

DO NOT WRITE IN THIS SPACE

Case

Date Filed

Attachment

Employees Included

Bike ambassadors, rebalancers, bike moves captains, warehouse mechanics, and shop mechanics.

Employees Excluded

Managers

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-242645	Date Filed 06/03/2019

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
Maui Health System

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
221 Mahalani St., Wailuku, HI 96793

3a. Employer Representative - Name and Title
Lee Matsui - Human Resources/Labor Relations

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

3c. Tel. No.
808-244-9056

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service
Security

5a. City and State where unit is located:
Wailuku, HI

5b. Description of Unit Involved
Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY MAUI HEALTH SYSTEM @ 221 MAHALANI ST., WAILUKU, HI 96793

6a. No. of Employees in Unit:
16

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

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).** **no**

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):
6/25/19

11c. Election Time(s):
mail

11d. Election Location(s):
mail

12a. Full Name of Petitioner (including local name and number)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12b. Address (street and number, city, state, and ZIP code)
25510 Kelly Road, Roseville, MI 48066

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No.
586-772-7250 X111

12e. Cell No.
586-872-5634

12f. Fax No.
586-772-9644

12g. E-Mail Address
organize@spfpa.org

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

13a. Name and Title
Gordon Gregory, General Counsel

13b. Address (street and number, city, state, and ZIP code)
65 Cadillac Square, Suite 3727, Detroit, MI 48226

13c. Tel No.
313-964-5600

13d. Cell No.

13e. Fax No.
313-964-2425

13f. E-Mail Address
Gordon@UnionLaw.net

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

Name (Print)
David L. Hickey

Signature

Title
International President

Date
5/30/19

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.

RECEIVED
 NLRB SUB-REGION 87
 HONOLULU, HAWAII
 2019 JUN 3 11:24 AM

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RM PETITION

DO NOT WRITE IN THIS SPACE
Case No. **20-RM-242557** Date Filed **06/03/19**

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. 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/Petitioner:
SSB Manufacturing

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
91-489 Komohana Street, Kapolei, Hawaii 96707

3a. Employer/Petitioner Representative - Name and Title:
Mark Howard, Operations Manager,
Simmons Bedding

3b. Address (if same as 2b - state same):
Same

3c. Tel. No. 808.682.7233 **3d. Cell No.** 808.282.7507 **3e. Fax No.** 808.772.5000 **3f. E-Mail Address** mhoward@sertasimmons.com

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

4b. Principal Product or Service
Bedding

5a. Description of Unit Involved:
Included: All historically represented production, maintenance, truck driver employees of the consolidated Serta and Simmons bargaining units
Excluded: All other classifications, including managers, supervisors, confidential employees & guards as defined by the Act

5b. City and State where unit is located:
Kapolei, Hawaii

6. Number of Employees in Unit:
29

Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable
 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____
 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Name of Recognized or Certified Bargaining Agent - Name
Int'l Longshore and Warehouse Union, Local 142

8b. Affiliation, if any:

8c. Address:
Dillon Hullinger, Business Agent
451 Atkinson Drive, Honolulu, Hawaii 96814

8d. Tel. No. 808.949.4161 **8e. Cell No.** 808.864.1296
8f. Fax No. 808.941.5867 **8g. E-Mail Address** dhullinger@ilwulocal142.org

9. Date of Recognition or Certification

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 2/29/2020

11. 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) _____

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)
Hawaii Teamsters and Allied Workers Union, Local 996

12a. Name and affiliation if any

12b. Address
Asimoto Fakaosi, Assistant to the President/Organizer, 1817 Hart Street, Honolulu, HI 96819

12c. Tel. No. 808.847.6633 **12d. Cell No.** 808.940.3540
12e. Fax No. 808.842.4575 **12f. E-Mail Address** Asi@hawaiiteamsters.com

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: QCR following consolidation of two facilities. See cover letter to RM Petition.

13a. Election Type:
 Manual Mail Mixed Manual/Mail

13b. Election Date(s): June 10, 2019 **13c. Election Time(s):** TBD **13d. Election Location(s):** Both Serta and Simmons plants

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title: Robert C. Long **14b. Address (street and number, city, State and ZIP code):** Littler Mendelson, P.C., 900 Third Avenue, New York, NY 10022-3298

14c. Tel. No. 212.583.2661 **14d. Cell No.** 312.953.9022 **14e. Fax No.** 614.573.9742 **14f. E-Mail Address** rlong@littler.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) Robert C. Long Signature _____ Title Attorney Date 06/03/19

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 may cause the NLRB to decline to invoke its processes.

RECEIVED
NLRB-REGION 37
HONOLULU, HAWAII
JUN 11 2019

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-242902	Date Filed 6/7/2019

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.

2a. Name of Employer: Marin General Hospital	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 250 Bon Air Road, Greenbrae, CA 94904
3a. Employer Representative - Name and Title: Linda Lang, Chief Human Resources Officer	3b. Address (if same as 2b - state same): 300 A Drake's Landing Rd., Suite 110, Greenbrae, CA 94904

3c. Tel. No. (415) 464-2096	3d. Cell No.	3e. Fax No. (415) 461-4407	3f. E-Mail Address Linda.Lang@maringeneral.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital	4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Greenbrae, CA
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5b. Description of Unit Involved: Included: All full-time and regular part-time Clinical Lab Technicians and Medical Lab Technicians. Petitioner seeks an Armour-Globe election to include employees in the Professional and Technical Unit. Excluded: All other employees, guards and supervisors	6a. Number of Employees in Unit: 5
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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
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None.	8b. Address:
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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)
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): June 14, 2019	11c. Election Time(s): 2:00pm - 2:30pm	11d. Election Location(s): conference room on employer's premises
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 856	12b. Address (street and number, city, State and ZIP code): 453 San Mateo Ave., San Bruno, CA 94066
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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

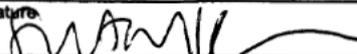
12d. Tel. No. (650) 635-0111	12e. Cell No.	12f. Fax No. (650) 635-1632	12g. E-Mail Address sfarber@ibt856.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Susan K. Garcia, Attorney

13b. Address (street and number, city, State and ZIP code): Beeson, Tayer & Bodine, 483 Ninth Street, Oakland, CA 94607
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13c. Tel. No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address sgarea@beesonayer.com
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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) Susan K. Garcia	Signature 	Title Attorney	Date 6/7/2019
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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 may 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. 20-RC-243076	Date Filed 6/11/2019

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 Abatin Wellness Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2100 29th St., Sacramento, CA	
3a. Employer Representative - Name and Title Gary Hiller - owner		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 916-822-5699	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ghiller@teambhc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Cannabis dispensary		4b. Principal product or service Cannabis retail	
5b. Description of Unit Involved Included: See Attachment A Excluded: See Attachment A			6a. No. of Employees in Unit: 26 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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 6/10/2019 and Employer declined recognition on or about 6/10/2019 (Date) (If no reply received, so state). By this petition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): June 25, 2019		11c. Election Time(s): 8:30-9:30 a.m. and 12:30-1 p.m.	
11d. Election Location(s): Employer's facility		12b. Address (street and number, city, state, and ZIP code) 2200 Professional Drive, Roseville, CA 95661	
12a. Full Name of Petitioner (including local name and number) United Food and Commercial Workers 8 - Golden State			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food and Commercial Workers International Union			
12d. Tel No. 916-786-0588	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Jay Trumbull		13b. Address (street and number, city, state, and ZIP code) 2200 Professional Drive, Roseville, CA 95661	
13c. Tel No. 916-786-0588	13d. Cell No.	13e. Fax No.	13f. E-Mail Address jtrumbull@ufcw8.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) David L. Barber	Signature 	Title Attorney	Date June 10, 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 full time and regular part time employees who are employed by the Employer at its facility in Sacramento, including all bud tenders, bud backs, intake coordinators or front receptionists, and inventory control personnel.

Excluded: All managers, supervisors, and guards as defined by the National Labor Relations Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-243589	Date Filed June 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
Altus Technical Solutions, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1121 Annapolis Road #211, Odenton, MD. 21113

3a. Employer Representative - Name and Title
David Brashear - President

3b. Address (if same as 2b - state same)
Ritidian Point - Main Site, Anderson AFB, Yigo, Guam 96929

3c. Tel. No. 443-312-2069 **3d. Cell No.** 443-223-5755 **3e. Fax No.** **3f. E-Mail Address** dbrashear@altusts.com

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

4b. Principal product or service
Provide operations and maintenance support for aircrew training

5a. City and State where unit is located:
Yigo, Guam

5b. Description of Unit Involved
Included: Site Lead, Electronics Technician All Levels
Excluded: Any and all managers, supervisor, superintendent, watchmen, and security personnel

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) 6/19/2019 and Employer declined recognition on or about none (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? _____ 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): July 11, 2019 **11c. Election Time(s):** 1:00pm - 1:15pm **11d. Election Location(s):** Break room

12a. Full Name of Petitioner (including local name and number)
Hawaii Teamsters and Allied Workers, Local 996

12b. Address (street and number, city, state, and ZIP code)
1817 Hart Street, Honolulu, Hawaii 96819

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. 808-847-6633 **12e. Cell No.** **12f. Fax No.** 808-842-4575 **12g. E-Mail Address** loc996@hawaii.rr.com

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

13a. Name and Title Asi Fakaosi, Assistant to the President/ Organizer

13b. Address (street and number, city, state, and ZIP code)
1817 Hart Street, Honolulu, Hawaii 96819

13c. Tel No. 808-847-6633 **13d. Cell No.** 808-940-3540 **13e. Fax No.** 808-842-4575 **13f. E-Mail Address** asi@hawaiiteamsters.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) Asi Fakaosi	Signature 	Title Assistant to the President	Date June 19, 2019
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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.

RECEIVED
 NLRB SUB-REGION
 HONOLULU, HAWAII
 2019 JUN 19 PM 12:55
 37

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

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

2a. Name of Employer: Hawaii Water Service Company
2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 68-1845 Waikoloa Rd, Suite 216 Waikoloa, HI 96738
3a. Employer Representative - Name and Title: Tony Carrasco- General Manager
3b. Address (If same as 2b - state same): Same

3c. Tel. No.: 808-883-2046
3d. Fax No.: 808-8832064
3e. Cell No.: 808-756-5250
3f. E-Mail Address: acarrasco@calwater.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Water Utility
4b. Principal product or service: Water and Wastewater Treatment

5a. Description of Unit Involved
Included: See "Attachment"
Excluded: See "Attachment"
5b. City and State where unit is located: Waikoloa, HI

6. No. of Employees in Unit: 27
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: Jami Simon
8b. Affiliation, if any: Utility Workers Union of america, AFL, CIO

8c. Address: 2057 South Oxford ST, Los Angeles, CA 90018
8d. Tel. No.:
8e. Cell No.: 323-243-9879
8f. Fax No.:
8g. E-Mail Address: jamisimon@uwua.net

9. Date of Recognition or Certification: May 31, 2018
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):

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) None

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. Yes for Decertification
13a. Election Type: Manual Mail Mixed Manual/Mail

13b. Election Date(s): July 3, 2019
13c. Election Time(s): 1000
13d. Election Location(s): Waikoloa, Kukio (Kona), Puakalani, and Kaanapali

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

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

14f. Affiliation, if any:

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

15a. Name:
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)
Signature: (b) (6), (b) (7)(C)
Title: (b) (6), (b) (7)(C)
Date Filed: 06/18/19

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

Included:

All full-time and regular part-time employees in the job classifications of Chemist, Customer Service Representative, Customer Service Representative/ Operations Clerk, Operations Clerk, Electro-Mechanical Technician, Utility Operator 1, Utility Operator 2, Utility Operator 3, Utility Plant Operator 2, Utility Worker, and Water Quality Lab Technician.

Excluded:

All other employees, managers, and supervisors as defined in the Act

RECEIVED
SUB-REGION 37
10 11 20 PM 1:03
HONOLULU, HAWAII

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-243621	Date Filed 6/20/2019

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: Buchanan Food Service	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5980 State Farm Drive, Rohnert Park, CA 94928
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3a. Employer Representative - Name and Title: Bruce Buchanan, Owner	3b. Address (if same as 2b - state same): same
--	---

3c. Tel. No. (707) 584-4643	3d. Cell No.	3e. Fax No.	3f. E-Mail Address barbi_buchanan@yahoo.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Wholesale grocer	4b. Principal Product or Service Food	5a. City and State where unit is located: Rohnert Park, CA
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5b. Description of Unit Involved: Included: See Attached Excluded:	6a. Number of Employees in Unit: See Attached
	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) _____ by this petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address:
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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)
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): July 12, 2019	11c. Election Time(s): noon - 12:30 p.m.	11d. Election Location(s): Employer's premises
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 665	12b. Address (street and number, city, State and ZIP code): 1371 Neotomas Avenue, Santa Rosa, CA 95405
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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. (707) 331-1124	12e. Cell No. (707) 486-6801	12f. Fax No. (707) 541-0188	12g. E-Mail Address myates@teamsters665.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: Andrew H. Baker, Attorney for Petitioner	13b. Address (street and number, city, State and ZIP code): 483 Ninth Street, Ste. 200, Oakland, CA 94607
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13c. Tel. No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address abaker@beesontayer.com
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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) Andrew Baker	Signature 	Title Attorney for Petitioner	Date 06/19/19
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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

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

ATTACHMENT TO RC PETITION

Buchanan Food Service

5b. Description of Unit Involved:

By this petition, Petitioner seeks a self-determination election among the Employer's office clerical employees to determine whether they wish to be added to the Employer's bargaining unit already represented by Petitioner.

CURRENT BARGAINING UNIT: All full-time and regular part-time drivers and warehouse workers employed by the Employer at its Rohnert Park, CA, facility; **excluding** all other employees, guards, and supervisors as defined by the Act.

PROPOSED BARGAINING UNIT: All full-time and regular part-time drivers, warehouse workers and office clericals employed by the Employer at its Rohnert Park, CA, facility; **excluding** guards and supervisors as defined by the Act.

6.a. Number of Employees in Unit:

Number of employees **currently** in bargaining unit: approximately 10

Number of employees in **proposed** bargaining unit: approximately 12

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 20-RC-243705	Date Filed June 21, 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
Servco Pacific Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2850 Pukoloa St., Suite 300, Honolulu, HI 96819

3a. Employer Representative - Name and Title
Rick Ching, President COO

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

3c. Tel. No. 808-564-2377

3d. Cell No. 808-341-6383

3e. Fax No.

3f. E-Mail Address
rick.ching@servco.com; rickc@servco.com

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

4b. Principal product or service
Carrier services

5a. City and State where unit is located:
Honolulu, HI

5b. Description of Unit Involved
Included: All regular full-time car carrier drivers.
Excluded: Managers, supervisors, confidential employees and all others not mentioned above.

6a. No. of Employees in Unit:
6

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about no reply (Date) (If no reply received, so state).**
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? 2
(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):
July 8 or July 9, 2019

11c. Election Time(s):
6:30 a.m. - 8:00 a.m.

11d. Election Location(s):
Vehicle Processing Center, 2101 Auiki St., Ste A, Employee Break Room

12a. Full Name of Petitioner (including local name and number)
International Longshore & Warehouse Union (ILWU) Local 142

12b. Address (street and number, city, state, and ZIP code)
451 Atkinson Drive, Honolulu, HI 96814

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

12d. Tel. No. 808-949-4161

12e. Cell No. 808-645-0193

12f. Fax No. 808-955-1915

12g. E-Mail Address
rclough@ilwulocal142.org

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

13a. Name and Title Lynn E. Panagakos, Attorney at Law

13b. Address (street and number, city, state, and ZIP code)
841 Bishop Street, Suite 2201, Honolulu, Hawaii 96813

13c. Tel. No. 808-521-3336

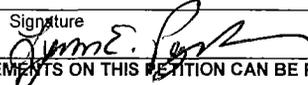
13d. Cell No. 808-542-9943

13e. Fax No. 808-566-0347

13f. E-Mail Address
lynnpanagakos@yahoo.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) Lynn E. Panagakos

Signature 

Title Attorney for Petitioner

Date June 21, 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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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
20-RC-242761

Date Filed
6/5/2019

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: PepsiCo		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3029 Coffey Lane, Santa Rosa, CA 95403	
3a. Employer Representative - Name and Title: William Jones, Market Sales Manager		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. (707) 535-4560	3d. Cell No. (707) 974-9652	3e. Fax No.	3f. E-Mail Address William.Jones@pepsico.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Delivery service		4b. Principal Product or Service Soft drinks	5a. City and State where unit is located: Santa Rosa, CA

5b. Description of Unit Involved: Included: All full-time and regular part-time commercial drivers working at or out of Santa Rosa and Ukiah. Excluded: All other employees, supervisors and guards, as defined in the Act.		6a. Number of Employees in Unit: 17
		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) _____ by this petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None.	8b. Address:
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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): June 19, 2019	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 665	12b. Address (street and number, city, State and ZIP code): 1371 Neotomas Avenue, Santa Rosa, CA 95405
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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. (707) 331-1123	12e. Cell No. (415) 828-7852	12f. Fax No. (707) 541-0188	12g. E-Mail Address twoods@teamsters665.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: Sheila K. Sexton, Attorney for Petitioner		13b. Address (street and number, city, State and ZIP code): 483 Ninth Street, Ste. 200, Oakland, CA 94607
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13c. Tel. No. (510) 625-9700	13d. Cell No.	13e. Fax No. (510) 625-8275	13f. E-Mail Address ssexton@beesontayer.com
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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) Sheila K. Sexton	Signature 	Title Attorney for Petitioner	Date 06/05/19
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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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