

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-244284	Date Filed 7-2-19

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

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

2a. Name of Employer MultiCare Health Systems d/b/a Immediate Clinic	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 20730 Bond Rd. NE, Ste. 140, Poulsbo, WA 98370
--	---

3a. Employer Representative - Name and Title Laura Edwards, Director of Labor Relations	3b. Address (If same as 2b - state same) Same
---	---

3c. Tel. No. 253-403-1372	3d. Cell No. 253-306-0595	3e. Fax No. 253-403-7966	3f. E-Mail Address lledwards@multicare.org
-------------------------------------	-------------------------------------	------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service Urgent care	5a. City and State where unit is located: Poulsbo, WA
--	--	---

5b. Description of Unit Involved Included: See attached. Excluded: See attached.	6a. No. of Employees in Unit: 11	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---	---

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None	8b. Address
--	--------------------

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

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

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

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

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

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

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

11b. Election Date(s): As soon as possible	11c. Election Time(s): N/A	11d. Election Location(s): Mail
--	--------------------------------------	---

12a. Full Name of Petitioner (including local name and number) Union of American Physicians and Dentists, AFSCME Local 206	12b. Address (street and number, city, state, and ZIP code) 708 Broadway Ste. 400D, Tacoma, WA 98402
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of State, County & Municipal Employees

12d. Tel No. 253-244-7797	12e. Cell No. 206-327-1939	12f. Fax No. 253-244-7819	12g. E-Mail Address jcrane@uapd.com
-------------------------------------	--------------------------------------	-------------------------------------	---

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

13a. Name and Title Robert H. Lavitt, Attorney; Laura Ewan, Attorney	13b. Address (street and number, city, state, and ZIP code) 18 West Mercer St., Ste. 400, Seattle, WA 98119
--	---

13c. Tel No. 206-257-6004; 206-257-6012	13d. Cell No.	13e. Fax No. 206-257-6039; 206-257-6048	13f. E-Mail Address lavitt@workerlaw.com; ewan@workerlaw.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) Laura Ewan	Signature	Title Attorney	Date 7/2/2019
-----------------------------------	------------------	--------------------------	-------------------------

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.

UAPD's RC Petition for Self-Determination Election
Attachment for No. 5(b) - Description of Unit

Existing Unit: Petitioner, UAPD, represents a bargaining unit of the providers at MultiCare's Indigo and Immediate clinics. Specifically, the Union represents the physicians, physician assistants, and advanced registered nurse practitioners employed at MultiCare's Indigo Urgent Care Clinics ("Indigo") pursuant to an election directed in 19-RC-221006 and certified on August 17, 2018.

Pursuant to a self-determination election directed in 19-RC-241220 and certified on June 17, 2019, the following Immediate Clinic employees voted themselves into the foregoing bargaining unit: the physicians, physician assistants, certified physician assistants, doctors of osteopathic medicine, and advanced registered nurse practitioners employed at MultiCare's Immediate Clinics in Bellevue, Bothell, Seattle-Capitol Hill, Seattle-Crown Hill, Seattle-Lake City, Seattle-Queen Anne, Everett, Kirkland, Lynnwood, Redmond, and Shoreline, and Burien, Washington ("Immediate Clinics").

Petition: The UAPD submits this Petition and seeks a self-determination election for the following employees:

Included: All full-time, part-time, and per diem Physicians (MD), Physicians Assistants (PA), Certified Physician Assistants (PA-C), Doctors of Osteopathic Medicine (DO), and Advanced Registered Nurse Practitioners (ARNP) employed by the **MultiCare Immediate Clinic** in Poulsbo, WA.

Excluded: All other employees, occupational medicine and family practice providers, nonprofessional employees, guards, and supervisors, as defined by the National Labor Relations Act.

Petitioner seeks a self-determination election to enable the foregoing Immediate Clinic employees to vote to add themselves into the existing unit.

In filing this Petition, the UAPD does not waive any remedies or relief to which it and/or the Indigo unit are entitled under the Act as a result of the unfair labor practice charge against MultiCare (Case No. 19-CA-231634) pending before the Board.¹ The UAPD reserves all rights it has under the Act in connection with the foregoing unfair labor practice charge.

¹ On March 28, 2019, the General Counsel filed a Motion to Transfer Case to Board and For Summary Judgment Decision and Order on Test of Certification, seeking transfer and summary judgment in Case 19-CA-231634 and a finding that the Employer's conduct violated §§ 8(a)(1) and (5) of the Act.

Case No. 19-RC-244486	Date Filed 7-8-2019
---------------------------------	-------------------------------

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

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

2a. Name of Employer: Crosscut	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 401 Mercer St., Seattle, WA 98109
--	--

3a. Employer Representative - Name and Title: Robert I. Dunlop, President/CEO	3b. Address (if same as 2b - state same): same
---	--

3c. Tel. No. 206-443-4801	3d. Cell No. -	3e. Fax No. -	3f. E-Mail Address rdunlop@kcts9.org
-------------------------------------	--------------------------	-------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc) Media	4b. Principal Product or Service News media	5a. City and State where unit is located: Seattle, WA
--	---	---

5b. Description of Unit Involved: Included: All non-supervisory newsroom employees, including reporters, video producers, video editors, columnists, copy editors, photographers, web developers, associate opinion editors, digital editors, techs, and social media editors. Excluded: Supervisors and all those excluded under the Act.	6a. Number of Employees in Unit: 20	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

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

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

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

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

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

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

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

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

11b. Election Date(s): 7/31/2019	11c. Election Time(s): 11AM-1PM	11d. Election Location(s): 401 Mercer St., Hive Room, Seattle, WA
--	---	---

12a. Full Name of Petitioner (including local name and number): Pacific Northwest Newspaper Guild	12b. Address (street and number, city, State and ZIP code): 2800 First Ave., Room 312, Seattle, WA 98121
---	--

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

12d. Tel. No. 206-328-1190	12e. Cell No. -	12f. Fax No. -	12g. E-Mail Address sbasile@cwa-union.org
--------------------------------------	---------------------------	--------------------------	---

13a. Name and Title: Laura Ewan, Attorney	13b. Address (street and number, city, State and ZIP code): 18 West Mercer St., Ste. 400, Seattle, WA 98119
---	---

13c. Tel. No. 206-257-6012	13d. Cell No. -	13e. Fax No. 206-257-6048	13f. E-Mail Address ewan@workerlaw.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) Laura Ewan	Signature	Title Attorney	Date 7/8/2019
----------------------------	-----------	-------------------	------------------

**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 may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

19-RD-244568

Date Filed

7-9-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer Pierce County Recycling, Composting		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 17925 Meridian E Puyallup, WA 98375-9603	
3a. Employer Representative - Name and Title		3b. Address (If same as 2b - state same)	

3c. Tel. No. 253-375-2140	3d. Fax No. 253-847-7713	3e. Cell No.	3f. E-Mail Address
-------------------------------------	------------------------------------	---------------------	---------------------------

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transfer Station/Landfill	4b. Principal product or service Waste management
---	---

5a. Description of Unit Involved Included: All full-time and regular part-time mechanics Excluded: all other employees, office clerical employees, and guards and supervisors as defined in the Act.	5b. City and State where unit is located: Puyallup, Washington
---	--

6. No. of Employees in Unit 8	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	---

8a. Name of Recognized or Certified Bargaining Agent International Union of Operating Engineers, Local 612	8b. Affiliation, if any
--	--------------------------------

8c. Address 1555 S. Fawcett Ave. Tacoma, WA 98402	8d. Tel. No. (253) 572-9612	8e. Cell No.
	8f. Fax No. (253) 591-9882	8g. E-Mail Address

9. Date of Recognition or Certification January 11, 2017	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
--	---

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

11c. The Employer has been picketed by or on behalf of (Insert Name) <i>(Insert Address)</i>	a labor organization, of since (Month, Day, Year)
--	--

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

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

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

13b. Election Date(s) 7.15.19	13c. Election Time(s) 0830	13d. Election Location(s) (transfer station conference room) 17925 Meridian E Puyallup WA 98375
---	--------------------------------------	---

14. Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)

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

14f. Affiliation, if any

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

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

I declare that I have read the above petition and that (b) (6), (b) (7)(C) is the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 7.8.19
--	---	-------------------------------------	-----------------------------

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE 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-244651	Date Filed 7/10/2019

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

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

2a. Name of Employer
DHL Express

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2580 S 156th St. SeaTac, WA 98158 and 4450 E Marginal Way S Seattle, WA 98134

3a. Employer Representative - Name and Title
Karen Kezele Labor manager

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

3c. Tel. No.
206-679-4010

3d. Cell No.
206-372-3463

3e. Fax No.
408-627-7242

3f. E-Mail Address
karen.kezele@dhl.com

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

4b. Principal product or service
office clerical

5a. City and State where unit is located:
SeaTac and Seattle, WA

5b. Description of Unit Involved
Included: All full-time and part-time operational supplement agents (Office Clerical) located at SeaTac and Seattle.
Excluded: All other employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:
11

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

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
08-07-2019

11c. Election Time(s):
12:30 PM-1:30 PM

11d. Election Location(s):
Employee break room

12a. Full Name of Petitioner (including local name and number)
General Teamsters Local Union #174

12b. Address (street and number, city, state, and ZIP code)
14675 Interurban Ave S. Suite 303 Tukwila, WA 98168

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.

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
Meaza Ogbe Organizer

13b. Address (street and number, city, state, and ZIP code)
14675 Interurban Ave S. Suite 303 Tukwila, WA 98168

13c. Tel No.
206-250-2566


13d. Cell No.
206-250-2566

13e. Fax No.
(206) 441-4853

13f. E-Mail Address
mogbe@teamsters174.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)
Meaza Ogbe

Signature


Title
Organizer

Date
07-10-2019

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.

DO NOT WRITE IN THIS SPACE

Case No.

19-RD-244654

Date Filed

7-10-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition or: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer <i>Leskover Honda Buick</i>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <i>3766 Harrison Ave. Butte MT 59701</i>	
3a. Employer Representative - Name and Title <i>Brad Silvaner</i>		3b. Address (if same as 2b - state same)	
3c. Tel. No. <i>1-406-494-6604</i>	3d. Fax No.	3e. Cell No.	3f. E-Mail Address <i>Brad@leskovarhonda.com</i>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <i>Car Dealership</i>		4b. Principal product or service <i>Car Sales and Service</i>	
5a. Description of Unit Involved Included: <i>all techs and tube techs</i> Excluded:			5b. City and State where unit is located: <i>Butte MT</i>

6. No. of Employees in Unit *6* 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes No

8a. Name of Recognized or Certified Bargaining Agent <i>International Association of Mechanics and AutoSkills</i>		8b. Affiliation, if any	
8c. Address <i>156 W. Granite St #A Butte MT 59701</i>		8d. Tel. No. <i>406-723-8044</i>	8e. Cell No. <i>406-565-0062</i>
		8f. Fax No.	8g. E-Mail Address <i>troy@iamw24.org</i>

9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
JUNE 30 2019

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

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

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

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

13b. Election Date(s) *JULY 23-2019* 13c. Election Time(s) *12:00 pm.* 13d. Election Location(s) *Leskovar Buick MT*

14. Full Name of Petitioner <i>(b) (6), (b) (7)(C)</i>		14b. Tel. No.	14c. Fax No.
<i>(b) (6), (b) (7)(C)</i>		14d. Cell No.	14e. E-Mail Address
<i>(b) (6), (b) (7)(C)</i>		<i>(b) (6), (b) (7)(C)</i>	<i>(b) (6), (b) (7)(C)</i>

14f. Affiliation, if any

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

15a. Name <i>(b) (6), (b) (7)(C)</i>		15b. Title <i>(b) (6), (b) (7)(C)</i>	
15c. Address (Street and number, city, state, ZIP code) <i>(b) (6), (b) (7)(C)</i>		15d. Tel. No.	15e. Fax No.
<i>(b) (6), (b) (7)(C)</i>		15f. Cell No.	15g. E-Mail Address
<i>(b) (6), (b) (7)(C)</i>		<i>(b) (6), (b) (7)(C)</i>	<i>(b) (6), (b) (7)(C)</i>

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) <i>(b) (6), (b) (7)(C)</i>	Title <i>(b) (6), (b) (7)(C)</i>	Date Filed <i>JULY 10 2019</i>
--	-------------------------------------	-----------------------------------

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-244708	Date Filed 7/11/2019
--------------------------	-------------------------

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

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

2a. Name of Employer DHL Express	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2580 S 156th St. SeaTac, WA 98158 and 4450 E Marginal Way S Seattle, WA 98134
--	---

3a. Employer Representative - Name and Title Karen Kezele Labor manager	3b. Address (If same as 2b - state same)
---	---

3c. Tel. No. 206-679-4010	3d. Cell No. 206-372-3463	3e. Fax No. 408-627-7242	3f. E-Mail Address karen.kezele@dhl.com
-------------------------------------	-------------------------------------	------------------------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Logistic	4b. Principal product or service office clerical	5a. City and State where unit is located: SeaTac and Seattle, WA
--	--	--

5b. Description of Unit Involved
Included: All full-time and part-time operational supplement agents (Office Clerical) located at SeaTac and Seattle.
Excluded: All other employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit: 11	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

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

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

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

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

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

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

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

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

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

11b. Election Date(s): 08-07-2019	11c. Election Time(s): 12:30 PM-1:30 PM	11d. Election Location(s): Employee break room
---	---	--

12a. Full Name of Petitioner (including local name and number) General Teamsters Local Union #174	12b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168
---	---

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

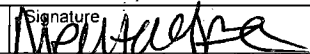
12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
---------------------	----------------------	---------------------	----------------------------

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

13a. Name and Title Meaza Ogbe Organizer	13b. Address (street and number, city, state, and ZIP code) 14675 Interurban Ave S. Suite 303 Tukwila, WA 98168
--	---

13c. Tel No. 206-250-2566	13d. Cell No. 206-250-2566	13e. Fax No. (206) 441-4853	13f. E-Mail Address mogbe@teamsters174.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) Meaza Ogbe	Signature 	Title Organizer	Date 07-11-2019
-----------------------------------	---	---------------------------	---------------------------

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

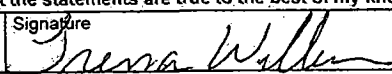
PRIVACY ACT STATEMENT

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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-245036	Date Filed 7/17/2019

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: The Data Entry Company (TDEC)		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8001 Wisconsin Suite 200 MD Bethesda 20184	
3a. Employer Representative - Name and Title: R Dennis Dufour		3b. Address (if same as 2b - state same): 8001 Wisconsin Suite 200 MD Bethesda 20184	
3c. Tel. No. 301-718-0703	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ddufour@tdec.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) data entey		4b. Principal Product or Service OwCP and DEEOIC	
5a. City and State where unit is located: Seattle WAData		5b. Description of Unit Involved: Included: Data Entry for DEEOIC and OWCP Excluded:	
6a. Number of Employees in Unit: 15		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) _____ on or about (Date) _____ (If no reply received, so state). and Employer declined recognition. <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) Industrial Technical Profession Employees Union		8b. Address: PO Box 790 Wauna WA 98395	
8c. Tel. No. (253) 857-8236	8d. Cell No.	8e. Fax No. (253) 858-7265	8f. E-Mail Address trncitpeu@gmail.com
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 Industrial Technical Profession Employees OPEIU Local 4873AFL CIO		10b. Address PO Box 790 Wauna WA 98395	
10c. Tel. No. 253-857-8236		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address trncitpeu@gmail.com	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): July 31, 2019		11c. Election Time(s): 4:30	
11d. Election Location(s): 300 5th Ave Seattle WA 98104		11e. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Industrial Technical Profession Employees Union local 4873		12b. Address (street and number, city, State and ZIP code): PO Box 790 Wauna WA 98395	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Industrial Technical Profession Employees OPEIU Local 4873AFL CIO			
12d. Tel. No. 253-857-8236	12e. Cell No.	12f. Fax No.	12g. E-Mail Address trncitpeu@gmail.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Trina Williams		13b. Address (street and number, city, State and ZIP code): PO Box 790 Wauna WA 98395	
13c. Tel. No. 253-857-8236	13d. Cell No.	13e. Fax No.	13f. E-Mail Address trncitpeu@gmail.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Trina Williams		Signature 	
Title ITPEU Rep		Date 17/July/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-244706	Date Filed 7-11-2019

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

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

2a. Name of Employer First Student Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3212 So. Sprague Ave. WA Tacoma 98409-
---	---

3a. Employer Representative - Name and Title Greg Newman	3b. Address (If same as 2b - state same) 3212 So. Sprague Ave. WA Tacoma 98409-
--	--

3c. Tel. No. (253) 272-7750	3d. Cell No. (206) 379-6391	3e. Fax No. (360) 896-6013	3f. E-Mail Address gregory.newman@firstgroup.com
---------------------------------------	---------------------------------------	--------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Home to school & Charter busing	5a. City and State where unit is located: Tacoma, WA
--	--	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 9
--	---

Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 07/09/2019 and Employer declined recognition on or about 07/09/2019 (Date) (If no reply received, so state). Yes

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

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

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

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

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

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
------------------	---------------------	----------------------	----------------------

10e. Fax No.	10f. E-Mail Address
---------------------	----------------------------

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

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

11b. Election Date(s): ASAP	11c. Election Time(s): am	11d. Election Location(s): 3212 So. Sprague Ave. Tacoma Wa. 98409 and 1128 St. Paul Ave. Ta
---------------------------------------	-------------------------------------	---

12a. Full Name of Petitioner (including local name and number) Bob Dahl Bob Dahl Teamsters Local 313	12b. Address (street and number, city, state, and ZIP code) 220 So. 27th St. WA Tacoma 98402-
---	--

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 Local 313

12d. Tel No. (253) 627-0103	12e. Cell No. (253) 229-7976	12f. Fax No. (253) 627-0106	12g. E-Mail Address bdahl@teamsters313.org
---------------------------------------	--	---------------------------------------	--

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

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
----------------------------	--

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
---------------------	----------------------	---------------------	----------------------------

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

Name (Print) Bob Dahl	Signature Bob Dahl	Title Organizer	Date 07/11/2019 11:09:16
--------------------------	-----------------------	--------------------	-----------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
19-RC-244706	7-11-2019

Employees Included

All part time and full time Dispatchers, Payroll/AR, Charter rep & Field Trainers/Student Management

Employees Excluded

All others including managerial, temporary, confidential and statutory supervisory employees.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RM PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RM-245041	Date Filed 7-17-2019

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 a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

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

2a. Name of Employer/Petitioner Xcel Protective Services	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6747 ACADEMY RD NE STE A NM ALBUQUERQUE 87109-
--	---

3a. Employer/Petitioner Representative – Name and Title Michael Filibeck SVP / COO	3b. Address (if same as 2b – state same) 6747 ACADEMY RD NE STE A NM ALBUQUERQUE 87109-
--	--

3c. Tel. No. (505) 217-9985	3d. Cell No.	3e. Fax No.	3f. E-Mail Address michael.filibeck@xcelprotective.com
---------------------------------------	---------------------	--------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc) Security Systems & Services	4b. Principal product or service Government Contract Security
--	---

5a. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	5b. City and State where unit is located: Port Hadlock, WA
	6. No. of Employees in Unit: 63

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

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

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

8a. Recognized or Certified Bargaining Agent - Name Ryan Kelly SPFPA	8b. Affiliation, if any SPFPA
--	---

8c. Address PO Box 16914 TX Fort Worth 76162-____	8d. Tel. No. (586) 879-5087	8e. Cell No.
	8f. Fax No.	8g. E-Mail Address ryan@spfpa.org

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--	--

11. 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) _____.

12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

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

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

13a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		
13b. Election Date(s): mail	13c. Election Time(s): mail	13d. Election Location(s): mail

14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.

14a. Name and Title	14b. Address (street and number, city, state, and ZIP code)		
14c. Tel No.	14d. Cell No.	14e. Fax No.	14f. E-Mail Address

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

Name (Print) Michael Filibeck	Signature Michael Filibeck	Title SVP / COO	Date 07/15/2019 13:23:35
---	--------------------------------------	---------------------------	------------------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
19-RM-245041	7-17-2019

Employees Included

All regular FT/PT employees of the employer engaged in security services - Naval Magazine - Indian Island

Employees Excluded

Clerical / Confidential / Managerial / Supervisory persons as defined in the NLR Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-245161	Date Filed 7/19/2019
--------------------------	-------------------------

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

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

2a. Name of Employer Zenetex, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3760 N. Charles Porter Avenue Building 386, Hangar 5, Suite 137 WA Oak Harbor 98278-
---	---

3a. Employer Representative - Name and Title Lydia Corum	3b. Address (If same as 2b - state same) 2001 L Street, Suite 650 DC Washington 20036-
--	---

3c. Tel. No. (619) 607-3011	3d. Cell No.	3e. Fax No.	3f. E-Mail Address lydia.corum@zenetex.com
---------------------------------------	---------------------	--------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Aerospace & Defense	4b. Principal product or service Aircraft Maintenance	5a. City and State where unit is located: Oak Harbor, WA
---	---	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 10 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

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

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

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

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? 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.

11b. Election Date(s): August 13, 2019	11c. Election Time(s): 12:00 - 1:30 p.m.	11d. Election Location(s): Lunch Room or Board Room
--	--	---

12a. Full Name of Petitioner (including local name and number) Jesse Cote Aerospace Machinists Industrial District Lodge No. 751	12b. Address (street and number, city, state, and ZIP code) 9125 - 15th Place South WA Seattle 98108-
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No. (206) 764-3308	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jessec@iam751.org
---------------------------------------	----------------------	---------------------	---

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

13a. Name and Title Spencer Nathan Thal Staff Attorney Aerospace Machinists Industrial District Lodge 751	13b. Address (street and number, city, state, and ZIP code) 9125 - 15th Place South WA Seattle 98108-
--	--

13c. Tel No. (206) 764-0338	13d. Cell No.	13e. Fax No.	13f. E-Mail Address spencert@iam751.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) Spencer Nathan Thal	Signature Spencer Nathan Thal	Title Staff Attorney	Date 07/19/2019 11:34:44
--	---	--------------------------------	------------------------------------

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	Date Filed
19-RC-245161	7/19/2019

Employees Included

All full-time and regular part-time hourly aircraft mechanic I, aircraft mechanic II, aircraft mechanic III and leads working out of Hangar 5 in the Fleet Readiness Center-In Service Repair at Naval Air Station Whidbey Island

Employees Excluded

As defined in the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RD-245166	Date Filed 7-19-2019

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Cedar Grove Composting		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 7473 E. Marginal Way S Seattle, WA 98108	
3a. Employer Representative - Name and Title Clue Westmoreland, Executive Vice President		3b. Address (if same as 2b - state same) Same	
3c. Tel. No. 877-764-5748	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Recycling facility		4b. Principal product or service Compost	
5a. Description of Unit Involved Included: Journeyman mechanics, welders, fuel/lube technicians, working forepersons Excluded:			5b. City and State where unit is located: Seattle, WA Maple Valley, WA Everett, WA
6. No. of Employees in Unit 18	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Int'l Ass'n of Machinists & Aerospace Workers, District Lodge 160, Local Lodge 289		8b. Affiliation, if any AFL-CIO, CLC	
8c. Address 9135 15th PI S Seattle, WA 98108		8d. Tel. No. (206) 762-7990	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address
9. Date of Recognition or Certification June 1, 2016		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) May 31, 2020	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name N/A	12b. Address N/A	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) July 24, 2018	13c. Election Time(s) 11AM-2PM	13d. Election Location(s) Lunch room/break room (See address in Box 2b)	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and that (b) (6), (b) (7)(C) is the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 7-18-19

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) AND VIOLATION OF THE 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-245407	Date Filed 7-24-19

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

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

2a. Name of Employer Tualaty Healthcare	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 335 SE 8th Ave OR Hillsboro 97123-
---	---

3a. Employer Representative - Name and Title Kelley Frengele	3b. Address (If same as 2b - state same)
--	---

3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
---------------------	---------------------	--------------------	---------------------------

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities	4b. Principal product or service Healthcare	5a. City and State where unit is located: Hillsboro, OR
---	---	---

5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 20
--	--

Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 07/15/2019 and Employer declined recognition on or about 07/15/2019 (Date) (If no reply received, so state). Yes

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Oregon Nurses Association Thomas Doyle	8b. Address 210 SW Morrison Street OR Portland 97204-
--	--

8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address tom@bennethartman.com
--------------------	---------------------	--------------------	--

8g. Affiliation, if any AFT	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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--	--

11b. Election Date(s): 8/6/2019	11c. Election Time(s): 6 a.m.-8 a.m. 11-2:30 and 5-7 pm	11d. Election Location(s): Tuality Hospital
---	---	---

12a. Full Name of Petitioner (including local name and number) Thomas Doyle Oregon Nurses Association	12b. Address (street and number, city, state, and ZIP code) 18765 SW Boones Ferry Rd # 200 OR Tualatin 97162-
--	--

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

12d. Tel No. (503) 333-5975	12e. Cell No.	12f. Fax No.	12g. E-Mail Address doylet@bennethartman.com
---------------------------------------	----------------------	---------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Thomas Doyle Bennett Hartman Morris and Kaplan	13b. Address (street and number, city, state, and ZIP code) 210 SW Morrison Street OR Portland 97204-		

13c. Tel No. (503) 333-5975	13d. Cell No.	13e. Fax No.	13f. E-Mail Address tom@bennethartman.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) Thomas Doyle	Signature Thomas Doyle	Title	Date 07/22/2019 12:35:29
-------------------------------------	----------------------------------	--------------	------------------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
19-RC-245407	7-24-19

Employees Included

All Registered Nurses employed in Geriatric Psychology unit of Tuality Hospital in self-determination election to be included in existing ONA represented bargaining unit.

Employees Excluded

Supervisors, managers, guards.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-245539	Date Filed 7-26-19

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

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

2a. Name of Employer Disability Rights Oregon	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 511 SW 10th Ave. OR Portland 97205-
---	--

3a. Employer Representative - Name and Title Jake Cornett	3b. Address (If same as 2b - state same) 511 SW 10th Ave. OR Portland 97205-
---	---

3c. Tel. No. (503) 243-2081	3d. Cell No.	3e. Fax No. (503) 243-1738	3f. E-Mail Address jcornett@droregon.org
---------------------------------------	---------------------	--------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal	4b. Principal product or service Legal and Immigration Services	5a. City and State where unit is located: Portland, OR
---	---	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 18
--	--

Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 07/08/2019 and Employer declined recognition on or about 07/19/2019 (Date) (If no reply received, so state). Yes

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

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

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

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

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

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

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

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

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

11b. Election Date(s): August 26, 2019	11c. Election Time(s): 10:00 AM to 2:00 PM	11d. Election Location(s): 511 SW 10th Ave. Portland, OR
--	--	--

12a. Full Name of Petitioner (including local name and number) Donis Borks National Organization of Legal Services Workers / United Auto Workers Local 2320	12b. Address (street and number, city, state, and ZIP code) PO Box 20042 CA Riverside 92516-0042
--	---

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

12d. Tel No. (951) 318-6601	12e. Cell No. (951) 318-6601	12f. Fax No.	12g. E-Mail Address dborks@gmail.com
---------------------------------------	--	---------------------	--

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

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
----------------------------	--

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
---------------------	----------------------	---------------------	----------------------------

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

Name (Print) Donis Borks	Signature Donis Borks	Title Regional Organizer	Date 07/25/2019 08:53:39
------------------------------------	---------------------------------	------------------------------------	------------------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 19-RC-245539	Date Filed 7-26-19

Employees Included

All Non-management, non-supervisory and non confidential employees including but not limited to Attorneys, Intake advocates, Coordinators, Advocates, Analyst, Administrative Assistant, communications Specialist

Employees Excluded

Management, Supervisory and confidential employees

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

2a. Name of Employer SINCLAIR BROADCASTING		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 140 4TH AVE N SEATTLE WA 98109	
3a. Employer Representative - Name and Title STEPHANIE JUAREZ - HR MGR.		3b. Address (If same as 2b - state name) SAME AS ABOVE	
3c. Tel. No. 2064049117	3d. Fax No. 2067062681	3e. Cell No. N/A	3f. E-Mail Address SJUAREZESBGN.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) TELEVISION STATION		4b. Principal product or service JOURNALISM	

5a. Description of Unit Involved Included: ON-AIR TALENT Excluded:	5b. City and State where unit is located: SEATTLE WA
--	--

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

8a. Name of Recognized or Certified Bargaining Agent SAG-AFTRA (SHELLEA ALLEN)	8b. Affiliation, if any
--	-------------------------

8c. Address 123 BOYLSTON AVE E SUITE A SEATTLE WA 98102	8d. Tel. No. 2062822506	8e. Cell No. 2064843177
	8f. Fax No. 2062827073	8g. E-Mail Address Shellea.Allen@sagaftra.com

9. Date of Recognition or Certification 1983	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/2017
--	---

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

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

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

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

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

13b. Election Date(s) OPEN	13c. Election Time(s) OPEN	13d. Election Location(s) SEATTLE, WA
--------------------------------------	--------------------------------------	---

14. Full Name (b) (6), (b) (7)(C)

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

14f. Affiliation, if any

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

15a. Name N/A	15b. Title N/A
-------------------------	--------------------------

15c. Address (Street and number, city, state, ZIP code) N/A	15d. Tel. No.	15e. Fax No.
---	---------------	--------------

	15f. Cell No.	15g. E-Mail Address
--	---------------	---------------------

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 7/29/19
--	---	-------------------------------------	------------------------------

AGREEMENTS ON THE PRIVACY ACT STATEMENT (SECTION 1001)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-245762	Date Filed 7-30-19
--------------------------	-----------------------

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

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

2a. Name of Employer Mid-Columbia Medical Center	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1700 E 19th St OR The Dalles 97058-
--	--

3a. Employer Representative - Name and Title Jackie Damm	3b. Address (If same as 2b - state same) 222 SW Columbia St OR Portland 97201-
--	---

3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jacqueline.damm@ogletree.com
---------------------	---------------------	--------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare	4b. Principal product or service	5a. City and State where unit is located: The Dalles, OR
--	---	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 10 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Oregon Nurses Association	8b. Address
---	--------------------

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

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

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

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

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

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

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

11b. Election Date(s): 8/8/2019	11c. Election Time(s): 6-8 a.m., 4-7 p.m.	11d. Election Location(s): TBD
---	---	--

12a. Full Name of Petitioner (including local name and number) Thomas Doyle Oregon Nurses Association	12b. Address (street and number, city, state, and ZIP code) 210 SW Morrison Street OR Portland 97204-
--	--

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

12d. Tel No. (503) 333-5975	12e. Cell No.	12f. Fax No.	12g. E-Mail Address doylet@bennethartman.com
---------------------------------------	----------------------	---------------------	--

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

13a. Name and Title Thomas Doyle General Counsel Bennett Hartman Morris and Kaplan	13b. Address (street and number, city, state, and ZIP code) 210 SW Morrison Street OR Portland 97204-
---	--

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address tom@bennethartman.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) Thomas Doyle	Signature Thomas Doyle	Title General Counsel	Date 07/29/2019 16:18:54
-------------------------------------	----------------------------------	---------------------------------	------------------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
19-RC-245762	7-30-19

Employees Included
Registered Nurses Care Managers employed by employer

Employees Excluded
Supervisors, Managers and Guards