

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

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and request 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:** Wildfire Defense Systems, Inc.  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 580 Zoot Enterprise Lane, Bozeman, Montana 59718

**3a. Employer Representative - Name and Title:** David Torgerson  
**3b. Address (if same as 2b - state same):** Same

**3c. Tel. No.:** 406-586-5400  
**3d. Cell No.:**  
**3e. Fax No.:**  
**3f. E-Mail Address:** dtorgerson@wildfire-defense.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):** Private Fire Protection  
**4b. Principal Product or Service:** skilled firefighting and mitigation  
**5a. City and State where unit is located:** Bozeman, Montana

**5b. Description of Unit Involved:**  
**Included:** All employees classified as FF1, FF2, Engine Boss/Liaison, LOFR and Captain permanent or Seasonal  
**Excluded:** Guards, confidential clerical and top-level senior staff.  
**6a. Number of Employees in Unit:**  
**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)** 09/29/19 **and Employer declined recognition**  
 **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

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

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

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

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

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

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

**11b. Election Date(s):**  
**11c. Election Time(s):**  
**11d. Election Location(s):**

**12a. Full Name of Petitioner (including local name and number):** International Association of Fire Fighters (IAFF) Local I-96  
**12b. Address (street and number, city, State and ZIP code):** PO Box 5604, West Richland, WA

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):** International Association of Fire Fighters

**12d. Tel. No.:**  
**12e. Cell No.:** 509-999-3090  
**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:** Ricky J. Walsh, IAFF 7th District VP  
**13b. Address (street and number, city, State and ZIP code):** PO Box 5604, West Richland, WA 99353

**13c. Tel. No.:**  
**13d. Cell No.:** 509-999-3090  
**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):** Ricky J. Walsh  
**Signature:**   
**Title:** IAFF 7th District Vice President  
**Date:** 9/29/19

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

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

Case No.  
19-RC-249167

Date Filed  
10/1/2019

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

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

<b>2a. Name of Employer:</b> The Columbian	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 701 West 8th St., Vancouver, WA 98660
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<b>3a. Employer Representative - Name and Title:</b> Scott Campbell, Publisher	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> 360-694-3391	<b>3d. Cell No.</b> -	<b>3e. Fax No.</b> -	<b>3f. E-Mail Address</b> scott.campbell@columbian.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Media	<b>4b. Principal Product or Service</b> News media	<b>5a. City and State where unit is located:</b> Vancouver, WA
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All newsroom employees <b>Excluded:</b> Editors, managers, supervisors, and all those excluded under the Act	<b>6a. Number of Employees in Unit:</b> 28	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 09/30/2019 and Employer declined recognition on or about (Date) 09/30/2019 (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

<b>11b. Election Date(s):</b> 10/31/2019	<b>11c. Election Time(s):</b> 8am-10am, 4pm-6pm	<b>11d. Election Location(s):</b> 701 West 8th St., Vancouver, WA
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<b>12a. Full Name of Petitioner (including local name and number):</b> Pacific Northwest Newspaper Guild	<b>12b. Address (street and number, city, State and ZIP code):</b> 2800 First Ave., Room 312, Seattle, WA 98121
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Communications Workers of America

<b>12d. Tel. No.</b> 206-328-1190	<b>12e. Cell No.</b> -	<b>12f. Fax No.</b> -	<b>12g. E-Mail Address</b> guild37082@gmail.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title:</b> Dmitri Iglitzin, Attorney	<b>13b. Address (street and number, city, State and ZIP code):</b> 18 West Mercer St., Ste. 400, Seattle, WA 98119
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<b>13c. Tel. No.</b> 206-257-6003	<b>13d. Cell No.</b> -	<b>13e. Fax No.</b> -	<b>13f. E-Mail Address</b> iglitzin@workerlaw.com
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

Name (Print) Dmitri Iglitzin	Signature	Title Attorney	Date 10/1/2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. <b>19-RC-249466</b>	Date Filed <b>10-4-2019</b>
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**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

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

<b>2a. Name of Employer</b> Confluence Health	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1201 South Miller St WA Wenatchee 98801-
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<b>3a. Employer Representative - Name and Title</b> Tom Christensen	<b>3b. Address (If same as 2b - state same)</b> 1201 South Miller St WA Wenatchee 98801-
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<b>3c. Tel. No.</b> (509) 665-6072	<b>3d. Cell No.</b> (509) 860-1765	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> thomas.christensen@confluencehealth.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare	<b>4b. Principal product or service</b> Healthcare	<b>5a. City and State where unit is located:</b> Wenatchee, WA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 13	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
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**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) 09/30/2019 and Employer declined recognition on or about 09/30/2019 (Date) (If no reply received, so state). Yes

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

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> UFCW 21 Matt Loveday	<b>8b. Address</b> 5030 1st Ave S Suite 200 WA Burien 98134-
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<b>8c. Tel No.</b> (206) 419-0433	<b>8d Cell No.</b> (206) 419-0433	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> mattyloveday@gmail.com
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 06/30/2020
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved? No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

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

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

<b>11b. Election Date(s):</b> 10/28/19	<b>11c. Election Time(s):</b> Noon-1pm	<b>11d. Election Location(s):</b> on-site at Central Washington Hospital
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<b>12a. Full Name of Petitioner (including local name and number)</b> Matt Loveday United Food and Commercial Workers Local 21	<b>12b. Address (street and number, city, state, and ZIP code)</b> 5030 1st Ave S Suite 200 WA Seattle 98134-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Food and Commercial Workers, AFL-CIO

<b>12d. Tel No.</b> (206) 419-0433	<b>12e. Cell No.</b> (206) 419-0433	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> mloveday@ufcw21.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>		
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

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

<b>Name (Print)</b> Matt Loveday	<b>Signature</b> Matt Loveday	<b>Title</b> Organizer	<b>Date</b> 10/3/2019 15:35:43
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

**Employees Included**

The petitioner seeks to add through a self-determination election all full-time and regular part-time Echocardiography Techs, Echocardiography Techs (Lead), Histology Techs, Histology Techs (Lead), Nuclear Medicine Techs, Nuclear Medicine Techs (Lead), Vascular Sonographers, and Vascular Sonographers (Lead), employed by Confluence Health at 1201 South Miller St, Wenatchee WA 98801, to the existing technical bargaining unit.

**Employees Excluded**

Excluding all guards, supervisors, managers, and confidential employees, as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-249684	Date Filed 10-9-19

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

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

<b>2a. Name of Employer:</b> Swire Coca-Cola	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 9570 SW Barber Street, Wilsonville, OR 97070
<b>3a. Employer Representative - Name and Title:</b> Gary Hoffman -----Supervisor	<b>3b. Address (if same as 2b - state same):</b> 9570 SW Barber Street, Wilsonville, OR 97070

<b>3c. Tel. No.</b> 971-412-5783	<b>3d. Cell No.</b> N/A	<b>3e. Fax No.</b> N/A	<b>3f. E-Mail Address</b> ghoffman@swirecc.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Soft drink warehouse	<b>4b. Principal Product or Service</b> Coca-Cola	<b>5a. City and State where unit is located:</b> Wilsonville Oregon
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> Checkers <b>Excluded:</b> Mechanics, shipping & Receiving, Lab, Can lines, Everyone except Checkers	<b>6a. Number of Employees in Unit:</b> 8	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> Michal P. Mayo	<b>8b. Address:</b> 1850 NE 162nd Ave Portland, OR 97230
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<b>8c. Tel. No.</b> 503-257-0162	<b>8d. Cell No.</b> 503-348-4674	<b>8e. Fax No.</b> 503-251-2330	<b>8f. E-Mail Address</b> mmayo@taemsters162.com
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<b>8g. Affiliation, if any:</b> International Brotherhood of Teamsters	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

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

<b>11b. Election Date(s):</b> 11/12/2019	<b>11c. Election Time(s):</b> 5 am-8 am	<b>11d. Election Location(s):</b> Warehouse lunch room
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<b>12a. Full Name of Petitioner (including local name and number):</b> General Teamsters Local Union No. 162	<b>12b. Address (street and number, city, State and ZIP code):</b> 1850 NE 162nd Ave Portland, OR 97230
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Teamsters

<b>12d. Tel. No.</b> 503-257-0162	<b>12e. Cell No.</b> 503-348-4674	<b>12f. Fax No.</b> 503-251-2330	<b>12g. E-Mail Address</b> mmayo@teamsters162.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Michal P. Mayo Business Agent	<b>13b. Address (street and number, city, State and ZIP code):</b> 1850 NE 162nd Ave Portland, Or 97230

<b>13c. Tel. No.</b> 503-257-0162	<b>13d. Cell No.</b> 503-348-4674	<b>13e. Fax No.</b> 503-251-2330	<b>13f. E-Mail Address</b> mmayo@teamsters162.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Mike Mayo	Signature 	Title Business Agent	Date 10-9-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE

Case No. 19-RC-249667	Date Filed 10-9-2019
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

<b>2a. Name of Employer:</b> Pacific Northwest Ballet Association		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 301 Mercer Street, Seattle, WA 98109	
<b>3a. Employer Representative - Name and Title:</b> Ellen Walker, Executive Director		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> (206) 441-2428	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> EllenW@PNB.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Ballet company		<b>4b. Principal Product or Service</b> Ballet performances	
<b>5a. City and State where unit is located:</b> Seattle, WA		<b>5b. Description of Unit Involved:</b> Included: See attached. Excluded:	
<b>6a. Number of Employees in Unit:</b> See attached.		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 08/29/19 and Employer declined recognition on or about (Date) 09/13/19 (if no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> American Guild of Musical Artists		<b>8b. Address:</b> 1430 Broadway, 14th Floor, New York, NY 10018	
<b>8c. Tel. No.</b> (212) 265-3687	<b>8d. Cell No.</b> (415) 310-9877	<b>8e. Fax No.</b> (212) 262-9088	<b>8f. E-Mail Address</b> nheiber@musicalartists.org
<b>8g. Affiliation, if any:</b> Associated Actors & Artists of America		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 06/30/2022

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

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

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

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

11b. Election Date(s): October 30, 2019 11c. Election Time(s): 12:00 - 12:30 p.m. 11d. Election Location(s): Employer's facility

<b>12a. Full Name of Petitioner (including local name and number):</b> American Guild of Musical Artists	<b>12b. Address (street and number, city, State and ZIP code):</b> 1430 Broadway, 14th Floor, New York, NY 10018
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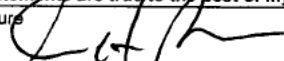
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
Petitioner is a national labor organization

<b>12d. Tel. No.</b> (212) 265-3687	<b>12e. Cell No.</b> (415) 310-9877	<b>12f. Fax No.</b> (212) 262-9088	<b>12g. E-Mail Address</b> nheiber@musicalartists.org
--	--	---------------------------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title: Andrew H. Baker, Attorney 13b. Address (street and number, city, State and ZIP code): Beeson, Tayer & Bodine, 483 Ninth Street, Ste. 200, Oakland, CA 94607

<b>13c. Tel. No.</b> (510) 625-9700	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 625-8275	<b>13f. E-Mail Address</b> abaker@beesontayer.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Andrew H. Baker	Signature 	Title Attorney for Petitioner	Date 10/9/2019
---------------------------------	--	----------------------------------	-------------------

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.

**ATTACHMENT TO RC PETITION**

Pacific Northwest Ballet Association

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

By this Petition, Petitioner seeks a self-determination election among the Employer's Stage Managers and Assistant Stage Managers to determine if they wish to be represented by Petitioner as part of the established bargaining unit represented by Petitioner.

**PRESENT BARGAINING UNIT:**

**Included:** All Dancers, Apprentices and Singers employed by the Employer.

**Excluded:** All other employees, guards and supervisors as defined by the Act.

**PROPOSED BARGAINING UNIT:**

**Included:** All Dancers, Apprentices, Singers, Stage Managers and Assistant Stage Managers employed by the Employer.

**Excluded:** All other employees, guards and supervisors as defined by the Act.

**6a. Number of Employees in Unit.**

Number of employees in **present** bargaining unit: Approximately 47

Number of employees in **proposed** bargaining unit: Approximately 51

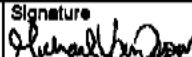
FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
19-RC-249824Date Filed  
10/11/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 5b 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-506); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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

<b>2a. Name of Employer:</b> DHL Express (USA) Inc.		<b>2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):</b> 5330 N.E. Courier Court, Portland, OR 97218	
<b>3a. Employer Representative - Name and Title:</b> Ryan Kramer - Station Services Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 503-484-2040	<b>3d. Cell No.</b> 503-568-0596	<b>3e. Fax No.</b> 503-288-6119	<b>3f. E-Mail Address</b> Ryan.Kramer@dhl.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Package Processing Facility		<b>4b. Principal Product or Service</b> Package Delivery/Pickup/Sort	<b>5a. City and State where unit is located:</b> Portland, OR
<b>5b. Description of Unit Involved:</b> Included: All office service agents employed at the Courier Court DHL station. Excluded: All other employees, and guards and supervisors defined in the Act.			<b>6a. Number of Employees in Unit:</b> 6 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input 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 checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> Michael Van Orsow		<b>8b. Address:</b> 1850 NE 162nd Ave. Portland, OR 97230	
<b>8c. Tel. No.</b> 503-257-0162	<b>8d. Cell No.</b> 503-320-9501	<b>8e. Fax No.</b> 503-251-2330	<b>8f. E-Mail Address</b> mvanorsow@teamsters162.com
<b>8g. Affiliation, if any:</b> Intern. Brotherhood of Teamsters, Local 162		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) Involved?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)</b> NA			
<b>10a. Name</b> NA	<b>10b. Address</b> NA	<b>10c. Tel. No.</b> NA	<b>10d. Cell No.</b> NA
		<b>10e. Fax No.</b> NA	<b>10f. E-Mail Address</b> NA
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: NA			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> October 28, 2019		<b>11c. Election Time(s):</b> 8 am thru 6 pm	
<b>11d. Election Location(s):</b> Station conference room			
<b>12a. Full Name of Petitioner (including local name and number):</b> General Teamsters Local Union No. 162		<b>12b. Address (street and number, city, State and ZIP code):</b> 1850 NE 162nd Ave. Portland, OR 97230	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 503-257-0162	<b>12e. Cell No.</b> 503-320-9501	<b>12f. Fax No.</b> 503-251-2330	<b>12g. E-Mail Address</b> mvanorsow@teamsters162.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Michael Van Orsow, Business Agent, IBT Local 162		<b>13b. Address (street and number, city, State and ZIP code):</b> 1850 NE 162nd Ave. Portland, OR 97230	
<b>13c. Tel. No.</b> 503-257-0162	<b>13d. Cell No.</b> 503-320-9501	<b>13e. Fax No.</b> 503-251-2330	<b>13f. E-Mail Address</b> mvanorsow@teamsters162.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> MICHAEL VAN ORSOW	<b>Signature</b> 	<b>Title</b> Business Agent	<b>Date</b> 10/11/19

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. § 161 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-249945

Date Filed  
10/15/2019

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

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

**2a. Name of Employer**  
CW Resources

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
200 Myrtle Street  
CT New Britain 06053-

**3a. Employer Representative - Name and Title**  
William Green

**3b. Address (If same as 2b - state same)**  
200 Myrtle Street  
CT New Britain 06053-

**3c. Tel. No.**  
(860) 229-7700

**3d. Cell No.**  
(860) 748-1819

**3e. Fax No.**  
(860) 229-6847

**3f. E-Mail Address**  
WGreen@cwresources.org

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

**4b. Principal product or service**

**5a. City and State where unit is located:**  
Jber, AK

**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:**  
50

**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) 10/07/2019 and Employer declined recognition on or about \_\_\_\_\_ (Date) (if no reply received, so state). No reply received**

**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:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):**  
November 5, 2019

**11c. Election Time(s):**  
11:00 a.m. to 1:00 p.m.

**11d. Election Location(s):**  
Building 8197, JBER, Alaska

**12a. Full Name of Petitioner (including local name and number)**  
Brandon Calcaterra  
Laborers' Local 341

**12b. Address (street and number, city, state, and ZIP code)**  
2501 Commercial Drive  
AK Anchorage 99501-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Laborers' International Union of North America

**12d. Tel No.**  
(907) 341-0341

**12e. Cell No.**  
(907) 360-4953

**12f. Fax No.**  
(907) 341-0342

**12g. E-Mail Address**  
bcalcaterra@local341.com

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

**13a. Name and Title**  
Khalial Leigh Withen General Counsel  
Alaska District Council of Laborers

**13b. Address (street and number, city, state, and ZIP code)**  
2501 Commercial Dr Ste 140  
AK Anchorage 99501-

**13c. Tel No.**  
(907) 276-1640

**13d. Cell No.**  
(907) 341-7295

**13e. Fax No.**  
(907) 274-7289

**13f. E-Mail Address**  
kwithen@alaskalaborers.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)**  
Khalial Leigh Withen

**Signature**  
Khalial Withen

**Title**  
General Counsel

**Date**  
10/14/2019 10:03:45

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.

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**DO NOT WRITE IN THIS SPACE**

Attachment

Case

Date Filed

19-RC-249945

10/15/2019

**Employees Included**

All full-time and part-time employees, including all janitors and non-supervisory lead janitors, employed by the Employer at Joint Base Elmendorf-Richardson, Alaska.

**Employees Excluded**

Supervisors, confidential employees, and clerical employees.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. 19-RC-249953	Date Filed 10/15/2019
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**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

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

<b>2a. Name of Employer</b> St. Charles Medical Center	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2500 NE Neff Road OR Bend 97756-
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<b>3a. Employer Representative - Name and Title</b> Paula Lehmann	<b>3b. Address (If same as 2b - state same)</b> 929 108th Avenue NE, Suite 1500 WA Bellevue 98004-
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<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> (425) 646-6186	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> paulalehmann@dw.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare	<b>4b. Principal product or service</b>	<b>5a. City and State where unit is located:</b> Bend, OR
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 20
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<b>Excluded:</b> See Attached Page 2 for additional details	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
---	---

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

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

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

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
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		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
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<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> October 23, 2019	<b>11c. Election Time(s):</b> 7 a.m. to 9 a.m.	<b>11d. Election Location(s):</b> TBD
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<b>12a. Full Name of Petitioner (including local name and number)</b> Renee Ruiz Oregon Nurses Association	<b>12b. Address (street and number, city, state, and ZIP code)</b> 18765 Southwest Boones Ferry Road OR Tualatin 97142-
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<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> American Federation of Teachers
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<b>12d. Tel No.</b> (253) 391-6197	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> ruiz@oregonnm.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
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<b>13a. Name and Title</b> Thomas Doyle General Counsel Bennett Hartman	<b>13b. Address (street and number, city, state, and ZIP code)</b> 210 Southwest Morrison Street OR Portland 97204-
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b> (503) 333-5975	<b>13e. Fax No.</b> (503) 248-6800	<b>13f. E-Mail Address</b> tom@bennethartman.com
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Thomas Doyle	<b>Signature</b> Thomas Doyle	<b>Title</b> General Counsel	<b>Date</b> 10/14/2019 13:51:34
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

**Employees Included**

All registered nurses employed at St. Charles Medical Center, Bend, in Cancer Center to be included in existing Registered Nurse Unit at same facility

**Employees Excluded**

Supervisors, managers, and guards

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

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-250040	Date Filed 10/16/2019

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

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

2a. Name of Employer Recology CleanScapes		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7303 8th Ave South   Seattle, WA 98108	
3a. Employer Representative - Name and Title Kevin Kelly General Manager		3b. Address (If same as 2b - state same) 7303 8th Ave South Seattle, WA 98108	
3c. Tel. No. 206.764.8994	3d. Cell No. 206.619.0892	3e. Fax No. 206-260-9012	3f. E-Mail Address kkelly@recology.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Sanitation	4b. Principal product or service office clerical	5a. City and State where unit is located: Seattle, WA	

**5b. Description of Unit Involved**  
**Included:** All full-time and part-time Opt Analyst, Data Quality Specialist and GIS Specialist located in Seattle.  
**Excluded:** All other employees, guards and supervisors as defined by the Act.

6a. No. of Employees in Unit: 6
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <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): 10-22-2019	11c. Election Time(s): 11:00 PM-12:00 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
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title 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 10-15-2019
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

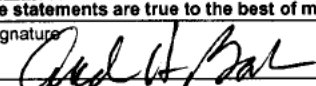
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses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

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

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-250115	Date Filed 10/17/2019

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

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

<b>2a. Name of Employer:</b> Pacific Northwest Ballet Association		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 301 Mercer Street, Seattle, WA 98109	
<b>3a. Employer Representative - Name and Title:</b> Ellen Walker, Executive Director		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> (206) 441-2428	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> EllenW@PNB.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Ballet company		<b>4b. Principal Product or Service</b> Ballet performances	<b>5a. City and State where unit is located:</b> Seattle, WA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached. <b>Excluded:</b>		<b>6a. Number of Employees in Unit:</b> See attached. <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>08/29/19</u> and Employer declined recognition on or about (Date) <u>09/13/19</u> (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> American Guild of Musical Artists		<b>8b. Address:</b> 1430 Broadway, 14th Floor, New York, NY 10018	
<b>8c. Tel. No.</b> (212) 265-3687	<b>8d. Cell No.</b> (415) 310-9877	<b>8e. Fax No.</b> (212) 262-9088	<b>8f. E-Mail Address</b> nheiber@musicalartists.org
<b>8g. Affiliation, if any:</b> Associated Actors & Artists of America		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 06/30/2022
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			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> October 30, 2019		<b>11c. Election Time(s):</b> 12:00 - 12:30 p.m.	
<b>11d. Election Location(s):</b> Employer's facility			
<b>12a. Full Name of Petitioner (including local name and number):</b> American Guild of Musical Artists		<b>12b. Address (street and number, city, State and ZIP code):</b> 1430 Broadway, 14th Floor, New York, NY 10018	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Petitioner is a national labor organization			
<b>12d. Tel. No.</b> (212) 265-3687	<b>12e. Cell No.</b> (415) 310-9877	<b>12f. Fax No.</b> (212) 262-9088	<b>12g. E-Mail Address</b> nheiber@musicalartists.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Andrew H. Baker, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> Beeson, Tayer & Bodine, 483 Ninth Street, Ste. 200, Oakland, CA 94607	
<b>13c. Tel. No.</b> (510) 625-9700	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 625-8275	<b>13f. E-Mail Address</b> abaker@beesontayer.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Andrew H. Baker	<b>Signature</b> 	<b>Title</b> Attorney for Petitioner	<b>Date</b> 10/17/19

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.

**ATTACHMENT TO RC PETITION**

Pacific Northwest Ballet Association

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

By this Petition, Petitioner seeks a self-determination election among the Employer's Stage Managers and Assistant Stage Managers to determine if they wish to be represented by Petitioner as part of the established bargaining unit represented by Petitioner.

**PRESENT BARGAINING UNIT:**

**Included:** All Dancers, Apprentices and Singers employed by the Employer.

**Excluded:** All other employees, guards and supervisors as defined by the Act.

**PROPOSED BARGAINING UNIT:**

**Included:** All Dancers, Apprentices, Singers, Stage Managers and Assistant Stage Managers employed by the Employer.

**Excluded:** All other employees, guards and supervisors as defined by the Act.

**6a. Number of Employees in Unit.**

Number of employees in **present** bargaining unit: Approximately 47

Number of employees in **proposed** bargaining unit: Approximately 51

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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  
**REC SILICON**

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
**119140 Rick Jones Way, Silver Bow MT 59750**

3a. Employer Representative - Name and Title  
**Ed STEPAN**

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

3c. Tel. No.  
**406-496-9851**

3d. Fax No.

3e. Cell No.

3f. E-Mail Address  
**Ed.Stepan@RecSilicon.com**

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

4b. Principal product or service  
**Poly Silicon**

5a. Description of Unit Involved  
Included:  
**MAINTENANCE DEPT.**  
Excluded:  
**OPERATIONS**

5b. City and State where unit is located:  
**SILVER BOW MONTANA**

6. No. of Employees in Unit  
**35**

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.B.E.W. LOCAL 233**

8b. Affiliation, if any  
**I.B.E.W.**

8c. Address  
**156 W. Granite St. Butte, MT 59701**

8d. Tel. No.  
**406-494-7623**

8e. Cell No.

8f. Fax No.

8g. E-Mail Address  
**ibew233.org**

9. Date of Recognition or Certification  
**JAN 5 2016**

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
**Dec. 31<sup>ST</sup> 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)  
**11/12/19 OR TBD**

13c. Election Time(s)  
**4:45 PM - 5:30 PM**

13d. Election Location(s)  
**REC SILICON MAIN LUNCH ROOM**

14a. (b) (6), (b) (7)(C) City, State, ZIP code

14b. Tel. No.

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

15c. City, State, ZIP code

15d. Tel. No.

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

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

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

I declare that I have read the above petition \_\_\_\_\_ of my knowledge and belief.

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

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

Date Filed  
**10/17/19**



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

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-250364	Date Filed 10/22/2019

**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 1128 St. Paul Ave  
WA Tacoma 98409

**3a. Employer Representative - Name and Title**  
Kim Mingo

**3b. Address (If same as 2b - state same)**  
201 NE Park Plaza Dr.  
WA Vancouver 98684

**3c. Tel. No.**  
(360) 896-9500

**3d. Cell No.**  
(360) 334-2715

**3e. Fax No.**

**3f. E-Mail Address**  
kim.mingo@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:**  
8

**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  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)**

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

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

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

**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 Tacoma

**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)**  
General Teamsters Local 313 affiliated with the International Brotherhood of Teamsters

**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.**

<b>Name (Print)</b> Bob Dahl	<b>Signature</b> Bob Dahl 	<b>Title</b> Organizer	<b>Date</b> 10/21/2019 12:04:04
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

**DO NOT WRITE IN THIS SPACE**

Attachment

Case 19-RC-250364	Date Filed 10/22/2019
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**Employees Included**  
**All Full and Part Time Mechanics**

**Employees Excluded**  
**All others including managerial, temporary, confidential and statutory supervisory employees**

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. 19-RC-250648	Date Filed 10/28/2019
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**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

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

<b>2a. Name of Employer</b> Saint Alphonsus Medical Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3325 Pocahontas Rd OR Baker City 97814-	
<b>3a. Employer Representative - Name and Title</b> Brooke Thrasher		<b>3b. Address (If same as 2b - state same)</b> 3325 Pocahontas Rd OR Baker City 97814-	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Brooke.Thrasher@saintalphonsus.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal product or service</b>	
		<b>5a. City and State where unit is located:</b> Baker City, OR	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 20
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

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

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

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

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

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

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> November 5, 2019	<b>11c. Election Time(s):</b> 6-8 a.m., 12-2 p.m., 4-6 p.m.	<b>11d. Election Location(s):</b> Employer's facility conference room.
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<b>12a. Full Name of Petitioner (including local name and number)</b> Lydia Hallay Oregon Nurses Association	<b>12b. Address (street and number, city, state, and ZIP code)</b> 18765 Southwest Boones Ferry Road Suite 200 OR Tualatin 97162-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
American Federation of Teachers

<b>12d. Tel No.</b> (503) 293-0011	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> hallay@oregonrn.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

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

<b>Name (Print)</b> Thomas Doyle	<b>Signature</b> Thomas Doyle	<b>Title</b>	<b>Date</b> 10/25/2019 10:32:47
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
19-RC-250648	10/28/2019

**Employees Included**

All Technical employees to be included through Armour-Globe election into existing registered nurse bargaining unit.

**Employees Excluded**

Managers, supervisors, and guards.

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

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-250685	Date Filed 10/28/2019

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-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**  
Ferguson

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
4100 W Marginal Way SW, Seattle, WA 98106

**3a. Employer Representative - Name and Title**  
Brian Nieuwenhuis Area Manager

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

**3c. Tel. No.** 206-767-7700

**3d. Cell No.** 951-536-4124

**3e. Fax No.**

**3f. E-Mail Address** Brian.Nieuwenhuis@ferguson.com

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

**4b. Principal product or service** Delivery / Driving

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

**5b. Description of Unit Involved**

**Included:** All full-time and part-time delivery drivers employed by the employer at its facility located in Seattle, WA

**Excluded:** All other employees including ,warehouse, office clerical, guards and supervisors as defined by the Act.

**6a. No. of Employees in Unit:** 13

**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):** 4:30 am -5:30 am

**11c. Election Time(s):** 11-14-19

**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

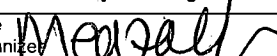
**13d. Cell No.** 206-250-2566

**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** 10-25-19

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

**PRIVACY ACT STATEMENT**

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>19-RC-250692</b>	Date Filed <b>10/28/2019</b>

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

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

**2a. Name of Employer**  
Costco Wholesale

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
4000 142nd Ave E Sumner, WA 98390

**3a. Employer Representative - Name and Title**  
Ryan White Fleet Manager

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

**3c. Tel. No.**  
253-826-6504

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
d171fm@costco.com

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

**4b. Principal product or service**  
Depot delivery

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

**5b. Description of Unit Involved**

**Included:** All full-time and part-time semi truck (depot) drivers and hostlers employed by the employer at facility located in Sumner, WA

**Excluded:** All other employees, including warehouse, office clerical, guards and supervisors as defined by the Act.

**6a. No. of Employees in Unit:**  
70

**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):**  
11-25-19

**11c. Election Time(s):**  
10:30am-12:00pm and 3:30pm-6:00pm

**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

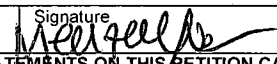
**13d. Cell No.**  
206-250-2566

**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**  
10-28-19

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

**PRIVACY ACT STATEMENT**

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