

UNITED STATES OF AMERICA
 NATIONAL LABOR RELATIONS BOARD
 CHARGE AGAINST LABOR ORGANIZATION
 OR ITS AGENTS

DO NOT WRITE IN THIS SPACE	
Case 32-CB-5028 -20-CB-10073-	Date Filed 10/30/98 -6/29/98

INSTRUCTIONS: File an original and 3 copies of this charge and an additional copy for each organization, each local, and each individual named in Item 1 with the NLRB Regional Director of the region in which the alleged unfair labor practice occurred or is occurring.

1. LABOR ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

a. Name California Nurses Association		b. Telephone No. 415/864-4141
c. Union Representative to contact Linda Kinsey	d. Address (street, city, state and ZIP code) 1143 Market Street, Suite 1100, San Francisco, CA 94103	e. FAX No.

f. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section B(b), subsection(s) (list subsections) (X)AY_____ of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the last six months the above listed labor organization, its agents and representatives, have unlawfully breached their duty of fair representation owed to Alma Fields by requiring her to pay dues for the period of time after she withdrew from the Union and at a time that there was no collective bargaining agreement in effect.

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3. Name of Employer Kaiser Permanente		4. Employer representative to contact Terry O'Brien	
5. Location of plant involved (street, city, state and ZIP code) 2025 Morse Avenue, Sacramento, CA 95821		6. Telephone No. 916/979-3515	7. FAX No.
8. Type of establishment (factory, mine, wholesaler, etc.) hospital	9. Identify principal product or service health care	10. Number of workers employed 100+	
11. Full name of party filing charge Alma Fields		12. Telephone No. 916/979-3506 (work) 916/485-6341 (home)	
13. Address of party filing charge (street, city, state and ZIP code) 3508 Condor Court, Carmichael, CA 95608		14. FAX No. 916-979-3503	

15. DECLARATION

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

By Alma J. Fields An Individual Alma Fields
 (signature of representative or person making charge) (title or office, if any)

Address 3508 Condor Court, Carmichael, CA 95608 Telephone No 916/979-3506
 (work) 916/485-6341 (home)

FAX No. _____ 6-1-98
 (date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT. (U. S. CODE, TITLE 2, SECTION 1001)

ORIGINAL