		1						
FORM NLRB-502 (RD) UNITED STATES	OF AMERICA			Çase N	lo.	Date Filed		
•	(8-16) NATIONAL LABOR RELATIONS BOARD RD PETITION				983	5/7/201	.9	
INSTRUCTIONS: Unless e-Filed using the Age employer concerned is located. The petition n employer and all other parties named in the p	nust be accor etition of:(1) t	mpanied by both a the petition; (2) Sta	showing of inter etement of Positi	rest (see 7 below on form (Form N	i) and a ILRB-50	certificate of service si 5); and (3) Description	howing service of Represent	ce on the tation
Case Procedures (Form NLRB 4812). The short 1. PURPOSE OF THIS PETITION: RD- DECERTIF recognized bargaining representative is no longer	ICATION (RE	MOVAL OF REPRE	SENTATIVE) - A oner alleges that	substantial numb	er of emp	ployees assert that the c	ertified or curr	rently
Labor Relations Board proceed under its pro 2a. Name of Employer	per authority					umber, city, state, ZIP co	del	
Sheedy Drayage Company			Street, San Franci		C1 G/A2 /A	omosi, ory, state, 211 co		
3a. Employer Representative - Name and Title Richard Batteni		Same	same as 2b - state					
3c. Tel. No. (415) 642-6642	ax No.	3e. Cell No.		3f. E-Mail Addre rbattalni@shee		com		
4a. Type of Establishment (Factory, mine, wholesal Crane and Drayage Company	er, etc.)			4b. Principal pro Construction	oduct or	service	-	-
5a. Description of Unit Involved				5b. City and State whe is located:	re unit			
Included:		·				San Francisco, CA		
All full time and regular part time Journeymen, Al Fender, Radiator, Frame, Welders, Trimmers, Rad Spocialists and Apprentices, Foremen, Testers, Au Maintenance Service Salesmen, and all other Mec Managers, guards, and supervisors as defined by the Novel Englishment (1998).	io, Erection a tomotive Rep hanies working e Act.	nd/or Construction pair and Maintenand ng on automotive of	Machinists and I ce Dispatchers. A r electrical equip	leavy Duty Repa lutomotive Repa ment, Excluded:	airmen, ir and		evecasied by t	the portified
5. No. of Employees in Unit 4	- 1	rrently recognized b	- ,		i the tinit	no longer wish to be rep No	resented by t	ne cerunea
Ba. Name of Recognized or Certified Bargaining Ag	ent				8b. Affi	liation, If any		
International Association of Machinists and Aerosp.	ace Engineers	(Local 1414)			AFL-C	10		
8c. Address 150 South Bivd. San Mateo, CA 94402			8d. Tel. No. (650) 341-2689		8e, Ce (650) 2	fl No. 296-1223		
			8f. Fax No.	Bg. E-Mail Address Dtaylor1414@comeast.com				:
9. Date of Recognition or Certification		10. Expiration C April 30, 2016	Date of Current or	Most Recent Cor		any (Month, Day, Year)		-
11a. Is there now a strike or picketing at the Emplo	yer's establish	nment(s) involved?	Yes	11b. If so, appr	oximatel	y how many employees	are participati	ing?
11c. The Employer has been picketed by or on beh		Vame) a l	labor organization	, of			_	
(Insert Address) , since (Month, Da)  12. Organizations or individuals other those named	in items 8 an							
and individuals known to have a representative 12a. Name	12b. Address		unit described in	12c. Tel. No. 12d. Fax No.				<del></del>
		<del></del>		12e. Cell No.		12f. E-Mail Address		
Election Details: If the NLRB conducts an ele matter, state your position with respect to any s				13a. Election T	уре:	Manual	Mail	Mixed
election.  13b. Election Date(s)		3c. Election Time(s		Manual/Mail 13d, Election Location(s)				
4/24/18		9:00 am	,	Employer's facility				
14. Full Name of Petitioner (b) (6), (b) (7)(C)				-				
14a. Address (Street and number, city, state, ZIP of	ode)			14b, Tel, No. (b) (6), (b) (7)(C)		14c. Fax No.		
(b) (6), (b) (7)(C)				(6) (6). (6) (7)(6)				
	<del>-</del>			14d, Cell No. (b) (6), (b) (7)(C)		14e. E-Mail Address (b) (6), (b) (7)(C)		
14f. Affiliation, if any	7-		<del></del>	<u>.                                    </u>		<u> </u>		
15. Representative of the Petitioner who will ac 15a. Name	cept service	of all papers for pu	urposes of the re	presentation pro 15b.Tille	oceading	g.		
(b) (6), (b) (7)(C) 15c. Address (Street and number, city, state, ZIP of	ode)	<del></del>		15d. Tel. No.		15e. Fax No.		
(b) (6), (b) (7)(C)	,							
				15f. Cell No. (b) (6). (b) (7)(0		15g. E-Mall Address (b) (6), (b) (7)(C)		
I declare that I have read the above petition and	that the star	(6). (b) (7)(	the hest of my (	knowledge and I	belief.	Date Filed	-	
Name ( <del>Print)</del> (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)	()	(- <i>h</i> (- <i>h</i> (- <i>h</i> )	,	(b) (6), (b) (7		05-07	19	

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. 20-RC-241315

Date Filed May 13, 2019

RC PETITION 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 an	y other party.	•	•	•	
1. PURPOSE OF THIS PETITION: RO	-CERTIFICATION OF	REPRESENTATI	VE - A substantial number	of employees wish to	be represented	for purposes of collective	
bargaining by Petitioner and Petition requests that the National Labor F	Relations Board proc	ed as representative ed under its pro	ve of the employees. The per authority pursuant to	Sectioner alleges the	at tne following tional Labor Re	g circumstances exist and elations Act.	
2a. Name of Employer	•	2b. Ad	ldress(es) of Establishmen				
Pacific Unlimited Inc.		. 17 G	7-3311 Corsair Rd. U Tivan 96931-				
3a. Employer Representative – Name	and Title		3b. Address (If same as				
Michael Limtiaco			17-3311 Corsair R GU Tiyan 96931-	Rd.			
3c. Tel. No.	3d. Cell No.		3e, Fax No.		3f. E-Mail Addr	ess	
(671) 473-4374	(671) 888-6280		(671) 473-4370		mlimtiaco@pacif	cunlimitedguam.com	
4a. Type of Establishment (Factory, mi	ne, wholesaler, etc.)	4b. Principal pro			5a. City a	and State where unit is located:	
Others			Warehouse and Transpo	ortation		Barrigada, GU	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for a	dditional details				}-	18 6b. Do a substantial number (30%	
						or more) of the employees in the	
Excluded: See Attached Page 2 for ac	dditional details					unit wish to be represented by the	
				<del></del>		Petitioner? Yes [ ] No [ ]	
Check One: 7a. Request t			tive was made on (Date) _	and	d Employer decl	ined recognition on or about	
<u> </u>		(If no reply receive	•				
8a. Name of Recognized or Certified			epresentative and desires of 8b, Address	certification under the	Act.		
oa. Name of Necognized of Certified	Daigaining Agent (#	none, so state).	ob. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess	
8g. Affiliation, if any	<del></del>		8h. Date of Recognition or	r Certification	8i. Expiration D	ate of Current or Most Recent	
6 6 3			Contract; if any (Month, Day, Year)				
9 is disere now a strike of olcketing at t	he Employer's establis	hment(s) involved	2 No If so approx	imately how many em	nlovees are nar	ticinating?	
LU	, ,	. ,			pioyees are par	iicipating:	
>(Name of labor organization)			eted the Employer since (I			·	
Organizations or individuals other the following to have a representative interes					esentatives and	other organizations and individuals	
To E =	tin any employees in	ine dilit described	in item 30 above. (ii none,	30 state)			
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.	
The state of the s				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB con-	l ducts an election in thi	s matter, state you	r position with respect to	11a. Election Type:	Manual F	Mail Mixed Manual/Mail	
any such election.				**		Man Man Man dan dan dan dan dan dan Man dan dan dan dan dan dan dan dan dan d	
11b. Election Date(s): June 14, 2019	11c. El	ection Time(s):		11d. Election Locati Guam	ion(s):	•	
12a. Full Name of Petitioner (includia		ımber)		12b. Address (stree	t and number, o	ity, state, and ZIP code)	
Kenneth John Laguana				PO BOX 326428 GU Hagatna 96932-			
12c. Full name of national or internation International Brotherhood of Electrical V	nal labor organization : Vorkers	of which Petitioner	is an affiliate or constituen	t (if none, so state)			
12d. Tel No. (671) 472-4028	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad klaguana@ibev		
13. Representative of the Petitioner	(671) 777-6264	co of all papers fo	or nurnesses of the repres	antation proceeding			
13a. Name and Title	mino mini accept sei vi	oo oi ali papers it	13b. Address (street and				
			,				
13c. Tel No.	13d. Cell No.	<del></del>	13e. Fax No. 13f. E			fress	
I declare that I have read the above p	petition and that the	statements are tru	e to the best of my know	ledge and belief.			
Name (Print)	Signature		Title		Date		
Kenneth John Laguana Kenneth John Laguana Asst. Business Manager 05/13/2019 08:54:17							

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

### PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					
20-RC-241315	May 13, 2019					

Employees Included

DLA support - Warehouse workers, truck drivers, clerks, and all hourly employees.

Employees Excluded

Managers, supervisors, exempt and professional employees.

ILPB TUB-REGION 37
HIS Y 13 AM R: 1
HONOLULU, HAWAII

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

### RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 20-RC-241428	Date Filed 5/14/2019						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 9367 Mountain Meadow Road Lassen Pines Mutual Water Company Shingletown 96088-3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 9367 Mountain Meadow Road CA Shingletown 96088-Dary Sardad 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address LPMW.president@gmail com (530) 474-4362 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Water Utilities Water Service/Utility Shingletown, CA 6a. No. of Employees in Unit: 5b. Description of Unit Involved 3 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 05-29-2019 9367 Mountain Meadow Road, Shingletown, CA 10am to 11am 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) None none none 12g. E-Mail Address king96088@gmail.com 12d. Tel No. 12e, Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-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) Signature Title Date Water Treatment Operator (T-2) Tim King 05/13/2019 15:15:59 Tim D King

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 Case

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					

Employees Included

All full and part time and part time Water Operators and clerical staff working in and out of the employers locations and service areas.

Employees Excluded Gauards.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
<sup>Case No</sup> 20-RC-242123	Date Filed 5/24/2019						

May 24, 2019

RC PETITION 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Fox Transportation 3775 Seaport Boulevard, West Sacramento, CA 95691 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Mike Fox, President 8610 Helms Avenue, Rancho Cucamonga, CA 91730 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (909) 291-4646 (909) 291-4645 mike.fox@foxtrucks.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Transportation Transportation West Sacramento, California 5b. Description of Unit Involved 6a. No. of Employees in Unit: 18 Included: All truck drivers employed at 3775 Seaport Boulevard, West Sacramento, CA 95691 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees employed at 3775 Seaport Boulevard, West Sacramento, CA 95691 unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 05/24/2019 and Employer declined recognition on or about Check One: (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). 8b. Address None 8d Cell No. 8f F-Mail Address 8c Tel No. 8e. Fax No. 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 10b. Address 10c. Tel. No. 10a, Name 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 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): June 4, 2019 On the dock at 3775 Seaport Boulevard, West Sacramento, CA 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Teamsters Union Local 150 7120 East Parkway, Sacramento, CA 95823 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 12e. Cell No. 12f. Fax No 12g. E-Mail Address (916) 392-7070 x. 30 (916) 392-7675 jcarterteam150@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title David A. Rosenfeld, 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. 13e. Fax No. 13f. E-Mail Address (510) 337-1001 (510) 337-1023 drosenfeld@unioncounsel.net, nlrbnotices@unioncounsel.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) Signature Title Date

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

Attorney

## 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.

David A. Rosenfeld

# UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

# **RD PETITION**

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
20-RC-242389	5/30/2019						

INSTRUCTIONS: Unless e-Filed using th located. The petition must be accompar in the petition of: (1) the petition; (2) Sta interest should only be filed with the NL	nied by both a showi tement of Position fo RB and should <u>not</u> b	ng of interest (see orm (Form NLRB-50 e served on the en	6b below) and a certificate 05); and (3) Description of I nployer or any other party.	of service showing : Representation Case	service o Procedu	n the en ires (For	nployer and all other parties named m NLRB 4812). The showing of
PURPOSE OF THIS PETITION: RD- recognized bargaining representative Labor Relations Board proceed uncertainty.	is no longer their rep	oresentative. The I	Petitioner alleges that the	following circums	tances e		
2a. Name of Employer Sacramento Area Electrical Workers Join	t Apprenticeship Trai	2b. Ad ining and 2836 CAS	ldress(es) of Establishment El Centro Road acramento 95833-9602	(s) involved (Street a	and numb	ber, city,	State, ZIP code)
3a. Employer Representative – Name	and Title	Onto	<ol><li>3b. Address (If same as</li></ol>	2b – state same)			
Matt Nootenboom Training Director			2836 El Centro Road CA Sacramento 95833-9	ຂດວ			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	002	3f. E-Ma	lail Addre	ess
(916) 646-6688			(916) 646-0289		mnooter	nboom@	g340jatc.org
4a. Type of Establishment (Factory, mine	e, wholesaler, etc )	4b. Principal pro	duct or service		5	a. City a	nd State where unit is located:
Schools		Electri	ical Appren iceship and Tra	ining Program			Sacramento, CA
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: See Attached Page 2 for	r additional details	5					4
included.							6b. Do a substantial number (30%
							or more) of the employees in he
Excluded: See Attached Page 2 for	r additional details	\$					unit no longer wish to be represented by the cer ified or
Excluded: 6507 magnet 1 ago 2 10	r additional dottall						currently recognized bargaining
							representative? Yes 🔽 No
Check One: 7a. Request fo	r recognition as Barg	jaining Representa	tive was made on (Date)	an	d Employ	yer decli	ned recognition on or about
	(Date)	(If no reply receive	d, so state).			-	
7b. Petitioner is	s curren ly recognize	ed as Bargaining Re	epresenta ive and desires o	certification under the	e Act.		
8a. Name of Recognized or Certified E	Bargaining Agent		8b. Address	7677 Oakport Street	, Suite 48	80	
Office and Professional Employees Intern	ational Union, Local	29 Tamara R. Rub	yn Presid	CA Oakland 94621-			
8c. Tel No. (510) 746-5971	8d Cell No.	8e. Fax No. 8f. E-Mail Address rubyn@opeiu29.org					
8g. Affiliation, if any	<b>'</b>		8h. Date of Recognition or	Certification	8i. Expi	iration D	ate of Current or Most Recent (Month, Day, Year)
AFL/CIO			11/01/199	92	Contrac	ct, ii diiy	03/31/2019
9. Is there now a strike or picketing at the	e Employer's establis	shment(s) involved	? No If so, approx	imately how many er	nployees	are par	ticipating?
(Name of labor organization)		, has pick	eted the Employer since (A	Month, Day, Year)			
Organizations or individuals other that have a representative interest in any em				as representatives a	nd other o	organiza	itions and individuals known to
10a. Name	10b. Add	dress		10c. Tel. No.			10d. Cell No.
				10e. Fax No.			10f. E-Mail Address
11. Election Details: If the NLRB condu	ucts an election in thi	s matter, state you	r position with respect to	11a. Election Type	: 🔽 Ma	anual 🗖	Mail Mixed Manual/Mail
any such election.							<u> </u>
11b. Election Date(s):		ection Time(s):		11d. Election Local		amanta	CA DEDGG
7/1 - 7/2/2019		1:00 p.m.		2836 El Centro Ro			
12a. Full Name of Petitioner (b) (6), (b				(t	o) (6), (b	) (7)(C)	ity, state, and ZIP code)
12c. Full name of national or international	al labor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state) (t	o) (6), (b	o) (7)(C	
12d. Tel No.	12e. Cell No.		12f. Fax No.			Mail Add	
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)				(b) (6),	, (b) ( <i>l</i>	)(C)
13. Representative of the Petitioner was 13a. Name and Title	ho will accept servi	ce of all papers fo	13b. Address (street and	•	_	code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-N	Mail Add	iress
I declare that I have read the above pe	tition and that the	statements are tru	ue to the best of my know	ledge and belief.			
Name (Print)	Signature		Title		Dat	te	
(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C	3)			05/2	29/2019	18 59:23

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

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

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		

Employees Included

Administrative Assistants (2), Bookkeeper (1), Office Manager (1); all office employees of the Sacramento Area Electrical Workers JATT Fund

**Employees Excluded** 

7 = (1) Training Director, (6) Instructors.

FORM NLRB-502 (RD) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 20-RD-242465 Date Filed 05/31/2019

instructions: Unless e-Filed using the Agency's website, www.nim.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.

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PURPOSE OF THIS PETITION recognized bargaining represer Labor Relations Board proce	ntative is no long	er their representa	stive. The Petitioner	alleges that t	he followin	g circumstances ex	es assert that the	ne certified sts that th	or currently e National	
2a. Name of Employer				,		(Street and number,	city, state, ZIP	code)		
Hawaii Protective Association	n		1290 Maunakea	St#A Hor	olulu, HI	968)4				
3a. Employer Representative - N	ame and Title		3b. Address (If sam	ne as 2b - state	same)					
Brett Arizumi President			same							
3c. Tel. No.	3d. Fax No.		3e. Cell No.		3f. E-Mail	Address				
808 537-5938										
4a. Type of Establishment (Factor	y, mine, wholesa	ler, etc.)				al product or service				
Security Guard Services					Security	Guard Services				
5a. Description of Unit Involved Included:								and State cated:	where unit	
All Security Officers, All	Security Gu	ıards								
Excluded:	_						months and			
All Managers, Office Pe	rsonnel. Co	nfident Empl	ovees. Superv	risor						
6. No. of Employees in Unit 58		•			n the unit on	longer wish to be re	- consider	no operation	or alignostic	
	recog	nized bargaining r	epresentative? X	es No				e ceruneo	255	
8a. Name of Recognized or Certifi	ed Bargaining A	gent				8b. Affiliation, if any	1	J.	33	
ILWU Hawaii							C		カニ	
8c. Address				8d. Tel. No.		8e. Celi No.		3>>	1111111	
451 Atkinson Dr, Honoluli	ı, HI 96814			808 949-4	161		5		9-	
				8f. Fax No.		8g. E-Mail Address	Ž	ĠŌ.	22	
9. Date of Recognition or Certifica	tion		10. Expiration Date	of Current or I	Most Recen	t Contract, if any (Mo	nth, Day, Year,	, 0,		
11a. Is there now a strike or picker	ting at the Emplo	yer's establishmer	nt(s) involved?	∕es ⊠ No	11b. If so	approximately how n	nany employee	s are partic	cipatino?	
11c. The Employer has been picket					1	.,			or organization, of	
	21.00 DJ OI OII DGI	and through their	,			- حالم	n (Month D		. organization, or	
(insert Address)	r th	11. 11					e (Month, Day,	Year)		
<ol><li>Organizations or individuals of and individuals known to have</li></ol>							anizations			
12a. Name	12b. Addr		apoyees in ale unit t	acacinoed in ite	12c. Tel. No. 12d. Fax No.					
								i		
					12e, Cell N	Vo.	12f. E-Mail Ad	2f. E-Mail Address		
					120, 0011110.		E HIGH / NO	E. E.Wall Physics		
13. Election Details: If the NLRB matter, state your position with					13a. Electi	on Type: Manua	Mail	Mixed	Manuai/Mail	
13b. Election Date(s)		13c. Election Tin	ne(s)		13d. Electi	on Location(s)				
		1								
14. Full Name of Petitioner					·					
(b) (6), (b) (7)(C)									İ	
14a. Address (Street and number.	city, state, ZIP o	ode)			14b. Tel. N	lo.	14c. Fax No.			
(b) (6), (b) (7)(C)	(b) (6), (b) (	7)(C)			(b) (6), (b) (7)(C)					
		_ <del>_</del>				lo.	14e. E-Mail Ad	dress		
								(b) (6), (b) (7)(C)		
14f. Affiliation, if any					·		( / ( - / ( - / )	\ /\-/		
15. Representative of the Petitlo	ner who will ac	cept service of al	I papers for purpos	es of the rent	esentation	proceeding.				
15a. Name					15b.Title					
(b) (6), (b) (7)(C)					(b) (6), (	(b) (7)(C)				
15c. Address (Street and number, (b) (6), (b) (7)(C) (b) (6), (b)	city, state ZIP c	2(C)			15d. Tel. N	lo.	15e, Fax No.	5e, Fax No.		
(b) (0), (b) (7)(0) (6), (6)	(/)(C)				(b) (6), (b)					
					15f. Cell No. 15g. E-Mail Address					
							(b) (6), (b)	(7)(C)		
I declare that I have read the above (Print)	ove petition and	that the st	6), (b) (7)(C)	t of my kn	owledge an	nd belief.				
Tame (Finty	(0	b) (6). (b) (7)(C)	-/ (-/(-/(-/		Title			Date	Filed	
(b) (6), (b) (7)(C)	ļ.				(b) (6), (b) (7)(C)					
WILLFUL FALSE S	TATEMENTS O	T TOTAL		Y FINE AN		NMENT (U.S. CODE	, TITLE 18. SE	CTION 1	01)	

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(a)