

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-247708	Date Filed September 4, 2019

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
Sulphur Springs Valley Electric Cooperative, INC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
350 N Haskell Ave Willcox, AZ 85643-1718

3a. Employer Representative - Name and Title
Jason Bowling

3b. Address (if same as 2b - state same)
350 N Haskell Ave Willcox, AZ 85643-1718

3c. Tel. No.
520-384-2221

3d. Cell No.
520-220-6563

3e. Fax No.
520-384-5223

3f. E-Mail Address
jbowling@ssvec.com

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

4b. Principal product or service
Transmission / Distribution / Maintenance

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

5b. Description of Unit Involved
Included: Warehouse Worker I and Warehouse Worker II, Safety and Training Specialist I
Excluded: Tech Ops, Engineering, Admin, IT Dept.

6a. No. 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) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

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

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
9-18-2019

11c. Election Time(s):
0900/1000

11d. Election Location(s):
Break room located in the service center of Benson.

12a. Full Name of Petitioner (including local name and number)
Robert Sample International Brotherhood of Electrical Workers Local 1116

12b. Address (street and number, city, state, and ZIP code)
4601 S. Butterfield Dr. Tucson AZ 85714

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Electrical Workers, AFL/CIO

12d. Tel No.
520-792-1475

12e. Cell No.
520-904-9999

12f. Fax No.
520-882-6132

12g. E-Mail Address
robert_sample@ibew.org

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

13a. Name and Title
Robert Sample IBEW State Organizer Coordinator

13b. Address (street and number, city, state, and ZIP code)
4601 S. Butterfield Dr. Tucson AZ 85714

13c. Tel No.
520-792-1475

13d. Cell No.
520-904-9999

13e. Fax No.
520-882-6132

13f. E-Mail Address
robert_sample@ibew.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)
Robert Sample

Signature

Title
IBEW State Organizer Coordinator

Date
9-04-2019

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-247781	Date Filed September 6, 2019

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
The Hospitals of Providence - East Campus

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
3280 Joe Battle Blvd, El Paso, TX 79938

3a. Employer Representative - Name and Title
Monica Vargas-Mahar, CEO

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

3c. Tel. No.
(915) 832-2700

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
monica.vargas@tenethealth.com

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

4b. Principal product or service
Healthcare

5a. City and State where unit is located:
El Paso, Texas

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

6a. No. of Employees in Unit:
365

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

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

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

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition of 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):
September 18, 2019

11c. Election Time(s):
6-9am; 12:30-2:30pm; 6-9pm

11d. Election Location(s):
2d Floor Conference Room (2-EB36)

12a. Full Name of Petitioner (including local name and number)
National Nurses Organizing Committee/National Nurses United (NNOC/NNU)

12b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

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

12d. Tel No.
510-273-2200

12e. Cell No.

12f. Fax No.
510-663-4822

12g. E-Mail Address
mwalcek@calnurses.org

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

13a. Name and Title
Marie Walcek, Legal Counsel

13b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

13c. Tel No.
510-433-2742

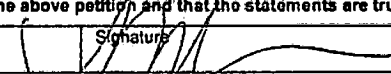
13d. Cell No.

13e. Fax No.
510-663-4822

13f. E-Mail Address
mwalcek@calnurses.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)
Marie Walcek

Signature


Title
Legal Counsel

Date
September 6, 2019

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

PRIVACY ACT STATEMENT

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

Attachment A

**RC Petition
The Hospitals of Providence – East Campus**

**by National Nurses Organizing Committee/National Nurses United
(NNOC/NNU)**

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses, including those who serve as relief charge nurses, employed by the Employer at its 3280 Joe Battle Blvd, El Paso, Texas facility.

Excluded:

All other employees, confidential employees, guards, physicians, residents, central business office employees (whether facility based or not) who are solely engaged in qualifying or collection activities or are employed by another Tenet entity, such as Syndicated Office Systems or Patient Financial Services, employees of outside registries, traveling nurses, permanent charge nurses, employees of other agencies supplying labor to the Employer, already represented employees, managers, and supervisors within the meaning of the Act.

Eligibility date is pay period ending Saturday, August 31, 2019.

Per diem/floaters/casual RNs are eligible if they have worked a minimum of one hundred and twenty (120) hours in either of the previous twelve (12) week periods immediately preceding the August 31, 2019 eligibility date for the election.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-247964	Date Filed 9/6/2019

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 FP Holdings, L.P. d/b/a Palms Casino Resort	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4321 W. Flamingo Road, Las Vegas, NV 89103
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3a. Employer Representative - Name and Title Valerie Murzl - Senior Vice President of Human Resources	3b. Address (if same as 2b - state same) Same
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3c. Tel. No. (702) 495-3458	3d. Cell No.	3e. Fax No. (702) 495-3460	3f. E-Mail Address Valerie.murzl@stationcasinos.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino	4b. Principal product or service Hospitality and Gaming	5a. City and State where unit is located: Las Vegas, Nevada
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5b. Description of Unit Involved Included: All full-time bell captains and all full-time, part time and on-call bell persons employed by the Employer at its facility in Las Vegas, Nevada. Excluded: Employees already represented by a labor organization and all other employees, guards and supervisors, as defined by the Act.	6a. No. of Employees in Unit: 22	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <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) N/A and Employer declined recognition on or about N/A (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.

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

11b. Election Date(s): September 27, 2019	11c. Election Time(s): 6:00am-8:00am; 11:00am -1:00pm; and 6:00pm to 8:00pm	11d. Election Location(s): Palms Casino Resort, 4321 W. Flamingo Road, Las Vegas, NV 89103
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12a. Full Name of Petitioner (including local name and number) General Teamsters, Airline, Aerospace and Allied Employees, Warehousemen, Drivers, Construction, Rock and Sand, Local 986	12b. Address (street and number, city, state, and ZIP code) 1198 Durfee Avenue, S. El Monte, CA 91733
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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. 626-350-9860	12e. Cell No.	12f. Fax No. 626-488-0986	12g. E-Mail Address CGriz009@Teamsters986.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 Tim Vera, Business Representative, Teamsters Local 986	13b. Address (street and number, city, state, and ZIP code) 1198 Durfee Avenue, S. El Monte, CA 91733
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13c. Tel No. 702-704-4203	13d. Cell No.	13e. Fax No. 626-488-0986	13f. E-Mail Address tvera@Teamsters986.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Levy Phillips APC, By: Daniel Barth	Signature 	Title Counsel for Petitioner	Date September 6, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
28-RC-248010

Date Filed
9/9/2019

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
FP Holdings, L.P. d/b/a Palms Place

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
4381 W. Flamingo Road, Las Vegas, NV 89103

3a. Employer Representative - Name and Title
Valerie Murzi - Senior Vice President of Human Resources

3b. Address (if same as 2b - state same)
4321 W. Flamingo Road, Las Vegas, NV 89103

3c. Tel. No.
(702) 495-3458

3d. Cell No.

3e. Fax No.
(702) 495-3460

3f. E-Mail Address
Valerie.murzi@stationcasinos.com

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

4b. Principal product or service
Hospitality and Gaming

5a. City and State where unit is located:
Las Vegas, Nevada

5b. Description of Unit Involved
Included: All full-time bell captains and all full-time, part time and on-call bell persons employed by the Employer at its facility in Las Vegas, Nevada.
Excluded: Employees already represented by a labor organization and all other employees, guards and supervisors, as defined by the Act.

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

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
September 27, 2019

11c. Election Time(s):
6:00am-9:00am; and 4:00pm to 7:00pm

11d. Election Location(s):
Palms Place, 4381 W. Flamingo Road, Las Vegas, NV 89103

12a. Full Name of Petitioner (including local name and number)
General Teamsters, Airline, Aerospace and Allied Employees, Warehousemen, Drivers, Construction, Rock and Sand, Local 986

12b. Address (street and number, city, state, and ZIP code)
1198 Durfee Avenue, S. El Monte, CA 91733

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.
626-350-9860

12e. Cell No.

12f. Fax No.
626-488-0986

12g. E-Mail Address
CGriz009@Teamsters986.org

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

13a. Name and Title
Tim Vera, Business Representative, Teamsters Local 986

13b. Address (street and number, city, state, and ZIP code)
1198 Durfee Avenue, S. El Monte, CA 91733

13c. Tel No.
702-704-4203


13d. Cell No.

13e. Fax No.
626-488-0986

13f. E-Mail Address
tvera@Teamsters986.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)
Levy Phillips APC, By: Daniel Barth

Signature


Title
Counsel for Petitioner

Date
September 6, 2019

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PRIVACY ACT STATEMENT

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Case No. 28-RC-247913	Date Filed 9/6/2019
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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.

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2a. Name of Employer: Treasure Island		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3300 S Las Vegas Blvd Las Vegas, NV 89109	
3a. Employer Representative - Name and Title: David Cooke		3b. Address (if same as 2b - state same): 3300 S Las Vegas Blvd Las Vegas, NV 89109	
3c. Tel. No. 702-249-7213	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dcooke@treasureisland.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino		4b. Principal Product or Service Gaming	
5b. Description of Unit Involved: Included: All Full-Time and regular Part-Time Treasure Island Las Vegas Slot Ambassdor Excluded: All other employees, professionals, guards and supervisors as defined in the act <i>Dual Rate</i>		5a. City and State where unit is located: Las Vegas, NV	
6a. Number of Employees in Unit: 3		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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>9-6-19</u> and Employer declined recognition on or about (Date) <u>NO Reply</u> (If no reply received, so state). <input type="checkbox"/> 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:		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 <input checked="" type="checkbox"/> 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) <i>None</i>			
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 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
11b. Election Date(s): September 27, 2019		11c. Election Time(s): 830 am-1230 pm & 4pm-9pm	
11d. Election Location(s): Employer Facility			
12a. Full Name of Petitioner (including local name and number): International Union, United Automobile, Aerospace and <i>Agricultural Implement Workers of America, UAW</i>		12b. Address (street and number, city, State and ZIP code): 4310 Cameron St Suite 11 Las Vegas, NV 89103	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace and Agricultural Implement Workers Of America, UAW			
12d. Tel. No. 702-800-4744 Ext 2	12e. Cell No.	12f. Fax No.	12g. E-Mail Address hwalker@uaw.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Helen Walker - International Representative Organizer		13b. Address (street and number, city, State and ZIP code): 4310 Cameron St Suite 11 Las Vegas, NV 89103	
13c. Tel. No. 702-800-4744 Ext 2	13d. Cell No. 810-610-3134	13e. Fax No.	13f. E-Mail Address hwalker@uaw.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) Helen Walker	Signature <i>Helen Walker</i>	Title International Rep - Organizer	Date 9-6-19

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.

Case No. 28-RC-247923	Date Filed 9/6/2019
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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: Treasure Island		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3300 S Las Vegas Blvd Las Vegas, NV 89109	
3a. Employer Representative - Name and Title: David Cooke		3b. Address (if same as 2b - state same): 3300 S Las Vegas Blvd Las Vegas, NV 89109	
3c. Tel. No. 702-249-7213	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dcooke@treasureisland.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Casino		4b. Principal Product or Service Gaming	
5a. City and State where unit is located: Las Vegas, NV		5b. Description of Unit Involved: Included: All Full-Time and regular Part-Time Treasure Island Las Vegas Slot Ambassdor Excluded: All other employees, professionals, guards and supervisors as defined in the act	
6a. Number of Employees in Unit: 36		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: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 9-6-19 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state). <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 and 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
11b. Election Date(s): September 27, 2019		11c. Election Time(s): 830 am-1230 pm & 4pm-9pm	
11d. Election Location(s): Employer Facility		12a. Full Name of Petitioner (including local name and number): International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW	
12b. Address (street and number, city, State and ZIP code): 4310 Cameron St Suite 11 Las Vegas, NV 89103		12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace and Agricultural Implement Workers Of America, UAW	
12d. Tel. No. 702-800-4744 Ext 2	12e. Cell No.	12f. Fax No.	12g. E-Mail Address hwalker@uaw.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Helen Walker - International Representative Organizer		13b. Address (street and number, city, State and ZIP code): 4310 Cameron St Suite 11 Las Vegas, NV 89103	
13c. Tel. No. 702-800-4744 Ext 2	13d. Cell No. 810-610-3134	13e. Fax No.	13f. E-Mail Address hwalker@uaw.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) Helen Walker	Signature 	Title International Rep - Organizer	Date 9-6-19

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-248240	Date Filed 9/16/2019

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
Toyota of Santa Fe

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
1601 St. Michaels Dr. Santa Fe, NM 87505

3a. Employer Representative - Name and Title
Buddy Espinosa, General Manager

3b. Address (If same as 2b - state same)
Same

3c. Tel. No.
505-992-1695

3d. Cell No.

3e. Fax No.
505-982-5215

3f. E-Mail Address
buddye@toyotaofsantafe.com

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

4b. Principal product or service
New and Used Car Sales

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

5b. Description of Unit Involved
Included: All Full and Part-Time New and Used Car Sales Associates
Excluded: Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the act.

6a. No. of Employees in Unit
25

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) 9/13/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **No Reply**

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):
asap

11c. Election Time(s):
12 noon to 2:00 pm

11d. Election Location(s):
lunch room

12a. Full Name of Petitioner (Including local name and number)
International Association of Machinists and Aerospace Workers, Local Lodge 794

12b. Address (street and number, city, state, and ZIP code)
315 Pine St SE Albuquerque, NM 87106

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.
(505) 242-9622

12e. Cell No.
(505) 604-8217

12f. Fax No.

12g. E-Mail Address
sburkland@iamaw.org

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

13a. Name and Title
Jason Hardwick, Grand Lodge Representative

13b. Address (street and number, city, state, and ZIP code)
620 Coolidge Rd, Ste 130, Folsom, CA 95630

13c. Tel No.
916-985-8101


13d. Cell No.
916-936-6013

13e. Fax No.
916-985-8121

13f. E-Mail Address
jhardwick@iamaw.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)
Jason Hardwick

Signature


Title
Grand Lodge Representative

Date
9/16/2019

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-248287	Date Filed 9/16/2019

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 Newspapers, Inc. d/b/a Arizona Republic		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 200 E. Van Buren St., Phoenix, AZ 85004	
3a. Employer Representative - Name and Title Greg Burton, Executive Editor		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (602) 444-8000	3d. Cell No.	3e. Fax No.	3f. E-Mail Address greg.burton@azcentral.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) News Organization		4b. Principal product or service Print and digital news	
			5a. City and State where unit is located: Phoenix, Arizona

5b. Description of Unit Involved		6a. No. of Employees in Unit. 101
Included: All full-time and regular part-time newsroom employees employed by the Employer at the Arizona Republic and La Voz. Excluded: All other employees, including all managers, guards, and supervisors 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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 9/16/19 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **no reply**

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): October 1, 2019	11c. Election Time(s): 10 a.m.-Noon; 2:30 p.m.-4:30 p.m.; 6 p.m.-8 p.m.	11d. Election Location(s): Employer's Sidebar conference room
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12a. Full Name of Petitioner (including local name and number) The NewsGuild-CWA	12b. Address (street and number, city, state, and ZIP code) 501 Third St., N.W., 6th Floor, Washington, D.C. 20001
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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)
Communications Workers of America

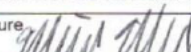
12d. Tel No. (202) 434-7177	12e. Cell No.	12f. Fax No.	12g. E-Mail Address sbasile@cwa-union.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Michael Melick, attorney		13b. Address (street and number, city, state, and ZIP code) 1025 Connecticut Ave., Suite 712, Washington, D.C. 20036	
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13c. Tel No. (202) 293-9222	13d. Cell No. (443) 682-3867	13e. Fax No.	13f. E-Mail Address mmelick@barrcamens.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) Michael Melick	Signature 	Title Attorney	Date 9/16/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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-248306	Date Filed 9/16/2019

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
NVision Glass

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
5075 W. Diablo Drive, Suite 208, Las Vegas, NV 89118

3a. Employer Representative - Name and Title
Scott Eagan, President

3b. Address (If same as 2b - state same)
667 Spice Island Drive, #101, Sparks, NV 89431

3c. Tel. No. (775) 336-2881 **3d. Cell No.** (775) 742-7001 **3e. Fax No.** **3f. E-Mail Address** scotte@nvisionglass.com

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

4b. Principal product or service
Installation of Glass

5a. City and State where unit is located:
Las Vegas, Nevada

5b. Description of Unit Involved
Included: All glaziers
Excluded: All supervisors, guards, office clerical employees

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

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) 9/16/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state) by this Petition**
 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):
September 27, 2019

11c. Election Time(s):
TBD

11d. Election Location(s):
Breakroom, 5075 W. Diablo Drive, Suite 208, Las Vegas, NV 89118

12a. Full Name of Petitioner (Including local name and number)
International Union of Painters and Allied Trades, District Council 16

12b. Address (street and number, city, state, and ZIP code)
1701 Whitney Mesa Drive, Suite 105, Henderson, NV 89014

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Painters and Allied Trades, AFL-CIO

12d. Tel No. (702) 939-0594 **12e. Cell No.** (702) 769-8711 **12f. Fax No.** (702) 452-3062 **12g. E-Mail Address** tyrone@dc16.us

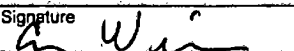
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Eric J. Wiesner, Attorney

13b. Address (street and number, city, state, and ZIP code)
Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No. (510) 337-1001 **13d. Cell No.** **13e. Fax No.** (510) 337-1023 **13f. E-Mail Address** ewiesner@unioncourts.net, drosenfeld@unioncourts.net, nlractcc@unioncourts.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) Eric J. Wiesner **Signature**  **Title** Attorney **Date** 9/16/19

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

PRIVACY ACT STATEMENT

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.

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer El Paso Disposal LP		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 5539 El Paso, TX 79905		
3a. Employer Representative - Name and Title John Fields, Divisional Vice President		3b. Address (If same as 2b - state same) SAME		
3c. Tel. No. 915-772-7495	3d. Fax No. 915-771-0224	3e. Cell No. 915-433-6695	3f. E-Mail Address JohnF@wcnx.org	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Private Business Services		4b. Principal product or service Solid Waste Disposal		

5a. Description of Unit Involved Included: Mechanic o container shop employees Excluded: All CDL Drivers and all other employees		5b. City and State where unit is located: El Paso, TX
--	--	--

6. No. of Employees in Unit 23	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------	--

8a. Name of Recognized or Certified Bargaining Agent Internation Union of operating engineers Local 351		8b. Affiliation, if any NONE	
8c. Address 111 East Coolidge Borger, TX 79001		8d. Tel. No. 806-274-4500	8e. Cell No. 915-771-0224
		8f. Fax No. N/A	8g. E-Mail Address N/A

9. Date of Recognition or Certification December 1, 2010	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) November 30, 2019
---	--

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating? N/A
--	---

11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) N/A	since (Month, Day, Year)
--	--------------------------

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

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

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
---	---

13b. Election Date(s) 9-27-19	13c. Election Time(s) 11 am - 6 pm	13d. Election Location(s) Break Room
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14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, zip code) (b) (6), (b) (7)(C)		14b. Tel. No. N/A	14c. Fax No. N/A
(b) (6), (b) (7)(C)		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any N/A

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

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 9-18-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-248737	Date Filed September 23, 2019

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 GNLV, LLC d/b/a Golden Nugget Las Vegas Hotel & Casino		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 129 East Fremont Street, Las Vegas, NV 89101-5677	
3a. Employer Representative - Name and Title Jason Sides, VP of Casino Operations		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (702)386-8102	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jsides@goldennugget.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel Casino	4b. Principal product or service Gaming, lodging, dining	5a. City and State where unit is located: Las Vegas, NV	

5b. Description of Unit Involved
Included: All full-time and regular part-time table games dealers employed by the Employer at its Las Vegas, Nevada facility.
Excluded: All other employees, professionals, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit: 273
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) 9/23/19 and Employer declined recognition on or about No reply. (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 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? 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 None.	10b. Address None.	10c. Tel. No. None.	10d. Cell No. None.
		10e. Fax No. None.	10f. E-Mail Address None.

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, October 11, 2019	11c. Election Time(s): 11:00am-2:00pm & 7:00pm-10:00pm	11d. Election Location(s): Training room at Employer's Las Vegas, Nevada facility.
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12a. Full Name of Petitioner (including local name and number)
International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW), AFL-CIO

12b. Address (street and number, city, state, and ZIP code) 4310 Cameron Street Suite 11, Las Vegas, NV 89103
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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 Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW), AFL-CIO

12d. Tel No. (702)800-4744	12e. Cell No. None.	12f. Fax No. None.	12g. E-Mail Address None.
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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 Helen Walker, International Representative Organizer		13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE (4310 Cameron Street Suite 11, Las Vegas, NV 89103)	
13c. Tel No. (702)800-4744, Ext. 2	13d. Cell No. (810)610-3134	13e. Fax No. N/A	13f. E-Mail Address hwalker@uaw.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) Helen Walker	Signature 	Title International Representative Organizer	Date 9-23-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

(b) (6), (b) (7)(C)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

28-RD-248916

9-24-2019

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 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Vulcan Materials		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2526 E University Drive Phoenix AZ 85034	
3a. Employer Representative - Name and Title David herd		3b. Address (If same as 2b - state same) Same	
3c. Tel. No.	3d. Fax No. 602-528-8672	3e. Cell No. 602-550-9531	3f. E-Mail Address herdd@vmcmail.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Aggregate mine	4b. Principal product or service Producing aggregate and asphalt
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5a. Description of Unit Involved Included: Mechanic Helper, Conveyor Person, Water Pull operator, Pit hauler, Service person, Loader operator, Motor grader operator, Crane operator, Dozer operator, Water Plant operator Excluded: Asphalt Plant operator, Crush Plant operator, universal oper., Excavator oper, Dragline oper, Heavy Duty Mechanic, Mobile Equ. Mechanic, Electrician	5b. City and State where unit is located: Phoenix AZ
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6. No. of Employees in Unit 97	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent Local 428 operating Engineers		8b. Affiliation, if any	
8c. Address 6601 N Black Canyon HWY Phoenix AZ		8d. Tel. No. 602-254-5266	8e. Cell No.
		8f. Fax No. 602-257-8674	8g. E-Mail Address

9. Date of Recognition or Certification December 11 2016	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) December 10 2019
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

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

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) October 15 2019	13c. Election Time(s) 4:00	13d. Election Location(s) conference room
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14. Name of Petitioner
(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. Same	14c. Fax No.
(b) (6), (b) (7)(C)	14d. Cell No. (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
(b) (6), (b) (7)(C)

15c. Address (Street and number, city, state) (b) (6), (b) (7)(C)	15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
(b) (6), (b) (7)(C)	15f. No. Same	15g. E-Mail Address Same

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

N (b) (6), (b) (7)(C)	S (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 9-24-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (29 U.S.C. 1011) OR DEPORTATION (8 U.S.C. 1324a(d)(1)(A)).
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 28-RC-248924	Date Filed 09/25/2019
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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer: Huckstep Holding Corp, DBA TechWise	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 13488 Hohenfels Rd. Ft. Bliss, TX 79918
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3a. Employer Representative - Name and Title: Matthieu Isaia, President	3b. Address (if same as 2b - state same): 1624 South 21st Street. Suite B, Colorado Springs, CO 80904
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3c. Tel. No. (719) 591-9966	3d. Cell No.	3e. Fax No.	3f. E-Mail Address misaia@techwise.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Air Traffic Control	4b. Principal Product or Service Air Traffic Control	5a. City and State where unit is located: El Paso, TX
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5b. Description of Unit Involved: Included: Air Traffic Control Maintenance Technician (Full & Part Time) Excluded: Guards, Supervisors and Air Traffic Manager	6a. Number of Employees in Unit: 3	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) NA 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: **Election to be held ASAP at time to capture all folks eligible to vote.** Manual Mail Mixed Manual/Mail

11b. Election Date(s): Wednesday October 9, 2019	11c. Election Time(s): Between Noon and 2:00 PM	11d. Election Location(s): Break room at control tower
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12a. Full Name of Petitioner (including local name and number): Professional Air Traffic Controllers Organization, Inc.	12b. Address (street and number, city, State and ZIP code): 161 SW Willow Lake Trail Stuart, Florida 34997
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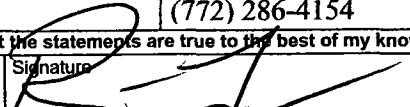
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
OPEIU, AFL-CIO

12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13a. Name and Title: Ron Taylor, President PATCO	13b. Address (street and number, city, State and ZIP code): 161 SW Willow Lake Trail Stuart, Florida 34997
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13c. Tel. No. (772) 2833369	13d. Cell No.	13e. Fax No. (772) 286-4154	13f. E-Mail Address patcoron@bellsouth.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) Ron Taylor	Signature 	Title President	Date 9/23/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 28-RC-248877	Date Filed 09/25/2019

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: International Union of Operating Engineers Local 351	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 111 E. Coolidge, Borger TX. 79007
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3a. Employer Representative - Name and Title: Elvi Campbell, Business Manager	3b. Address (if same as 2b - state same): Same
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3c. Tel. No. (580) 220-9766	3d. Cell No. (580) 220-9766	3e. Fax No.	3f. E-Mail Address elva.campbell@local351.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Union	4b. Principal Product or Service Represent Employees	5a. City and State where unit is located: El Paso Texas
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6b. Description of Unit Involved: Included: All full-time employees, Secretary, Business Representative and Organizer employed in El Paso Office Excluded: All 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) _____ 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): October 14, 2019	11c. Election Time(s): 8:00 -- 9:00 a.m.	11d. Election Location(s): 6967 Commerce Street, El Paso, TX. 79915
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12a. Full Name of Petitioner (including local name and number): The Association of Union Staff Employees	12b. Address (street and number, city, State and ZIP code): 9212 Shaver Dr. El Paso, TX. 79925
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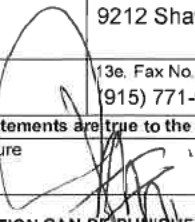
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
The Association of Union Staff Employees

12d. Tel. No. (915) 771-0224	12e. Cell No.	12f. Fax No. (915) 771-9018	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: Juan De La Torre, Business Representative	13b. Address (street and number, city, State and ZIP code): 9212 Shaver Dr. El Paso, TX. 79925
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13c. Tel. No. (915) 771-0224	13d. Cell No. (915) 820-2854	13e. Fax No. (915) 771-9018	13f. E-Mail Address juand351@yahoo.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) Juan De La Torre	Signature 	Title Business Representative	Date 9/25/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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-249145	Date Filed September 30, 2019
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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 Treasure Island, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3300 South Las Vegas Boulevard Las Vegas, NV 89109
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3a. Employer Representative - Name and Title James Fairchild - Director of Cage	3b. Address (If same as 2b - state same) SAME AS ABOVE
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3c. Tel. No. 702-894-7272	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jfairchild@treasureisland.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel Casino	4b. Principal product or service Gaming, Lodging, Dining	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 Island Las Vegas Cage Cashiers and Cage Credit Associates Excluded: All other employees, professionals, guards and supervisors as defined in 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 [<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) 9/30/19 and Employer declined recognition on or about No Reply (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 NONE
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8c. Tel No. NONE	8d. Cell No. NONE	8e. Fax No. NONE	8f. E-Mail Address NONE
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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
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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 NONE	10b. Address NONE	10c. Tel. No. NONE	10d. Cell No. NONE
		10e. Fax No. NONE	10f. E-Mail Address NONE

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

11b. Election Date(s): October 21, 2019	11c. Election Time(s): 730 am - 1030 am and 330 pm - 630 pm	11d. Election Location(s): Housekeeping Training Room
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12a. Full Name of Petitioner (including local name and number) International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW	12b. Address (street and number, city, state, and ZIP code) 4310 Cameron St Suite 11 Las Vegas, NV 89103
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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 Union, United Automobile, Aerospace and Agricultural Implement Workers Of America, UAW

12d. Tel No. 702-800-4744	12e. Cell No. NONE	12f. Fax No. NONE	12g. E-Mail Address hwalker@uaw.net
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13a. Helen Walker - International Representative - Organizer	13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE
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13c. Tel No. SAME AS ABOVE	13d. Cell No. 810-610-3134	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address hwalker@uaw.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) Helen Walker	Signature 	Title International Representative, Organizer	Date 9-30-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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