UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE									
Case No. 31-RD-240866	May 6, 2019								

INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other par Case Procedures (Form NLRS	d. The petition ties named in t	must be accomp he petition of:(1)	anied by both a sh the petition; (2) Sta	owing of intend etement of Pos	est (see 7 b ition form	elow) and a certific (Form NLRB-505); a	ate of service and (3) Descri	showing service on ption of Representation		
PURPOSE OF THIS PETITION recognized bargaining representations Board process.	ntative is no long	er their represente	ative. The Petitione	r alleges that t	he followin	ig circumstances ex				
2a. Name of Employer										
Garda CL West, Inc.			15415 Slover	·		2337				
3a. Employer Representative - N Ken Bower, Branch Mana			3b. Address (If san	ne as 2b - state	same)					
3c. Tel. No.	3d. Fax No.		3e. Cell No.		3f, E-Mail	Address				
909-574-4571	909-574-38	39				ver@garda.com				
4a. Type of Establishment (Factor					4b. Princip	al product or service				
Security, Armored Transp	ortation and	Guard Service	s		Guard S	Services				
5a. Description of Unit Involved	4 1 1 2		to amed las			1.11.11	5b. City	and State where unit		
Included: All full - time and providing transportation taker Relation Excluded: Haber Relation All other employ. B. No. of Employees in Unit 48	PART-TIME	c metarmi	anomal du	lies of messe	enger, a	Section englage	Fonta	na. CA		
Nation Labor Relation	Act, empl	oyed by G	arda Ch West	Inciat	15415 5	loves are Forta	A CA 52 327)		
All other employ	ees s van H	employee	s not perte	it house	anspol	tation selvice	es, 411			
BALLE Cleraciones	es prote	ssional em	playees me	SEPERVIS	0/5 as	define in the	Act as	men ded.		
6. No. of Employees in Onit ~48	recog	nized bargaining n	epresentative?	res No	i trie unit no	o longer wish to be re	presented by t	ne certified of currently		
8a. Name of Recognized or Certific	ed Bargaining A	gent				8b. Affiliation, if any				
International Union, Secur	ity, Police a	nd Fire Profess	sionals of Amer	rica (SPFPA	.)					
8c. Address				8d. Tel. No.	260	8e. Cell No.				
25510 Kelly Rd.				586-772-7	250	6- FM-1-4				
Roseville, MI 48066				8f. Fax No. 586-772-9	644	8g. E-Mail Address	2aragosa			
9. Date of Recognition or Certificat	tion		10. Expiration Date			t Contract, if any (Mo	nth. Dav. Year	aragosa		
3/6/18 (31-RC-214121)			N/A			, , , , , , , , , , , , , , , , , , , ,	,,,			
11a. Is there now a strike or picket	ing at the Emplo	ver's establishmer	nt(s) involved?	res x No	11b. if so,	approximately how m	nany employee	s are participating? N/A		
11c. The Employer has been picke	· · · · · · · · · · · · · · · · · · ·				·			a labor organization, of		
(Insert Address) N/A						sinc	e (Month, Day	Year)		
12. Organizations or individuals of	her those named	in items 8 and 11	c, which have claim	ed recognition a	as represen	tatives and other orga	anizations N/	Δ		
and individuals known to have 12a, Name	a representative	interest in any en	ployees in the unit	described in iter	n 5 above. 12c. Tel. N	(It none, so state)	12d. Fax No.			
N/A	N/A	•••			N/A		N/A			
	1				12e. Cell N	lo.	12f. E-Mail Ad	dress		
	1				N/A		N/A			
13. Election Details: If the NLRB					13a. Electi	on Type: 🔀 Manual	Mail	☐ Mixed Manual/Mail		
matter, state your position with 13b. Election Date(s)	respect to any s	13c. Election Tim	ne(s)		13d. Election Location(s)					
May 20, 2019		6-8 a.m. and				e on the first floo	or of Emplo	over's building		
14. Full Name of Petitioner	· · · · · · · · · · · · · · · · · · ·		F					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(b) (6), (b) (7)(C)										
14a. Address (Street and number,	city, state, ZIP c	ode)			14b, Tel. N	lo.	14c. Fax No.			
(b) (6), (b) (7)(C)]						
					14d. Cell N (b) (6), (b		(b) (6), (b			
14f. Affiliation, if any An individual							(0)(0).(0) (<i>I</i>)(C)		
						/(./(-)	(") ("), ("			
		cent service of all	I namers for numos	es of the rent						
15. Representative of the Petition 15a. Name		cept service of all	papers for purpos	ses of the repr						
15. Representative of the Petitio		cept service of all	papers for purpos	ses of the repr	esentation	proceeding.				
15. Representative of the Petition 15a. Name	ner who will ac		papers for purpos	ses of the repr	esentation 15b.Title	proceeding.	15e. Fax No.			
15. Representative of the Petition 15a. Name (b) (6), (b) (7)(C)	ner who will ac		papers for purpos	ses of the repr	esentation 15b.Title An Indiv	proceeding.				
15. Representative of the Petition 15a. Name (b) (6), (b) (7)(C) 15c. Address (Street and number,	ner who will ac		papers for purpos	ses of the repr	esentation 15b.Title An Indiv 15d. Tel. N	proceeding. idual	15e. Fax No.			
15. Representative of the Petition 15a. Name (b) (6), (b) (7)(C) 15c. Address (Street and number, (b) (6), (b) (7)(C)	ner who will acc	ode)			esentation 15b.Title An Indiv 15d. Tel. N 15f. Cell N (b) (6), (b)	proceeding. idual io. c. (7)(C)				
15. Representative of the Petition 15a. Name (b) (6), (b) (7)(C) 15c. Address (Street and number, (b) (6), (b) (7)(C) I declare that I have read the above	city, state, ZIP c	ode) that the stateme	nts are true to the		esentation 15b.Title An Indiv 15d. Tel. N 15f. Cell N (b) (6), (b)	proceeding. idual io. c. (7)(C)	15e. Fax No.	ddress) (7)(C)		
15. Representative of the Petition 15a. Name (b) (6), (b) (7)(C) 15c. Address (Street and number, (b) (6), (b) (7)(C)	city, state, ZIP c	ode) that the stateme			esentation 15b.Title An Indiv 15d. Tel. N 15f. Cell N (b) (6), (b)	proceeding. idual io. o. (7)(C) id belief.	15e. Fax No.			

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 31-RC-241086	Date Filed 7, 2019						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) KERO-TV 321 21st Street - Bakersfield, CA 93301 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Susan Evans, Human Resources 3c. Tel. No. 3f. E-Mail Address 3d. Cell No 3e Fax No. 661-281-3656 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service News Media 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part time news photographers 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Standard exclusions Petitioner? Yes / No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) M/A and Employer declined recognition on or about (Date) (If no reply received, so state) 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 None Sc. Tel No. 8d Cell No Be Fax No. Rf F-Mail Address 8g Affitiation, if any 8h. Date of Recognition or Certification 6i, 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 10h Address 10c Tel No 10d Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s): 5/20/2019 9.00 - 10:00 a.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Brotherhood of Electrical Workers Local 45 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. 12g. E-Mail Address 12f Fax No. 323.851.5515 eocasio@lbew45.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. 13e. Fax No. 13f E-Mail Address 818-501-8030 x 326 818-501-5306 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 bellef. Name (Print) Date Amanda Lively Attorney for IBEW Local 45 May 7, 2019

WILLFUL FALSE STATE OF THE ONE AND STATEMENT (U.S. CODE, TITLE 18, SECTION 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 fligation. 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

Case No. 31-RC-241653

DO NOT WRITE IN THIS SPACE

Date Filed 5/16/2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation

the employer and all other parties Case Procedures (Form NLRB 48	named in the pe	tition of: (1) the pe	etition; (2) S	Statement of Position for	orm (Form NL	RB-505); an	d (3) Descrip	otion of Re	presentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	ioner desires to be	certified as repres	entative of t	he employees. The Peti	tioner alleges	that the fol	lowing circur	mstances e	
2a. Name of Employer:	wahanaiya Dl			Establishment(s) involve			, State, ZIP c	ode):	
Dignity Health dba Comp and Cancer Center	renensive bi	0301	Truxtui	Ave., Bakersfiel	iu, CA 955	009			
3a. Employer Representative - Nar	me and Title:	3b. Ad	dress (if san	ne as 2b - state same):					
Judy S. Coffin, V.P. & As				reet, Suite 300 Sa	an Francis	co, CA 9	4107		
Counsel									
3c. Tel. No. (415) 438-5755	3d. Cell No.		3e. Fax N (415) 4	o. 38-5726	3f. E-Mail A		nityhealth	n.org	
4a. Type of Establishment (Factory, Medical Facility	mine, wholesaler, e	etc.)	4b. Princip Health	pal Product or Service Care		5a. City ar Bakersfi	nd State where eld, CA	e unit is loc	cated:
5b. Description of Unit Involved:	: .						er of Employe	es in Unit:	
Included: Patient Access Repr Clerk, Lead Patient Access Cl						22			
Excluded: All other classificate employees and sup-	tions, including	g but not limite	ed to guar			of the	ubstantial nur employees in	the unit wis	h to be
Check One: 🗷 7a. Request for rec		,		on (Date)	an		ented by the F declined reco		x Yes No
on or about (Date) 7b. Petitioner is cui		(If no reply r		state). and desires certification	under the Act.				
8a. Name of Recognized or Certific				ddress:					
None									
8c. Tel. No.	8d. Cell No.		8e. Fax N	0.	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)									
9. Is there now a strike or picketing a	t the Employer's e	stablishment(s) inv	olved? No	O If so, approxim	nately how ma	ny employee	s are participa	ating?	
(Name of Labor Organization)					, has picketed				
 Organizations or individuals othe individuals known to have a repre- 							es and other	organization	ns and
10a. Name	10b. A	Address			10c. Tel. N	0.	10d. Cell No	i.	
					10e. Fax N	0.	10f. E-Mail A	Address	
11. Election Details: If the NLRB co	nducts and election	n in this matter, sta	te your posi	tion with respect to any	such election:	11a. Electio			
11h Flories Data(s):	1110 5	Instina Time(s):			11d Election	Manua on Location(s		Mixed	Manual/Mail
11b. Election Date(s): May 29 or May 30		election Time(s): a.m 11:30	a.m.			er's Prer	,		
12a. Full Name of Petitioner (include	fing local name and	f number):		12b. Address (street ar		, State and	ZIP code):		
Service Employees Intern	ational Unior	i, United Hea	Ithcare	5480 Ferguson					
Workers-West	! I-b		r1	Los Angeles, Ca		١.			
12c. Full name of national or internat Service Employees Intern	ational Unior								
12d. Tel. No. (323) 734-8399	12e. Cell No.			21-3538	12g. E-Mai				
13. Representative of the Petitione 13a. Name and Title:	r who will accept	service of all pap		poses of the represent ess (street and number,					
Bruce A. Harland, Attorney			Weinbe	rg, Roger & Rosen a, CA 94501			illage Park	way, Sui	ite 200,
13c. Tel. No.	13d. Cell No.		13e. Fax		13f. E-Mail	Address			
I declare that I have read the above	e petition and that	the statements a	re true to t	he best of my knowled	ge and belief.				
Name (Print) Bruce A. Harland		Signature	12 And		Title Attorney				Date 05/16/19

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

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

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region										
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate										
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form										
(Form NLRB-505); and (3) Desc	ription of	Represe	entation	Case F	Procedures (Form NLI	RB 4812). The st	iowi	ng of inte	rest should	only be filed
with the NLRB and should not I	•	•			•	•		•		•
1. PURPOSE OF THIS PETITION: RC	-CERTIFICA	ATION OF	REPRES	ENTATI	VE - A substantial number	of employees wish to	be re	epresented t	for purposes o	of collective
bargaining by Petitioner and Petition										es exist and
requests that the National Labor R 2a. Name of Employer	celations Bo	oard proc	eea unaer		dress(es) of Establishment					le)
Providence Tarzana Medical C	enter				Clark Street, Tarzar				•	•
3a. Employer Representative – Name					3b. Address (If same as	-			,	
Dale Surowitz, CEO					18370 Clark St., Su	,	a, C	A 91356		
3c. Tel. No.	3d. C	ell No.			3e. Fax No.			-Mail Addre	ess	
(818) 708-5254	(818)	343-77	783		818-757-8822		Dale	e.Surowit	z@provide	nce.org
4a. Type of Establishment (Factory, min	ne, wholesal	er, etc)	4b. Princ	ipal prod	duct or service					e unit is located:
Healthcare Facility			Healtho	are				Tarzana	, CA	
5b. Description of Unit Involved									6a. No. of Em	ployees in Unit:
Included: All full time, part time, an	d per diem	Environm	ental Serv	vices an	d Materials Management	t employees employ	ed by	uic	56	
employer at 18321 Clar					•					tantial number (30%
Excluded: All other employees, manager	s, confidential	employees	s, guards, ph	ysicians,	Registered Nurses (RNs), alre	eady				e employees in he e represented by the
represented employees and si	upervisors as	defined by	the act.						Petitioner? Y	
Check One: / 7a. Request for	or recognitio	n as Barg	aining Rep	resenta	tive was made on (Date) 5	7/24/2019 an	d Emi			
5/24/					l, so state).			,	3	
7b. Petitioner	is curren ly	recognize	d as Barga	ining Re	epresentative and desires of	certification under the	Act.			
8a. Name of Recognized or Certified	Bargaining	Agent (If	none, so	state).	8b. Address					
8c. Tel No.	8d Ce	ell No.			8e. Fax No. 8f. E-Mail Ad				ess	
8g. Affiliation, if any					8h. Date of Recognition or Certification 8			xpiration Da	ate of Current	or Most Recent
-g								Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the	ne Employer	's establis	hment(s) ir	nvolved [*]	P No If so, approx	imately how many en	nploye	ees are part	icipating?	
(Name of labor organization)				has pick	eted the Employer since (I	Month, Day, Year)				
10. Organizations or individuals other th	nan Petitione	er and thos	se named i	n items	8 and 9. which have claime	ed recognition as rep	resen	tatives and	other organiza	tions and individuals
known to have a representative interest										
40a Nama		405 44				40- T-I N-			404 0-11 No	
10a. Name		10b. Add	iress			10c. Tel. No.			10d. Cell No	
						10e. Fax No.			10f. E-Mail A	Address
					Too. Tax No.					
 Election Details: If the NLRB cond any such election. 	lucts an elec	ction in thi	s matter, st	tate you	r position with respect to	11a. Election Type:	√	Manual	MailN	Mixed Manual/Mail
11b. Election Date(s):		11c. El	ection Time	e(s):		11d. Election Loca	ion(s)):		
June 20, 2019		6am-9a	m and 2pr	n to 430)pm	Room 304, Etiwano	da Blo	dg		
12a. Full Name of Petitioner (including local name and number) National Union of Healthcare Workers						12b. Address (stree 5801 Christie Ave,				ZIP code)
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) none										
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address										
(818) 241-0140	120.				121.7 4.770.		9	_ man / taa	000	
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.										
13a. Name and Title Piete Clayton 13b. Address (street and number, city, state, and ZIP code) 225 W Broadway Suite 400 Glendale CA 91204										
Fiele Cia		225 W. Broadway, Suite 400	Glendale, CA 91204							
13c. Tel No.		Cell No.			13e. Fax No.			E-Mail Add		
Laborator that I have an additional		90-4811			(818) 241-0141	de don on division	pclay	rton@nuhw	org.	
I declare that I have read the above p	etition and	that the s	statements	are tru	e to the best of my know	rieage and belief.				
Name (Print)	Signature	. 11	11		Title			Date		
Florice Hoffman	reoric	ie 940/	Gman	•	attorney		5	/24/2019		

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

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

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

INSTRUCTIONS: Unless e-Filed										1
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										
						RB 4812). The sl	howing o	of inte	rest should only be filed	
with the NLRB and should not b	e served	on the	employer or ar	y oth	er party.					4
 PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petitioner 	er desires to	be certifi	ied as representat	ve of th	e employees. The	Petitioner alleges th	at the foll	lowing	circumstances exist and	
requests that the National Labor R 2a. Name of Employer	elations Bo	oard proc				t(s) involved (Street a				4
Systems Application & Techno	logies, Ir	ic. (SA-				gan Blvd, Point				
3a. Employer Representative - Name		`	,	-	Address (If same as					1
Jennifer Hagerty, Human Rese	ources D	irector		110	1 Mercantile La	ane, Suite 200, L	_argo, M	1D 20	774	
3c. Tel. No. (805) 487-7373	3d. C	ell No.		3e. F	Fax No.		3f. E-Mai		ss -techinc.com	1
4a. Type of Establishment (Factory, min	e, wholesal	er, etc.)	4b. Principal pro	duct or	service				nd State where unit is located:	1
Military Contractor	•		Military Supp						ıgu, CA	
5b. Description of Unit Involved									6a. No. of Employees in Unit:	1
Included: See Attached									6b. Do a substantial number (30%	1
Excluded: All managers, branch ma	nagers, red	ional ma	nagers, corporate	e mana	gers, all other prof	essional employees	. quards a		or more) of the employees in the	
supervisors as defined by	the Act.								unit wish to be represented by the Petitioner? Yes No	
Check One: 7a. Request for	or recognitio					By Petition an	d Employe	er declir	ned recognition on or about	
7h Petitioner	is currently	/	(If no reply receive		*	certification under the	Act			
8a. Name of Recognized or Certified				срісос	8b. Address	certification under the	Act.			1
8c. Tel No.	8d Ce	II No.		8e. Fax No.			8f. E-Mail Address			
8g. Affiliation, if any				8h. Da	8h. Date of Recognition or Certification				ate of Current or Most Recent (Month, Day, Year)	
O to those pour a strike as nightating at th	a Employee	la antablia	hmont(s) involves	12	If an approv	imataly have many or	malausas a		inination 2	4
9. Is there now a strike or picketing at the								аге рап	cipating?	
(Name of labor organization)										
 Organizations or individuals other th known to have a representative interest 							resentative	es and	other organizations and individuals	
10a. Name		10b. Ad	dress			10c. Tel. No.			10d. Cell No.	+
	- 1									_
					10e. Fax No.				10f. E-Mail Address	
 Election Details: If the NLRB cond any such election. 	ucts an elec	tion in thi	is matter, state you	ur positi	on with respect to	11a. Election Type	: Man	Manual Mail Mixed Manua		
11b. Election Date(s): Ballots mailed 6/10/19 returned by 6/2	4/19	11c. El	ection Time(s):			11d. Election Local	tion(s):			1
12a. Full Name of Petitioner (includin	g local nam			7	20.5				ty, state, and ZIP code)	1
International Association of Machinists 12c. Full name of national or internation		<u> </u>				5150 Kearny Mesa	a Road, Sa	an Dieg	go, CA 92111	-
International Association of Machinists	and Aeros	space Wo				t (ii none, so state)				
12d. Tel No. (916) 542-3351	12e. C	cell No.			Fax No. 810-6989		12g. E-M rcarrillo@			
13. Representative of the Petitioner w	ho will acc	ept servi	ce of all papers f	or purp	oses of the repres	entation proceeding	g.			1
13a. Name and Title Eric J. Wiesner, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501								Alameda CA 94501		
13c. Tel No.	13d. C	cell No.		13e.	Fax No.	g	13f. E-Ma	ail Addr	ess nlrbnotices@unioncounsel.	net
510-337-1001 I declare that I have read the above pe	etition and	that the	statements are tr	_	337-1023 ne best of my know	ledge and belief	ewiesner	@unio	ncounsel.net	+
Name (Print)	Signature		- Indiana and an	Title			Date			-
Eric J. Wiesner	Signature	u	M	Attori			5/28/1			

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.

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						

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees, The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Aptim Corp. and/or HDSS LLC Fort Irwin Fire Department, BLDG 6101 South Loop RD P.O Box 105057, Fort Irwin, CA 92310 3b. Address (if same as 2b - state same): 16406 US Route 224 E, Annex 3a, Employer Representative - Name and Title: J. Allen Green Labor Relations Manager Findlay OH 45840 3c. Tel. No. 3d. Cell No 3e. Fax No. 3f. E-Mail Address 419-429-5501 419-722-7794 allen.green@APTIM.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Fire Station Fire Prevention and Services Fort Irwin, CA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All Batallion Chiefs, including Operations and Prevention Batallion Chiefs Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🗵 Yes 📗 No All other employees, office clerical and confidential employees, guards and supervisors Check One: X 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. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_0 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. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): June 12-14 or 24-28, 2019 During the employees' lunch break At an appropriate meeting room 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters, Chauffeurs, Warehousemen, Industrial and 18597 Valley Blvd. Allied Workers of America, Local 166 Bloomington, CA 92316 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 12f. Fax No. 12g. E-Mail Address 909-877-8326 909-877-2812 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b, Address (street and number, city, State and ZIP code): 3550 Wilshire Blvd., Suite 2000 Arthur N. Four, REICH, ADELL & CVITAN Los Angeles, CA 90010 13c. Tel. No. 13d. Cell No. 13e Fax No. 13f, E-Mail Address 213-386-3860 213-386-5583 arthurf@rac-law.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) Arthur N. Four Counsel for Petitioner 05/29/19

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

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

INSTRUCTIONS: Unless e-Filed usi employer concerned is located. The the employer and all other parties i	e petition m	ust be accom	parned by	2000		/	Earn MI DE	2-505\· and	/3) Descripti	on of Repl	resentation
the employer and all other parties in Case Procedures (Form NLRB 4813 1. PURPOSE OF THIS PETITION: Rebargaining by Petitioner and Petitic requests that the National Labor	C-CERTIFIC	ATION OF RE	EPRESENT as represent	ATIVE - A s	ubstantial number of employees. The Pe hority pursuant to S	f emplo etitione Section	yees wish to r alleges th n 9 of the N	be represe at the follo ational Lab	nted for purp wing circums or Relations	oses of col stances ex Act.	lective
	Relations	Dould proces	T2b. Addr	ess(es) of E	stablishment(s) invol	lved (S	treet and nu	mber, City,	State, ZIP co	de):	
2a. Name of Employer:			2000	Tano St	, Simi Valley,	CAS	93063				
BMC West, LLC			1								
3a. Employer Representative - Nam	e and Title:				as 2b - state same):						
Dean Costello			2000	Tapo St.	, Simi Valley,	CA 9	93063				
N	3d. Cell No.			3e. Fax No			Bf. E-Mail Ad	dress			
3c. Tel. No. 805-526-3436	Sa. Cell No.	•		805-582	2-1714						
4a. Type of Establishment (Factory, r	nine, wholes	aler, etc.)			al Product or Service	•			State where	unit is loca	ated:
Lumber Yard				Lumber				Simi Vall	-		
5b. Description of Unit Involved: Included:									r of Employee	es in Unit:	
Please see Attachment A								10			
Excluded:								of the e	ibstantial nun mployees in t	he unit wis	h to be
Please see Attachment A		D 1-1 D			an (Data)				nted by the P		x Yes No
Check One: 7a. Request for reconn or about (Date)	ognition as			eceived, so			and	Employer	ecinea reco	Jillion.	
☐ 7b. Petitioner is cui	rrently recog					on und	er the Act.				
8a. Name of Recognized or Certific	ed Bargaini	ng Agent (If no	one, so stat	te) 8b. Ad	dress:						
8c. Tel. No.	8d. Cell No).		8e. Fax No. 8f. E-Mail A			8f. E-Mail A	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 a	t the Employ	yer's establish	nent(s) invo	olved? No	▼ If so, appro	oximate	ly how man	y employee:	are participa	ating?	
(Name of Labor Organization)						, h	as picketed	the Employe	er since (Mon	th, Day, Ye	ear)
Organizations or individuals other individuals known to have a representation.									es and other o	organization	ns and
10a. Name		10b. Address		10c, Tel.			10c. Tel. No	No. 10d. Cell No.			
				10e. Fax 1			10e. Fax No	No. 10f. E-Mail Address			
11. Election Details: If the NLRB co	ndusta and	election in this	matter ate	to veus cool	ion with soonaat to a		- alastian I	11a. Election	Tuna		
11. Election Details: If the NERB Co	inducts and	election in this	matter, sta	te your posi	ion with respect to ar	ny suci	n election:	X Manua		Mixed	Manual/Mail
11b. Election Date(s):		11c. Election	Time(s):			$\neg \neg$	11d. Electio	d. Election Location(s):			
June 12, 2019		1:00-3:00)pm				Break R	Room			
12a. Full Name of Petitioner (include	ding local na	me and numbe	er):		12b. Address (stree	et and r	number, city	State and 2	ZIP code):		
Cabinet Makers, Millmen 721	& Indus	strial Carp	enters L	ocal	10015 Rose H	Hills	Road, W	hittier, (CA 90601		
12c. Full name of national or internal	tional labor o	organization of	which Petit	ioner is an a	Iffiliate or constituent	(if non	e, so state):				
United Brotherhood of Ca	arpenters	and Joine									
12d. Tel. No. 562-695-0571	12e. Cell N	lo.		12f. Fax N 562-69			12g. E-Mail	Address			
13. Representative of the Petitions	er who will a	ccept service	of all pap			entatio	n proceedi	ng.			
13a. Name and Title: Desmond C. Lee, Attorney				13b. Addre	ess (street and number & Shanley, 53)	er, city	, State and	ZIP code):	Floor, Los	Angeles	, CA 90071
13c, Tel. No.	13d. Cell N	lo.		13e. Fax N		- 1	13f. E-Mail				
213-488-4100				213-48			. ,	econsel.c	om		
I declare that I have read the abov	e petition a			re true to t	ne best of my knowl						
Name (Print) Desmond C. Lee		Sign				Att	torney				Date 5/30/2019
		1///	HUST								

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 us employer concerned is located. Th the employer and all other parties Case Procedures (Form NLRB 481	e petition i	nust be accomp	anied by	both a sho	owing of interest (see tatement of Position i	e 6b below) and form (Form NLF	a certificate RB-505); and	e of service showing d (3) Description of l	g service on Representation	
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petitic requests that the National Laboratory	oner desires	to be certified as	s represer under its	proper au	e employees. The Pet thority pursuant to S	itioner alleges t ection 9 of the l	that the follo	owing circumstance oor Relations Act.	f collective is exist and	
2a. Name of Employer:			2b. Addr	ess(es) of E	stablishment(s) involv	ed (Street and r	umber, City,	State, ZIP code):		
			23126	Drayto	n St., Santa Cla	rita, CA 91	350			
3a. Employer Representative - Name and Title: 3b. Addi			3b. Addr	ldress (if same as 2b - state same):						
			6 Drayton St., Santa Clarita, CA 91350							
Doo ragic			20120	Diayto	,	,				
3c. Tel. No.	3d. Cell No.			3e. Fax No. 3f. E-Mail A			ddress			
661-254-3113 661-713-5277				N/A			5-07			
4a. Type of Establishment (Factory, r	nine, wholes	saler, etc.)			al Product or Service		5a. City and State where unit is located:			
Lumber Yard				Lumber	[Santa Clarita, CA 6a. Number of Employees in Unit:			
5b. Description of Unit Involved: Included:							9	r of Employees in On	ii.	
Please see Attachment A									101	
Excluded: Please see Attachment A							6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No			
	The state of the s							1: [2] 100		
on or about (Date)		(If n	o reply re	ceived, so	state).	under the Ast				
7b. Petitioner is cur 8a. Name of Recognized or Certifie						under the Act.				
sa, Name of Recognized of Certifie	a bargaini	ng Agent (ir norm	c, 50 State	50. Ad						
8c. Tel. No.	No. 8d. Cell No.			8e. Fax No.		8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:			8h	8h. Date of Recognition or Certification 8i. Expiration Recent Con			on Date of Current or Most ntract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employ	yer's establishme	ent(s) invo	lved? No	▼ If so, approx	imately how mar	ny employee	s are participating?		
(Name of Labor Organization)						, has picketed	the Employ	er since (Month, Day,	, Year)	
Organizations or individuals other individuals known to have a representation.	r than Petition resentative in	oner and those naterest in any emp	amed in it ployees in	ems 8 and the unit de	9, which have claimed scribed in item 5b abo	recognition as no ve. (If none, so	epresentativ state)	es and other organiza	ations and	
10a. Name		10b. Address				10c. Tel. N	0.	10d. Cell No.		
							10e. Fax No. 10f. E-Mail Addres			
11. Election Details: If the NLRB co	inducts and	election in this m	atter, stat	e your posi	tion with respect to any	such election:	11a. Electio		xed Manual/Mail	
11b. Election Date(s):	_	11c. Election Ti	me(s):	ne(s): 11d			1d. Election Location(s):			
June 11, 2019 1:00-3:00pm						Break F		,		
12a. Full Name of Petitioner (including local name and number):				12b. Address (street and number, city, State and ZIP code):						
Cabinet Makers, Millmer 721				ocal	10015 Rose H	ills Road, V	Vhittier, (CA 90601		
12c. Full name of national or internal	tional labor	organization of w	hich Petiti	ioner is an a	affiliate or constituent (if none, so state				
United Brotherhood of Co					annual or somethis (
12d. Tel. No. 562-695-0571	12e. Cell N	No.		12f. Fax N	lo. 25-1159	12g. E-Mai	Address			
13. Representative of the Petitions	er who will	accept service of	of all pape			ntation proceed	ing.			
13a. Name and Title:			13b. Address (street and number, city, State and ZIP code):							
Desmond C. Lee, Attorney				DeCarlo	o & Shanley, 533	S. Fremont	Ave., 9th	Floor, Los Ange	les, CA 90071	
13c. Tel. No.	13d. Cell I	No.		13e. Fax N	No.	13f. E-Mail	Address			
213-488-4100		1		8-4180		dlee@deconsel.com				
I declare that I have read the above	e petition a	nd that the state	ements a	re true to t	he best of my knowle				Data	
Name (Print)		Signatur	MIMIL	1		Attorney			5/30/2019	
Desmond C. Lee		///	11119			Attorney			3/30/2019	

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

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

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

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer The KCRW Foundation, Inc. 1660 Stewart St., Santa Monica, CA 90405 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jennifer Ferro, President 1900 Pico Blvd., Santa Monica, CA 90405 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (310) 346-0292 (424) 538-8613 Jennifer.Ferro@kcrw.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Radio & podcast programming Radio station Santa Monica, CA 6a. No. of Employees in Unit: approximately 95 5b. Description of Unit Involved Included: See Attachment A 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attachment A unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 5/29/2019 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address none 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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 Mail X Mixed Manual/Mail 11a. Election Type: Manual any such election. 11d. Election Location(s): 11b. Election Date(s): 6/12/2019 11c. Election Time(s): 9-11 a.m. and 2-4 p.m. Sunset Meeting Room at 1660 Stewart St., Santa Monica 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Screen Actors Guild - American Federation of Television and Radio Artists (SAG-AFTRA) 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) 12f. Fax No. 12d. Tel No. 12e Cell No. 12g. E-Mail Address 323-634-8229 323-229-4681 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. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address Idemidovich@bushgottlieb.com 818-973-3220 626-241-3370 818-973-3201 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 Date Lauren Perez-Kangel /IZ Director, Organizing Department 5/31/2019 Lauren Peréz-Rangel

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

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.

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
P.C. P.E. T.L.T.L.O.N.

DO NOT WRITE IN THIS SPACE					
Case No. 31-RC-241747	5/17/2019				

RC PE			31-RC-241/4/	1	0/11/2019	
INSTRUCTIONS: Unless e-Filed us						
in which the employer concerned i						
of service showing service on the						
(Form NLRB-505); and (3) Descript				The showing of int	erest should only be filed	
with the NLRB and should not be s	erved on the employe	r of any other o	ariv,	wich to be represented	for numosas of collective	
bargaining by Petitioner and Petitioner d requests that the National Labor Relat	esires to be certified as repre	esentative of the en	ployees. The Petitioner all ity pursuant to Section 9 of	eges that the following the National Labor R	g circumstances exist and elations Act.	
2a. Name of Employer KERO-TV			Establishment(s) involved (, State, ZIP code)	
NERO-1 V 3a. Employer Representative - Name and	Tille		et - Bakersfield, CA 93 ess (If same as 2b – state sa			
Susan Evans, Human Resources	THE	30. Add	cas (n agine as En state so	imoy		
3c, Tel, No. 3d, Cell No. 661-281-3656			No .	3f. E-Mail Add	31. E-Mail Address	
4a. Type of Establishment (Factory, mine, v News Media	wholesaler, etc.) 4b. Prince Media	cipal product or sen	rice	5a. City	and State where unit is located:	
5b. Description of Unit Involved					6a. No. of Employees in Unit:	
Included: All full time and re Excluded: Standard exclusion		ews photog	graphers		6b. Do a substantial number (30% or more) of the employees in the unit wish to be regresented by the Petitioner? Yes No	
<u> </u>		received, so state)			lined recognition on or about	
8a. Name of Recognized or Certified Bar None		stale).	8b. Address			
Bc. Tel No.	8d Cell No.	Be. Fax	No.	8f. E-Mail Add	iress	
8g Affiliation, if any			Recognition or Certification		8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
Is there now a strike or picketing at the E (Name of labor organization)			If so, approximately how n nployer since (Month, Day, Y		articipating?	
 Organizations or individuals other than known to have a representative interest in a 				n as representatives an	d other organizations and individuals	
10a Name	10b Address		10c. Tel. No.		10d. Cell No.	
			10e. Fax No	0,	10f. E-Mail Address	
 Election Details: If the NLRB conducts an election in this matter, state your any such election. 				on Type: / Manual [Mixed Manual/Mail	
11b. Election Date(s) 11c. Election Time(s): 9.00 - 10.00 a.m.			11d. Election	11d. Election Location(s):		
12a. Full Name of Petitioner (including lo International Brotherhood of Electrical Wo	orkers Local 45				city, state, and ZIP code)	
12c. Full name of national or international la International Brotherhood of Teamsters						
12d. Tel No. 12e, Cell No. 12e, Cell No.			No.		zg. E-Mail Address ocasio@lbew45.org	
13. Representative of the Petitioner who	will accept service of all p	apers for purpose	s of the representation pro	ceeding.		
	ely, Attorney	16501 Ver	ress (street and number, city stura Blvd., Suite 304, Encino, CA	91436		
13c. Tel No. 118-501-8030 x 326		13e. Fax 818-501-			3f E-Mail Address vely@wkclegal.com	
I declare that I have read the above petit	on and that the statement	due to the b	est of my knowledge and be			
Name (Print)	Inglay of / 77	Tille		Date May 17, 20	119	
Amanda Lively	14/2	TAMORE	for IBEW Local 45	imay ii . av	,13	

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 fligation. 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.