

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-245944	Date Filed 8-2-19

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> St. Charles Medical Center	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2500 Neff Road OR Bend 97701-
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<b>3a. Employer Representative – Name and Title</b> Paula Lehmann	<b>3b. Address (If same as 2b – state same)</b> 777 108TH AVE NE WA BELLEVUE 98004-
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<b>3c. Tel. No.</b> (425) 646-6186	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> paulalehmann@dwt.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facilities	<b>4b. Principal product or service</b>	<b>5a. City and State where unit is located:</b> Bend, OR
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 5 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>
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**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.

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

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

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 8/16/2019	<b>11c. Election Time(s):</b> 6-8 a.m., 6-8 p.m.	<b>11d. Election Location(s):</b> Employer Facility
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<b>12a. Full Name of Petitioner (including local name and number)</b> Thomas Doyle Oregon Nurses Association	<b>12b. Address (street and number, city, state, and ZIP code)</b> 18765 SW Boones Ferry Road OR Tualatin 97062-
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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)**  
American Federation of Teachers

<b>12d. Tel No.</b> (503) 333-5975	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> tom@bennethartman.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Thomas Doyle General Counsel Bennett Hartman Morris and Kaplan	<b>13b. Address (street and number, city, state, and ZIP code)</b> 210 SW Morrison Street OR Portland 97204-
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<b>13c. Tel No.</b> (503) 333-5975	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> tom@bennethartman.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.**

<b>Name (Print)</b> Thomas Doyle	<b>Signature</b> Thomas Doyle	<b>Title</b> General Counsel	<b>Date</b> 08/1/2019 17:00:34
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case 19-RC-245944	Date Filed 8-2-19

**Employees Included**

Registered Nurses Employed in Cardiac Stress Testing unit of St. Charles Medical Center to be included in existing RN Unit.

**Employees Excluded**

Managers, Supervisors and Guards

DO NOT WRITE IN THIS SPACE	
Case No. <b>19-RC-245930</b>	Date Filed <b>8-2-19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.**

<b>2a. Name of Employer:</b> Bend St. Charles Medical Center	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> See Attached
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<b>3a. Employer Representative - Name and Title:</b> Rebecca Berry, Vice President Human Resources	<b>3b. Address (if same as 2b - state same):</b> 2200 NE Neff Rd, Bend, OR 97701
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<b>3c. Tel. No.</b> 541-706-3746	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> raberry@stcharleshealthcare.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Acute Care Hospital	<b>4b. Principal Product or Service</b> Healthcare	<b>5a. City and State where unit is located:</b> Bend, OR
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attached <b>Excluded:</b>	<b>6a. Number of Employees in Unit:</b> <b>163</b>
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**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?**  Yes  No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) N/A 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.

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

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

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

<b>11b. Election Date(s):</b> August 21, 2019	<b>11c. Election Time(s):</b> 8a-10a, 11:30a-2p, 6p-8p	<b>11d. Election Location(s):</b> See Attached
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<b>12a. Full Name of Petitioner (including local name and number):</b> Oregon Federation of Nurses and Health Professionals, Local 5017, AFT, AFL-CIO	<b>12b. Address (street and number, city, State and ZIP code):</b> 1500 NE Irving St., Portland, OR 97232
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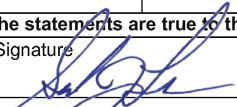
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
American Federation of Teachers, AFL-CIO

<b>12d. Tel. No.</b>	<b>12e. Cell No.</b> (505) 741-7950	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> cjohnson@ofnhp.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Sam Lieberman, Attorney	<b>13b. Address (street and number, city, State and ZIP code):</b> AFT Legal Department 555 New Jersey Ave NW, Washington DC 20001

<b>13c. Tel. No.</b> 202-393-7471	<b>13d. Cell No.</b> 202-368-4596	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> sam.lieberman@aft.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) Sam Lieberman	Signature 	Title Attorney	Date 8/2/109
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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.

Question 2b:

Employees in the petitioned-for unit are employed at the following Bend St. Charles Medical Center locations in Bend, OR.

Bend St. Charles Main Hospital Building  
2500 NE Neff Rd, Bend, OR 97701

Heart and Lung Center  
2500 NE Neff Rd, Bend, OR 97701

Family Birthing Center  
2500 NE Neff Rd, Bend, OR 97701

Question 5b:

Included:

All regular full time, part time, and per diem technical employees, including: anesthesia technicians, cath lab technologists, certified surgical technologists, CT technologists, echo technologists, endoscopy technologist II's, endoscopy technologist III's, endoscopy technologists, nuclear med technologists, neurodiagnostic technologists, pharmacy technicians,, radiologic technologists, radiation therapy technologists, respiratory therapists, surgical technologists, ultrasound technologists, vascular/cath technologists, and x-ray technologists.

Excluded:

All other employees, managers, supervisors, and guards as defined in the Act.

Question 11d:

Petitioner respectfully requests the following polling location:

Bend St. Charles Main Hospital Building, Classroom A  
2500 NE Neff Rd, Bend, OR 97701

Question 13 - Additional Info:

Along with the undersigned attorney, Sam Lieberman, the following union officials may be contacted regarding the processing of this petition:

Chris Johnson  
503-741-7950  
cjohnson@ofnhp.org

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
19-RC-246059

Date Filed  
8-5-2019

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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  
**FRED MEYER, INC.**

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
**1900 SE SEDERWICK RD, PORT ORCHARD, WA 98366**

3a. Employer Representative - Name and Title  
**SEAN HAMMOND**

3b. Address (If same as 2b - state same)  
**P.O. BOX 42121  
3800 SE 22ND AVE, PORTLAND, OR 97202**

3c. Tel. No.  
**503-797-3907**

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
**SEAN.HAMMOND@FREDMEYER.COM**

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

4b. Principal product or service  
**GROCERIES**

5a. City and State where unit is located:  
**PORT ORCHARD, WA**

5b. Description of Unit Involved  
**Included: NATURAL FOODS CLERKS & MANAGERS**  
**Excluded: PER ATTACHED CBA**

6a. No. of Employees in Unit:  
**8**

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) **7/22/2019** 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).  
**UFCW LOCAL 21**

8b. Address  
**5030 1ST AVE S, STE 200, SEATTLE, WA 98133**

8c. Tel. No.  
**206-436-6700**

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):  
**ASAP**

11c. Election Time(s):  
**6-8 AM 9-3 PM**

11d. Election Location(s):  
**JOB SITE**

12a. Full Name of Petitioner (including local name and number)  
**UNITED FOOD & COMMERCIAL WORKERS UNION LOCAL 21**

12b. Address (street and number, city, state, and ZIP code)  
**5030 1ST AVE S, STE 200, SEATTLE, WA 98133**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION**

12d. Tel. No.  
**206-575-2211**

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title  
**PIA RIVERA - ORGANIZER**

13b. Address (street and number, city, state, and ZIP code)  
**5030 1ST AVE S, STE 200, SEATTLE, WA 98133**

13c. Tel. No.  
**206-436-6567**

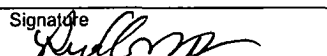
13d. Cell No.

13e. Fax No.

13f. E-Mail Address  
**PRIVERA@UFCW21.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)  
**PIA RIVERA**

Signature  


Title  
**ORGANIZER**

Date  
**8/5/2019**

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

PRIVACY ACT STATEMENT

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**Attachment to Petition – Fred Meyer, Inc.**

The Petitioner seeks to add through a self-determination election all full-time and regular part-time Natural Foods Clerks and Managers, employed by the Employer at: 1900 SE Sedgwick Road, Port Orchard, WA 98366 to the existing unit consisting of all employees employed in the Employer's current and future grocery stores, including concessions under the direct control of the Employer, located in Kitsap County, State of Washington.

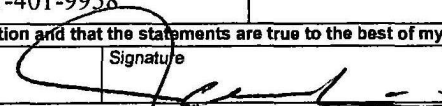
The Petitioner currently represents a bargaining unit consisting of all other grocery employees employed in the Employers' present and future grocery stores located in Kitsap County, State of Washington.

Excluding: Per attached CBA.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>19-RC-246078</b>	Date Filed <b>8/5/2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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.			
<b>2a. Name of Employer:</b> Farwest Steel		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 2000 Henderson Ave. Eugene, OR 97403	
<b>3a. Employer Representative - Name and Title:</b> Dave Hendricks <b>BRANCH MANAGER</b>		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 541-686-2000	<b>3d. Cell No.</b> 541-681-7259	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> dave.hendricks@farweststeel.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Industrial		<b>4b. Principal Product or Service</b> Steel	<b>5a. City and State where unit is located:</b> Eugene, OR
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Production and maintenance, drivers, welders, fabricators, operators, warehouse, et. al. <b>Excluded:</b> Managers, Supervisors, Guards as defined by the Act		<b>6a. Number of Employees in Unit:</b> 125	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> <u>8/5/2019</u> <b>and Employer declined recognition on or about (Date)</b> <u>no reply</u> <b>(If no reply received, so state).</b>		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> none		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <b>If so, approximately how many employees are participating?</b> (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b> none			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b> Election desired by petitioner		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> August 20, 2019	<b>11c. Election Time(s):</b> 6:30-8AM, 12-1PM and 2:30-4PM	<b>11d. Election Location(s):</b> Conference Room at Facility	
<b>12a. Full Name of Petitioner (including local name and number):</b> Jim Kilborn		<b>12b. Address (street and number, city, State and ZIP code):</b> 24437 Russell Rd., Suite 205 Kent, WA 98032	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union			
<b>12d. Tel. No.</b> 253-854-4536	<b>12a. Cell No.</b> 541-401-9958	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> jkilborn@usw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Jim Kilborn		<b>13b. Address (street and number, city, State and ZIP code):</b> 24437 Russell Rd., Suite 205 Kcnt, WA 98032	
<b>13c. Tel. No.</b> 253-854-4536	<b>13d. Cell No.</b> 541-401-9958	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> jkilborn@usw.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Jim Kilborn	<b>Signature</b> 	<b>Title</b> Staff Representative	<b>Date</b> 08/05/19

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

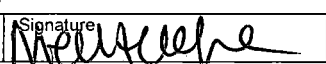
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses 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.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-246101	Date Filed 8-6-2019
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**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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. <b>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.</b>			
<b>2a. Name of Employer</b> MV Transportation		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 19835 Woodinville, WA 98072	
<b>3a. Employer Representative - Name and Title</b> Patrick Domholdt Director of Labor Relations		<b>3b. Address (If same as 2b - state same)</b>	
<b>3c. Tel. No.</b> 702-279-9883	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 702-973-4987	<b>3f. E-Mail Address</b> patrick.domholdt@mvtransit.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> transportation services		<b>4b. Principal product or service</b> Driving	<b>5a. City and State where unit is located:</b> Woodinville, WA
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and part-time drivers and dispatchers located at Woodinville, WA <b>Excluded:</b> All other employees, road supervisors, guards and supervisors as defined by the Act.			<b>6a. No. of Employees in Unit:</b> 50 <b>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"/></b>
<b>Check One:</b> <input type="checkbox"/> <b>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).</b> <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>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) _____.</b>			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 08/27/2019	<b>11c. Election Time(s):</b> 10:30am-3:30pm	<b>11d. Election Location(s):</b> employer location	
<b>12a. Full Name of Petitioner (including local name and number)</b> General Teamsters Local Union #174		<b>12b. Address (street and number, city, state, and ZIP code)</b> 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Brotherhood of Teamsters			
<b>12d. Tel No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Meaza Ogbe Organizer		<b>13b. Address (street and number, city, state, and ZIP code)</b> 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168	
<b>13c. Tel No.</b> 206-250-2566	<b>13d. Cell No.</b> 206-250-2566	<b>13e. Fax No.</b> (206) 441-4853	<b>13f. E-Mail Address</b> mogbe@teamsters174.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Meaza Ogbe	<b>Signature</b> 	<b>Title</b> Organizer	<b>Date</b> 08-06-2019

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. <b>19-RC-246233</b>	Date Filed <b>8-7-2019</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Avista Utilities	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1411 E Mission Ave WA Spokane 99252-
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<b>3a. Employer Representative - Name and Title</b> Eric Rosentrater	<b>3b. Address (If same as 2b - state same)</b> 1411 E Mission Ave WA Spokane 99252-
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<b>3c. Tel. No.</b> (800) 227-9187	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> eric.rosentrater@avistacorp.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Utilities	<b>4b. Principal product or service</b> Energy, (mostly gas and electric)	<b>5a. City and State where unit is located:</b> Noxon, MT
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 2	<b>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"/></b>
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**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.

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

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 08/21/2019	<b>11c. Election Time(s):</b> 3PM PST	<b>11d. Election Location(s):</b> Spokane, WA
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<b>12a. Full Name of Petitioner (including local name and number)</b> Matt Reese International Brotherhood of Electrical Workers Local Union 77	<b>12b. Address (street and number, city, state, and ZIP code)</b> 19415 International Blvd WA SeaTac 98188-
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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 Electrical Workers

<b>12d. Tel No.</b> (206) 735-0748	<b>12e. Cell No.</b> (206) 735-0748	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> mattreese@ibew77.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> SaNni LEMONIDIS Attorney Robbiee Detwiler PLLP	<b>13b. Address (street and number, city, state, and ZIP code)</b> 2102 4th Ave #1000 WA Seattle 98188-		

<b>13c. Tel No.</b> (206) 355-3572	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> slemondis@unionattorneysnw.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.**

<b>Name (Print)</b> Matt Reese	<b>Signature</b> Matt Reese	<b>Title</b> Organizer	<b>Date</b> 08/7/2019 15:46:46
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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.

Page 2 of RC Petition (Attachment)

Included: All regular full-time and part-time Cooks working for Avista Utilities at all Bunkhouse locations to be added to the existing bargaining unit of employees affiliated with International Brotherhood of Electrical Workers Local 77, AFL-CIO.

Excluded: All job classifications not incorporated in the description above including Cooks at the 1411 E Mission, Spokane, Washington location, confidential employees, guards, and supervisors as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-246626

Date Filed

8/15/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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: MV Public Transportation, District 295		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 9833 40th Ave S, Seattle WA 98118	
3a. Employer Representative - Name and Title: Mark Moujabber-General Manager		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 206-725-8834	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal Product or Service Shuttle Service	5a. City and State where unit is located: Seattle, WA

5b. Description of Unit Involved: Included: Drivers, Mechanics, Utility, Liasons/Ambassdor, Dispatchers, Payroll Clerk, Road Sup Excluded: Management		6a. Number of Employees in Unit: 60+	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) 8/14/2019 and Employer declined recognition on or about (Date) No Reply (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
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:  Manual  Mail  Mixed Manual/Mail

11b. Election Date(s): ASAP	11c. Election Time(s):	11d. Election Location(s): Employers Facility
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12a. Full Name of Petitioner (including local name and number): Karen Thompson, CWA Local 7800		12b. Address (street and number, city, State and ZIP code): 134 SW 153rd St Suite A, Burien, WA 98166	
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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):  
Communication Workers of America Local 7800

12d. Tel. No. 206-441-7800	12e. Cell No. 425-351-8594	12f. Fax No. 206-441-8789	12g. E-Mail Address karenr@cwa7800.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: Cathy Chicquette-Secretary		13b. Address (street and number, city, State and ZIP code): 134 SWW 153rd St, Suite A, Burien, WA 98166	
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13c. Tel. No. 206-441-7800	13d. Cell No.	13e. Fax No. 206-441-8789	13f. E-Mail Address cathys@cwa7800.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) Karen Thompson	Signature 	Title Vice President	Date 8/14/2019
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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 OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-246853	Date Filed 8/20/2019

**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.**

<b>2a. Name of Employer:</b> Bravo Environmental N.W. Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 6437 South 144th Street Tukwilla, WA 98168
<b>3a. Employer Representative - Name and Title:</b> Tony Calhoon - Projects Manager	<b>3b. Address (if same as 2b - state same):</b> (same as above)

<b>3c. Tel. No.</b> 425-424-9000	<b>3d. Cell No.</b> 206-396-5486	<b>3e. Fax No.</b> N/A	<b>3f. E-Mail Address</b> tcalhoon@bravonw.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Utility Contractor		<b>4b. Principal Product or Service</b> Maintenance & Inspection	<b>5a. City and State where unit is located:</b> Seattle, WA

<b>5b. Description of Unit Involved:</b> Included: See Attached Document Excluded: See Attached Document	<b>6a. Number of Employees in Unit:</b> 22
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

**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

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

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: Employees on the clock, Employer's Premises, and for 2 hours. **11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 8-30-19	<b>11c. Election Time(s):</b> 9am-11am	<b>11d. Election Location(s):</b> Employer's Premises
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<b>12a. Full Name of Petitioner (including local name and number):</b> I.U.O.E. Local 302	<b>12b. Address (street and number, city, State and ZIP code):</b> 18 E Street SW Auburn, WA 98001
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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 of Operating Engineers

<b>12d. Tel. No.</b> 253-351-9095	<b>12e. Cell No.</b> 253-332-6535	<b>12f. Fax No.</b> 253-351-0639	<b>12g. E-Mail Address</b> braby@iuoe302.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Jacob H. Black - In House Counsel	<b>13b. Address (street and number, city, State and ZIP code):</b> 18701 120th Avenue N.E. Bothell, WA 98011

<b>13c. Tel. No.</b> 425-806-0302	<b>13d. Cell No.</b> 206-619-9668	<b>13e. Fax No.</b> 425-806-0030	<b>13f. E-Mail Address</b> jblack@iuoe302.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.

<b>Name (Print)</b> Bryan Raby	<b>Signature</b> 	<b>Title</b> Business Relations	<b>Date</b> 8-19-19
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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**

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## Attachment for RC Petition

### Section 5b:

#### **5b Description of Unit Involved:**

##### **Included:**

All full time and regular part time Operators, Mechanics, Laborers, Locater Operators, CCTV Operators, Truck Drivers, and all Leads for these positions.

##### **Excluded:**

Office and Clerical Employees, all other Employees, Guards and Supervisors as defined by the Act.

Case No.  
**19-RC-246861**

Date Filed  
**8/20/2019**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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.

<b>2a. Name of Employer:</b> De Paul Treatment Centers, Inc.; De Paul	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1312 SW Washington St Portland, OR 97205; 205 SE 3rd Ave. Ste.100 Hillsboro, OR 97123; 4310 NE Killingsworth St Portland, OR 97218
<b>3a. Employer Representative - Name and Title:</b> Robert Moore ; Maree Wacker; Harry Wilson	<b>3b. Address (if same as 2b - state same):</b> 1312 SW Washington St. Portland, OR; PO Box 3007 Portland, OR 97208

<b>3c. Tel. No.</b> 503-535-1155	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> maree.wacker@depaultc.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Public benefit; Treatment Facility	<b>4b. Principal Product or Service</b> Drug and Alcohol Treatment	<b>5a. City and State where unit is located:</b> Portland, OR
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<b>5b. Description of Unit Involved:</b> Included: Please see attached Addendum. Excluded:	<b>6a. Number of Employees in Unit:</b> 78 Non Pros; 30 Pros
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<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---

Check One:  **7a. Request for recognition as Bargaining Representative was made on (Date) 08/19/19 and Employer declined recognition on or about (Date) 08/19/19 (if no reply received, so state).**  
 **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

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

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

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

<b>11b. Election Date(s):</b> Wed. Sept. 4th, 2019	<b>11c. Election Time(s):</b> Three shifts, including for 24/7 facilities	<b>11d. Election Location(s):</b> Three locations above 2b.
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<b>12a. Full Name of Petitioner (including local name and number):</b> Oregon AFSCME Council 75	<b>12b. Address (street and number, city, State and ZIP code):</b> 6025 E. Burnside Street Portland, OR 97215
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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):**  
AFSCME, AFL-CIO

<b>12d. Tel. No.</b> (503) 239-9858	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> iramosgonzalez@oregonafscme.org
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<b>13a. Name and Title:</b> Isela Ramos Gonzalez, Staff Attorney	<b>13b. Address (street and number, city, State and ZIP code):</b> 6025 E. Burnside Street Portland, OR 97215
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<b>13c. Tel. No.</b> (503) 239-9858	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (503) 239-9441	<b>13f. E-Mail Address</b> iramosgonzalez@oregonafsc.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) Isela Ramos Gonzalez	Signature 	Title Staff Attorney	Date 8/20/19
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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**

Oregon AFSCME Council 75

RC Petition re: De Paul Treatment Centers, Inc.

Addendum to 5b.

Professional Unit at DePaul Treatment Services, Inc.

Unit: All full-time, regular part-time, and relief professional employees including Addictions Counselors, Addictions Outreach Workers, CADC Counselors, Detox Nurses, Dual Diagnosis Counselors, Family Nurse Practitioners, Lead Dual Diagnosis Counselors, Psychiatric Mental Health Nurse Practitioners, and Teachers employed by the employer at its inpatient residential and outpatient centers located at 1312 SW Washington St, Portland OR 97205; 4310 NE Killingsworth St, Portland OR 97218; and 205 SE 3<sup>rd</sup> Suite 100, Hillsboro OR, 97213.

Non-Professional Unit at DePaul Treatment Services, Inc.

Unit: All full-time, regular part-time, and relief non-professional employees including Admission Counselors, Authorization Specialists, Bilingual Treatment Access Specialists, Billing Analysts, Billing Analysts II, Client Records Specialists, Client Relations Associates, Client Services Specialists, Case Managers, Cooks, Custodians, Residential Counselors, Detox Technicians, Information Systems Analysts, intake Specialists, IT Support Specialists, Laundry Specialists, Lead Cooks, Lead Maintenance Worker, Lead Residential Counselors, Medical Case Coordinators, Medical Technicians, Payroll Specialists, Peer Case Managers, Peer Mentors, Quality Analysts, Recovery Mentor, Treatment Access Specialists employed by the employer at its inpatient residential and outpatient centers located at 1312 SW Washington St, Portland OR 97205; 4310 NE Killingsworth St, Portland OR 97218; and 205 SE 3<sup>rd</sup> Suite 100, Hillsboro OR, 97213.

PORTLAND, OREGON  
2019 AUG 20 AM 9:32  
NLRB-SUBREGION 36

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-247229	Date Filed 8-27-2019

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> ABM	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 5001 Eagle Street AK Anchorage 99501-
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<b>3a. Employer Representative - Name and Title</b> Mark Ha	<b>3b. Address (If same as 2b - state same)</b> 5001 Eagle Street AK Anchorage 99501-
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<b>3c. Tel. No.</b> (907) 644-2300	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mark.ha@abm.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Services	<b>4b. Principal product or service</b> Janitorial services	<b>5a. City and State where unit is located:</b> Fairbanks, AK
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 65	<b>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"/></b>
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**Check One:**  7a. Request for recognition as Bargaining Representative was made on (Date) 08/22/2019 and Employer declined recognition on or about 08/22/2019 (Date) (If no reply received, so state). Yes  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 9/17/19, 9/18/19, or as soon as possible	<b>11c. Election Time(s):</b> 6:30 a.m. - 8:00 a.m.; 1:30 p.m. - 3:00 p.m.; 4:30 p.m.	<b>11d. Election Location(s):</b> University of Alaska Fairbanks; Fairbanks, Alaska
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<b>12a. Full Name of Petitioner (including local name and number)</b> John Corbett Laborers' Local 942	<b>12b. Address (street and number, city, state, and ZIP code)</b> 2470 Davis Road AK Fairbanks 99709-
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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)**  
Laborers' International Union of North America (LIUNA)

<b>12d. Tel No.</b> (907) 456-4584	<b>12e. Cell No.</b> (907) 378-1710	<b>12f. Fax No.</b> (907) 452-6285	<b>12g. E-Mail Address</b> jcorbett@local942.net
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Khalial Leigh Withen General Counsel Alaska District Council of Laborers	<b>13b. Address (street and number, city, state, and ZIP code)</b> 2501 Commercial Drive AK Anchorage 99501-
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<b>13c. Tel No.</b> (907) 276-1640	<b>13d. Cell No.</b> (907) 341-7295	<b>13e. Fax No.</b> (907) 274-7289	<b>13f. E-Mail Address</b> kwithen@alaskalaborers.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.**

<b>Name (Print)</b> Khalial Leigh Withen	<b>Signature</b> Khalial Withen	<b>Title</b> General Counsel	<b>Date</b> 08/26/2019 15:09:08
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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



Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
19-RC-247229	8-27-2019

**Employees Included**

All full-time and part-time employees, including custodians, lead custodians, porters, and floor care workers, within the project operations at the University of Alaska Fairbanks.

**Employees Excluded**

Supervisors, confidential employees, and clerical employees.

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>2a. Name of Employer:</b> <b>The Green Shop, LLC</b>	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> <b>41711 State Route 2, Gold Bar, WA 98251-9221</b>
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<b>3a. Employer Representative - Name and Title:</b> <b>Jona Cheatham</b>	<b>3b. Address (if same as 2b - state same):</b> <b>17631 160th ST SE, Monroe, WA 98272-1903</b>
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<b>3c. Tel. No.</b> <b>360-217-8951</b>	<b>3d. Cell No.</b> <b>206-271-5468</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> <b>thekushery502@mail.com</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> <b>Retail Cannabis</b>	<b>4b. Principal Product or Service</b> <b>Cannabis</b>	<b>5a. City and State where unit is located:</b> <b>Gold Bar, WA</b>
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> <b>Budtenders positions, Key-Carrier positions</b> <b>Excluded:</b> <b>Supervisors, Managers, Security Guards per the act.</b>	<b>6a. Number of Employees in Unit:</b> <b>5</b> <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Check One:  **7a. Request for recognition as Bargaining Representative was made on (Date) 8/26/2019 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state).**  
 **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

**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)**  
**American Cannabis Workers Employee Association**

<b>10a. Name</b> <b>American Cannabis Workers Employee Association</b>	<b>10b. Address</b> <b>PO BOX 1177 Monroe, WA 98272</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b> <b>406-518-1331</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b> <b>jeremycarroll@me.com</b>

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

<b>11b. Election Date(s):</b> <b>9/26/2019</b>	<b>11c. Election Time(s):</b> <b>3pm</b>	<b>11d. Election Location(s):</b> <b>Establishment Address</b>
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<b>12a. Full Name of Petitioner (including local name and number):</b> <b>Jeremy Paul Carroll</b>	<b>12b. Address (street and number, city, State and ZIP code):</b> <b>PO BOX 1177 Monroe WA 98272</b>
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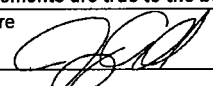
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
**None**

<b>12d. Tel. No.</b> <b>N/A</b>	<b>12e. Cell No.</b> <b>N/A</b>	<b>12f. Fax No.</b> <b>N/A</b>	<b>12g. E-Mail Address</b> <b>N/A</b>
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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:**  
**N/A**  
**13b. Address (street and number, city, State and ZIP code):**  
**N/A**

<b>13c. Tel. No.</b> <b>N/A</b>	<b>13d. Cell No.</b> <b>N/A</b>	<b>13e. Fax No.</b> <b>N/A</b>	<b>13f. E-Mail Address</b> <b>N/A</b>
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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.**

<b>Name (Print)</b> <b>Jeremy Carroll</b>	<b>Signature</b> 	<b>Title</b> <b>President</b>	<b>Date</b> <b>8/26/2019</b>
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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**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>19-RC-247297</b>	Date Filed <b>8/28/2019</b>

**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.**

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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.			
<b>2a. Name of Employer</b> Western Montana Mental Health Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 140 N Russell Street MT Missoula 59801-	
<b>3a. Employer Representative - Name and Title</b> Levi Anderson		<b>3b. Address (if same as 2b - state same)</b> 140 N Russell Street MT Missoula 59801-	
<b>3c. Tel. No.</b> (406) 532-8400	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (406) 356-5213	<b>3f. E-Mail Address</b> landerson@wmmhc.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Others		<b>4b. Principal product or service</b> school and community-based mental health	
<b>5a. City and State where unit is located:</b> Thompson Falls, MT			<b>6a. No. of Employees in Unit:</b> 6
<b>6b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details			<b>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"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details			
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date) 08/19/2019 and Employer declined recognition on or about 08/19/2019 (Date) (If no reply received, so state). Yes</b>			
<input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved? No</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</b>		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Mail ballots on 9/3	<b>11c. Election Time(s):</b> N/A mail ballot election requested	<b>11d. Election Location(s):</b> Mail Ballot Election Requested	
<b>12a. Full Name of Petitioner (including local name and number)</b> Natalie Grieco Thompson Falls Area Federation of Western Montana Comprehensive School and Community Treatment Employees		<b>12b. Address (street and number, city, state, and ZIP code)</b> 1232 E 6th Ave MT Helena 59601-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Montana Federation of Public Employees, AFT, NEA, AFL-CIO			
<b>12d. Tel No.</b> (630) 873-0962	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> ngrieco@mfpe.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Jim Molloy Attorney Montana Federation of Public Employees		<b>13b. Address (street and number, city, state, and ZIP code)</b> 2601 E Broadway MT Helena 59601-	
<b>13c. Tel No.</b> (406) 404-1728	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> jim@galliklawfirm.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Natalie Grieco	<b>Signature</b> Natalie Grieco	<b>Title</b> Organizer	<b>Date</b> 08/28/2019 11:37:26

**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**

Attachment

Case

19-RC-247297

Date Filed

8/28/2019

**Employees Included**

All Thompson Falls Comprehensive School and Community Treatment Behavior Specialists, All Thompson Falls Comprehensive School and Community Treatment Therapist I, All Thompson Falls Comprehensive School and Community Treatment Therapist II employed by the employer

**Employees Excluded**

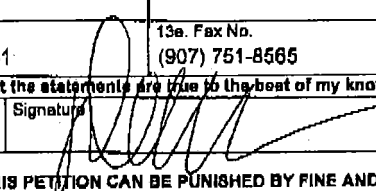
All other employees and managerial employees, guards, and supervisors as defined in the Act.

FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
19-RC-247384Date Filed  
8/28/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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-900); 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: ALSCO		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code). 715 West Fireweed Lane, Anchorage, Alaska 99524	
3a. Employer Representative - Name and Title: Don Wirth		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (907) 279-2500	3d. Cell No. (907) 223-1187	3e. Fax No. (907) 279-2520	3f. E-Mail Address dwirth@alsco.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Commercial linen supplier and related services		4b. Principal Product or Service Linen supplies and service	
5a. City and State where unit is located: Fairbanks, Alaska		5b. Description of Unit Involved: Included:  Excluded:  ** See attached **	
6a. Number of Employees in Unit 5		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 08/28/19 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)		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? <u>NO</u> 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: In person, manual election.			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): September 17, 2019		11c. Election Time(s): 6:30am-12 noon	
11d. Election Location(s): Election location to be determined.		11e. Election Date(s):	
12a. Full Name of Petitioner (including local name and number): Derek Musto General Teamsters Local 959		12b. Address (street and number, city, State and ZIP code): 520 E. 34th Avenue, Suite 102, Anchorage, Alaska 99503	
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. (907) 751-8519	12e. Cell No. (907) 748-5696	12f. Fax No. (907) 751-8565	12g. E-Mail Address dmusto@akteamsters.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: John Eberhart, General Counsel		13b. Address (street and number, city, State and ZIP code): 520 E. 34th Avenue, Suite 102, Anchorage, Alaska 99503	
13c. Tel. No. (907) 751-8563	13d. Cell No. (907) 301-4831	13e. Fax No. (907) 751-8565	13f. E-Mail Address jeberhart@akteamsters.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Derek Musto	Signature 	Title Organizer and Business Agent	Date 08/28/19

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.

Date: 08/28/19

The Union is requesting a self-determination election.

Included: All employees employed by the employer.

Excluded: All Supervisors and Guards as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-247470	Date Filed 8-30-2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer:</b> BEST BUY CO., INC.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 7601 Penn Ave S Richfield, MN 55423
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<b>3a. Employer Representative - Name and Title:</b> Alissa Tadlock, General Manager	<b>3b. Address (if same as 2b - state same):</b> 20209 34th Ave E. Spanaway, WA 98387
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<b>3c. Tel. No.</b> 612-291-1000	<b>3d. Cell No.</b> 206-507-8426	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Alissa.tadlock@bestbuy.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Warehouse	<b>4b. Principal Product or Service</b> Electronics	<b>5a. City and State where unit is located:</b> Spanaway WA
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All employees at the Spanaway warehouse location.	<b>6a. Number of Employees in Unit:</b> 25
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**Excluded:**  
Supervisors and security guards.

**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.

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

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

**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

<b>11b. Election Date(s):</b> 9-13-19	<b>11c. Election Time(s):</b> 8:00 am to 5:00 pm	<b>11d. Election Location(s):</b> Warehouse
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<b>12a. Full Name of Petitioner (including local name and number):</b> Laborers Local 1239	<b>12b. Address (street and number, city, State and ZIP code):</b> 2800 1st Ave South. Suite 301 Seattle WA. 98121
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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):**  
Laborers International Union of North America

<b>12d. Tel. No.</b> 206-443-1239	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title:</b> Gerald Ball Lead Organizer Washington Northern Idaho District Council of Laborers	<b>13b. Address (street and number, city, State and ZIP code):</b> 12101 Tukwilla International BLVD Suite 300 Seattle, WA 98168
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<b>13c. Tel. No.</b> 206-399-3578	<b>13d. Cell No.</b> 206-399-3578	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> jball@nwlaborers.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.**

<b>Name (Print)</b> Gerald R Ball	<b>Signature</b> 	<b>Title</b> Lead Organizer	<b>Date</b> 8-29-19
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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**

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