

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

DO NOT WRITE IN THIS SPACE	
Case 32-CB-6301	Date Filed 7-20-2007

INSTRUCTIONS: File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

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

Name Teamsters Local 386 JOHN P. SOUZA		b. Union Representative to contact <i>Secretary-Treasurer</i>
c. Telephone No. 209-526-2755 EXT 211	d. Address (Street, city, state, and ZIP code) 1225 13th ST. MODESTO CA 95354	
Fax No. 209-526-9485		

e. 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 8(b) subsection(s) *(list subsections)* 3 of the National Labor Relations Act, and these unfair labor practices are unfair practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

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

I JOE AVILA Shop Steward for Local 386 asked or requested to provide me with copies of all Teamsters local 386 credit card statements, for the purpose to ascertain the exact amount of money being spent for travel, out of town expenses, meeting expenses etc. Mr. John Souza is refusing to give me anything. Mr. John Souza makes 93,000 plus expenses from our local. Like to know were my money is going. Thank you

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NLRB
MODESTO, CA

3. Name of Employer		4. Telephone No. 609	Fax No.
5. Location of plant involved (street, city, state and ZIP code)		6. Employer representative to contact	
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product or service	9. Number of workers employed	
10. Full name of party filing charge JOE A. AVILA		12. Telephone No. 209-552-9038	
11. Address of party filing charge (street, city, state and ZIP code.) 1428 GENEVIEVE WAY CERES CA, 95307		Fax No. 209-537-8069	

13. 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 *[Signature]*
(signature of representative or person making charge)

JOE AVILA
(Print/typo name and title or office, if any)

(Fax) _____ (date) **7-25-07**

Address _____

(Telephone No.) _____ (date)

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

COPY SENT NLRB

Date _____ By _____