				_					
UNITED STATES GOV NATIONAL LABOR RELAT		Occa No.	DO NOT WRITE IN THIS SPACE Case No. Date Filed						
RC PETIT	ION	2	21-RC-242545 June 3, 2019						
INSTRUCTIONS: Unless e-Filed using th									
in which the employer concerned is loca									
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			RB 4812). The si	howing of inte	erest should only be filed				
with the NLRB and should not be served	d on the employer or an	y other party.							
1. PURPOSE OF THIS PETITION: RC-CERTIFIC bargaining by Petitioner and Petitioner desires requests that the National Labor Relations E	to be certified as representativ	ve of the employees. The	Petitioner alleges th	hat the following	circumstances exist and				
2a. Name of Employer	2b. Ad	dress(es) of Establishmen	t(s) involved (Street a	and number, city,	State, ZIP code)				
Tyonek Services Group (Fleet Reading	ess Center) Naval			378, 379, 463, 4	66, and 472, San Diego, CA 92135				
3a. Employer Representative – Name and Title Tina Bruce, PHR Director of Human F		3b. Address (If same as 229 Palmer Road,							
(256) 258-0112 & (256) 258-6200 (256		^{3e.} Fax No. (256) 258-6292		3f. E-Mail Addr tbruce@tyo					
4a. Type of Establishment (Factory, mine, wholesa Military Contractor	aler, etc.) 4b. Principal pro Military Supp			5a. City a San Die	and State where unit is located: ego, CA				
5b. Description of Unit Involved					6a. No. of Employees in Unit:				
Included: See Attachment A.					60 6b. Do a substantial number (30%				
Excluded:					or more) of the employees in the				
Excluded: Guards, Office Clerica	al and Supervisor	s as defined in t	the Act.		unit wish to be represented by the Petitioner? Yes V No				
	on as Bargaining Representa			d Employer decl					
ra. Request for recogniti	(Date) (If no reply received		з у гешон «	ia Employer deci	med recognition on or about				
7b. Petitioner is currently	recognized as Bargaining Re		certification under the	e Act.					
8a. Name of Recognized or Certified Bargaining	g Agent (If none, so state).	8b. Address							
8c. Tel No. 8d C	ell No.	8e. Fax No.		8f. E-Mail Addr	ess				
8g. Affiliation, if any		8h. Date of Recognition o	r Certification		Date of Current or Most Recent (Month, Day, Year)				
9. Is there now a strike or picketing at the Employe	r's establishment(s) involved	? No If so, approx	kimately how many er	mployees are par	ticipating?				
	, has pick								
10. Organizations or individuals other than Petition				presentatives and	other organizations and individuals				
known to have a representative interest in any emp	ployees in the unit described	in item 5b above. (If none,	, so state)						
10a. Name	10b. Address		10c. Tel. No.		10d. Cell No.				
Tua. Name	TOD. Address		TOC. TEL. NO.		Tou. Cell No.				
			10e. Fax No.		10f. E-Mail Address				
 Election Details: If the NLRB conducts an ele any such election. 	ection in this matter, state you	r position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail				
11b. Election Date(s): mail ballot to go out mid-June with count on July 2, 201	11c. Election Time(s): n/a		11d. Election Loca	tion(s):					
12a. Full Name of Petitioner (including local na	me and number)	odge 725	12b. Address (stre	et and number, o	ity, state, and ZIP code)				
International Association of Machinists and Aerospace Workers, District Lodge 725 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent <i>(if none, so state)</i> International Association of Machinists and Aerospace Workers, AFL-CIO									
12d. Tel No. 12e.	Cell No.	12f. Fax No.		12g. E-Mail Ad					
(858) 292-5150 ext 111 13. Representative of the Petitioner who will ac	cont corvice of all papers fr	(858) 292-5273	ontation procoodin	jmauldin@iam	725.org				
^{13a. Name and Title} Caren P. Sence		13b. Address (street and Weinberg, Roger & Rosenfe	d number, city, state,	and ZIP code)	Alameda, CA 94501				
13c. Tel No. 13d.	13e. Fax No.	and a start of the	13f. E-Mail Add	tress					
510-337-1001 I declare that I have read the above petition and	I that the statements are tru	510-337-1023 ue to the best of my know	vledge and belief.	nlrbnotices@unio	ncounsel.net, csencer@unioncounsel.net				
Name (Print) Signature		Title		Date					
Caren P. Sencer, Attorney		Attorney		June 3, 201	19				
WILLFUL FALSE STATEMENTS O	N THIS PETITION CAN BE F	UNISHED BY FINE AND	IMPRISONMENT (U	.S. CODE, TITLE	E 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

5.b. Description of Unit:

Included: All full time and regular part-time Aircraft Workers, Aircraft Painters, Aircraft Mechanics I, Aircraft Mechanics II, Aircraft Mechanics III, Aircraft Electricians, Aircraft Sheetmetal Mechanics, Avionics Technicians, Pneudraulic Systems Mechanics 1, Pneudraulic Systems Mechanics 2, Pneudraulic Systems Mechanics, Production Control Personal, Aircraft Logs and Records Technicians, Supply Technicians, Material Expeditors, and Material Coordinators.

				DO NOT WRITE IN THIS SPACE						
UNITED STATES NATIONAL LABOR F			Case No.			ata Filod				
RC PET	ITION		2	21-RC-242839 Date Filed 06-06-2019						
INSTRUCTIONS: Unless e-Filed usi										
in which the employer concerned is										
of service showing service on the e	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) Descripti				LRB 4812). The s	howing of int	erest should only be filed				
with the NLRB and should not be s				er of employees wish t	o bereoresente	for purposes of collective				
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	2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)									
Pacific Architects and Engineers (See A	Attachment A, vario		alitornia					
3a. Employer Representative – Name and Amy Kehoe, Director Labor Relati			3b. Address (If same 7799 Leesburg P		irth, Falls Ch	urch, VA 22043-2408				
3c. Tel. No. (817) 507-8799	3d. Cell No.		3e. Fax No		3f. E-Mail Add					
4a. Type of Establishment (Factory, mine, w.	holesplar of 1	4b. Principal pro	duct or service			and State where unit is located:				
Military base	nuesaler, elc.)	Service contra			Various					
5b. Description of Unit Involved		Dia			and have the t	6a. No. of Employees in Unit: 15				
Included: All full time, regular part			chnicians and Gen	erai Cierks, emplo	byea by the	6b. Do a substantial number (30%				
employer at the location Excluded: All managers, branch manage	s listed on A	ttachment A.	managers all other p	rofessional employee	boo shrauge	or more) of the employees in the				
supervisors as defined by the		nagers, cooperate	e managers, air omer p	tolessional employee.	s, guarus anu	unit wish to be represented by the Petitioner? Yes V No				
		aining Representation	tive was made on (Date)	by potition a	d Employer dec	lined recognition on or about				
Check One. I ra. Requestion rec		(if no reply received		by pennon-						
7b. Petitioner is cu			epresentative and desire	s certification under the	e Act.					
8a. Name of Recognized or Certified Barg None	aining Agent (II	none, so state).	8b. Address							
8c. Tel No.	8d Cell No.		Be. Fax No.		8f. E-Mail Add	ress				
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 Err	ployer's establis	hment(s) involved	No If so, appr	oximately how many e	mployees are pa	rticipating?				
(Name of labor organization)										
10. Organizations or individuals other than P						d other organizations and individuals				
known to have a representative interest in an	y employées in	the unit described i	n item 5b above. (If nor	e, so state)						
None 10a. Name	10b. Add	tress		10c. Tel. No.		10d. Cell No.				
TOB, Nome	100,710									
				10e. Fax No.	10f. E-Mail Address					
11. Election Details: If the NLRB conducts any such election.	an election in thi	s matter, state your	r position with respect to	11a. Election Type	11a. Election Type: Manual Mail Mixed Manual/Mail					
11b. Election Date(s):		ection Time(s):		11d. Election Loca	tion(s):					
Reliets to be mailed Monday June 17, 2019 and counted on Monday June 17, 2019 and counted on Monday June 100		mbori		n/a	at and number	vilv state and 7/P code				
12a. Full Name of Petitioner (including loc International Association of Machinists and	d Aerospace W	orkers, District Lo		12b. Address (street and number, city, state, and ZIP code) 5150 Kearny Mesa Road San Diego, CA 92111						
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					12g. E-Mail Ac rcarrillo@iama					
(916) 542-3351 13. Representative of the Petitioner who w	ill accept servi	ce of all papers fo	(760) 810-6989	esentation proceedin						
^{13a.} Name and Title Eric J. Wiesr			13b. Address (street a	nd number, city, state,	and ZIP code)					
				nfeld 1001 Marina Village		dressn]rbnotices@unioncounsel.net				
13c. Tel No. 510-337-1001			510-337-1023		ewiesner@uni					
I declare that I have read the above petitio	n and that the s	statements are tru	e to the best of my kno	wiedge and belief.						
	nature (1,	Title		Date	10				
Eric J. Wiesner WILLFUL FALSE STATEMEN	n l		Attorney	DIMPRISONMENT /	June 6, 20					
WILLFUL FALSE STATEMEN	IS ON THIS PE	THON CAN BE P	UNISHED BY FINE AN							

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 itigation. 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.

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

UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE						
NATIONAL LABOR RELATIONS BOARD Case No. 21-RC-243257 Date Filed 06-13-2019					019					
INSTRUCTIONS: Unless e-Filed us		v's website. w	ww.nlrb.	gov. submit a	n original of this	Peti	tion to ar	NLRB	office	in the Region
in which the employer concerned										
	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					10 4012). Inc 3		.g 01		cuiu c	ny se mea
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION O	F REPRESENTAT	VE - A su	bstantial number	of employees wish to	o be re	presented	for purpo	ses of c	ollective
bargaining by Petitioner and Petitioner d	esires to be certil	ied as representati	ve of the e	mployees. The l	Petitioner alleges the	nat the	following	circums	stances	exist and
requests that the National Labor Rela	tions Board pro									
2a. Name of Employer Univar USA dba Nexeo					t(s) involved (Street a nue, Long Beach			State, Zh	P code)	
3a. Employer Representative – Name and	1 Title	2031			2b - state same)	1, 0,	30010			
Mr. Michael Trapasso, Plant Man	ager		Same	`						
3c. Tel. No.	3d. Cell No.		3e. Fax				-Mail Addr			
(310) 223-3505	L		<u> </u>	223-3501		mtra	passo@			
4a. Type of Establishment (Factory, mine,		4b. Principal pro	duct or se	rvice		- 1				init is located:
Chemical Warehouse, Production &	ransportation	Chemicals					Long Be			
6b. Description of Unit Involved	Deivers Weeks	Des duction		andless maintana	Diago			6a, No, (44	of Emplo	oyees in Unit:
Included: All full-time and regular part-tim Lab Technicians employed by the	e Drivers, vvareno ne Emplover at or	out of its facility loca	Material Ha	andlers, maintena 15 S. Wilmington	ince employees, Dispa Avenue, Long Beach,	CA 90	and 1		substa	ntial number (30%
										employees in the
Excluded: All other employees, office	clerical employe	es, professional e	mployees	, guards, and su	pervisors as define	d in th	e Act.			epresented by the
										No No
Check One: 7a. Request for r					by filing an	d Emp	loyer decli	ned recor	gnition o	on or about
		(If no reply receive		*						
8a. Name of Recognized or Certified Bar None			epresenta	8b. Address	certification under the	ACL				
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E	-Mail Addr	225		
8g. Affiliation, if any			8h. Date	of Recognition or	Certification		xpiration D ract, if any			Most Recent ar)
9. Is there now a strike or picketing at the E	mployer's establi				imately how many er		es are par	ticipating	?	
(Name of labor organization)		, has pick	keted the E	Employer since (I	Month, Day, Year)					·
10. Organizations or individuals other than						resent	atives and	other org	anizatio	ns and individuals
known to have a representative interest in a None	any employees in	the unit described	in item 5b	above. (If none,	so state)					
10a. Name	10b. Ad	dress			10c. Tel. No.			10d. Ce	ell No.	
					10e. Fax No.			10f. E-I	Mail Add	iress
 Election Details: If the NLRB conduct any such election. 	s an election in th	is matter, state you	r position	with respect to	11a. Election Type		Manual	Mail	Mix	ed Manual/Mail
11b. Election Date(s):		lection Time(s):			11d. Election Loca	• • •	:			
Wednesday, June 26, 2019		9:30 a.m. & 12:30	- 4:30 p.n	n	Employee break ro		augusta a		and 7/	2 0000
12a. Full Name of Petitioner (<i>including lo</i> General Teamsters, Airline, Aerospace and Allied Em	ployees, Warehouse	men, Drivers, Construc			12b. Address (stre 1430 E. Holt Aven					- code)
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters										
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (626) 350-9860 (626) 448-0986 cgriz009@Teamsters986.org										
(626) 350-9860	will accort con	ice of all papers f	(626) 44		entation proceeding		009@1ea	nsters98	6.org	
13. Representative of the Petitioner who	-			-		-				
^{13a. Name and Title} Debra S. Gold	berg, Gene	ral Counsel		Idress (street and Holt Avenue, Covina	d number, city, state, a, CA 91724	and Z	IP code)			
13c. Tel No. (626) 250-0860	13d. Cell No.		13e. Fa				E-Mail Add dberg@Te		086 0-	
(626) 350-9860 I declare that I have read the above petit	on and that the	statements are tr	(626) 44 ue to the l		ledge and belief.	000	aberg@re		i	3
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										
Name (Print) Debra S. Goldberg				Counsel			une 11, 20	19		
WILLFUL FALSE STATEME	NTS ON THIS P	ETITION CAN BE			IMPRISONMENT (U				TION 1	001)

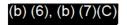
PRIVACY ACT STATEMENT

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.

(4-13)									
UNITED STATES GOVERNMENT				DO NOT WRITE IN THIS SPACE					
RC PET	Case No. 21-	Case No. 21-RC-243781 Date Filed 6-24-2019							
INSTRUCTIONS: Unless e-Filed usin	g the Agend	y's website, wv	ww.nlrb.gov, submit a	an original of this	Petition to a	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 er									
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed									
					g et in				
 with the NLRB and should not be served on the employer or any other party. 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 Relatio	ons Board proc	ceed under its pro	dress(es) of Establishmen	Section 9 of the National Street	ational Labor R	elations Act.			
Pacific Architects and Engineers (P	PAE)		Attachment A, variou			, State, ZIP Code)			
3a. Employer Representative – Name and T	,		3b. Address (If same as						
Amy Kehoe, Director Labor Relation	ons		7799 Leesburg Pik			nurch, VA 22043-2408			
(817) 507-8799	3d. Cell No.		3e. Fax No.		3f. E-Mail Add amy.kehoe				
4a. Type of Establishment (Factory, mine, white	olesaler, etc.)	4b. Principal prod				and State where unit is located:			
Military base		Service contra	act		Variou				
5b. Description of Unit Involved		D:				6a. No. of Employees in Unit:			
Included: All full time, regular part t			chnicians and Gener	ral Clerks, emplo	byed by the	15			
employer at the locations						6b. Do a substantial number (30% or more) of the employees in the			
Excluded: All managers, branch manager		nagers, cooperate	e managers, all other pro	fessional employee	s, guards and	unit wish to be represented by the			
supervisors as defined by the A						Petitioner? Yes 🖌 No			
Check One: 7a. Request for reco	ognition as Barg	aining Representation	tive was made on (Date)	ov petition ar	nd Employer dec	lined recognition on or about			
	(Date)	(If no reply received	d, so state).						
			epresentative and desires	certification under the	e Act.				
8a. Name of Recognized or Certified Barga None	ining Agent (h	f none, so state).	8b. Address						
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	lress			
8g. Affiliation, if any			8h. Date of Recognition of	r Certification		Date of Current or Most Recent y (Month, Day, Year)			
9. Is there now a strike or picketing at the Emp						articipating?			
(Name of labor organization)		, has pick	eted the Employer since (Month, Day, Year)		·			
10. Organizations or individuals other than Pe known to have a representative interest in any None					presentatives an	d other organizations and individuals			
10a. Name	10b. Ad	droce		10c. Tel. No.		10d. Cell No.			
Toa. Name	100. A0	uless		100. 181. 140.		Tod. Cell No.			
				10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB conducts a any such election.	in election in thi	s matter, state you	r position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail			
11b. Election Date(s): Ballots mailed 7/1/19 & counted 7/19	9/19 11c. El	ection Time(s):		11d. Election Location(s): n/a					
12a. Full Name of Petitioner (including loca	al name and nu		odae 725	12b. Address (stre		city, state, and ZIP code)			
International Association of Machinists and Aerospace Workers, District Lodge 725 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent <i>(if none, so state)</i> International Association of Machinists and Aerospace Workers, AFL-CIO									
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail A				
(916) 542-3351			(760) 810-6989	autation neocodin	rcarrillo@iama	aw.org			
13. Representative of the Petitioner who wi 13a. Name and Title Eric J. Wiesn			13b. Address (street and	d number, city, state,	and ZIP code)				
13c. Tel No.	13d. Cell No.		Weinberg, Roger & Rosenfe 13e. Fax No.	aid 1001 iviarina village	13f. E-Mail Ad	dressnlrbnotices@unioncounsel.net			
510-337-1001 I declare that I have read the above petition	and that the	statements are tru	510-337-1023 to the best of my know	vledge and belief	ewiesner@un	ioncounsel.net			
					Detc				
Eric J. Wiesner	ature (lin	Title Attorney		Jun	e 24, 2019			
WILLFUL FALSE STATEMENT	IS ON THIS PE	TITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U	S. CODE, TITL	E 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.



FORM NLRS-502 (RD) UNITED STATES OF AMERICA (2-18) • NATIONAL LABOR RELATIONS BOARD				0 0 NOT WRITE IN THIS SPACE ,					
				Case No	0.	ă.	Date Flied		
(2-18) •	RD PETITION	NS BOARD		21-RD-242912 r 6-7-2019					
INSTRUCTIONS: Unless e-Filed using the Agency"s website, • www.ntrb: aov/, submil an orlgInal of this Petition Io an NLRB office in the Region In which Iha emj, loyer::oncemed is localed. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing :service on the emplciytjiand all other parties named in the petillon of:(1) the petition; (2) Statement of Position form {Fann NLRB-505}; and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed Will the NLRB and should 091 ba served on the employer or any other party.									
recoginized bargaining repr	1. PµRPOSEOF. THIS PETTIION: RD DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representiative. The Petitioner alleges that the following circumstances exist and requests that the National Laborr Bib Q rs Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.								
2a. Name of Employer		2b. Address(es) of Estab				city state 71P o	ndel		
	35	2001 Camino	Del Ri	J. L.M	ith.San p	eqo, ca	42108		
3a. Employer Representative - Name and Title 3b. Address (if same as 2b • state same) Bruce Todd Walters J. Ine									
3c. Tel. No. 149-298 7772	3d. Fax No. 619 298 04-60	Je. Cell No. 619 952 49	-	i. E-Mail / h!C\ \†	ers @ ufcw	135 con	0		
4a. Type of Establishment (Fac	tory, mine, wholesaler, etc.)		41	b. Princip	al product or service	(t			
5a. Description of Unit Involved	Net 11000			Inion	Kepresona	5b. City a	OF 9912119		
Included:					-	is loca	ited:		
BIAS\ness (;mt.; Excluded:	cirdi 0\M\017-ers					San I	nego, CA		
6. No. of Employees in Unit		r (30% or more) of the emp epresentative? 🔀 Yes	oloyees in th	e unit no	longer wish to be re	presented by the	certified or currently		
8a. Name of Recognized or Ce					8b. Affiliation, if any	1			
Federation of	taents and Interna	tional Repre	sendti	ves.					
8c. Address	J	1 8d. T	el. No.	D0\4	80. Cell No. 	oi:i. <i>i.i</i> .	c		
PO BOX 760 RO	seville, CA 95661-0	760 BI. F	ax No.	20/11-	8g. E-Mail Address	Q 110 (6			
A Data of Passanitian or Cartil	, .	10. Expiration Date of Cu	mont or Mor	·	plowney Contract Know (140		Gir union . 213		
9. Date of Recognition or Certif	ication	06 05 10		st Recent	Contract, if any (Mo	nin, Day- rear)			
	cketing al the Employer's establishme		Nº 1	1b. If so, a	approximately how m	nany employees			
	icketed by or on behalf of {Inse'! Ner	ne)			cino	e (Month, <i>Qay,</i>)	a labor organization, of		
(Insert Address)	s other those named in items 8 and 1	1c: which have daimed rec	ognition es	represent			rear)		
and individuals known to ha	ave a represenlative Interest in any er		bed in Item (5 above.	(If none, so stale)				
12a. Name	12b. Address	,	14	2c. Tel. N	0.	12d. Fax No.			
			1:	2e. Cell N	lo.	12f. E-Mail Add	ress		
	RB conducts an election in this		1:	3a. Electio	on Type: O Manual	O Mail [] Mixed Manual/Mail		
matter. slate your position v 13b. Election Date(s)	vith respect lo any such election. 13c. Election Til	me(s)	1:	3d Electio	on Location(s)		-		
·									
(b) (6), (b) (7)(C)	•	,	I		1				
(b) (6), (b) (7)(C)	cily, stale. <i>ZIP code</i> }		(b) (6),	(b) (7)(C)	14c. Fax No.			
			Ű	b) (6),	(b) (7)(C)	14e, E-Mail Add (b) (6), (b)	(7)(C)		
141. Affiliation, if any									
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.									
^{15a} Name (b) (6), (b) (7)(C)					6), (b) (7)(C)			
^{15d} (b) (6), (b) (7)(C)	stale 71P ode} •	 ,,	(b	ð) (6),	(b) (7)(C)	. Fax No.			
	(b) (6), (b) (7)	(C)	(b	o) (6),	(b) (7)(C)	(b) (6), (b)	(7)(C)		
I declare that I have read the		s are true to the best o	of my know	leoge an	d Deller.				
(b) (6), (b) (7)(C)	Signa		(⊪ b) (6	b), (b) (7)(C		Date Filed		
	STATEMENTS ON TH	AN BE PUNISHED BY				, TITLE 18, SEC			
			TEMENT		-				

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Solicitation of the information on this form is authorized by the tions Ad. (NLRA), 29 U.S.C. § 151 el seq. The principal use of the information is to assist the NaUonal Labor Relations or (NLRB) in processing representation and related proceedings or liligation. 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. Oisdosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke i processes.

			DO NOT	ACE					
	UNITED STATES OF AME IATIONAL LABOR RELATION RD PETITION	IS BOARD		21-RD-242914 6-7-19					
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/1, 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 <u>not</u> be served on the employer or any other party.									
1. PURPOSE OF THIS PETITION: RU recognized bargaining representative Labor Relations Board proceed up	e is no longer their representa	tive. The Petitioner alleges that the	e following circumstances ex						
2a. Name of Employer		2b. Address(es) of Establishment()				
MECH LOCAL 135		2001 Camino Del F	<u>uo South, San Dif</u>	20, CA 921	.08				
3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Bruce Todd Wg1-ler S									
	Fax No. 19 · 298 · DA-60		31. E-Mail Address two1Hors @UFCV	1125 com					
4a. Type of Establishment (Factory, min		011102-1101	4b. Principal product or service	A 190.000					
Union	,		Union Reppese						
5a. Description of Unit Involved				5b. City and	State where unit				
Included: Office and Clerical Excluded:				is located Sgn Die					
6. No. of Employees in Unit	7. Do a substantial number recognized bargaining n	(30% or more) of the employees in	the unit no longer wish to be re	presented by the ce	ertified or currently				
8a. Name of Recognized or Certified Ba			8b. Affiliation, if any						
Federation of Age	nts and Intern	iational Represer	natives						
8c. Address		8d) Tel. No.							
P.O. Box 760 Rose	ville CA 9566	0760 813.727 81. Fax No.	1.2014 916 622 5399						
1 0 000 1000		8f. Fax No.	Bg. E-Mail Address Plowney & your fair which org						
9. Date of Recognition or Certification		10. Expiration Date of Current or M	VICUSTICA G	nth. Day. Year)	minu ~ ~ D				
		06/05/	19	nai, 20 3 , 1007					
11a. Is there now a strike or picketing a	t the Employer's establishmer		11b. If so, approximately how m	nany employees are	participating?				
11c. The Employer has been picketed t	by or on behalf of (Insert Nan	ne)			a labor organization, of				
(Insert Address)			sinc	e (Month, Day, Yea	r)				
 Organizations or individuals other the and individuals known to have a rep 				anizations					
12a. Name	12b. Address		12c. Tel. No.	12d. Fax No.					
			12e. Cell No.	12f. E-Mail Addres	S				
13. Election Details: If the NLRB conc matter, state your position with resp			13a. Election Type: 🗌 Manual	Mail 🔲 I	Mixed Manual/Mail				
13b. Election Date(s)	13c. Election Tin	ne(s)	13d. Election Location(s)						
(b) (6), (b) (7)(C)									
(b) (6), (b) (7)(C)	ZIP code)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.					
				14e. E-Mail Addres	is				
			(b) (6), (b) (7)(C)	14e, E-Mail Addres (b) (6), (b) (7	7)(C)				
тчі. Аншанон, ії апу									
15. Representative of the Petitioner v	who will accept service of all	<u>· · · · · · · · · · · · · · · · · · · </u>	esentation proceeding. 15b.Title						
15a Name (b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)						
(b) (6), (b) (7)(C)	ate_ZIP.code)		(b) (6), (b) (7)(C)	loor an No.					
			(b) (6), (b) (7)(C)	15g. E-Mail Addres	5				
	o) (6), (b) (7)								
N(b) (6) (b) (7)(c)					Date Filed				
^N (b) (6), (b) (7)(C)			(b) (6), (b) (7)(C)		06/06/19				
WILLFUL FALSE STATE	MENTS C	BY FINE AND PRIVACY ACT STATEMENT	MPRISONMENT (U.S. CODE	, THLE 18, SECTION	ON 1001)				

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.

				DO NOT WRITE IN THI			PACE		
FORM NLRB-502 (RD) (2-18)	NATIONAL	STATES OF AM	NS BOARD	·	Case I	^{No} 21-RD-243	138	Date Filed 6-12-2019	
INSTRUCTIONS: Unless e-Fi employer concerned is locat the employer and all other pa Case Procedures (Form NLR	ed. The petition arties named in t	must be accomp he petition of:(1)	anied by both a sh the petition; (2) Sta	owing of interent enternent of Pos	st (see 7 ition form	(Form NLRB-505);	ate of service sh and (3) Descripti	owing service on on of Representation	
1. PURPOSE OF THIS PETITIO recognized bargaining represe Labor Relations Board proc	entative is no long	er their representation	ative. The Petitione	alleges that the	ne followi	ng circumstances e	es assert that the xist and requests	certified or currently that the National	
2a. Name of Employer2b. Address(es) of Establishment(s)Prudential Overall Supply6920 Bandini Blvd., Comm						(Street and number, A 90040	city, state, ZIP co	de)	
3a. Employer Representative - Alex Silva, Manager	Name and Title	, . .	3b. Address (If san Same as 2b	ne as 2b - state	same)				
3c. Tel. No. 3d. Fax No. 3e. Cell No. 323-724-4888 323-726-7251 3e. Cell No.					3f. E-Mail alexs@	Address pos-clean.com			
4a. Type of Establishment (Facto Uniform Laundry Service		ler, etc.)				pal product or service y Service			
5a. Description of Unit Involved							5b. City an	d State where unit	
Included:							is locat		
See Attached							Commer	ce, CA	
Excluded: See Attached								•	
6. No. of Employees in Unit 41			r (30% or more) of the presentative?		the unit n	o longer wish to be re	presented by the	certified or currently	
8a. Name of Recognized or Certin Western States Regional	fied Bargaining Ag	gent	<u> </u>	bad		8b. Affiliation, if any			
8c. Address 920 S. Alvarado St,		: <u></u> .		8d. Tel. No. 213-385-02	271	8e. Cell No.			
Los Angeles, CA 90006				8f. Fax No.	-	8g. E-Mail Address			
9. Date of Recognition or Certifica June 30, 2016	ation		10. Expiration Date August 19, 201		ost Recen	t Contract, if any (Mo	nth. Day, Year)		
11a. Is there now a strike or picke	ting at the Emplo	yer's establishmen	nt(s) involved? 🏼 Y	'es 🗙 No	11b. If so,	approximately how n	nany employees a	re participaling?	
11c. The Employer has been pick	eted by or on beh	alf of (Insert Nam	ne)					a labor organization, of	
(Insert Address) 12. Organizations or individuals o	ther those named	in items 8 and 11	c. which have claime	ed recognition a	s represer	-	e (Month, Day, Ye	ear)	
and individuals known to have									
12a. Name	12b. Addr	ess	-		12c. Tel. No.		12d. Fax No.		
				Γ	12e. Cell I	No.	12f. E-Mail Address		
13. Election Details: If the NLRI matter, state your position with		uch election.				3a. Election Type: 🗙 Manual 🗌 Mail 🗌 Mixed Manual/M			
13b. Election Date(s) Tuesday, June 25, 2019	-	13c. Election Tim 9:00 am to 1			13d. Election Location(s) Conference Room at the Employer's facility				
14. Full Name of Petitioner (b) (6), (b) (7)(C)		· .							
(b) (6), (b) (7)(C)	city, state, ZIP c	ode)			14b. Tel. No.		14c. Fax No.		
					14d. Cell No. (b) (6), (b) (7)(C) 14e. E-Mail Address (b) (6), (b) (7)(C) (c)				
14f. Affiliation, if any		- 1							
15. Representative of the Petitic	ner who will see	ant service of all	nanere for purpos	es of the reason	sentation	proceeding			
15a. Name	Sher wild will act				15b. Title				
15c. Address (Street and number, city, state, ZIP code)					15d. Tel. No.		15e. Fax No.		
					15f. Cell N	5f. Cell No. 15g. E-Mail Address			
I declare that I have read the ab	ove petition and	that the stateme	nte are true to the b	net of my know	ulodes c-	d ballof			
I declare that I have read the ab	ove petition and	(b) (6), (b) (7)(C)		wiedge af			Data Ellard	
(b) (b), (b) (7)(C)					(D) (D), (b) (7)(C)		Date Filed	
WILL OL FALSE S	TATEMENTS OF	THIS PETITION	CAN BE PONISHED PRIVACY ACT		IMPRISO	NMENT (U.S. CODE	, TITLE 18, SECT	ION 1001)	

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INCLUDING: All full-time and regular part time production employees employed by the Employer at its facility currently located at 6920 East Bandini Boulevard, Commerce, California.

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EXCLUDING: All office clerical employees, confidential employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.