts	an election in thi	e matter, state you	r position y	with respect to	11a. Election Type	: V Me	nuel	Mall	Mixed Menual/Mail
any such election. 11b. Election Date(s):	1 110 51	ection Time(s):							
first avallable		cover all shifts			11d. Election Local AAFES HQ auditor		locatio	n near wo	rk site
12a. Full Name of Petitioner (Including los				<u>,</u>	12b. Address (street				
United Government Security Officers of Ar					2879 Cranberry Hi				
12c. Full name of national or international lat	oor organization	of which Petitioner	is an effille	te or constituen	t (if none, so state)			, , , , , , , , , , , , , , , , , , , ,	·····
United Government Security Officers of An	rerice Internatio	nal Union			·				
12d. Tel No.	12e. Cell No.		12f. Fax	Na.		12g. E-N			,
	617-620-7225		NA			Miebleno	:@ugs	a.com	
13. Representative of the Petitioner who w			or burbose	a of the cebies	entation proceeding	₹.			
13a. Name and Title Mike LeBlanc DHS Vice F	President UGSOA I	nternational Union			i number, city, state,		ode)		
					st Wareham, MA 02528		-0		
13c. Tel No. 617-620-7225	13d. Cell No. 617-620-7226		13e. Fex NA	Κ ΙΝΩ,	1	13f. E-M Miebland			
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Mike LeBlanc	nature		Title DMS Vic	e President UCS	SOA Internetional Un	Date			
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PRIVACY ACT STATEMENT

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FORM NERB-502 (AC) (4-15)

	UNITED STATES GOVERNMENT			DO NOT WRITE IN THIS SPACE				
	NATIONAL LABOR RELATIONS BOARD			Case No Date Filed				
	TITION		16-RC-			/12/2019		
INSTRUCTIONS: Unless e-Filed u								
in which the employer concerned								
of service showing service on the	employer and	all other partie	s named in the petiti	ion of: (1) the petitle	on; (2) Stat	tement of Position form		
(Form NLRB-505); and (3) Descrip	otion of Repres	entation Case !	Procedures (Form NI	LRB 4812). The sho	wing of in	terest should only be filed		
with the NLRB and should <u>not</u> be								
1. PURPOSE OF THIS PETITION: RC-C								
bargaining by Petitioner and Petitioner requests that the National Labor Rel								
2a. Name of Employer		2b. Ac	ddress(es) of Establishme	nt(s) involved (Street an	d number, ca	y, State, ZIF code;		
Union Tank car company		2801	Nash Thompson L	ane Texarkana, Al	rkansas 7	1854		
3a. Employer Representative - Name a		3b. Address (if same a	as 2b ~ state same)					
Brent Bonvillain Plant Manager	same							
3c. Tel. No.	3d. Cell No.	•	3e. Fax No.		at, E-Mail Ad			
(870) 773-2062	1			16		illein@utix.com		
4a. Type of Establishment (Factory, mine,	, wholesaler, etc.)	4b. Principal pro				and State where unit is located.		
factory		transportation	and engineered pr	oqueis	exam	cana, Arkansas		
5b. Description of Unit Involved	والمستم سمعتك بفائس	t I abata anno a suu	minima makindina kad	ومعارية فيميم متما بالمكافية والماد	dame and	5a. No. of Employees in Unit:		
included: All full-time and part-time employees, employed by					enouse	5b. 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				RA bennou and	Eudochat de	dilbeg recognition on or about		
75 Semanaria		(if no reply receive	o, so state). Tepresentative and desires	nodification coder the l				
Sa. Name of Recognized or Certified Ba				s cestascamon bisder me a	101,			
8c Tel No	8d Cell No.		Se Fax No.		of E-Med Ad	dress		
8g Affiliation if any			8h Date of Recognition	te of Recognition or Certification 81. Expiration Date of Current or Most Re				
none				Contract; if any (Month, Day, Year)				
			<u> </u>					
9. Is there now a strike or picketing at the					doyees are p	articipating?		
(Name of labor organization)		has pid	kated the Employer since	(Month, Day, Year)		4466		
10. Organizations or individuals other ther	(Name of labor organization) has pickeled the Employer since (Month, Osy, Year) 10. Organizations or individuals other than Petitioner and those named in items 3 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)								
known to have a representative interest in	eny employees in	ise named in items the unit described	8 and 9, which have dain in item 5b above. (If none	med recognition as repre e, so state)	sectatives a	nd other organizations and individuals		
	eny employees in	the unit described	8 and 9, which have date in item 5b above. (If none	e, so state)	sectatives a			
known to have a representative interest in	eny employees in	the unit described	8 and 9, which have date in item 5b above. (If none	ned recognition as repre a, so state)	sectaliyes a	nd other organizations and individuels 10d Cell No.		
	eny employees in	the unit described	8 and 9, which have dain in item 5b above. (If none	e, so state)	Sectaliyes a			
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1901)

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 Roard (NLRB) in processing representation and related proceedings or hitigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2008). 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

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
16 DC 242240	6/14/2010		

RC PETITION 16-RC-243349 ⊥ 6/14/2019 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 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 JCS Military Support Services, Inc. 2797 Stanley Rd, San Antonio, TX 78234 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Heather DeWar, Program Manager 950 Haverford Road, Suite 200, Bryn Mawr, Pennsylvania 19010 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 267-295-2229 hdewar@jcsmilitary.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Military Contractor Military Support San Antonio, TX 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All regular full time and part time MFLC counselors working for the MFLC program at the Joint 6b. Do a substantial number (30% Base San Antonio. or more) of the employees in the All supervisors, guards, office clerical, and all other employees. unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about Check One: (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). 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? 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. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s) 10:00 am - 12 pm Tobin Library at Oakwell 4134 Harry Wurzbach Rd, San Antonio, TX 78209 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Association of Machinists and Aerospace Workers, Local Lodge 47 5621 Bowen Ct., Commerce City, CO 80022 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (916) 597-6100 (916) 985-8101 (916) 985-8121 mward@iamaw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title David W. M. Fujimoto, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13c. Tel No 13d. Cell No. 13e. Fax No. 13f. E-Mail Address nlrbnotices@unioncounsel.net 510-337-1001 510-337-1023 dfujimoto@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title ttorney Name (Print) Signature Date EJW For David W. M. Fujimoto June 14, 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

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
16 DC 242421	6/17/2010				

RC P	ETITION		16-RC-2	43431	6/	17/2019	
INSTRUCTIONS: Unless e-Filed	using the Agency	's website, wy					
in which the employer concerne							
of service showing service on t							
(Form NLRB-505); and (3) Desc.							
with the NLRB and should not be	e served on the e	mployer or an	y other party.	2	-	<u>.</u>	
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.							
requests that the National Labor R 2a. Name of Employer	elations Board proce						
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Sable Electric, LLC. 4170 County Road 279, Leander, TX 78641							
3a. Employer Representative – Name	and Title	11170	3b. Address (If same as				
Shaun McConathy, Owner			same	,			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addre	ess	
(512) 651-1025	(512) 748-45	76			shaun@sab	leelectric.om	
4a. Type of Establishment (Factory, mir Electrical Contractor		4b. Principal prod Electrical Inst			5a. City a Leander	nd State where unit is located: . Texas	
5b. Description of Unit Involved			per management			6a. No. of Employees in Unit:	
Included: see attachment	"Δ"					14	
Excluded: see attachment						6b. Do a substantial number (30% or more) of the employees in the 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							
		f no reply received				•	
			epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified	Bargaining Agent (If r	none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.	8e. Fax No. 8f. E-Mail A		dress	
8g. Affiliation, if any 8h. D			8h. Date of Recognition or	f Recognition or Certification 8i. Expiration Date of Current or Most Recer Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at th	e Employer's establish	ment(s) involved	?_NoIf so, approx	imately how many en	nployees are par	ticipating?	
(Name of labor organization)		, has pick	eted the Employer since (A	Month, Day, Year)		3	
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, Addr			10c. Tel. No.		10d. Cell No.	
roa. Name	TOD. Addi	033	Toc. Tel. No.			Tod. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB cond any such election. 	ucts an election in this	matter, state your	r position with respect to	11a. Election Type: Manual Mail Mixed Manual/Mail			
11b. Election Date(s):	11c. Elec	ction Time(s):		11d. Election Location(s):			
12a. Full Name of Petitioner (including	g local name and nun	nber)		12b. Address (stree	et and number, ci	ity, state, and ZIP code)	
International Brotherhood of Electrical	TOP CARRY AND CONTRACT OF STANDARDS	70010 - 12.01		4818 East Ben White Blvd. Ste. 300 Austin, TX 78741			
12c. Full name of national or international International Brotherhood of Electrical	Workers	which Petitioner		t (if none, so state)			
12d. Tel No. (512) 326-9540	12e. Cell No. (512) 783-7682		12f. Fax No. (512) 326-9596		12g. E-Mail Add nicole_stasek@		
13. Representative of the Petitioner w	' '	e of all papers fo	750			(IDEW320.01g	
	sek, Organiz		13b. Address (street and 4818 East Ben White Blvd. S	number, city, state,	and ZIP code)		
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	ress	
(512) 326-9540	(512) 783-7682		(512) 326-9596		nicole_stasek@		
I declare that I have read the above pe	etition and that the st	atements are tru	e to the best of my know	ledge and belief.			
Name (Print) Nicole Stasek	Signature MA	0	Title Organizer		Date 6/17/2019		

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

PRIVACY ACT STATEMENT

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Attachment "A"

Included: All journeyman, apprentice and helper electricians employed by the employer within the following counties: Travis, Brown, Concad, Kimbal, Menard, McCulloch, Runnels, Tom Green, Mason, Bastrop, Hayes, Blanco, Burnet, Williamson, Lee, Llano, San Saba, Burleson, Caldwell, Fayette and parts of Coryell and Bell counties to include the part of Ft. Hood in Coryell county south of Cow House Creek, and not to extend more than two miles into Bell county from the southeast boundary line of Coryell county, Gray Field, and the City of Killeen, and parts of Lampasas, Bell and Milam counties, which are nearer to Austin than Waco, in the State of Texas.

Excluded: All other crafts such as plumbers, pipefitters, sheetmetal workers, carpenters, painters, iron workers, glaziers, brick layers, masons, sheetrockers, HVAC technicians, elevator constructors, farm and ranch hands, repairmen, shop hands, along with all other employees such as clerical employees, guards, and supervisors within the meaning of the Act.

AMENDED

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
16-RC-243431	6/18/19) :	در			

RC PETITION

[16-RC-243431

[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

of sandre showing service on t								
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 b					110 40 12). 1110 01	nonnig or	interest should only be med	
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petitioner requests that the National Labor R	CERTIFICATION OF	REPRESENTAT	IVE - A sub	ostantial number	Petitioner alleges th	at the follow	ving circumstances exist and	
2a. Name of Employer 2b. A				of Establishmen	t(s) involved (Street a	and number,		
3a. Employer Representative - Name	and Title		3b. Add	ress (If same as	s 2b – state same)			
Shaun McConathy, Owner			same					
3c. Tel. No. (512) 651-1025	3d. Cell No. (512) 748-45	576	3e. Fax	No.		3f. E-Mail A shaun@s	ddress ableelectric.com	
4a. Type of Establishment (Factory, min	ie, wholesaler, etc.)	4b. Principal pro					ity and State where unit is located:	
Electrical Contractor		Electrical Co	nstructio	n .	·	Lean	der, Texas	
5b. Description of Unit Involved							6a. No. of Employees in Unit: 8	
Included: see attachment	"A"						6b. Do a substantial number (30%	
Excluded: see attachment	"A"						or more) of the employees in the unit wish to be represented by the	
Check One: 7a. Request fo	or recognition as Para	siging Penrecent	ativo was o	ando on (Date)	20	d Émployer e	Petitioner? Yes No No Neclined recognition on or about	
7a. Redución		If no reply receive		_	an	ia cilibiosei c	recinied recognition on or about	
	is currently recognize	d as Bargaining F	Representat	•	certification under the	e Act.		
Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address								
8c. Tel No.	8d Cell No.		8e. Fax	8e. Fax No.		8f. E-Mail Address		
8g. Affiliation, if any						on Date of Current or Most Recent any (Month, Day, Year)		
9. Is there now a strike or picketing at the	e Employer's establis	hment(s) involved	1?	If so, approx	timately how many er	nployees are	participating?	
(Name of labor organization)		, has pic	keted the E	mployer since (i	Month, Day, Year)			
Organizations or individuals other the known to have a representative interest						resentatives	and other organizations and individuals	
10a. Name	10b. Add	iress		10c. Tel. No.			10d, Cell No.	
					10e. Fax No.		10f. E-Mail Address	
Election Details: If the NLRB cond any such election.	· · · · · · · · · · · · · · · · · · ·	* . * * .	ur position	position with respect to 11a. Election Type: / Manual Mail Mixed Man			il Mail Mixed Manual/Mail	
11b. Election Date(s): 7/1/2019	4:30pm	ection Time(s): -6:30pm		11d. Election Location(s); Cepeda Branch, Austin Public Library 651 N Pleasant Valley Rd, Aus				
12a. Full Name of Petitioner (includin International Brotherhood of Electrical	Workers Local Unio	n 520		12b. Address (street and number, city, state, and ZIP code) 4818 East Ben White Blvd. Ste. 300 Austin, TX 78741				
12c. Full name of national or internation International Brotherhood of Electrical	Workers	of which Petitione			t (if none, so state)			
			12f. Fax (512) 32	6-9596			Address ek@ibew520.org	
13. Representative of the Petitioner w			for purpos	es of the repres	entation proceeding	g.		
13a. Name and Title Nicole Sta	isek, Organi	zer			d number, city, state, Ste. 300 Austin, TX 7874		e)	
13c, Tel No. (512) 326-9540	13d. Cell No. (512) 783-7682	· · · · · ·	13e. Fa (512) 32			13f. E-Mail	Address ek@ibew520.org	
I declare that I have read the above p		tatements are tr		The second second	vledge and belief.	muole_stas	en@ibewozo.org	
Name (Print)			Title			Date		
Nicole Stasek	Signature Www	√ (Organiza	er		6/18/20	19	

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 "A"

Included: All commercial journeyman, commercial apprentice and helper electricians employed by the employer within the following counties: Travis, Brown, Concad, Kimbal, Menard, McCulloch, Runnels, Tom Green, Mason, Bastrop, Hayes, Blanco, Burnet, Williamson, Lee, Llano, San Saba, Burleson, Caldwell, Fayette and parts of Coryell and Bell counties to include the part of Ft. Hood in Coryell county south of Cow House Creek, and not to extend more than two miles into Bell county from the southeast boundary line of Coryell county, Gray Field, and the City of Killeen, and parts of Lampasas, Bell and Milam counties, which are nearer to Austin than Waco, in the State of Texas.

Excluded: Residential electricians, residential apprentice and helper electricians. All other crafts such as plumbers, pipefitters, sheetmetal workers, carpenters, painters, iron workers, glaziers, brick layers, masons, sheetrockers, HVAC technicians, elevator constructors, farm and ranch hands, repairmen, shop hands, along with all other employees such as clerical employees, guards, and supervisors within the meaning of the Act.

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No	Date Filed			
16-RC-243700	6/21/02019			

6/20/19

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, , 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Cargill Cook 3709 E 1st St. Ft Worth, Tx 76111 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Allen Boelter - Plant Manager Same 3f. E-Mail Address 3e Fax No Allen_boelter@cargill.com 817-838-3442 806 240 2158 4a Type of Establishment (Factory mine wholesaler etc.) 4b Principal Product or Service 5a. City and State where unit is located: Fort Worth, TX Processing Plant Meat Products 5b. Description of Unit Involved:
Included: All full time and regular part time employees employe at this facility, QA's, group leads, line leads, production, maintenance, shipping, recieving, waste water and refrigeration tech

Excluded: All other employees, office clerical, PSSI, guards, R&D, and supervisors 6a. Number of Employees in Unit: 270 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Peti ioner? X Yes as defined in the act Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recogni ion 6/21/2019 on or about (Date) (If no reply received, so state). N/A ☐ 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 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8i Expiration Date of Current or Most 8g Affiliation if any 8h Date of Recognition or Certification 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? No (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: f the NLRB conducts and election in this matter state your position with respect to any such election
11a. Election Type: 2 observers in each voting schedule; with release schedules (as prior election) Manual Mail Mixed Manual/Mail 11b Election Date(s) 11c Election Time(s) 11d Election Location(s) 1st Floor, training room (Where injured employees voted prior) 6:30AM-9:00AM & 3:30PM-6:00PM 7/15/2019 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): United Food & Commercial Workers Local 540 17780 Preston Rd. Dallas, TX 75252 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none so state): United Food & Commercial Workers International Union AFL-CIO. CLC 12g. E-Mail Address 12d Tel No 12e. Cell No. 12f. Fax No. 214-327-6614 214-328-3515 214-519-3709 Gonzalo@ufcw540.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a Name and Title 13b Address (street and number city State and ZIP code): GonzaloReyes- organizer
Tel. No. | 13d. Cell No. 17780 Preston Rd. Dallas, TX 75252 13e. Fax No. 13f. E-Mail Address 13c. Tel. No. 214-328-3515 Gonzalo@ufcw540.org 214-519-3709 214-327-6614 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Orgazizer

Signature 4

Gonzalo Reves