

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-225302

Date Filed

8/9/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b 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:**

Target Corporation

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**124 E. Jericho Turnpike  
Huntington Station, NY 11746**3a. Employer Representative - Name and Title:**Ken Figgs  
(Store Manager)**3b. Address (if same as 2b - state same):**

Same

**3c. Tel. No.**

(631) 760-3271

**3d. Cell No.****3e. Fax No.****3f. E-Mail Address****4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Retail Store

**4b. Principal Product or Service**

Consumer Goods

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

Huntington Station, NY

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

Included:

See attachment.

Excluded:

See attachment.

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

200

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ NoCheck One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date)

on or about (Date) (If no reply received, so state).

and Employer declined recognition

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**

None

**8b. Address:****8c. Tel. No.****8d. Cell No.****8e. Fax No.****8f. E-Mail Address****8g. Affiliation, if any:****8h. Date of Recognition or Certification****8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)****9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating?

(Name of Labor Organization)

, has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)****10a. Name****10b. Address****10c. Tel. No.****10d. Cell No.****10e. Fax No.****10f. E-Mail Address****11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:**11a. Election Type:**☒ Manual ☐ Mail ☐ Mixed Manual/Mail**11b. Election Date(s):**

August 24, 2018

**11c. Election Time(s):**

8:00 a.m.-11:00 a.m./5:00 p.m.-8:00 p.m.

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

Same as 2b.

**12a. Full Name of Petitioner (including local name and number):**

United Food &amp; Commercial Workers Union Local 1500

**12b. Address (street and number, city, State and ZIP code):**425 Merrick Ave.  
Westbury, NY 11590**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**

United Food &amp; Commercial Workers International Union

**12d. Tel. No.**

(516) 214-1362

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

bsexton@ufcw1500.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.****13a. Name and Title:**

Damien O. Maree - Attorney

**13b. Address (street and number, city, State and ZIP code):**100 Crossways Park Drive West, Suite 200  
Woodbury, NY 11797**13c. Tel. No.**

(516) 248-5757

**13d. Cell No.****13e. Fax No.**

(516) 742-1765

**13f. E-Mail Address**

dom@cohmlaw.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)

Damien O. Maree

Signature

Title  
Attorney

Date

08/08/18

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

## 5b. Description of Unit Involved:

Included: All full-time and regular part-time Cashiers, Cart Attendants, Service Desk Personnel, Guest Service Attendants, Cash Office Personnel, Human Resources Staff, Signing Personnel, Visual Merchandising Personnel, Softlines – Sales Floor Staff, Hardlines – Sales Floor Staff, Electronics – Sales Floor Staff, Beauty – Sales Floor Staff, Presentation Personnel, Price Accuracy Staff, Flexible Fulfillment Personnel, Consumables – Sales Floor Staff, Starbucks Staff, Target Café Staff, Backroom Personnel, OPU Pick Personnel, Reverse Logistics Personnel, and Unload/Stocking Personnel.

Excluded: Team Leads, Senior Team leads, Executive Team Leads, Asset Protection Personnel, Pharmacy Staff, and all other employees, casual employees, confidential clerical and office workers, professional employees and supervisors as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

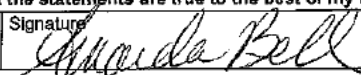
29-RC-224784

Date Filed

8/2/18

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

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

<b>2a. Name of Employer:</b> CVS Health		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1249-1251 Nostrand Ave., Brooklyn, NY 11225 (Store No. 2344)	
<b>3a. Employer Representative - Name and Title:</b> Rob Francin		<b>3b. Address (if same as 2b - state same):</b> 200 Campus Drive, Suite 310, Florham Park, NJ 07932	
<b>3c. Tel. No.</b> 401.772.8408	<b>3d. Cell No.</b> 201.892.5721	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Rob.FRANCIN@CVSHealth.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Store		<b>4b. Principal Product or Service</b> Retail	
<b>5b. Description of Unit Involved:</b> Included: See attached. Excluded: See attached.		<b>5a. City and State where unit is located:</b> Brooklyn, NY	
		<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	
<b>Check One:</b> <input type="checkbox"/> 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). <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> None.		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> 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> 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> August 17, 2018		<b>11c. Election Time(s):</b> 1:00pm - 4:00pm	
		<b>11d. Election Location(s):</b> 2nd floor storage room in the store	
<b>12a. Full Name of Petitioner (including local name and number):</b> Local 338 RWDSU/UFCW		<b>12b. Address (street and number, city, State and ZIP code):</b> 1505 Kellum Place Mincola, NY 11501	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Retail, Wholesale, and Department Store Union (RWDSU) and United Food & Commercial Workers (UFCW), AFL-CIO			
<b>12d. Tel. No.</b> 516-294-1338	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Amanda Bell attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> Friedman & Anspach, 1500 Broadway New York, NY 10036	
<b>13c. Tel. No.</b> 212-354-4500	<b>13d. Cell No.</b> 646-709-2449	<b>13e. Fax No.</b> 212-719-9072	<b>13f. E-Mail Address</b> abell@friedmananspach.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Amanda Bell	<b>Signature</b> 	<b>Title</b> attorney for Local 338	<b>Date</b> 07/31/18

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.

RC Petition of Local 338 RWDSU/UFCW

Form NLRB-502

Filed July 31, 2018

Employer: CVS Health at 1249-1251 Nostrand Avenue, Brooklyn, NY

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

Included: All regular full time and part-time pharmacy technicians, lead pharmacy technicians, pharmacy technician trainees, and inventory specialists in the pharmacy section of the store.

Excluded: All employees in the retail section of the store and all other employees in the pharmacy section of the store (including pharmacists, pharmacist-floaters, and pharmacy interns) and all managers, guards, and others statutorily excluded by the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

29-RC-225553

Date Filed

8/14/18

**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**

ABM

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

81 S Cargo Rd  
NY Jamaica 11430-1706

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

Paul Burnup

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

**3c. Tel. No.**

(718) 847-6512

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

paul.burnup@abm.com

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

Food Processing

**4b. Principal product or service**

Catering

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

Jamaica, NY

**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:**

250

**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?** 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):**  
September 5, 2018

**11c. Election Time(s):**  
10:00am - 1:00pm; 5:00pm - 8:00pm

**11d. Election Location(s):**  
A vehicle in the parking lot of the employer's facility

**12a. Full Name of Petitioner (including local name and number)**

Thomas Rowland  
Local 1102

**12b. Address (street and number, city, state, and ZIP code)**

311 Crossways Park Dr  
NY Woodbury 11797-2041

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Retail, Wholesale, Department Store Union, affiliated with the United Food and Commercial Workers

**12d. Tel No.**

(516) 683-1102

**12e. Cell No.**

**12f. Fax No.**

(516) 832-9205

**12g. E-Mail Address**

tom@local1102.org

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

**13a. Name and Title**

Matthew Rocco Legal Counsel  
Rothman Rocco LaRuffa, LLP

**13b. Address (street and number, city, state, and ZIP code)**

3 W Main St Ste 200  
NY Elmsford 10523-2414

**13c. Tel No.**

(914) 478-2801

**13d. Cell No.**

(516) 297-7457

**13e. Fax No.**

(914) 478-2913

**13f. E-Mail Address**

mrocco@rothmanrocco.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)**

Matthew Rocco

**Signature**

Matthew Rocco

**Title**

Legal Counsel

**Date**

08/13/2018 12:35:21

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

**PRIVACY ACT STATEMENT**

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-225553	Date Filed 8/14/18

**Employees Included**

All regular full time and part time warehouse workers, dispatchers, drivers, drivers helpers, ramp workers and coordinators employed by the Employer at Building 81 South Cargo Road, Jamaica, New York

**Employees Excluded**

All casual employees, managerial employees, guards and supervisors as defined by the Act.



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

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-225573

Date Filed

8/14/18

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

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

<b>2a. Name of Employer</b> Related Management Co./Elton		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) Please see attached document	
<b>3a. Employer Representative - Name and Title</b> Elaine Silberberg		<b>3b. Address</b> (If same as 2b -- state same) 423 West 55th Street, New York, NY 10019	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ESilberberg@related.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Real estate management		<b>4b. Principal product or service</b> Building maintenance	
<b>5b. Description of Unit Involved</b> <b>Included:</b> all full time and part time porters, all full time and part time assistant superintendents <b>Excluded:</b> Superintendents, guards, supervisors, and other titles excluded by the Act		<b>5a. City and State where unit is located:</b> Brooklyn, NY	
		<b>6a. No. of Employees in Unit:</b> 10	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

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

<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	<b>11b. Election Date(s):</b> ASAP, any Tuesday, Wed, or Thurs	<b>11c. Election Time(s):</b> 9:00AM	<b>11d. Election Location(s):</b> Community room, 475 Locke Street, Brooklyn, NY 11207
--	---	---	---

<b>12a. Full Name of Petitioner</b> (including local name and number) Local 338, RWDSU/UFCW	<b>12b. Address</b> (street and number, city, state, and ZIP code) 1505 Kellum Place, Mineola, NY 11501
--	--

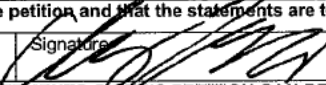
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
United Food and Commercial Workers

<b>12d. Tel No.</b> 516-294-1338	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 516-281-0257	<b>12g. E-Mail Address</b> ediaz@local338.org
-------------------------------------	----------------------	-------------------------------------	--

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

<b>13a. Name and Title</b> Christopher S. Baluzy		<b>13b. Address</b> (street and number, city, state, and ZIP code) Cary Kane LLP, 1350 Broadway, Suite 1400, New York, NY 10018	
<b>13c. Tel No.</b> 212-871-0535	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 646-599-9575	<b>13f. E-Mail Address</b> CBaluzy@carykanelaw.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> Christopher S. Baluzy	<b>Signature</b> 	<b>Title</b> Counsel	<b>Date</b> August 13, 2018
--	---	-------------------------	--------------------------------

**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.

**Addendum to RC Petition**

**2b. Addresses of establishment involved:**

1. 1165 Elton Street  
Brooklyn, NY 11207
2. 1149 Elton Street  
Brooklyn, NY 11207
3. 1166 Elton Street  
Brooklyn, NY 11207
4. 1152 Elton Street  
Brooklyn, NY 11207
5. 1062 Elton Street  
Brooklyn, NY 11207
6. 475 Locke Street  
Brooklyn, NY 11207
7. 516 Vandalia Avenue  
Brooklyn, NY 11207
8. 524 Vandalia Avenue  
Brooklyn, NY 11207
9. 526 Schroeders Avenue  
Brooklyn, NY 11207



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

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-225857

Date Filed

8/17/18

**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> MV Transportation WAV		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 18-02 Petracca Pl. College point NY Queens 11356	
<b>3a. Employer Representative - Name and Title</b> Joseph Smith		<b>3b. Address (if same as 2b - state same)</b> 297 Norman Ave NY Brooklyn 11222-3766	
<b>3c. Tel. No.</b> (718) 389-4241	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Joseph.smith@mvtransit.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation		<b>4b. Principal product or service</b> Transportation	
<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>5a. City and State where unit is located:</b> College Point, NY	
		<b>6a. No. of Employees in Unit:</b> 55	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 08/16/2018 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.

<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? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_  
**10.** Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

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

<b>11b. Election Date(s):</b> 9/14/18	<b>11c. Election Time(s):</b> 5AM to 11AM	<b>11d. Election Location(s):</b> 18-02 Petracca Pl. Collage Point, NY 11356	
<b>12a. Full Name of Petitioner (including local name and number)</b> Nicholas W Hedge Amalgamated Transit Union Local 1181-1061		<b>12b. Address (street and number, city, state, and ZIP code)</b> 20 N. Central Ave. NY Valley Stream 11580	

**12c.** Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Amalgamated transit union

<b>12d. Tel No.</b> (718) 845-5600	<b>12e. Cell No.</b> (917) 456-2741	<b>12f. Fax No.</b> (516) 881-7651	<b>12g. E-Mail Address</b> NHedge1000@aol.com
---------------------------------------	--	---------------------------------------	--

**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> Nicholas W Hedge	<b>Signature</b> /s/ Nicholas W. Hedge	<b>Title</b> Organizer	<b>Date</b> 08/16/2018 13:58:19
---	---	---------------------------	------------------------------------

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
29-RC-225857	8/17/18

**Employees Included**

All full time and regular part time drivers employed by the employer who provides services for MV Transportation WAvand operate out of the employers facility at 18-02 Petracca Pl. College Point NY 11356

**Employees Excluded**

All other employees, Mechanics Maintenance, Managers, Guards, Professional Employees and Supervisors as defined by the act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.	29-RC-225969	Date Filed	8/21/2018
----------	--------------	------------	-----------

**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> Sea Gate Association		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 3700 Surf Ave NY Brooklyn 11224-1297	
<b>3a. Employer Representative - Name and Title</b> JoAnna Crowe		<b>3b. Address</b> (If same as 2b - state same) 3700 Surf Ave NY Brooklyn 11224-1297	
<b>3c. Tel. No.</b> (718) 449-4700	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (718) 449-4713	<b>3f. E-Mail Address</b> INFO@SGANY.ORG
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Real Estate Operations		<b>4b. Principal product or service</b> Waterfront Community	
<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>5a. City and State where unit is located:</b> Brooklyn, NY	
		<b>6a. No. of Employees in Unit:</b> 30	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> 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.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). Sea Harbor Police Benevolent Association John Russiello		<b>8b. Address</b> 100 Middleton Rd Apt 2B NY Bohemia 11716-3923	
<b>8c. Tel No.</b> (631) 560-5929	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> Ragu158@aol.com
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b> 01/15/2015	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) 01/14/2018

**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>11b. Election Date(s):</b> 9/10/18	<b>11c. Election Time(s):</b> 7 to 9 AM and 3 to 5 pm	<b>11d. Election Location(s):</b> Sea Gate Association 3700 Surf Ave Brooklyn NY
<b>12a. Full Name of Petitioner (including local name and number)</b> Steve Maritas Law Enforcement Officers Security Unions LEOSU, LEOS-PBA		<b>12b. Address</b> (street and number, city, state, and ZIP code) PO Box 562 NY Bellmore 11710-0562

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Law Enforcement Officers Security & Police Benevolent Association

<b>12d. Tel No.</b> (800) 228-7492	<b>12e. Cell No.</b> (516) 499-2681	<b>12f. Fax No.</b> (202) 595-3510	<b>12g. E-Mail Address</b> LEOSUNIONS@GMAIL.COM
---------------------------------------	--	---------------------------------------	--

**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</b> (street and number, city, state, and ZIP code)	
<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> Steve Maritas	<b>Signature</b> Steve Maritas	<b>Title</b> Organizing Director	<b>Date</b> 08/21/2018 03:51:33
--------------------------------------	-----------------------------------	-------------------------------------	------------------------------------

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

**PRIVACY ACT STATEMENT**

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-225969	Date Filed 8/21/2018

#### Employees Included

All full-time and regular part-time Police Officers performing guard duties as defined in Section 9(b)3 of the Act employed by The Sea Gate Association

#### Employees Excluded

All other employees, including office clerical employees, professional employees, sergeants, those of higher rank and supervisors as defined in the Act.