

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No. 28-RC-257369 Date Filed March 3, 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.

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.

2a. Name of Employer MV TRANSPORTATION 2b. Address(es) of Establishment(s) involved 5081 FRED WILSON EL PASO TX 79906

3a. Employer Representative - Name and Title RAFAEL FERNANDEZ 3b. Address (if same as 2b - state same) SAME AS 2B

3c. Tel. No. 3d. Cell No. 561-633-3776 3e. Fax No. 915-564-5699 3f. E-Mail Address Rafael.fernandez@mvtransit.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) transportation-lift 4b. Principal product or service Transportation-shuttle 5a. City and State where unit is located: EL PASO TEXAS

5b. Description of Unit Involved Included: MECHANICS-TECHNICIANS Excluded: ADMINISTRATION - MANAGERS- SUPERVISORS-DISPATCHERS 6a. No. of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No []

Check One: [] 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). [X] 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 NONE

8c. Tel No. NONE 8d Cell No. NONE 8e. Fax No. NONE 8f. E-Mail Address NONE

8g. Affiliation, if any NONE 8h. Date of Recognition or Certification NONE 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year); NONE

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? NONE (Name of labor organization) NONE has picketed the Employer since (Month, Day, Year) NONE

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 NONE 10b. Address NONE 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: [X] Manual [] Mail [] Mixed Manual/Mail

11b. Election Date(s): APRIL 6, 2020 11c. Election Time(s): 9AM- 10AM 11d. Election Location(s): BREAK ROOM

12a. Full Name of Petitioner (including local name and number) TEAMSTERS LOCAL 745 12b. Address (street and number, city, state, and ZIP code) 6944 COMMERCE EL PASO TX 79915

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. 915-772-7437 12e. Cell No. 915-929-7998 12f. Fax No. 915-771-0045 12g. E-Mail Address VJAMES745TX@GMAIL.COM

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

13a. Name and Title VICTOR JAMES BUSINESS 13b. Address (street and number, city, state, and ZIP code) 6944 COMMERCE EL PASO TEXAS 79915

13c. Tel No. 915-772-7437 13d. Cell No. 915-929-7998 13e. Fax No. 915-771-0045 13f. E-Mail Address VJAMES745TX@GMAIL.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) VICTOR JAMES Signature Title BUSINESS AGENT-ORGANIZER Date MARCH 3, 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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-257762	Date Filed March 9, 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: Taylor Farms	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4375 E. Gila Ridge Road, Yuma, AZ 85365
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3a. Employer Representative - Name and Title: Marcus Shebl	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. (831) 751-3081	3d. Cell No. (831) 240-2167	3e. Fax No.	3f. E-Mail Address mshebl@taylorfarms.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food Processing Facility	4b. Principal Product or Service Product Transportation	5a. City and State where unit is located: Yuma, Arizona
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5b. Description of Unit Involved: Included: All full time and regular part time drivers.	6a. Number of Employees in Unit: 10
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Excluded: All other employees, supervisors and guards as defined by the Act.	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) 3/5/20 (If no reply received, so state). 3/2/20 and Employer declined recognition
 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 Yes. If so, approximately how many employees are participating? _____
(Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____

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

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

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

11b. Election Date(s): ASAP	11c. Election Time(s): 5:00-7:00 AM 2:00-5:00 PM	11d. Election Location(s): Employer's facility
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12a. Full Name of Petitioner (including local name and number): Teamsters Local 890	12b. Address (street and number, city, State and ZIP code): 207 North Sanborn Road, Salinas, CA 93905
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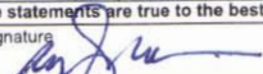
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Brotherhood of Teamsters

12d. Tel. No. (831) 424-5743	12e. Cell No.	12f. Fax No. (831) 424-2091	12g. E-Mail Address teamsters@local890.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: Robert Bonsall, Beeson Tayer & Bodine	13b. Address (street and number, city, State and ZIP code): 520 Capitol Mall, Suite 300, Sacramento, CA 95814

13c. Tel. No. (916) 325-2100	13d. Cell No. (916) 425-4699	13e. Fax No. (916) 325-2120	13f. E-Mail Address rbonsall@beesonayer.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) Robert Bonsall	Signature 	Title Attorney at Law	Date 3/9/20
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **28-RC-257781** Date Filed **March 9, 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
New Mexico Gas Company

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
7120 Wyoming Blvd, NE #20
NM Albuquerque 87109-

3a. Employer Representative - Name and Title
Ryan Shell

3b. Address (If same as 2b - state same)
7120 Wyoming Blvd, NE #20
NM Albuquerque 87109-

3c. Tel. No. (505) 697-3335 **3d. Cell No.**

3e. Fax No.

3f. E-Mail Address
Ryan.Shell@nmgco.com

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

4b. Principal product or service

5a. City and State where unit is located:
Albuquerque, NM

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
290

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

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

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

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

8b. Address

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

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ 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): Mail Ballot **11c. Election Time(s):** Mail Ballot **11d. Election Location(s):** Mail Ballot

12a. Full Name of Petitioner (including local name and number)
Scott LeFevre
United Association of Plumbers and Pipefitters Local 412

12b. Address (street and number, city, state, and ZIP code)
510 San Pedro Drive SE
NM Albuquerque 87108-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, AFL-CIO

12d. Tel No. (505) 265-1513 **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address** swptor2@uanet.org

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

13a. Name and Title
Lance Geren Attorney
O'Donoghue & O'Donoghue, LLP

13b. Address (street and number, city, state, and ZIP code)
325 Chestnut Street, Suite 600
PA Philadelphia 19106-

13c. Tel No. (215) 629-4970 **13d. Cell No.** (202) 805-6148 **13e. Fax No.** (215) 629-4996 **13f. E-Mail Address** lgeren@odonoghuelaw.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) Lance Geren **Signature** Lance Geren **Title** Attorney **Date** 03/9/2020 18:44:30

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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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time and regular part-time field operations employees, including Craftsmen, Crewmen, Senior Crewmen, Corrosion Techs, Senior Corrosion Techs, Foremen, Gas Systems Techs, Senior Gas Systems Techs, Leak Survey Techs, Linespotters, Senior Linespotters, Measurement Control Specialists, Measurement Control Techs, Senior Measurement Control Techs, Operations Construction Coordinators, Service Techs, Senior Service Techs, employed by the Employer.

Employees Excluded

All other employees, office clericals, guards and supervisors within the meaning of the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-257985	Date Filed 3/12/2020

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
Kerberos International & Whitestone Group

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
615 S. 43rd Ave., Phoenix, AZ 85009

3a. Employer Representative - Name and Title
Kerberos-Dawn Cole, President/Whitestone-Jeff LaRe, Vice President

3b. Address (if same as 2b - state same)
Kerberos-19 N. Main St., Ste 2711, Temple, TX 76501/Whitestone-6422 E Main St, Ste 100, Reynoldsburg, OH 43068

3c. Tel. No.
Kerberos-254-771-1080/Whitestone-614-269-1078

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
dcole@kerberosinc.com/jlare@whitestonegroup.com

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

4b. Principal product or service
SECURITY

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

5b. Description of Unit Involved
Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, GUARD, GUARD II AND ALARM MONITORS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY KERBEROS/WHITESTONE @ 615 S. 43RD AVE., PHOENIX, AZ 85009
Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

6a. No. of Employees in Unit:
28

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

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (if no reply received, so state). **NO**
 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):
4/9/2020

11c. Election Time(s):
tbd

11d. Election Location(s):
Ceasar Chavez Library

12a. Full Name of Petitioner (including local name and number)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12b. Address (street and number, city, state, and ZIP code)
25510 Kelly Road, Roseville, MI 48066

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No.
586-772-7250 X111

12e. Cell No.
586-872-5634

12f. Fax No.
586-772-9644

12g. E-Mail Address
organize@spfpa.org

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

13a. Name and Title Gordon Gregory, General Counsel

13b. Address (street and number, city, state, and ZIP code)
65 Cadillac Square, Suite 3727, Detroit, MI 48226

13c. Tel No.
313-964-5600

13d. Cell No.

13e. Fax No.
313-964-2125

13f. E-Mail Address
Gordon@UnionLaw.net

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) Dwayne Phillips	Signature 	Title Organizing Director	Date 3/11/2020
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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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