

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-254020	Date Filed 1/2/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Atlantic Aviation	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1771 Shuttle Columbia, El Paso, TX 79925
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3a. Employer Representative - Name and Title Kevin Thompson, Program Manager	3b. Address (if same as 2b - state same) same
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3c. Tel. No. 915-779-2831	3d. Cell No. 915-540-9491	3e. Fax No. 915-775-0833	3f. E-Mail Address Kevin.thompson@atlanticaviation.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Aircraft Hangar	4b. Principal product or service Aircraft Maintenance and Servicing	5a. City and State where unit is located: El Paso, TX
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5b. Description of Unit Involved Included: Ground Servicing Equipment, Line Technicians, and Janitors. Excluded: Managers, Supervisors, office staff.	6a. No. of Employees in Unit: 21	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): Friday 1/17/2020	11c. Election Time(s): 11:00 am - 1:30 pm AND 3:30 pm- 5:00 pm	11d. Election Location(s): 1766 Airway Blvd, El Paso, Texas, 79925
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12a. Full Name of Petitioner (including local name and number) IAM&AW Local Lodge 2515	12b. Address (street and number, city, state, and ZIP code) PO Box 2620 Alamogordo, NM 88311-2620
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO


12d. Tel No. 575-434-0211	12e. Cell No. 916-350-0237	12f. Fax No. 575-437-4960	12g. E-Mail Address rvmartinez@iamaw.org
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13. **Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title 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
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13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address dfujimoto@unioncounsel.net nlrnotices@unioncounsel.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David W. M. Fujimoto	Signature 	Title Attorney	Date January 2, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-254150	Date Filed 1/6/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer
Alliance Beverage Distributing CO., LLC DBA Breakthru Beverage Arizona

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
3535 E Columbia St,
AZ Tucson 85714

3a. Employer Representative - Name and Title
JON Willis *Amazon Director of Operations*

3b. Address (if same as 2b - state same)
1115 North 47th Avenue
AZ Phoenix 85043

3c. Tel. No.
(602) 760-5557

3d. Cell No.
(602) 295-6152

3e. Fax No.

3f. E-Mail Address
JWillis@BreakthruBev.com

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

4b. Principal product or service
Delivery and warehousing of Alcohol

5a. City and State where unit is located:
Tucson, AZ

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
9

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

Excluded: See Attached Page 2 for additional details

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 12/13/2019 and Employer declined recognition on or about 12/18/2019 (Date) (If no reply received, so state). Yes

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

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

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

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): *1/27/2020*

11c. Election Time(s): *6:00 am to 8:00 AM PM*

11d. Election Location(s): Downstairs Break room located at 3535 E Columbia St, Tucson, AZ 85714

12a. Full Name of Petitioner (including local name and number)
General Teamsters (Excluding Mailers), State of Arizona, Local Union No. 104

12b. Address (street and number, city, state, and ZIP code)
1450 S 27TH AVE
AZ PHOENIX 85009

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.
(602) 272-5561

12e. Cell No.
(602) 477-9060

12f. Fax No.
(602) 272-3744

12g. E-Mail Address
russell.medigovich@teamsterslocal104.com

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

13a. Name and Title
Russell Medigovich Business Agent

13b. Address (street and number, city, state, and ZIP code)
1450 S 27th Ave Phoenix AZ 85009

13c. Tel No.
602-272-5561

13d. Cell No.
602-477-9060

13e. Fax No.
602-272-3744

13f. E-Mail Address
RUSSELL.MEDIGOVICH@TEAMSTERSLOCAL104.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) RUSSELL John Medigovich II	Signature <i>Russell John Medigovich II</i>	Title Business Agent	Date <i>1/6/2020</i>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

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

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-254215	Date Filed 1/6/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Rural Metro Fire Department	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2029 S. Arizona Ave. Yuma, AZ 85364
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3a. Employer Representative - Name and Title Timothy Soule	3b. Address (If same as 2b - state same) 2029 S. Arizona Ave. Yuma, AZ 85364
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3c. Tel. No. 928-210-2207	3d. Cell No.	3e. Fax No.	3f. E-Mail Address tsoule@ruralmetrofire.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Fire Department	4b. Principal product or service Fire and Emergency Medical Services	5a. City and State where unit is located: Yuma, AZ
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5b. Description of Unit Involved Included: All full-time Emergency Medical Dispatchers to be included in the existing unit Excluded: All other employees, including part-time Emergency Medical Dispatchers, office clericals, guards and supervisors as defined in the Act	6a. No. of Employees in Unit: 12	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 10/23/19 and Employer declined recognition on or about 10/23/19 (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None for the Emergency Medical Dispatchers	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? n/a
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): During week of January 13, 2020	11c. Election Time(s): 5:30 pm - 6:30 pm	11d. Election Location(s): 2029 S. Arizona Ave Yuma, AZ 85364
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12a. Full Name of Petitioner (including local name and number) United Yuma County Fire Association	12b. Address (street and number, city, state, and ZIP code) PO Box 572 Yuma, AZ 85364
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
None

12d. Tel No. 928-366-0552	12e. Cell No.	12f. Fax No.	12g. E-Mail Address theyucfa911@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Gary Slade, CBA Committee Member	13b. Address (street and number, city, state, and ZIP code) PO Box 572 Yuma, AZ 85364
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13c. Tel No.	13d. Cell No. 928-366-0552	13e. Fax No.	13f. E-Mail Address same as 12g
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Gary Slade	Signature	Title CBA Committee Member	Date 01/06/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-254808	Date Filed January 17, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Darling Ingredients, 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 - Name and Title: Cheri Tuccelli General Manager
3b. Address (if same as 2b - state same): Same

3c. Tel. No. 702-644-0067
3d. Cell No.
3e. Fax No. 702-644-0202
3f. E-Mail Address ctuccelli@darlingii.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Warehouse/office building
4b. Principal Product or Service Trucking/pickup of food-waste
5a. City and State where unit is located: North Las Vegas Nevada

5b. Description of Unit Involved:
Included: All full-time & regular part-time Logistics Coordinator & Accounting Clerks employed at the North Las Vegas facility.
Excluded: All other employees, Guards and supervisors as defined in the act

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

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 1/17/2020 and Employer declined recognition on or about (Date) 1/17/2020 (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

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

11b. Election Date(s): Friday, January 31, 2020
11c. Election Time(s): 4pm-4:30pm
11d. Election Location(s): break room


12a. Full Name of Petitioner (including local name and number): Teamster, Chauffeurs, Warehouseman and Helper Local Union No.631
12b. Address (street and number, city, State and ZIP code): 700 N Lamb Boulevard, Las Vegas Nv.89110

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. 702-453-6310
12e. Cell No.
12f. Fax No. 702-437-7237
12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Francisco Miranda Organizer
13b. Address (street and number, city, State and ZIP code): SAME

13c. Tel. No. 702-430-5031
13d. Cell No. 702-672-4666
13e. Fax No. SAME
13f. E-Mail Address Franciscom@teamsters631.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) Francisco Miranda
Signature 
Title Organizer
Date 1/17/2020

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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-254936	Date Filed January 21, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
Phoenix New Times

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1201 E Jefferson Street, Phoenix, AZ 85034

3a. Employer Representative - Name and Title
David Hudnall, Editor-in-chief

3b. Address (if same as 2b - state same)
1201 E Jefferson Street, Phoenix, AZ 85034

3c. Tel. No.
(602) 271-0040

3d. Cell No.
602-340-8806

3e. Fax No.

3f. E-Mail Address
david.hudnall@newtimes.com

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

4b. Principal product or service
Newspaper

5a. City and State where unit is located:
Phoenix, AZ

5b. Description of Unit Involved

Included: All full-time and regular part-time news department employees employed by the Employer

Excluded: All other employees, including all managers, guards, and supervisors as defined by the Act.

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 No

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 1/21/2020 and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
February 4, 2020

11c. Election Time(s):
12 p.m. to 2 p.m.

11d. Election Location(s):
Downstairs Conference Room, 1201 E Jefferson Street, Phoenix, AZ 85034

12a. Full Name of Petitioner (including local name and number)
The NewsGuild-CWA

12b. Address (street and number, city, state, and ZIP code)
501 3rd St NW, 6th Fl, Washington, DC 20001-2797

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Communications Workers of America (CWA)

12d. Tel No.
202-434-1274

12e. Cell No.
201-787-6035

12f. Fax No.

12g. E-Mail Address
sbasile@cwa-union.org

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

13a. Name and Title Stephanie Basile, Senior Campaign Lead

13b. Address (street and number, city, state, and ZIP code)
501 3rd St NW, 6th Fl, Washington, DC 20001-2797

13c. Tel No.
202-434-1274

13d. Cell No.
201-787-6035

13e. Fax No.

13f. E-Mail Address
sbasile@cwa-union.org

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

Name (Print) Stephanie Basile

Signature *Stephanie Basile*

Title Senior Campaign Lead

Date 1/21/2020

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. 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.

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-254975	Date Filed 1/22/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1 PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: Magellan Healthcare, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Nellis AFB, Las Vegas, NV
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3a. Employer Representative - Name and Title Michael Francisco Human Resources Business Consultant	3b. Address (if same as 2b - state same): 14100 Magellan Plaza Maryland Heights, MO 63043-4644
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3c. Tel No (571) 403-3760	3d. Cell No	3e. Fax No	3f. E-Mail Address franciscom@magellanhealth.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor	4b. Principal Product or Service Military Support	5a. City and State where unit is located Las Vegas, NV
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5b. Description of Unit Involved: Included: All full-time and regular part-time Military Family Life Counselors (MFLC) working for the MFLC Program, which is based out of Nellis AFB, Las Vegas, Nevada. Excluded: All other employees, managers, office clericals, guards, and supervisors as defined by the Act.	6a. Number of Employees in Unit 5	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address
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8c. Tel No	8d. Cell No	8e. Fax No	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9 s there now a strike or picketing at the Employer's establishment(s) involved? No f 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 and elec ion in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): Tuesday 02/11/2020	11c. Election Time(s): 12:00-1:00 p.m.	11d. Election Location(s): Nellis Outdoor Rec mtg room, Nellis Club mtg room, or Sunrise Vista Golf Club House mtg room
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12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, Local Lodge 47	12b. Address (street and number, city, State and ZIP code) 5621 Bowen Ct., Commerce City, CO 80022
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No (916) 542-3351	12e. Cell No	12f. Fax No (916) 985-8121	12g. E-Mail Address rcarrillo@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 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. Fax No 510-337-1023	13f. E-Mail Address NLRBnotices@unioncounsel.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David W. M. Fujimoto	Signature 	Title Attorney	Date 1/22/2020
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DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-254977	Date Filed January 22, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1 PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: ERP International, LLC	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Nellis AFB Satellite Pharmacy Building #340 located at Nellis Air Force Base, Las Vegas, NV 89191
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3a. Employer Representative - Name and Title Nicole Rockett, VP of HR John Ely, CEO	3b. Address (if same as 2b - state same): 603 7th St, #203 Laurel, MD 20707
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3c. Tel No (301) 490-0080	3d. Cell No	3e. Fax No	3f. E-Mail Address nrockett@erpinternational.com jely@erpinternational.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc) Hospital	4b. Principal Product or Service Health Care	5a. City and State where unit is located Las Vegas, NV
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5b. Description of Unit Involved: Included: All full time and regular part time Pharmacy Technicians employed by the employer in the Nellis AFB Satellite Pharmacy Bldg #340 located at Nellis Air Force Base, Las Vegas NV. Excluded: All managers, Pharmacists, Dietitians and all other professional employees, guards and supervisors as defined by the Act.	6a. Number of Employees in Unit 4	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

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

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

9 s there now a strike or picketing at the Employer's establishment(s) involved? No f 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 and elec ion in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): Wednesday 02/12/2020	11c. Election Time(s): 11:00-1:00 p.m.	11d. Election Location(s): Nellis AFB Satellite Pharmacy Breakroom
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12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, Local Lodge SC711	12b. Address (street and number, city, State and ZIP code) 4343 N. Rancho Dr. Suite 218, Las Vegas, NV 89130
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No (916) 542-3351	12e. Cell No	12f. Fax No (916) 985-8121	12g. E-Mail Address rcarillo@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: 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. Fax No 510-337-1023	13f. E-Mail Address NLRBnotices@unioncounsel.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David W. M. Fujimoto	Signature 	Title Attorney	Date 1/22/2020
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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-255086	Date Filed 1/23/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Audio Visual Services Group Inc. d/b/a PSAV and/or PSAV Hotel Division	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See Attachment A
3a. Employer Representative - Name and Title: Ray Trujillo, Regional Manager	3b. Address (if same as 2b - state same): PSAV Branch Office - Las Vegas 6630 Arroyo Springs Street, Suite 800, Las Vegas, NV 89113

3c. Tel. No. (702) 891-0953	3d. Cell No. (702) 281-2224	3e. Fax No.	3f. E-Mail Address rtrujillo@psav.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Entertainment	4b. Principal Product or Service Entertainment	5a. City and State where unit is located: Las Vegas, Nevada
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5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A	6a. Number of Employees in Unit: 53	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By this Petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): February 5, 2020	11c. Election Time(s): 10:00 am - 2:00 pm; 6:00 pm - 9:00 pm	11d. Election Location(s): Cosmopolitan (Green Room)
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12a. Full Name of Petitioner (including local name and number): IATSE, Local 720	12b. Address (street and number, city, State and ZIP code): 3000 S. Valley View Boulevard Las Vegas, NV 89102
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Alliance of Theatrical Stage Employees

12d. Tel. No. (702) 309-8052	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Lisl R. Soto, Attorney	13b. Address (street and number, city, State and ZIP code): 800 Wilshire Boulevard, Suite 1020, Los Angeles, CA 90017		

13c. Tel. No. (213) 380-2344	13d. Cell No.	13e. Fax No. (213) 443-5098	13f. E-Mail Address nlrbnotices@unioncounsel.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Lisl R. Soto	Signature 	Title Attorney	Date 01/23/20
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

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

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-255208	Date Filed January 27, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer North American Security		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) please see attached	
3a. Employer Representative - Name and Title Art Lopez		3b. Address (If same as 2b - state same) 550 Carson Plaza Dr. #222 Carson, CA 90746	
3c. Tel. No. 323-634-1911	3d. Cell No. NA	3e. Fax No. NA	3f. E-Mail Address a.lopez@nasecurityinc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Buildings		4b. Principal product or service Security	5a. City and State where unit is located: Las Vegas Nevada
5b. Description of Unit Involved Included: all fulltime and part time armed and unarmed security officers employed by the employer Excluded: clerical, managerial, salaried, and supervisory personel as defined by the act			6a. No. of Employees in Unit: 67 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about NA (Date) (If no reply received, so state). NA
 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). SPFPA		8b. Address 25510 Kelley Rd. Roseville, MI 48066	
8c. Tel. No. 586-772-7250	8d. Cell No. NA	8e. Fax No. 586-772-9644	8f. E-Mail Address spfpares@spfpa.org
8g. Affiliation, if any SPFPA		8h. Date of Recognition or Certification NA	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) March 31, 2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NA If so, approximately how many employees are participating? NA
(Name of labor organization) NA, has picketed the Employer since (Month, Day, Year) NA

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)
NA

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

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

11b. Election Date(s): 02/03/2020	11c. Election Time(s): NA	11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11d. Election Location(s): NA
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12a. Full Name of Petitioner (including local name and number)
United Government Security Officers of America and its Local 323

12b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Government Security Officers of America International Union

12d. Tel. No. 617-620-7225	12e. Cell No. 617-620-7225	12f. Fax No. NA	12g. E-Mail Address Mleblanc@ugsoa.com
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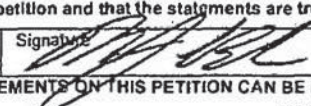
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Mike LeBlanc DHS Vice President UGSOA International Union

13b. Address (street and number, city, state, and ZIP code)
2879 Cranberry Highway East Wareham, MA 02538

13c. Tel. No. 617-620-7225	13d. Cell No. 617-620-7225	13e. Fax No. NA	13f. E-Mail Address Mleblanc@ugsoa.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Mike LeBlanc	Signature 	Title DHS Vice President UGSOA International Union	Date 01/27/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

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

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-255297	Date Filed 1/28/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1 PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer: ERP International, LLC	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Nellis AFB Mike O'Callaghan Military Medical Center located at Nellis Air Force Base, Las Vegas, NV 89191
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3a. Employer Representative - Name and Title Nicole Rockett, VP of HR John Ely, CEO	3b. Address (if same as 2b - state same): 603 7 th St, #203 Laurel, MD 20707
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3c. Tel No (301) 490-0080	3d. Cell No	3e. Fax No	3f. E-Mail Address nrockett@erpinternational.com jely@erpinternational.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc) Hospital	4b. Principal Product or Service Health Care	5a. City and State where unit is located Las Vegas, NV
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5b. Description of Unit Involved: Included: All full time and regular part time Registered Nurses (RN) employed by the employer in the Mike O'Callaghan Mil. Med Ctr 2 nd Floor OR located at Nellis Air Force Base. Excluded: All managers, Doctors and all other professional employees, guards and supervisors as defined by the Act.	6a. Number of Employees in Unit 2
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6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One 7a Request for recognition as Bargaining Representative was made on (Date) _____ By petition _____ and Employer declined recognition on or about (Date) _____ (f no reply received so state)

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address
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8c. Tel No	8d. Cell No	8e. Fax No	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9 s there now a strike or picketing at the Employer's establishment(s) involved? No f 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 and elec ion in this matter, state your position with respect to any such election: _____

11a. Election Type
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): Wednesday 02/12/2020	11c. Election Time(s): 4:00 pm-5:00 pm	11d. Election Location(s): Mike O'Callaghan Military Medical Center 2 nd Floor Conference Room #2280
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12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace Workers, Local Lodge SC711	12b. Address (street and number, city, State and ZIP code) 4343 N. Rancho Dr. Suite 218, Las Vegas, NV 89130
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No (916) 542-3351	12e. Cell No	12f. Fax No (916) 985-8121	12g. E-Mail Address rcarillo@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 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
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13c. Tel No 510-337-1001	13d. Cell No	13e. Fax No 510-337-1023	13f. E-Mail Address NLRBnotices@unioncounsel.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David W. M. Fujimoto	Signature 	Title Attorney	Date 1/28/2020
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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-255454	Date Filed January 30, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer JCS Military Support Services, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Fort Bliss, 1741 Marshall Road, Fort Bliss, Texas 79916 TX 78234
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3a. Employer Representative - Name and Title Heather DeWar, Program Manager	3b. Address (If same as 2b - state same) 950 E Haverford Rd #100c, Bryn Mawr, PA 19010
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3c. Tel. No. 267-295-2229	3d. Cell No.	3e. Fax No.	3f. E-Mail Address hdewar@jcsmilitary.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor	4b. Principal product or service Military Support	5a. City and State where unit is located: Fort Bliss, TX
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5b. Description of Unit Involved Included: All regular full time and part time MFLC counselors working for the MFLC program at Fort Bliss, TX. Excluded: All supervisors, guards, office clerical, and all other employees.	6a. No. of Employees in Unit: 19	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): Friday, February 14, 2020	11c. Election Time(s): 12:00 pm - 1 pm AND 3:30 pm to 4:30 pm	11d. Election Location(s): Staybridge Suites 6680 Gateway Blvd. East. El Paso, TX 79915
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12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, Local Lodge 47	12b. Address (street and number, city, state, and ZIP code) 5621 Bowen Ct., Commerce City, CO 80022
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO


12d. Tel No. (916) 985-8101	12e. Cell No. (916) 597-6100	12f. Fax No. (916) 985-8121	12g. E-Mail Address mward@iamaw.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title 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
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13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrnotices@unioncounsel.net dfujimoto@unioncounsel.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David W. M. Fujimoto		Title Attorney	Date January 30, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RM-255301	Date Filed January 27, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer/Petitioner ASARCO LLC and Silver Bell Mining LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 25000 W. Avra Valley Road AZ Marana 85653-	
3a. Employer/Petitioner Representative – Name and Title Stacy Sinele Director of Human Resources		3b. Address (if same as 2b – state same) 5285 E. Williams Circle, Suite 2000 AZ Tucson 85711-	
3c. Tel. No. (520) 879-7818	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ssinele@asarco.com

4a. Type of Establishment (Factory, mine, wholesaler, etc) Metal Mining	4b. Principal product or service Copper
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5a. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	5b. City and State where unit is located: Marana, AZ
	6. No. of Employees in Unit: 144

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____.

7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

8a. Recognized or Certified Bargaining Agent - Name Alexander Terrazas United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, Local 937	8b. Affiliation, if any United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, Local 937
8c. Address 877 S Alvernon Way AZ Tucson 85711-_____	8d. Tel. No. (520) 243-9102 8e. Cell No. 8f. Fax No. 8g. E-Mail Address usw937terrazas@gmail.com

9. Date of Recognition or Certification 05/21/1998	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 10/13/2019
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11. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes If so, approximately how many employees are participating? 11
(Name of labor organization) United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, Local 937 has picketed the Employer since (Month, Day, Year) 10/13/2019.

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL-CIO, CLC

12a. Name and affiliation if any Gaylan Z Prescott District Director	12b. Address Five Gateway Center PA Pittsburgh 15222-_____	12c. Tel. No.	12d. Cell No.
		12e. Fax No.	12f. E-Mail Address gprescott@usw.org

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

13b. Election Date(s): proposed: 2/18 and 2/19/2020	13c. Election Time(s): proposed: 4:30 - 7:30 am & 5:30 - 7:00 pm	13d. Election Location(s): 25000 W. Avra Valley Road, Marana, AZ 85653
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14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title Richard A Russo Attorney Davis & Campbell LLC	14b. Address (street and number, city, state, and ZIP code) 401 Main Street, Suite 1600 IL Peoria 61602-		
14c. Tel No. (309) 673-1681	14d. Cell No.	14e. Fax No. (309) 673-1690	14f. E-Mail Address rarusso@dcamplaw.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) Stacy Sinele	Signature Stacy Sinele	Title Director of Human Resources	Date 01/27/2020 14:40:13
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
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