UNITED STATES	GOVERNMENT			DO NO	WRITE IN THIS	SPACE		
NATIONAL LABOR F			Case No.		Date F			
RC PET			28-RC-2			/2020		
INSTRUCTIONS: Unless e-Filed usi								
in which the employer concerned is								
of service showing service on the								
(Form NLRB-505); and (3) Descript				RB 4812). The s	howing of inte	erest should only be filed		
with the NLRB and should not be s								
1. PURPOSE OF THIS PETITION: RC-CEP bargaining by Petitioner and Petitioner de								
requests that the National Labor Relat	ions Board proceed under it	ts proper autho	ority pursuant to	Section 9 of the N	ational Labor Re	elations Act.		
2a. Name of Employer				t(s) involved (Street		State, ZIP code)		
Atlantic Aviation 3a. Employer Representative – Name and				I Paso, TX 7992 s 2b – state same)	25			
Kevin Thompson, Program Mana		same	uless (il same as	s 20 – state same)				
3c. Tel. No.	3d. Cell No.	3e. Fax	No.		3f. E-Mail Addr	ress		
915-779-2831	915-540-9491		75-0833			oson@atlanticaviation.com		
4a. Type of Establishment (Factory, mine, w	holesaler, etc.) 4b. Princip	al product or se	rvice		5a. City a	and State where unit is located:		
Aircraft Hangar	Aircraft N	laintenance	and Servicir	ng	El Pasc	o, TX		
5b. Description of Unit Involved						6a. No. of Employees in Unit: 21		
Included: Ground Servicing	Equipment, Line	lechnicia	ins, and J	anitors.	ł	6b. Do a substantial number (30%		
Excluded:						or more) of the employees in the		
Excluded: Managers, Superv	visors, office staff.					unit wish to be represented by the		
	cognition as Bargaining Repre		nade on (Date)	Du Dotition a	d Employer decl	Petitioner? Yes V No		
ra. Request for tex	(Date) (If no reply re			by remon a	id Employer deci	med recognition on or about		
7b. Petitioner is cu	rrently recognized as Bargain			certification under the	e Act.			
8a. Name of Recognized or Certified Barg			8b. Address					
8c. Tel No.	8d Cell No.	8e. Fax	No.		8f. E-Mail Addr	ess		
On Affliction if now				Ontiferation				
8g. Affiliation, if any		on. Date o	of Recognition or	r Certification		Date of Current or Most Recent (Month, Day, Year)		
9. Is there now a strike or picketing at the En	nployer's establishment(s) invo	olved? no	If so, approx	imately how many er	mployees are par	ticipating?		
(Name of labor organization)	, ha	s picketed the E	mployer since (I	Month, Day, Year)				
10. Organizations or individuals other than P	etitioner and those named in i	items 8 and 9, w	which have claim	ed recognition as rep	presentatives and	other organizations and individuals		
known to have a representative interest in an	ny employees in the unit descr	ribed in item 5b	above. (If none,	so state)				
none 10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.		
ioa. Name	TOD. Address			100. 10. 110.		itou. een ito.		
				10e. Fax No.		10f. E-Mail Address		
11 Election Detailer If the MI DD accelute	an election in this method at		with rear set to					
 Election Details: If the NLRB conducts any such election. 	an election in this matter, stat	e your position	with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail		
11b. Election Date(s):	11c. Election Time(s		E:00	11d. Election Loca		70025		
Friday 1/17/2020 12a. Full Name of Petitioner (including loc	11:00 am - 1:30 pm	AND 3:30 pm-	- 5:00 pm	1766 Airway Blvd,		ity, state, and ZIP code)		
IAM&AW Local Lodge 2515				PO Box 2620 Ala				
12c. Full name of national or international lab International Association of Machinists and	Aerospace Workers, AFL-	CIO		t (if none, so state)				
12d. Tel No. 575-434-0211	12e. Cell No. 916-350-0237	12f. Fax 575-437			12g. E-Mail Ad rvmartinez@ia			
13. Representative of the Petitioner who v	vill accept service of all pap	ers for purpose	es of the repres	entation proceedin				
13a. Name and Title David W. M. Fujimoto, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501								
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fa: 510-337	x No.		13f. E-Mail Add	dress dfujimoto@unioncounsel.net nioncounsel.net		
I declare that I have read the above petitic	on and that the statements a			ledge and belief.	biolices@u	noncouriser.net		
Name (Print) Signature Title Date								
David W. M. Fujimoto	2 12	Attorney			January 2,	2020		
WILLFUL FALSE STATEMEN	ITS ON THIS PETITION CAN	BE PUNISHED	BY FINE AND	IMPRISONMENT (U	.S. CODE, TITLE	E 18, SECTION 1001)		

	STATES GOVERNMENT			DO NOT	WRITE IN THIS	S SPACE		
NATIONAL LABOR RELATIONS BOARD Case No. Date Filed								
	PETITION		28-RC-25			/2020		
INSTRUCTIONS: Unless e-Fi						n NLRB office in the Region e 6b below) and a certificate		
of service showing service o								
(Form NLRB-505); and (3) De								
				KD 4012). The SI	lowing of int	erest should only be med		
with the NLRB and should no.	OLDE SERVED ON LINE	E DEDDESENTATI	y other party.	of omployees wish to	be represented	t for purpasses of collective		
bargaining by Petitioner and Petit								
requests that the National Labo		ceed under its pro	per authority pursuant to	Section 9 of the Na	tional Labor R	elations Act.		
2a. Name of Employer	2-24236020-12		ldress(es) of Establishmen 535 E Columbia St,	t(s) involved (Street a	nd number, city	, State, ZIP code)		
Alliance Beverage Distributing CO., L		rage Arizo	Z Tucson 85714-					
3a. Employer Representative – Na		,	3b. Address (If same as 1115 North 47th A					
JON Willis Atrazont & Oinecto 3c. Tel. No.	OF OF OFFERATON.)-	1115 North 47th A AZ Phoenix 85043	т	26 E Mail Add			
	3d. Cell No.	2	3e. Fax No.		3f. E-Mail Add JWillis@Breakth			
602) 760-5557	(602) 295-6152		duat as convice	<u>, a sasa</u>				
4a. Type of Establishment (Factory,		4b. Principal proc	Delivery and warehousing	of Alcohol	Sa. City	and State where unit is located: Tucson, AZ		
Beverages (Alcoh 5b. Description of Unit Involved		L	Delivery and warehousing		l	6a. No. of Employees in Unit:		
						9		
Included: See Attached Page 2 for	or additional details					6b. Do a substantial number (30%		
Fueledade						or more) of the employees in the		
Excluded: See Attached Page 2 for	or additional details					unit wish to be represented by the		
Cheat One 7 7 0	ont for recognition on De-		tivo was made an (Data) d	2/12/2010	d Employee des	Petitioner? Yes [] No []		
Check One: 7a. Reque	요즘 집에 있는 것 같은 것 같은 것 같은 것 같이 많이	-	tive was made on (Date) 1	2/13/2019 an	a Employer dec	lined recognition on or about		
		(If no reply received		and final and and a sha	A			
12/18/								
7b. Petitio	oner is currently recognize		and the second sec	certification under the	, Add			
8a. Name of Recognized or Certifi			8b. Address		Hot			
7b. Petitio			and the second sec		8f. E-Mail Add	ress		
8a. Name of Recognized or Certifi NONE	ied Bargaining Agent (I		8b. Address			ress		
8a. Name of Recognized or Certifi	ied Bargaining Agent (I	lf none, so state).	8b. Address		8f. E-Mail Add 8i. Expiration (Date of Current or Most Recent		
7b. Petitio 8a. Name of Recognized or Certifi NONE 8c. Tel No.	ied Bargaining Agent (I	lf none, so state).	8b. Address 8e. Fax No.		8f. E-Mail Add 8i. Expiration (10.440.4		
7b. Petitio 8a. Name of Recognized or Certifi NONE 8c. Tel No. 8g. Affiliation, if any	ied Bargaining Agent (I 8d Cell No.	If none, so state).	8b. Address 8e. Fax No. 8h. Date of Recognition of	r Certification	8f. E-Mail Add 8i. Expiration I Contract, if an	Date of Current or Most Recent y (Month, Day, Year)		
7b. Petitio 8a. Name of Recognized or Certifi NONE 8c. Tel No. 8g. Affiliation, if any 9. Is there now a strike or picketing a	at the Employer's establia	If none, so state).	8b. Address 8e. Fax No. 8h. Date of Recognition of ? No If so, approx	r Certification	8f. E-Mail Add 8i. Expiration I Contract, if an nployees are pa	Date of Current or Most Recent y (Month, Day, Year)		
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	at the Employer's establic er than Petitioner and the erest in any employees in 10b. Ad conducts an election in the 11c. E 6:00 ar uding local name and n late of Arizona, Local Union N ational labor organization ers 12e. Cell No. (602) 477-9060 her who will accept serv Science Science Allono Allono Allono 13d. Cell No.	If none, so state).	8b. Address 8e. Fax No. 8h. Date of Recognition of ? No If so, approx reted the Employer since (I 8 and 9, which have claim in item 5b above. (If none, rr position with respect to Am Am Its an affiliate or constituen 12f. Fax No. (602) 272-3744 or purposés of the repress 13b. Address (street ann IL Stor S Z 7 m 13e. Fax No.	r Certification imately how many en Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 10e. Fax No. 11a. Election Type 11d. Election Local Downstairs Break r 12b. Address (street 1450 S 207TH AVE AZ PHOENIX 85005 it (if none, so state) sentation proceeding d number, city, state, MANC GLOBE	8f. E-Mail Add 8i. Expiration I Contract, if an inployees are pa resentatives and E Manual J tion(s): oom located at i et and number, i 12g. E-Mail Add russell.medigo g. and ZIP code) Expire Aall Add	Date of Current or Most Recent y (Month, Day, Year) inticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail 3535 E Columbia St, Tucson, AZ 8571 city, state, and ZIP code) ddress byich@teamsterslocal104.com SS cm9 idress		
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DO NOT WRITE IN THIS SPACE

Attachment

Date Filed

Employees Included

All full-time and part-time Drivers and warehouse employees employed by the employer at the companies Tucson location.

Case

Employees Excluded

All other employees, office and clerical employees, guards and supervisors as defined by the National Labor Relations Act.

UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE								
NATIONAL LABOR	RELATIONS BO	ARD	Case No.		Date	Filed		
RC PE	TITION		28-RC-25	4215	1/6/	/2020		
INSTRUCTIONS: Unless e-Filed us	sing the Agen	cy's website, w	ww.nlrb.gov, subm	t an original of thi	s Petition to a	an NLRB office in the Region		
in which the employer concerned								
of service showing service on the								
(Form NLRB-505); and (3) Descrip								
with the NLRB and should not be					5	,		
1. PURPOSE OF THIS PETITION: RC-CI				per of employees wish	to be represente	d for purposes of collective		
bargaining by Petitioner and Petitioner								
requests that the National Labor Rela 2a. Name of Employer	ations Board pro		ddress(es) of Establishm					
Rural Metro Fire Department			S. Arizona Ave. Y		und number, or			
3a. Employer Representative – Name an	d Title		3b. Address (If same	12.				
Timothy Soule			2029 S. Arizona	Construction of the second	5364			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	iress		
928-210-2207					tsoule@ru	ralmetrofire.com		
4a. Type of Establishment (Factory, mine,	wholesaler, etc)	4b. Principal pro			5a. City	and State where unit is located:		
Fire Departmnet		Fire and Eme	ergency Medical Se	ervices	Yuma,	AZ		
5b. Description of Unit Involved		·				6a. No. of Employees in Unit:		
Included: All full-time Emerge	ency Medi	cal Dispatch	ners to be inclu	ded in the exis	sting unit	12		
	-	-				6b. Do a substantial number (30% or more) of the employees in the		
Excluded: All other employees, including	part-time Emerger	cy Medical Dispatch	ers, office clericals, guard	s and supervisors as de	fined in the Act	unit wish to be represented by the		
57 88 2044 E880		192 2.1	8) <u>83</u> 0	23		Petitioner? Yes 🗸 No		
Check One: 7a. Request for r	ecognition as Ba	gaining Represent	ative was made on (Date) 10/23/19 a	nd Employer dea	clined recognition on or about		
10/23/1	<u>9</u> (Date)	(If no reply receive	ed, so state).					
			Representative and desire		e Act.			
8a. Name of Recognized or Certified Ba None for the Emergency Medical Dispat	-	lf none, so state).	8b. Address					
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	Iress		
	*				0. Contention	Data of Ourseat on Mart Dagast		
8g. Affiliation, if any			8h. Date of Recognition	for Ceruncation		Date of Current or Most Recent y (Month, Day, Year)		
9. Is there now a strike or picketing at the	Employer's establ	ishment(s) involved	1? No If so, app	roximately how many e	mployees are pa	articipating? N/a		
(Name of labor organization)			keted the Employer sinc	e (Month Day Year)				
10. Organizations or individuals other than			· · · · ·	· · · · · -	presentatives an	-		
known to have a representative interest in					presentatives an			
None			1.8					
10a. Name	10b. A	ddress		10c. Tel. No.		10d. Cell No.		
				40a Faulta				
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conduct any such election.	ts an election in t	nis matter, state yo	ur position with respect t	D 11a. Election Typ	e: 🖌 Manual	Mail Mixed Manual/Mail		
11b. Election Date(s):	11c. I	Election Time(s):		11d. Election Loca	ation(s):			
During week of January 13, 2020	A STORE AND A STOR	m - 6:30 pm		2029 S. Arizona A	Ave Yuma, AZ 8	5364		
12a. Full Name of Petitioner (including I United Yuma County Fire Association	ocal name and r	number)		12b. Address (stre PO Box 572 Yum		city, state, and ZIP code)		
12c. Full name of national or international None	labor organizatior	of which Petitione	r is an affiliate or cons itu	ent (if none, so state)				
12d. Tel No. 928-366-0552	12e. Cell No.		12f. Fax No.		12g. E-Mail A theuycfa911@			
13. Representative of the Petitioner who	will accept service	ice of all papers f	or purposes of the rep	resentation proceeding				
^{13a. Name and Title} Gary Slade, Cl		10 II.	and the second second second	and number, city, state	· · · · · · · · · · · · · · · · · · ·			
13c. Tel No.	13d. Cell No. 928-366-0552	2	13e. Fax No.	13100	13f. E-Mail Ad	Idress		
I declare that I have read the above peti			ue to the best of my kn	owledge and belief	same as 12g			
Name (Print) Signature Title Date								
Gary Slade	gnature		CBA Committee Me	mber	01/06/202	20		
WILLFUL FALSE STATEM	ENTS ON THIS F	ETITION CAN BE	2		2			

PRIVACY ACT STATEMENT

FORM NLRB-502 (RC)	UNITE	D STATES OF A	MERICA		[DO NOT W	RITE IN THIS S	PACE	
(2-18)		LABOR RELATI	IONS BO			Case No	28-F	C-2548	08	Date Fil Janua	ed ary 17, 2020
INSTRUCTIONS: Unless & Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition is named in t	must be accomp he petition of: (1	anied b 1) the pe	y both a sh tition; (2) S	owing of interest (s tatement of Position	ee 6b be n form (F	low) and Form NL	l a certificat RB-505); an	e of service sho d (3) Descriptio	owing son of Rep	ervice on presentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Labo	tioner desires	to be certified a	s represe	entative of the	ne employees. The P	etitioner	alleges	that the foll	owing circumst	ances e	
2a. Name of Employer: Darling Ingredient	cs,Inc.			2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4730 Vandenberg Dr. North Las Vegas Nevada 89081							
3a. Employer Representative - Nat Cheri Tuccelli General M			3b. Add Same		ne as 2b - state same,):	ann ann an Ruich - Calaina - ann fairleanna - an				
^{3c. Tel. No.} 702-644-0067	02-644-0067					ct	E-Mail A uccell	i@darlin	-	1-1/-	
4a. Type of Establishment (Factory, Warehouse/office buildin			al Product or Service		ste		d State where un Las Vegas				
5b. Description of Unit Involved: Included: All full-tim								6a. Numbe 6	r of Employees	in Unit:	
& Accounting Clerk	s emplo	oyed at t	the N	orth L	as Vēgas fa	acili	ty.				
Excluded: All other employees, Gua						of the e represe	ubstantial number mployees in the inted by the Peti	unit wis tioner? [n to be		
Check One: 7a. Request for re- on or about (Date) 7b. Petitioner is cu	1/17/	2020 (lf n	o reply re	eceived, so	state).	7/2020		d Employer o	leclined recognit	tion	
8a. Name of Recognized or Certifi			-		Idress:	on under	IIIE AGI.	100		0.00	
none											
8c. Tel. No.	8d. Cell No	•		8e. Fax No) ,	8f.	E-Mail A	ddress			
8g. Affiliation, if any:			8					8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	at the Employ	er's establishme	nt(s) invo	olved? No	If so, appro	oximately	how man	y employees	s are participatin	g?	-
(Name of Labor Organization)						, has	picketed	the Employe	er since (Month,	Day, Ye	ar)
10. Organizations or individuals other individuals known to have a repr								tate)	es and other orga	anization	s and
10a. Name		10b. Address	0 A 600			10	c. Tel. No	b.	10d. Cell No.		
						10	e. Fax N	D.	10f. E-Mail Add	lress	
11. Election Details: If the NLRB co	onducts and e	election in this ma	atter, stat	e your posi	tion with respect to an	ny such e	election:	11a. Election] Mixed	Manual/Mail
11b. Election Date(s): Friday, January 31,2020		11c. Election Tin 4pm-4:30pt					d. Election reak ro	on Location(s	;) ;		
12a. Full Name of Petitioner (inclue Teamster, Chauffeurs, War Union No.631	ding local nar rehousem	me and number): Ian and Help	per Lo	cal	12b. Address (stree 700 N Lamb I	and nur Boulev	nber, city vard, L	, State and 2 as Vegas	ZIP code): Nv.89110		
12c. Full name of national or international Brotherhood	tional labor o l of Team	rganization of wh Isters	nich Petiti	oner is an a	affiliate or constituent	(if none,	so state)		<u></u>		
12d. Tel. No. 702-453-6310	12e. Cell N			12f. Fax N 702-43	7-7237			Address			
13. Representative of the Petitioner who will accept service of all p 13a. Name and Title: Francisco Miranda Organizer				apers for purposes of the representation 13b. Address (street and number, city SAME							
13c. Tel. No. 13d. Cell No. 702-430-5031 702-672-4666				13e. Fax N SAME		F			msters631.	com	
I declare that I have read the above petition and that the statements are tr					he best of my knowl		d belief.				P-1-
Name (Print) Francisco Miranda		Signature	1	A		Title Orga	nizer				Date 1/17/2020
		12	~	111 W 1991							

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

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

(4-15)						and the second
UNITED ST	ATES GOVERNMENT		100		T WRITE IN THI	
RC P	BOR RELATIONS BOARD		the second s	-RC-254936		uary 21, 2020
INSTRUCTIONS: Unless e-File in which the employer concern of service showing service on (Form NLRB-505); and (3) Des with the NLRB and should not	ned is located. The peti the employer and all ot cription of Representati	tion must her partie ion Case I	be accompanied by s named in the petition Procedures (Form NL	on of: (1) the pet	of interest (se ition: (2) State	ement of Position form
1. PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petitio requests that the National Labor	C-CERTIFICATION OF REPP	RESENTATI	VE - A substantial number	Petitioner alleges t	nat the tollowin	g circumstanees enter and
2a. Name of Employer Phoenix New Times	Relations Board proceed u	2b. Ad	E Jefferson Street, F	t(s) involved (Street	and number, city	, State, ZIP code)
3a. Employer Representative – Nan David Hudnall, Editor-in-chief			3b. Address (If same as 1201 E Jefferson S	s 2b – state same) Street, Phoenix,		
3c. Tel. No. (602) 271-0040	3d. Cell No. 602-340-8806	3- S.	3e. Fax No.		T-CATAL TARA TARA TARA TARA TARA TARA TARA	all@newtimes.com
4a. Type of Establishment (Factory, n Newsroom		Principal pro	duct or service		5a. City Phoeni	
5b. Description of Unit Involved Included: All full-time and re Excluded: All other employe	egular part-time news es, including all mana					6a. No. of Employees in Unit: 11 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
8	<u>(</u> Date) <i>(If no r</i> er is currently recognized as B	eply receive argaining R	d, so state).			lined recognition on or about
8g. Affiliation, if any			8h. Date of Recognition of	r Certification		Date of Current or Most Recent y (Month, Day, Year)
 9. Is there now a strike or picketing al (Name of labor organization) 10. Organizations or individuals other known to have a representative interesting of the strike interesting of t	than Petitioner and those nar	, has pick ned in items	keted the Employer since (8 and 9, which have claim	Month, Day, Year) ed recognition as rep		
None None 10a. Name	10b. Address			10c. Tel. No.	1	10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB co any such election. Election Date(s): 	nducts an election in this matt 11c. Election		r position with respect to	11a. Election Type 11d. Election Loca		Mail Mixed Manual/Mail
February 4, 2020 12a. Full Name of Petitioner (include The NewsGuild-CWA	12 p.m. to 2 p ling local name and number	2200.00		Downstairs Confere 12b. Address (stre	nce Room, 1201 eet and number, o	E Jefferson Street, Phoenix, AZ 8503
12c. Full name of national or internati Communications Workers of Americ		ch Petitioner	is an affiliate or constituen		n FI, Washingto	n, DC 20001-2797
12d. Tel No. 202-434-1274	12e. Cell No. 201-787-6035		12f. Fax No.		12g. E-Mail Ac sbasile@cwa-	
13. Representative of the Petitione 13a. Name and Title Stephanie B			13b. Address (street and 501 3rd St NW, 6th FI, Wast	d number, city, state,	and ZIP code)	13. T. M. M.
13c. Tel No. 202-434-1274	13d. Cell No. 201-787-6035		13e. Fax No.		13f. E-Mail Ad sbasile@cwa-	
I declare that I have read the above	petition and that the statem	nents are tru	ue to the best of my know	vledge and belief.	Contra 1	A CONTRACTOR OF THE OWNER
Name (Print) Stephanie Basile	Signature Stephoni Base	le	Title Senior Campaign Lead		Date 1/21/2020	and a state of the
WILLFUL FALSE STA Solicitation of the information on this for Relations Board (NLRB) in processing n	TEMENTS ON THIS PETITIO	PRIV Labor Relatio	ACY ACT STATEMENT Ins Act (NLRA), 29 U.S.C. §	151 et seq. The princ		

Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)	UN TED STATES OF AMER								DO NOT W	RITE IN THIS S	PACE	
(2-18)	NAT ONAL	LABOR RELAT		DARD			Case	e No.			Date Fil	ed
		RC PETITIO	N				28-	RC-254975			1/22/20	20
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition i named in t	nust be accom he petition of: (banied l 1) the p	by boi etitior	th a sh n; (2) S	nowing of interest (s Statement of Positio	see 6k on forr	below) and n (Form NLF	a certificat RB-505); an	e of service sho d (3) Descriptio	ion in wl owing se n of Rep	hich the ervice on presentation
1 PURPOSE OF THIS PETITION F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires	to be certified a	s repres	entati	ve of th	he employees The F	Petitio	ner alleges t	that the foll	owing circumst	ances e	
2a. Name of Employer:			2b Ad	dress(es) of	Establishment(s) inv	olved	(Street and n	umber, City	, State, ZIP code	e):	
Magellan Healthcare, Ir	nc.		Nell Las	Veg	as, Ì							
3a. Employer Representative - Nam Michael Francisco					-	ne as 2b - state same llan Plaza						
Human Resources Busin	Mar	ylan	d H	eights, MO 6.	3043	3-4644						
3c Tel No 3d Cell No					Fax No	D		3f E-Mail A				
(571) 403-3760								francisc		agellanhea		
Military Contractor						al Product or Service ary Support	e		Las Ve	d State where up gas, NV		ated
5b. Description of Unit Involved: Included: All full-time and regular part-time Military Fa for the MFLC Program, which is based out of Nellis A							LC) v	vorking	6a Numbe	er of Employees	in Unit	
Excluded: All other employe	ees. mana	agers, office	e cleri	cals.	gua	rds, and superv	visor	's as		ubstantial numbe		
defined by the Act.	,	0		,	0	, I				employees in the ented by the Peti		
Check One x 7a Request for rec on or about (Date)		(fn	o reply i	receiv	ed so	state)	petit		Employer of	declined recognit	tion	
7b Petitioner is cur 8a. Name of Recognized or Certifie	, ,	°	<u> </u>		tative a 8b Ac	and desires certificati	ion un	der the Act				
None	u Darganni	ig Agent (in none	e, so sia	(6)	OD AC	Juless						
8c Tel No	8d Cell No			8e	Fax No	0		8f E-Mail A	ddress			
8g. Affiliation, if any:			8	I Ih. Da	te of R	ecognition or Certific	ation			urrent or Most (<i>Month, Day,</i> Ye	ar)	
9 s there now a strike or picketing a	t the Employ	er's establishme	nt(s) inv	olved	? N	f so appro	oximat	ely how man	y employee:	s are participatin	g?	
(Name of Labor Organization)					<u></u>	<u> </u>		has picketed	the Employe	er since (Month,	Day, Ye	ar)
10 Organizations or individuals other individuals known to have a representation None										es and other orga	anizatior	s and
10a Name		10b Address						10c Tel No)	10d Cell No		
								10e Fax No)	10f E-Mail Add	ress	
11. Election Details: If the NLRB con	nducts and e	elec ion in this ma	atter, sta	ate you	ur posi	tion with respect to a	ny suo	ch election:	11a Election	п Туре		
									\mathbf{X} Manua			Manual/Mail
11b. Election Date(s): Tuesday 02/11/2020		11c. Election Tir 12:00-1:0		1.): Nellis Outdoo ise Vista Golf		
12a. Full Name of Petitioner (includ	ling local nar	ne and number):				12b Address (stree	et and	number, city,	State and 2	ZIP code)		
International Association	on of Ma	achinists ai	nd			5621 Bowen	Ct	Comme	erce Cit	v CO 800 ²	22	
Aerospace Workers, Lo	ocal Lod	ge 47								y, eo ooo.		
12c. Full name of national or internati	ional labor o	rganization of wh										
International Association			nd Ae	-	1	,	FL-(
^{12d} Tel No (916) 542-3351	12e Cell N			(91	/	985-8121		12g E-Mail rcarrillo	@iama	w.org		
13. Representative of the Petitioner who will accept service of all pa 13a. Name and Title:						poses of the represe ess (street and numb						
David W. M. Fujimoto,	Attorne	У		W	einb	erg, Roger &	Ros	senfeld		0 Alamed	a CA	94501
13c Tel No 13d Cell No 510-337-1001				13e Fax No 510-337-1023			<u>ge Parkway, Suite 200, Alameda, CA 94501</u> ^{13f} E-Mail Address NLRBnotices@unioncounsel.net				<u> 77JUI</u>	
I declare that I have read the above petition and that the statements are true to the be							ledge					
Name (Print)		Signature				-	Title	е				Date
David W. M. Fujimoto		2	-	2		>	At	torney				1/22/2020

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.* he principal use of the information is to assist the National Labor Relations Board

FORM NLRB-502 (RC)	UN TED STA	TES OF AMER	CA]	DO NOT WRITE IN THIS SPACE				
(2-18)	NAT ONAL LABO				Case No. 28	8-RC-2549	977	Date Filed January 22, 2020	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. The the employer and all other parties Case Procedures (Form NLRB 487	he petition must named in the pe	be accompanied tition of: (1) the	d by both a petition; (a showing of interest (s 2) Statement of Position	ee 6b below) n form (Form	and a certifica NLRB-505); an	te of service sho d (3) Description	owing service on n of Representation	
1 PURPOSE OF THIS PETITION F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be	certified as repr	esentative	of the employees The P	etitioner alleg	es that the fol	owing circumst	ances exist and	
2a. Name of Employer:) of Establishment(s) invo):	
ERP International, LLC	2	loc	ated at	B Satellite Pharm Nellis Air Force	e Base, La	U			
3a. Employer Representative - Nan Nicole Rockett, VP of H	ne and Title			same as 2b - state same):				
John Ely, CEO	IIX		3 7th St urel, M	D 20707					
3c Tel No	3d Cell No		3e Fa	x No				nternational.com	
(301) 490-0080 4a. Type of Establishment (Factory, I	mine wholesaler (atc	4h Pri	ncipal Product or Service		rpinternatio	nal.com nd State where ur	ait is located	
Hospital	nine, wholesaler, e			alth Care	, 	Las Ve	egas, NV		
5b. Description of Unit Involved: Included: All full time and reg						in	er of Employees i	in Unit	
the Nellis AFB Satellite Phar						. 4			
Excluded: All managers, Pl				-	nal		ubstantial numbe employees in the		
employees, guards and s Check One 🛛 7a Request for rec					petition		ented by the Petil declined recognit		
on or about (Date)		(f no repl	y received	so state)			doomiou rooogriit		
8a. Name of Recognized or Certifie		° °		ve and desires certification Address	on under the A	ct			
None		1							
8c Tel No	8d Cell No		8e Fa	x No	8f E-Ma	il 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)					ar)	
9 s there now a strike or picketing a	t the Employer's e	stablishment(s) i	s) involved? No f so approximately how many employees are participating?						
(Name of Labor Organization)			-		has picke	ted the Employ	er since (Month,	Day, Year)	
10 Organizations or individuals other individuals known to have a repre- None							es and other orga	anizations and	
10a Name	10b A	Address			10c Tel	No	10d Cell No		
					10e Fa	No	10f E-Mail Add	ress	
11. Election Details: If the NLRB co	nducts and elec io	n in this matter, s	state your p	position with respect to an	ny such electio	n: 11a Electio	n Type		
11b. Election Date(s):	11c. E	Election Time(s):			11d. Ele	Ction Location] Mixed Manual/Mail	
Wednesday 02/12/2020	0 11:	00-1:00 p.	m.		Nellis	AFB Satell	ite Pharmacy	Breakroom	
12a. Full Name of Petitioner (includ	-	-		12b Address (stree	t and number,	city, State and	ZIP code)		
International Association				4343 N. Ran	ncho Dr. S	uite 218,	Las Vegas,	NV 89130	
Aerospace Workers, Lo	ocal Lodge S	SC711 ation of which Pi	etitioner is :	an affiliate or constituent	(if none so st	ite):			
International Association									
^{12d} Tel No (916) 542-3351	12e Cell No		12f Fa	ax No) 985-8121		lail Address	v.org		
13. Representative of the Petitione 13a. Name and Title:	r who will accept	service of all p		purposes of the represe ddress (street and numb	entation proce	eding.	0		
David W. M. Fujimoto,	Wei	nberg, Roger &	& Rosenfeld age Parkway, Suite 200, Alameda, CA 94501						
13c Tel No 13d Cell No 13e Fax No 510-337-1001 510-337-1023					13f E-N	ail Address	unioncounse		
I declare that I have read the above	e petition and tha	t the statement							
Name (Print)		Signature	0		Title Attorney			Date	
David W. M. Fujimoto		~~~	2		Anomey			1/22/2020	

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 seg.* he principal use of the information is to assist the National Labor Relations Board

FORM NI PR 502 (PC)	UNITED STATES OF			DO NOT WRITE IN THIS SPACE					SPACE
FORM NLRB-502 (RC) (2-18)	NATIONAL LABOR RELAT	R RELATIONS BOARD				e No.			Date Filed
8 B	RC PETITIC	N			28	8-RC-25	55086		1/23/2020
INSTRUCTIONS: Unless e-Filed u employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 48	The petition must be accom s named in the petition of: (panled b (1) the pe	y both a s tition; (2)	howing of interest (Statement of Positio	of this see 6b	s Petition to below) and m (Form NL	an NLRB o d a certifica RB-505); an	te of service sh d (3) Descriptio	l lon in which the lowing service on on of Representation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	RC-CERTIFICATION OF RE tioner desires to be certified a	PRESEN as represe	TATIVE - A	A substantial number the employees. The F	of emp Petitio	ployees wish ner alleges	to be repre that the fol	sented for purpo	ses of collective tances exist and
2a. Name of Employer: Audio Visual Services Gi	roup Inc	and the second se	b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See Attachment A						
d/b/a PSAV and/or PSAV	*		/ ttuoin	none / r					
3a. Employer Representative - Na Ray Trujillo, Regional M				ne as 2b - state same ch Office - Las		gas			
		6630	Arroyo	Springs Street	t, Su	ite 800, 1	Las Vega	as, NV 8911	13
3c. Tel. No. (702) 891-0953	3d. Cell No. (702) 281-2224		3e. Fax N		-	3f. E-Mail A	·	- 15	
4a. Type of Establishment (Factory,	1 × /			pal Product or Service	e	Indimo	5a. City ar	d State where u	nit is located:
Entertainment 5b. Description of Unit Involved:			Ente	ertainment			in the second second	gas, Nevada er of Employees	in Unit
Included: See Attachmer	at A						53	of Employees	in onit.
Excluded: See Attachmer	33 G-2 ·						of the e	ubstantial numbe employees in the ented by the Peti	
Check One: x 7a. Request for re on or about (Date)	cognition as Bargaining Repr		was made ceived, so		is Pet	tition and	a second s	declined recognit	Renaul
	irrently recognized as Bargair				ion und	der the Act.			
8a. Name of Recognized or Certifi				ddress:					
None									
8c. Tel. No.	8d. Cell No.		8e. Fax N	0.		8f. E-Mail A	ddress		
8g. Affiliation, if any:		8h	. Date of F	Recognition or Certific	ation			urrent or Most (Month, Day, Ye	ear)
9. Is there now a strike or picketing a	at the Employer's establishme	ent(s) invo	lved? No	O If so, appro	oximat	ely how mar	iy employee	s are participatin	ig?
(Name of Labor Organization)			1712		., !	has picketed	the Employ	er since (Month,	Day, Year)
10. Organizations or individuals other individuals known to have a repr None								es and other orga	anizations and
10a. Name	10b. Address					10c. Tel. No) .	10d. Cell No.	
						10e. Fax No) .	10f. E-Mail Add	Iress
11. Election Details: If the NLRB co	onducts and election in this m	atter, stat	e vour posi	ition with respect to a	ny suc	ch election:	11a. Electio	n Type:	
							🗶 Manua	I 🗌 Mail 🗌	Mixed Manual/Mail
11b. Election Date(s): February 5, 2020	11c. Election Til 10:00 am -		m; 6:00	pm - 9:00 pm			n Location(solitan (C): Freen Room	l)
12a. Full Name of Petitioner (includ	ding local name and number).			12b. Address (stree				ZIP code):	
IATSE, Local 720				3000 S. Valle Las Vegas, N			evard		
12c. Full name of national or internal International Alliance of				affiliate or constituent	(if nor	ne, so state).	•		
12d. Tel. No.	12e. Cell No.		12f. Fax N	lo.		12g. E-Mail	Address		
(702) 309-8052 13. Representative of the Petitione	er who will accept service o	f all pape	rs for pur	poses of the represe	entatio	on proceedi	na.		
13a. Name and Title: Lisl R. Soto, Attorney	•		13b. Addr	ess (street and numb Ishire Boulevard	er, city	, State and	ZIP code):	es, CA 9001	7
13c. Tel. No. (213) 380-2344	13e. Fax No. (213) 443-5098			13f. E-Mail Address nlrbnotices@unioncounsel.net					
I declare that I have read the abov	e petition and that the state	ments ar	true to t	he best of my know					
Name (Print) Lisl R. Soto	Signatur	46	The	A	Title	e torney			Date 01/23/20
	TEMENTS ON THIS PETIT	ON CAN		HED BY FINE AND I			U.S. CODE,	TITLE 18, SECT	

Re: IATSE Local 720 *and* Audio Visual Services Group d/b/a PSAV and/or PSAV Hotel Division

ATTACHMENT A

RC PETITION

2b. Address(es) of Establishment(s) involved:

Las Vegas, NV, including but not limited to:

The Cosmopolitan of Las Vegas 3708 Las Vegas Boulevard South, Las Vegas, NV 89109

M Resort Spa Casino 12300 South Las Vegas Boulevard, Henderson, NV 89044

Four Seasons Hotel Las Vegas 3960 Las Vegas Boulevard South, Las Vegas, NV 89119

JW Marriott Las Vegas Resort and Spa 221 North Rampart Boulevard, Las Vegas, NV 89145

5b. Description of Unit Involved:

Included:

All Stagehands and Technicians, including Technical Lead, Technical Spec, Technician, Lead Rigger, Rigger, Power Distributor, Floor "supervisor," performing work in Las Vegas, NV, including but not limited to at the Cosmopolitan, M Resort Spa Casino, Four Seasons, and JW Marriott.

Excluded:

All other employees, including management, supervisors, confidential employees, guards, sales, and area scheduling.

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

UNITED STATES GO			DO NOT WRITE IN THIS SPACE					
RC PETI	ATIONS BOAR	RD	Case No	28	-RC-255208		Sale Filed	anuary 27, 2020
INSTRUCTIONS: Unless e-Filed using	the Agency	's website, ww	w.nlrb.gov, sub	mit a	n original of thi	s Petition	to an NLF	RB office in the Region
in which the employer concerned is lo								
of service showing service on the emp								
(Form NLRB-505); and (3) Description								
with the NLRB and should not be serve				00000000		· · · · · · · · · · · · · · · · · · ·		
1. PURPOSE OF THIS PETITION: RC-CERTIF bargaining by Petitioner and Petitioner desires	ICATION OF s to be certifie	d as representativ	VE - A substantial no re of the employees.	The	Petitioner alleges t	hat the follo	owing circu	mstances exist and
requests that the National Labor Relations 2a. Name of Employer	Board proce				t(s) involved (Street			
North American Security			e see attached				,,,,	
3a. Employer Representative - Name and Title	1		3b. Address (If sa	me as	2b - state same)			
Art Lopez					Dr. #222 Carson	n, CA 907	46	
3c. Tel. No. 3d.	Cell No.		3e. Fax No.			3f. E-Mail	Address	
323-634-1911 NA			NA					rityinc.com
4a. Type of Establishment (Fectory, mine, whole	saler, etc.)	4b. Principal prod	luct or service					te where unit is located:
Federal Buildings		Security				Las	Vegas N	and a second sec
5b. Description of Unit Involved							107	o. of Employees in Unit:
Included: all fulltime and part time	armed an	d unarmed s	ecurity officer	s em	ployed by the	employe	er 67	o a substantial number (30%
Excluded:					60 ANI 65.0			re) of the employees in the
clerical, managerial, s	alaried, a	and superv	isory person	el a	s defined by	the act		ish to be represented by the
							Petric	oner? Yes / No
Check One: 7a. Request for recogn	· · · · · · · · · · · · · · · · · · ·			ate)	IAar	nd Employer	declined re	cognition on or about
NA			, so state). NA					
8a. Name of Recognized or Certified Bargaini			presentative and de 8b. Addr		certification under th	e Act.		
SPFPA	ng Agent (n n	10/16, 30 31810).			d. Roseville, MI 4	8066		
	Cell No.		8e. Fax No.			8f. E-Mail		
586-772-7250 NA			586-772-9644				@spfpa.org	the second se
8g. Affiliation, if any			8h. Date of Recogni	tion or	Certification	8i. Expirat	ion Date of the first of the fi	Current or Most Recent h, Day, Year)
SPFPA		r	NA			March 31.	2020	n, oay, 1001)
9. Is there now a strike or picketing at the Employ	er's establish	ment(s) involved?	NA If so, a	pproxi	mately how many er	mployees an	e participati	ng? NA
(Name of labor organization) NA					Nonth, Day, Year)		1 N	
10. Organizations or individuals other than Petitic	ner and these						and other	analizations and individuals
known to have a representative interest in any en						alesentatives	Sand Other I	organizations and individuals
NA				_				
10a. Name	10b. Addr	855			10c. Tel. No. NA		10d.	Cell No.
NIA	NIA			1	10e, Fax No.			E-Mail Address
INA	INA				NA		NA	
11. Election Details: If the NLRB conducts an e any such election.			position with respec	ct to	11a. Election Type	_	al 🗸 Mail	Mixed Manual/Mall
11b. Election Date(s): 02/03/2020	11c. Elec	ction Time(s):			11d. Election Loca NA	tion(s):		
12a. Full Name of Petitioner (Including local n		nber)			12b. Address (stre	et and numb	er, city, stal	te, and ZIP code)
United Government Security Officers of Americ				1	2879 Cranberry Hi			
12c. Full name of national or international labor o United Government Security Officers of Americ			s an affiliate or cons	tituent	(if none, so state)			
	. Cell No.		12f. Fax No.		Cestral Control of the D	12g. E-Ma		
	620-7225	AND DOLLARS AND	NA			Mleblanc@	ugsoa.con	1
13. Representative of the Petitioner who will a	2.2.2.2. N.			2.4.1.2.2.2				
13a. Name and Title Mike LeBlanc DHS Vice Presid		ernational Union	2879 Cranberry Highv		number, city, state, Wareham, MA 02538			
	. Cell No. 620-7225		13e. Fax No. NA			13f. E-Mai Mleblanc@		
I declare that I have read the above petition an	and the second se	and the second s		know	edge and bellef.	wieplanc@	ugsoa.con	·
Name (Print) Signalus	1.1	101	The			Date		
Mike LeBlanc	11	12C		t UGS	OA International Un		01/2	7/2020
WILLFUL FALSE STATEMENTS	IN THIS PET	ITION CAN BE PI	second		the state of the s		ITLE 18, SI	ECTION 1001)

Work Locations

*FBI - 1787 W. Lake mead BLVD Las Vegas, NV. 89106

*IRS - 110 City Parkway Las Vegas, NV. 89106

*EOIR - 110 City Parkway Las Vegas, NV. 89106

*Social Security Administration SSA - W - 1250 S. Buffalo Dr. Suite. 150 Las Vegas, NV. 89117

*Social Security Administration SSA - S - 10416 S. Eastern Ave. Henderson, NV. 89052

*Social Security Administration SSA - N - 4340 Simmons St. N. Las Vegas, NV. 89032

*MEPS - 4340 Simmons St. Suite 102 N. Las Vegas, NV. 89032

*George United States Courthouse 333 S. Las Vegas BLVD Las Vegas, NV. 89106

*Office Of Hearing Operations OHO 333 S. Las Vegas BLVD Las Vegas, NV. 89106

*Foley Federal Courthouse 300 S. Las Vegas BLVD Las Vegas, NV. 89106

*Federal Justice Tower FJT-501 S. Las Vegas BLVD Las Vegas, NV. 89106

*ICE 501 S. Las Vegas BLVD Las Vegas, NV. 89106

*EPA - 4220 S. Maryland PKWY #100 Las Vegas, NV. 89118

*Citizenship Immigration Services CIS - 5650 W. Badura Dr. #100 Las Vegas, NV. 89118

FORM NLRB-502 (RC)	UN TED ST	ATES OF AM	ER CA	R CA			DO NOT WRITE IN THIS SPACE				
(2-18)	NAT ONAL LAB	OR RELAT ON	NS BOA	RD		Case N	lo.			Date Fi	led
	RC	PETITION				28-RC	-255297			1/28/20	020
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48	he petition must named in the p	be accompar etition of: (1) t	nied by the petit	both a sh tion; (2) S	owing of interest (s tatement of Position	see 6b b on form (elow) and (Form NLR	a certificat B-505); and	e of service s I (3) Descript	howing so ion of Rep	ervice on presentation
1 PURPOSE OF THIS PETITION F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to b	e certified as re	epresen	tative of th	e employees The P	Petitione	r alleges t	hat the follo	wing circum	stances e	
2a. Name of Employer:					Establishment(s) invo						
ERP International, LLC		10	ocate	d at Ne	Mike O'Calla ellis Air Force	e Bas		•			
3a. Employer Representative - Nan Nicole Rockett, VP of H	ne and Title IR			ess (if sam h St, #2	e as 2b - state same 203	e):					
John Ely, CEO				MD							
3c Tel No	3d Cell No	L		Be Fax No		3	f F-Mail Ad	dress pr	ockett@erp	internat	tional com
(301) 490-0080								nternatio		mema	.1011a1.00111
	Type of Establishment (Factory, mine, wholesaler, etc.) Hospital					e 1	<u>- </u>	5a City an	d State where gas, NV	unit is loca	ated
5b. Description of Unit Involved: Included: All full time and reg	ular nart tim	e Registere	d Nurs	es (RN	employed by th	he emr	alover	6a Numbe	r of Employee	s in Unit	
in the Mike O'Callaghan Mi				-	Jioyei	2					
Excluded: All managers, De	octors and a						s and	of the e	Ibstantial num mployees in th	ne unit wis	h to be
supervisors as defined b Check One 🛛 7a Request for rec	<u>y the Act.</u> ognition as Barga	aining Represe	entative v	was made	on (Date) By	petitio	n and		nted by the Pe eclined recogi		× Yes No
on or about (Date)		(fnor	eply rec	eived so	state)						
7b Petitioner is cur 8a. Name of Recognized or Certifie	, ,	· · ·	, i			on unde	r the Act				
None		. , .	,								
8c Tel No	8d Cell No		8	Be Fax No)	8	f E-Mail Ad	ddress			
8g. Affiliation, if any:					ecognition or Certific				rrent or Most Month, Day, Y	(ear)	
9 s there now a strike or picketing a	t the Employer's	establishment(s) involv	ed? No	f so appro	oximately	y how man	y employees	are participat	ing?	
(Name of Labor Organization)						ha	s picketed	the Employe	er since (Monti	h, Day, Ye	ear)
10 Organizations or individuals other individuals known to have a repre- None						0			s and other or	rganizatior	ns and
10a Name	10b	Address				1	0c Tel No		10d Cell No		
						1	0e Fax No		10f E-Mail Ad	ddress	
11. Election Details: If the NLRB co	nducts and elec i	on in this matte	er state	vour posit	ion with respect to an	ny such	election:	11a Electior	Type		
			,	,		,		X Manua		Mixed	Manual/Mail
11b. Election Date(s):		Election Time((s):			1	1d. Election	n Location(s): Mike O'O	 Callagha	n Military
Wednesday 02/12/202		00 pm-5:0)0 pm	1 I						-	Room #2280
12a. Full Name of Petitioner (includ	•	,			12b Address (stree	et and nu	ımber, city,	State and Z	IP code)		
International Association			1		4343 N. Ran	ncho I	Dr. Suit	te 218, l	Las Vega	s, NV	89130
Aerospace Workers, Lo	ocal Lodge	SC711	Dotition	orio on o					U	·	
International Association	-					-					
^{12d} Tel No (916) 542-3351	12e Cell No		1	2f Fax N		1:	2g E-Mail				
13. Representative of the Petitione	r who will accep	t service of a						@iamaw	7.01g		
13a. Name and Title:			1	3b. Addre	ess (street and numb	er, city,	State and 2				
David W. M. Fujimoto,	Attorney				erg, Roger & Iarina Village			Suite 20	0, Alame	da, CA	94501
13c Tel No 510-337-1001	13d Cell No		1	3e Fax N 510-33	lo	1:	3f E-Mail A	Address	nioncoun		
I declare that I have read the above	e petition and th		ents are	true to th	e best of my knowl		nd belief.				_
Name (Print)		Signature	0				orney				Date
David W. M. Fuiimoto				-	6	Aut	лнсу				1/28/2020

 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. he principal use of the information is to assist the National Labor Relations Board

UNITED STATES	GOVERNMENT		DO NOT WRITE IN THIS SPACE							
RC PET			Case No. 28	8-RC-255454	Date	Filed January 30, 2020				
INSTRUCTIONS: Unless e-Filed usin in which the employer concerned is of service showing service on the e (Form NLRB-505); and (3) Description with the NLRB and should <u>not</u> be see 1. PURPOSE OF THIS PETITION: RC-CER	located. The petition mployer and all other on of Representation (erved on the employer TIFICATION OF REPRESE	must be ac parties nam Case Procec or any othe ENTATIVE - A	companied by ed in the petitic lures (Form NL er party. substantial number	both a showing o on of: (1) the peti RB 4812). The s	of interest (se tion; (2) Stat howing of int	ee 6b below) and a certificate ement of Position form terest should only be filed d for purposes of collective				
bargaining by Petitioner and Petitioner des requests that the National Labor Relational Labor Relational Labor Relational Labor Relational JCS Military Support Services, Inc	ons Board proceed under	its proper aut 2b. Address(e Fort Bliss,	hority pursuant to s) of Establishmen 1741 Marshall		ational Labor R	Relations Act. y, State, ZIP code)				
3a. Employer Representative – Name and Heather DeWar, Program Manage	ər	950	E Haverford R	d #100c, Bryn N						
3c. Tel. No. 267-295-2229	3d. Cell No.	3e. F	ax No.		3f. E-Mail Add hdewar@	^{tress} jcsmilitary.com				
4a. Type of Establishment (Factory, mine, wind Military Contractor		ipal product or Support	service			and State where unit is located: iss, TX				
5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All regular full time and part time MFLC counselors working for the MFLC program at Fort Bliss, 19										
TX. Excluded: All supervisors, guards, office clerical, and all other employees.										
<u> </u>	(Date) (If no reply i	received, so st	ate).	,		lined recognition on or about				
8a. Name of Recognized or Certified Barg	rren ly recognized as Barga aining Agent (If none, so s		8b. Address	certification under the	e Act.					
8c. Tel No.	8d Cell No.	8e. F	ax No.		8f. E-Mail Add	iress				
8g. Affiliation, if any		8h. Da	te of Recognition o	r Certification		Date of Current or Most Recent y (Month, Day, Year)				
 Is there now a strike or picketing at the En (Name of labor organization) 										
10. Organizations or individuals other than P										
known to have a representative interest in an	ly employees in the unit des	cribed 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				
 Election Details: If the NLRB conducts any such election. 	an election in this matter, st	ate your position	on with respect to	11a. Election Type	e: 🗸 Manual	Mail Mixed Manual/Mail				
11b. Election Date(s): Friday, February 14, 2020	11c. Election Time 12:00 pm - 1 pm A		to 4:30 pm	11d. Election Loca Staybridge Suites		ay Blvd. East. El Paso, TX 79915				
12a. Full Name of Petitioner (including loc International Association of Machinists and	d Aerospace Workers, Lo	3		5621 Bowen Ct		city, state, and ZIP code) City, CO 80022				
12c. Full name of national or international lab International Association of Machinists and			filiate or cons ituer	nt (if none, so state)						
12d. Tel No. (916) 985-8101	12e. Cell No. (916) 597-6100		Fax No. 985-8121		12g. E-Mail A mward@iama					
13. Representative of the Petitioner who we are and Title David W. M.	8. S.	13b.	Address (street an	sentation proceedin d number, city, state, eld 1001 Marina Village I	and ZIP code)	0 Alameria CA 94501				
13c. Tel No. 510-337-1001	13d. Cell No.	13e.	Fax No. 37-1023	a.a roor marina village l	13f. E-Mail Ac	dress nlrbnotices@unioncounsel.ne ioncounsel.net				
I declare that I have read the above petitio	n and that the statements			vledge and belief.						
David vv. IVI. Fujimoto	2-20-	Title Attorn			Date January 3					
WILLFUL FALSE STATEMEN	ITS ON THIS PETITION CA	N BE PUNISH	ED BY FINE AND	IMPRISONMENT (U	.S. CODE, TITL	E 18, SECTION 1001)				

PRIVACY ACT STATEMENT

FORM NLRB-502 (RM) (4-15)											
UNITE	D STATES (GOVERNMENT			I		DC		RITE IN	THIS SPACE	
		LATIONS BOARD				Case 28-	RM-255301		Date F	iled Iary 27, 2020	
INSTRUCTIONS: Unless e-Filed in which the employer concerned	using the	Agency's website,		-					n to ar	NLRB Office in th	
named in the petition of the foll											
Decertification Cases (Form NL											
organization has made a demai											
existing representative. Howev									-		
evidence shall not be served or	any part	у.					a (3%)		20		
 PURPOSE OF THIS PETITION: RM Employer/Petitioner to be recognized support for an existing representative not be deemed made. The Petition authority pursuant to Section 9 of 	as the repr If a charg Fraileges the	esentative of employees e under Section 8(b)(7) o hat the following circum	of the	e Employe Act has be	r/Petitione een filed ir	er or the	e Employer/Petition the Employer/Petition	her has a titioner na	good fai	ith uncertainty about m this petition, this staten	nent shall
2a. Name of Employer/Petitioner		2b.		ress(es) of 00 W. Avra) involved (Street a	and numb	er, city,	State, ZIP code)	
ASARCO LLC and Silver Bell Mining LL	00	and Tile	AZ	Marana 85	5653-		etate come)				
3a. Employer/Petitioner Representati Stacy Sinele Director of Human Resource		and The		5285	E. Williams	s Circle,	o – state same) Suite 2000				
3c. Tel. No.	3d. Ce	ell No.	+	3e. Fax N	ucson 8571 0.	1-		3f. E-Ma	ail Addre	ess	
(520) 879-7818							ssinele@	Dasarco	.com		
4a. Type of Establishment (Factory, min Metal Mining	er, etc)	4b.	Principal p Copper		service						
5a. Description of Unit Involved				copper						5b. City and State whe	ere unit is
Included: See Attached Page 2 for addit	ional details									located:	na, AZ
Excluded: See Attached Page 2 for addit	onal details									6. No. of Employees in 144	
7a. A labor organization made a 7b. The Employer/Peti ioner has 8a. Recognized or Certified Bargaini	a good faith ng Agent -	uncertainty about majori Name _{Alexander} Terrazas	ity su	pport for a	n existing	18 105	8b. Affiliation			*	
United Steel, Paper and Forestry, Rubber, Manu 8c. Address	facturing, Ener	gy, Allied Industrial and Servic	ce wo	rkers Interna		I. Tel. N		nd Forestry, Rubi		uring, Energy, Alled Industrial and Servi Cell No.	ce workers internationa
877 S Alvernon Way					1.00	20) 243			00.		
AZ Tucson 85711					8f.	Fax N	0.			E-Mail Address 37terrazas@gmail.com	
9. Date of Recognition or Certification 05/21/1998					10. Expira		ate of Current or M /13/2019	ost Recer	nt Contra	act, if any <i>(Month, Day</i> ,	Year)
11. Is there now a strike or picketing at United S	iteel, Paper an	id Forestry, Rubber,			State La Suga		mately how many e	Chord Contractory		rticipating? 11	
(Name of labor organization) Manufact 12. Organizations or individuals ôtherth										the Employer/Detition	
demanded recognition as representa above. (<i>If none, so state</i>) United Steel, Paper and Forestry, Rubb	tives and ot	her organiza ions and ind	dividu	ials known	to have a	repres	entative interest in	any emp	loyees i		
12a. Name and affiliation if any	, manual d	12b. Address					12c. Tel. No.	2 0.0, 0		12d. Cell No.	
Gaylan Z Prescott		Five Gateway Center									
District Director		PA Pittsburgh 15222				10	12e. Fax No.			12f. E-Mail Address gprescott@usw.org	
 Election Details: If the NLRB cond any such election. 	lucts an elec	ction in this matter, state y	your	position wi	th respect	t to	13a. Election Type	: 🔽 Ma	inual 📘		anual/Mail
13b. Election Date(s): proposed:2/18 and 2/19/2020		13c. Election Time(s):		E-20 7:0	0.000		13d. Election Loca 25000 W. Avra Va		Maran	A 7 05050	
14. Representative of the Employer/F 14a. Name and Title Richard A Russo Attorney		proposed: 4:30 - 7:30 a ho will accept service o		papers for 14b. Addr	r purpose	es of th et and n	e representation umber, city, state,	proceedi	ng.	a, AZ 03033	
Davis & Campbell LLC IL Peoria 61											
14c. Tel No. 14d. Cell No. 14e. Fax No.									Aail Add @dcam	ress plaw.com	
(309) 673-1681 I declare that I have read the above p	etition and	that the statements are		(309) 673- to the be		knowle	dge and belief.	1010330	Gucan	p	
Name (Print)	Signature		Т	Title	110 Pa			Dat	е		
Stacy Sinele	Stacy Sin	ele		Director of	r Human F	Resource	ces	01/2	7/2020 1	14:40:13	

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

PRIVACY ACT STATEMENT

Attachment

	DO NOT WRITE	Date Filed	
Case		Date Filed	

Employees Included

All production and maintenance employees of the Employer at the Silver Bell Mine

Employees Excluded

All office clerical, technical, & professional employees, watchmen and supervisors