

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 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 Garda CL West, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 15415 Slover Ave., Fontana, CA 92337	
3a. Employer Representative - Name and Title Ken Bower, Branch Manager		3b. Address (if same as 2b - state same)	
3c. Tel. No. 909-574-4571	3d. Fax No. 909-574-3839	3e. Cell No.	3f. E-Mail Address ken.bower@garda.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security, Armored Transportation and Guard Services		4b. Principal product or service Guard Services	

5a. Description of Unit Involved  
Included: All full-time and part-time armed and unarmed drivers, messenger, and vault employees providing transportation services, performing guard duties as defined in Section 9(b)3 of the National Labor Relation Act, employed by Garda CL West Inc. at 15415 Slover Ave, Fontana CA 92337  
Excluded: All other employees, vault employees not performing transportation services, all office clerical employees, professional employees and supervisors as defined in the Act as amended.

5b. City and State where unit is located:  
Fontana, CA

6. No. of Employees in Unit -48  
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 International Union, Security, Police and Fire Professionals of America (SPFPA)		8b. Affiliation, if any	
8c. Address 25510 Kelly Rd. Roseville, MI 48066		8d. Tel. No. 586-772-7250	8e. Cell No.
		8f. Fax No. 586-772-9644	8g. E-Mail Address Att: Jesus Zaragosa

9. Date of Recognition or Certification  
3/6/18 (31-RC-214121)

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
N/A

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? N/A

11c. The Employer has been picketed by or on behalf of (Insert Name) \_\_\_\_\_ a labor organization, of (Insert Address) N/A 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) N/A

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

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

13b. Election Date(s)  
May 20, 2019

13c. Election Time(s)  
6-8 a.m. and 2-4 p.m.

13d. Election Location(s)  
IT office on the first floor of Employer's building

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 An individual

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

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)	Sig (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	Title An Individual	Date Filed 5/3/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION 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**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>31-RC-241086</b>	Date Filed <b>May 7, 2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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  
**KERO-TV**

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
**321 21st Street - Bakersfield, CA 93301**

3a. Employer Representative - Name and Title  
**Susan Evans, Human Resources**

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

3c. Tel. No.  
**661-281-3656**

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service  
**Media**

5a. City and State where unit is located:

5b. Description of Unit Involved  
**Included: All full time and regular part time news photographers**  
**Excluded: Standard exclusions**

6a. No. of Employees in Unit:  
**4**

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) **N/A** 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

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)  
**5/20/2019**

11c. Election Time(s):  
**9:00 - 10:00 a.m.**

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)  
**International Brotherhood of Electrical Workers Local 45**

12b. Address (street and number, city, state, and ZIP 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.  
**323.851.5515**

12a. Cell No.

12f. Fax No.

12g. E-Mail Address  
**ecasio@ibew45.org**

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

13a. Name and Title  
**Amanda Lively, Attorney**

13b. Address (street and number, city, state, and ZIP code)  
**16501 Ventura Blvd., Suite 304, Encino, CA 91436**

13c. Tel No.  
**818-501-8030 x 326**


13d. Cell No.

13e. Fax No.  
**818-501-5306**

13f. E-Mail Address  
**alively@wkclegal.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)  
**Amanda Lively**

Signature  


Title  
**Attorney for IBEW Local 45**

Date  
**May 7, 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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-241653	Date Filed 5/16/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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:**  
Dignity Health dba Comprehensive Blood and Cancer Center

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
6501 Truxtun Ave., Bakersfield, CA 93309

**3a. Employer Representative - Name and Title:**  
Judy S. Coffin, V.P. & Associate General Counsel

**3b. Address (if same as 2b - state same):**  
185 Berry Street, Suite 300 San Francisco, CA 94107

**3c. Tel. No.** (415) 438-5755      **3d. Cell No.**

**3e. Fax No.** (415) 438-5726      **3f. E-Mail Address** judy.coffin@dignityhealth.org

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

**4b. Principal Product or Service**  
Health Care

**5a. City and State where unit is located:**  
Bakersfield, CA

**5b. Description of Unit Involved:**  
**Included:** Patient Access Representatives, CNA, Infusion Asset Management Specialists, Access Clerk, Lead Patient Access Clerk, Pharmacy Technicians, Licensed Vocational Nurse (LVN)  
**Excluded:** All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.

**6a. Number of Employees in Unit:**  
22

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

Check One:  **7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).**

**7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

**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:  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):** May 29 or May 30      **11c. Election Time(s):** 9:00 a.m. - 11:30 a.m.      **11d. Election Location(s):** Employer's Premises

**12a. Full Name of Petitioner (including local name and number):**  
Service Employees International Union, United Healthcare Workers-West

**12b. Address (street and number, city, State and ZIP code):**  
5480 Ferguson Drive  
Los Angeles, CA 90022

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

**12d. Tel. No.** (323) 734-8399      **12e. Cell No.**      **12f. Fax No.** (323) 721-3538      **12g. E-Mail Address**

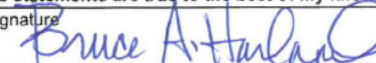
**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Bruce A. Harland, 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**

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) Bruce A. Harland      Signature       Title Attorney      Date 05/16/19

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

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>31-RC-242217</b>	Date Filed <b>5/24/2019</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Providence Tarzana Medical Center	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 18321 Clark Street, Tarzana, CA 91356 and 6005 Yolanda Ave, Tarzana CA 91356
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<b>3a. Employer Representative - Name and Title</b> Dale Surowitz, CEO	<b>3b. Address (If same as 2b - state same)</b> 18370 Clark St., Suite 311, Tarzana, CA 91356
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<b>3c. Tel. No.</b> (818) 708-5254	<b>3d. Cell No.</b> (818) 343-7783	<b>3e. Fax No.</b> 818-757-8822	<b>3f. E-Mail Address</b> Dale.Surowitz@providence.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facility	<b>4b. Principal product or service</b> Healthcare	<b>5a. City and State where unit is located:</b> Tarzana, CA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time, part time, and per diem Environmental Services and Materials Management employees employed by the employer at 18321 Clark Street, Tarzana, CA 91356 and 6005 Yolanda Ave, Tarzana CA 91356 <b>Excluded:</b> All other employees, managers, confidential employees, guards, physicians, Registered Nurses (RNs), already represented employees and supervisors as defined by the act.	<b>6a. No. of Employees in Unit:</b> 56 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
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**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) 5/24/2019 and Employer declined recognition on or about 5/24/19 (Date) (If no reply received, so state).  
 **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)**

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

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> June 20, 2019	<b>11c. Election Time(s):</b> 6am-9am and 2pm to 430pm	<b>11d. Election Location(s):</b> Room 304, Etiwanda Bldg
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<b>12a. Full Name of Petitioner (including local name and number)</b> National Union of Healthcare Workers	<b>12b. Address (street and number, city, state, and ZIP code)</b> 5801 Christie Ave, Suite 525, Emeryville, CA
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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)**  
none

<b>12d. Tel No.</b> (818) 241-0140	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Piete Clayton	<b>13b. Address (street and number, city, state, and ZIP code)</b> 225 W. Broadway, Suite 400 Glendale, CA 91204
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b> 510-290-4811	<b>13e. Fax No.</b> (818) 241-0141	<b>13f. E-Mail Address</b> pclayton@nuhw.org
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Florice Hoffman	<b>Signature</b> <i>Florice Hoffman</i>	<b>Title</b> attorney	<b>Date</b> 5/24/2019
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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**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>31-RC-242248</b>	Date Filed <b>5/28/2019</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Systems Application & Technologies, Inc. (SA-Tech)	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> Building 333 Ronald Reagan Blvd, Point MUGU, CA 93042
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<b>3a. Employer Representative - Name and Title</b> Jennifer Hagerty, Human Resources Director	<b>3b. Address (If same as 2b - state same)</b> 1101 Mercantile Lane, Suite 200, Largo, MD 20774
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<b>3c. Tel. No.</b> (805) 487-7373	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jhagerty@sa-techinc.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Contractor	<b>4b. Principal product or service</b> Military Support	<b>5a. City and State where unit is located:</b> Point Mugu, CA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached  <b>Excluded:</b> All managers, branch managers, regional managers, corporate managers, all other professional employees, guards and supervisors as defined by the Act.	<b>6a. No. of Employees in Unit:</b> 30 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**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)**

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

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

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

<b>11b. Election Date(s):</b> Ballots mailed 6/10/19 returned by 6/24/19	<b>11c. Election Time(s):</b> n/a	<b>11d. Election Location(s):</b> n/a
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<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, District Lodge 725	<b>12b. Address (street and number, city, state, and ZIP code)</b> 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


<b>12d. Tel No.</b> (916) 542-3351	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (760) 810-6989	<b>12g. E-Mail Address</b> rcarrillo@iamaw.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Eric J. Wiesner, Attorney	<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrnotices@unioncounsel.net ewiesner@unioncounsel.net
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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.**

<b>Name (Print)</b> Eric J. Wiesner	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 5/28/19
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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 will cause the NLRB to decline to invoke its processes.

## Attachment A

5b.

Included: All full time, regular part time, Aircraft Mechanics, Electronic Technicians Maintenance, Aircraft Helpers, Engineering Technicians, Machinists, Ground Support Equipment Mechanics, Mechanic Helpers, Order Clerks, Production Control Clerks, Supply Technicians, Logs & Records Clerks employed by the employer at is facility located at Naval Air Warfare Center Weapons Division PTMO Threat Targets, Building 333 Ronald Reagan Blvd, Point MUGU, CA 93042.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-242329	Date Filed 5/29/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> Aptim Corp. and/or HDSS LLC	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Fort Irwin Fire Department, BLDG 6101 South Loop RD P.O Box 105057, Fort Irwin, CA 92310
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<b>3a. Employer Representative - Name and Title:</b> J. Allen Green Labor Relations Manager	<b>3b. Address (if same as 2b - state same):</b> 16406 US Route 224 E, Annex Findlay OH 45840
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<b>3c. Tel. No.</b> 419-429-5501	<b>3d. Cell No.</b> 419-722-7794	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> allen.green@APTIM.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Fire Station	<b>4b. Principal Product or Service</b> Fire Prevention and Services	<b>5a. City and State where unit is located:</b> Fort Irwin, CA
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All Battalion Chiefs, including Operations and Prevention Battalion Chiefs	<b>6a. Number of Employees in Unit:</b> 5
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<b>Excluded:</b> All other employees, office clerical and confidential employees, guards and supervisors	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 05/21/19 and Employer declined recognition on or about (Date) 05/21/19 (if no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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

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

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

<b>11b. Election Date(s):</b> June 12-14 or 24-28, 2019	<b>11c. Election Time(s):</b> During the employees' lunch break	<b>11d. Election Location(s):</b> At an appropriate meeting room
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<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters, Chauffeurs, Warehousemen, Industrial and Allied Workers of America, Local 166	<b>12b. Address (street and number, city, State and ZIP code):</b> 18597 Valley Blvd. Bloomington, CA 92316
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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

<b>12d. Tel. No.</b> 909-877-8326	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 909-877-2812	<b>12g. E-Mail Address</b>
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Arthur N. Four, REICH, ADELL & CVITAN	<b>13b. Address (street and number, city, State and ZIP code):</b> 3550 Wilshire Blvd., Suite 2000 Los Angeles, CA 90010

<b>13c. Tel. No.</b> 213-386-3860	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 213-386-5583	<b>13f. E-Mail Address</b> arthurf@rac-law.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) Arthur N. Four	Signature 	Title Counsel for Petitioner	Date 05/29/19
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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.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE  
Case No. 31-RC-242377 Date Filed 5/30/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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:** BMC West, LLC  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 2000 Tapo St., Simi Valley, CA 93063

**3a. Employer Representative - Name and Title:** Dean Costello  
**3b. Address (if same as 2b - state same):** 2000 Tapo St., Simi Valley, CA 93063

**3c. Tel. No.** 805-526-3436  
**3d. Cell No.**  
**3e. Fax No.** 805-582-1714  
**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):** Lumber Yard  
**4b. Principal Product or Service:** Lumber  
**5a. City and State where unit is located:** Simi Valley, CA

**5b. Description of Unit Involved:**  
Included: Please see Attachment A  
Excluded: Please see Attachment A  
**6a. Number of Employees in Unit:** 10  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?**  Yes  No

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

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state)**  
**8b. Address:**

**8c. Tel. No.**  
**8d. Cell No.**  
**8e. Fax No.**  
**8f. E-Mail Address**

**8g. Affiliation, if any:**  
**8h. Date of Recognition or Certification**  
**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No  Yes  If so, approximately how many employees are participating? \_\_\_\_\_, 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):** June 12, 2019  
**11c. Election Time(s):** 1:00-3:00pm  
**11d. Election Location(s):** Break Room

**12a. Full Name of Petitioner (including local name and number):** Cabinet Makers, Millmen & Industrial Carpenters Local 721  
**12b. Address (street and number, city, State and ZIP code):** 10015 Rose Hills Road, Whittier, CA 90601

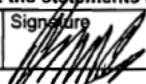
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):** United Brotherhood of Carpenters and Joiners of America

**12d. Tel. No.** 562-695-0571  
**12e. Cell No.**  
**12f. Fax No.** 562-695-1159  
**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:** Desmond C. Lee, Attorney  
**13b. Address (street and number, city, State and ZIP code):** DeCarlo & Shanley, 533 S. Fremont Ave., 9th Floor, Los Angeles, CA 90071

**13c. Tel. No.** 213-488-4100  
**13d. Cell No.**  
**13e. Fax No.** 213-488-4180  
**13f. E-Mail Address** dlee@deconsel.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) Desmond C. Lee  
Signature   
Title Attorney  
Date 5/30/2019

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



## **Attachment A**

**Included:** All truck drivers, hardware store employees, lumber yard employees including but not limited to group leaders in the lumber yard, any employees performing work on lumber, and employees performing milling, operation of saws, and forklift duties.

**Excluded:** Guards, clerical employees, and supervisors.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

31-RC-242409

Date Filed

5/30/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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:  
BMC West, LLC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
23126 Drayton St., Santa Clarita, CA 91350

3a. Employer Representative - Name and Title:  
Bob Nagie

3b. Address (if same as 2b - state same):  
23126 Drayton St., Santa Clarita, CA 91350

3c. Tel. No.  
661-254-3113

3d. Cell No.  
661-713-5277

3e. Fax No.  
N/A

3f. E-Mail Address

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

4b. Principal Product or Service  
Lumber

5a. City and State where unit is located:  
Santa Clarita, CA

5b. Description of Unit Involved:  
Included:  
Please see Attachment A  
Excluded:  
Please see Attachment A

6a. Number of Employees in Unit:  
9

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) N/A and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

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

(Name of Labor Organization)

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

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 11, 2019

11c. Election Time(s):  
1:00-3:00pm

11d. Election Location(s):  
Break Room

12a. Full Name of Petitioner (including local name and number):  
Cabinet Makers, Millmen & Industrial Carpenters Local 721

12b. Address (street and number, city, State and ZIP code):  
10015 Rose Hills Road, Whittier, CA 90601

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
United Brotherhood of Carpenters and Joiners of America

12d. Tel. No.  
562-695-0571

12e. Cell No.

12f. Fax No.  
562-695-1159

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:  
Desmond C. Lee, Attorney

13b. Address (street and number, city, State and ZIP code):  
DeCarlo & Shanley, 533 S. Fremont Ave., 9th Floor, Los Angeles, CA 90071

13c. Tel. No.  
213-488-4100

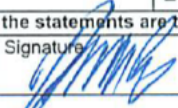
13d. Cell No.

13e. Fax No.  
213-488-4180

13f. E-Mail Address  
dlee@deconsel.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)  
Desmond C. Lee

Signature  


Title  
Attorney

Date  
5/30/2019

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

**Attachment A**

Included: All truck drivers, hardware store employees, lumber yard employees including but not limited to group leaders in the lumber yard, any employees performing work on lumber, and employees performing milling, operation of saws, and forklift duties.

Excluded: Guards, clerical employees, and supervisors.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>31-RC-242482</b>	Date Filed <b>5/31/2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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  
**The KCRW Foundation, Inc.**

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
**1660 Stewart St., Santa Monica, CA 90405**

3a. Employer Representative - Name and Title  
**Jennifer Ferro, President**

3b. Address (if same as 2b - state same)  
**1900 Pico Blvd., Santa Monica, CA 90405**

3c. Tel. No.  
**(424) 538-8613**

3d. Cell No.  
**(310) 346-0292**

3e. Fax No.

3f. E-Mail Address  
**Jennifer.Ferro@kcrw.org**

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

4b. Principal product or service  
**Radio & podcast programming**

5a. City and State where unit is located:  
**Santa Monica, CA**

5b. Description of Unit Involved  
**Included: See Attachment A**  
**Excluded: See Attachment A**

6a. No. of Employees in Unit:  
**approximately 95**

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) **5/29/2019** and Employer declined recognition on or about **5/30/2019** - (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? \_\_\_\_\_  
(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): **6/12/2019**

11c. Election Time(s): **9-11 a.m. and 2-4 p.m.**

11d. Election Location(s):  
**Sunset Meeting Room at 1660 Stewart St., Santa Monica**

12a. Full Name of Petitioner (including local name and number)  
**Screen Actors Guild - American Federation of Television and Radio Artists (SAG-AFTRA)**

12b. Address (street and number, city, state, and ZIP code)  
**5757 Wilshire Blvd., 7th Floor, Los Angeles, CA 90036**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**American Federation of Labor - Congress of Industrial Organizations (AFL-CIO)**

12d. Tel No.  
**323-634-8229**

12e. Cell No.  
**323-229-4681**

12f. Fax No.

12g. E-Mail Address  
**Lauren.Perez@sagaftra.org**

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

13a. Name and Title **Lisa Demidovich, Partner at Bush Gottlieb**

13b. Address (street and number, city, state, and ZIP code)  
**801 N. Brand Blvd., Suite 950, Glendale, CA 91203**

13c. Tel No.  
**818-973-3220**

13d. Cell No.  
**626-241-3370**

13e. Fax No.  
**818-973-3201**

13f. E-Mail Address  
**ldemidovich@bushgottlieb.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)  
**Lauren Perez-Rangel**

Signature  
*Lauren Perez-Rangel / I Z*

Title  
**Director, Organizing Department**

Date  
**5/31/2019**

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.

## **Attachment A**

### 5b. Description of Unit Involved

Included: All full-time, part-time and per diem Anchors, Assistant Producers, Associate Producers, Audio Mixers, Berlin Coordinators, Board Operators, CMS Editors, Coordinating Producers, Digital Media Assistants, Digital Music Editors, DJ Hosts, Drive Producers, Event Coordinators, Event Producers, Executive Media Assistants, Hosts, Interactive Designers, Jr. Art Directors, Managing Producers, Music Promotions Coordinators, Producers, Production Engineers, Promotions Directors, Reporters, Social Media Coordinators, Social Media Managers, Sr. Communications Managers, Sr. Interactive Designers, Sr. Producers, Video Producers, Volunteer & Outreach Managers and Volunteer Coordinators who host, produce, coordinate, report, design, edit, promote, write or announce content for KCRW including radio programming, web content, digital content, video, podcasts and live events.

Excluded: All other employees, managers, guards, and supervisors as defined in the NLRA.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. 31-RC-241747	Date Filed 5/17/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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  
KERO-TV

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
321 21st Street - Bakersfield, CA 93301

3a. Employer Representative - Name and Title  
Susan Evans, Human Resources

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

3c. Tel. No.  
661-281-3656

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service  
Media

5a. City and State where unit is located:

5b. Description of Unit Involved  
Included: All full time and regular part time news photographers  
Excluded: Standard exclusions

6a. No. of Employees in Unit:  
4

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) N/A 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

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)  
5/20/2019

11c. Election Time(s):  
9.00 - 10.00 a.m.

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)  
International Brotherhood of Electrical Workers Local 45

12b. Address (street and number, city, state, and ZIP 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.  
323.851.5515

12e. Cell No.

12f. Fax No.

12g. E-Mail Address  
eccasio@ibew45.org

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

13a. Name and Title  
Amanda Lively, Attorney

13b. Address (street and number, city, state, and ZIP code)  
16501 Ventura Blvd., Suite 304, Encino, CA 91436

13c. Tel No.  
818-501-8030 x 326

13d. Cell No.

13e. Fax No.  
818-501-5306

13f. E-Mail Address  
alively@wklclegal.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)  
Amanda Lively

Title  
Attorney for IBEW Local 45

Date  
May 17, 2019

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