UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 29-RC-244157	Date Filed 7/1/2019						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region									
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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							•		
1. PURPOSE OF THIS PETITION						of employees wish to	be represented	for purposes of collective	
bargaining by Petitioner and Pe	etitioner desi	res to be certifie	ed as representativ	e of the emp	loyees. The	Petitioner alleges th	at the following	g circumstances exist and	
requests that the National La	bor Relatio	ns Board proce	eed under its pro	per authoriti	y pursuant to	Section 9 of the Na	ational Labor R	elations Act.	
2a. Name of Employer						t(s) involved (Street a		, State, ZIP code)	
Briscoe Protective System 3a. Employer Representative – I		illa	100 1			ntereach, NY 11 s 2b - state same)	720		
3a. Employer Representative – I	Name and I	ille			S ABOVE	s 20 – state same)			
The Manufactor Difference				SAME A	IS ABO TE				
Thomas Manning - Direct		3d. Cell No.		20 For No			3f. E-Mail Add		
3c. Tel. No. (631) 864-8666	1.5	ad. Cell No.		3e. Fax No	D.			briscoeprotective.com	
4a. Type of Establishment (Factor	v mine who	olesaler etc.)	4b. Principal prod	fuct or service				and State where unit is located:	
Fire alarm and Security Insta			Fire alarm an			on Services	1	ach, NY	
5b. Description of Unit Involved		pun)	The diamin di	d Scouric	motanati	on oci vices	1 0011101	6a. No. of Employees in Unit:	
Process of the second second to the second s			annica taabui	inna fina	in atallara	fino oloum tooku	ا مناه مساما	24	
Included: All full-time a	ma reguia	ar part-time	service technic	nans, me	mstaners,	nre aların teçim	icians, and	6b. Do a substantial number (30%	
security installers.								or more) of the employees in the	
Excluded: All other emp	oloyees, ii	ncluding all	office staff, m	anagemer	it, and sup	ervisors as defin	ed by the	unit wish to be represented by the	
Act.								Petitioner? Yes [X] No []	
Check One: 7a. Requ	uest for reco	gnition as Barga	aining Representat	ive was mad	le on (Date)	an	d Employer decl	ined recognition on or about	
			f no reply received						
7b. Petit	ioner is curr	ently recognized	às Bargaining Re	presentative	and desires	certification under the	Act.		
8a. Name of Recognized or Cert	ified Bargai	ining Agent (If	none, so state).	- 8	b. Address				
None .									
8c. Tel No.		Bd Cell No.		8e. Fax No).		8f. E-Mail Add	eşs	
				Ob Data at F	S	0-46-46-	Oi Francisco F	and a Comment of Manual Research	
8g. Affiliation, if any				on. Date of h	Recognition or	Certification		Date of Current or Most Recent (Month, Day, Year)	
								(, 22), 102)	
9. Is there now a strike or picketing	at the Emp	lover's establist	ment(s) involved?	No	If so, app	proximately how man	v employees are	participating?	
(Name of labor organization)	9 01 1110 11111	,	has picke	ed the Empl	over since (M	Ionth. Dav. Year)	,		
10 Occapitations of individuals of	hor than Dat	itioner and thos	e named in items	R and Q which	h have claim	ed recognition as con	recentatives and	other organizations and individuals	
known to have a representative in	terest in any	employees in the	he unit described in	n item 5b abo	ove. (If none,	so state)	resemenves and	Other organizations and individuals	
	,				•				
10a. Name		10b. Add	ress			10c. Tel. No.		10d. Celi No.	
(b)		İ							
63	20.	1				10e. Fax No.		10f. E-Mail Address	
0;				97					
11. Election Details: If the NLRB any such election	conducts a	n election in this	matter, state your	position with	respect to	1.1a. Election Type	Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): July 48,	2010	11c Fle	ection Time(s): 7:0	0-9:00 a	m.	11d 'Election Local	tion(s): 2 Metro	otech Center, Brooklyn, NY	
6 11 1	2019	110. 210	.0.1011 111/10(0). 1 .0	0.00 0.1		in a Hearing R			
<u> </u>	72 2					in a ribaning re	00111 011 1110 0		
12a. Full Name of Petitioner (inc	luding loca	I name and nu	mberl			12b. Address (stree	et and number, o	city, state, and ZIP code)	
Local Union No.3, Intern	ational B	rotherhood	of Electrical W	orkers		12011001200	,	, , , , , , , , , , , , , , , , , , , ,	
12c. Full name of national or interr	national labo	r organization o	f which Petitioner	s an affiliate	or constituen	t (if none, so state)			
Local Union No. 3, Interna	ational Br	otherhood o	f Electrical W	orkers aff	iliated with	h the A.F.L-C.I.	O., C.F.L		
12d. Tel No.		2e. Cell No.		12f. Fax No			12g. E-Mail Ad		
(718) 591-4000		(917) 680-28	77	·				ocal3IBEW.Org	
13. Representative of the Petitio	ner who wi	Il accept servic	e of all papers fo	r purposes	of the repres	entation proceeding	g.		
13a, Name and Title						number, city, state,			
Ezra Sholom - Organizer				158-11 Je	ewel Avenu	e, 4th floor, Flushi	ng, NY 11365		
13c. Tel No.	T 1	I3d. Cell No.		13e. Fax N	lo.		13f. E-Mail Add		
(718) 591-4000	.] (917) 680-287	7			ŀ	Esholom@lo	ocal3IBEW.Org	
I declare that I have read the abo	ove petition	and that the s	tatements are tru	e to the bes	t of my know	ledge and belief.			
				Title			Date 🔿		
Ezm Sholom	Signa		m. (Cr	an/124	(1)	66	18/19	
EZMA Sholom	MY L	W CONT	V- ~~		· · · · ·				

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 (b) (6), (b) (7)(C) NLRB to decline to invoke its processes.

FORM	NLRB-502 (RC)
·	142110-302 (110)
	(2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT W	RITE IN THIS SPACE
Case No.	Date Filed

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Alutiiq Advanced Security Solutions, LLC. 4114 Legato Road, Suite 380, Fairfax, VA 22033 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): David Hoover, Sr. Manager HR 1009 Bankton Circle, Hanahan, SC 29410 3c. Tel. No. 3d Cell No. 3f. E-Mail Address 3e. Fax No. 843-819-8260 843-377-1772 DHoover@Alutiiq.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Federal Research Facility Security Protection Plum Island, New York 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attached 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Excluded: See Attached Check One: 7a, Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (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 Certifled Bargaining Agent (If none, so state) 8b. Address: Special and Superior Officers Benevolent Association | 199 N. Wellwood Ave, Lindenhurst, NY 11757 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 631-587-9116 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mail Ballot since the work location is on an animal research facility on Plum Island ☐ Manual ☒ Mail ☐ Mixed Manual/Mail 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): Mail TBD 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 445 Park Ave, New York, NY 10022 Federal Contract Guards of America 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): NONE 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 212-541-3753 917-322-2105 memberservices@fcgoa.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Kim Nguyen, Legal Counsel 445 Park Ave, New York, NY 10022 13d. Cell No. 13f. E-Mail Address 13c. Tel. No. 13e. Fax No. 917-747-8338 917-322-2105 KNGUYEN@fcgoa.com 212-541-3753 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) LEGAL COUNSEL 7/2/2019 KIM NGUYEN

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

RC Petition - Alutiiq Advanced Security Solutions, LLC.

5b. Description of Unit Involved:

Included:

All full-time and regular part-time Protective Security Officers performing guard duties under the Employer's contract with the Federal Government on Plum Island, NY.

Excluded:

All other employees, including administrative, clerical, and non-guards, as defined by the National Labor Relations Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO	NOT WRITE IN THIS SPACE
Case No.	Date Filed
29-RC-244406	7/5/2019

RC PETITION

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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 777 Third Avenue 6th Floor NY New York 10017-Rose Associates Inc. 146 Pierrepont St. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Kerry Salter 3d Cell No 3f. E-Mail Address 3c. Tel. No. 3e Fax No. (212) 328-5513 ksalter@rosenyc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service **Building Services** Brooklyn, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 5 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [] No [] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (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 Bc. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 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) 32BJ 10b. Address 10c. Tel. No. 10d. Cell No. 10a, Name 10e. Fax No. 10f, E-Mail Address klocke@seiu32bj.org 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 7 Manual Mail Mail Mixed Manual/Mail any such election. 11b. Election Date(s): July 17, 2019 11c. Election Time(s): 11d. Election Location(s): Employee Break Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 367 Long Beach Road 147 NY Island Park 11558-1 NY Island Park 1: 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Workers of America 12f. Fax No. 12g. E-Mail Address 12d. Tel No. 12e. Cell No. sombrotto@unitedworkers.us (516) 807-3716 (888) 666-1974 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 100 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 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) Signature N Stephen G. Sombrotto President 07/3/2019 18:46:47 9 Stephen G Sombrotto

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

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PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE								
Case		1.1	Date Filed					

Employees Included
All Building Service Employees Including Superintendent

Employees Excluded
All other Clerical or Contractor Employees

2019 JUL -5 PM 12: 52

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. 29-RC-244537 Date Filed 7/9/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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 <u>not</u> be served on the employer or any other party.

(Form NLRB-505); and (3) Desc								
with the NLRB and should not						,		
PURPOSE OF THIS PETITION Re bargaining by Petitioner and Petition requests that the National Labor	C-CERTIFICATION Oner desires to be certi	F REPRESENTA	ATIVE - A substantial number ative of the employees. The	e Petitioner alleges that	the following	ng circumstances exist and		
2a. Name of Employer	Notations Board Fro		Address(es) of Establishme					
Edison Home Health Care			e attached					
3a. Employer Representative - Nam	e and Title		3b. Address (If same	as 2b - state same)				
Mrs. Lambartie				e, Brooklyn NY 112	18			
3c. Tel. No.	3d. Cell No.		3e, Fax No.		f. E-Mail Add	ress		
(718)-705-5800 x700	718-972-29	29	718-831-7569					
4a. Type of Establishment (Factory, m.	ine, wholesaler, etc.)	4b. Principal p	product or service		5a. City and State where unit is locate			
Home Care Agency		Health Care	e Services		New Y	ork, NY		
5b. Description of Unit Involved						6a. No. of Employees in Unit:		
Included: All full-time, regula	r part time and	nor diam H	omo Hoalth Aides a	nd Parsonal Cara	Aidos	2500		
Excluded: All other employees, inclu		•				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 Bar	gaining Represe	ntative was made on (Date)	and E	Employer dec	clined recognition on or about		
	(Date)	(If no reply recei	ved, so state).					
7b. Petitione	r is currently recogniz	ed as Bargaining	Representative and desires	s certification under the A	ct.			
8a. Name of Recognized or Certified				9.				
8c. Tel No.	8d Cell No.	8d Cell No. 8f. E-Mail Address						
8g. Affiliation, if any	8h. Date of Recognition		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing at t	he Employer's establi	ishment(s) involv	ed? No If so, appro	oximately how many empl	oyees are pa	articipating?		
(Name of labor organization)		, has p	icketed the Employer since	(Month, Day, Year)		×		
Organizations or individuals other t known to have a representative interes None					entatives an	d other organizations and individuals		
10a. Name	10b. Ad	ddress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11 Election Details: If the NLRB con-	ducts an election in th	is matter, state y	our position with respect to	11a. Election Type:	Manual	✓ Mail Mixed Manual/Mail		
11b. Election Date(s): mail ballot	11c. E mail ba	lection Time(s):		11d. Election Location(s): mail ballot				
12a. Full Name of Petitioner (includio 1199SEIU United Healthcare Workers		umber)		12b. Address (street a 330 West 42nd Street		city, state, and ZIP code) NY 10036		
12c. Full name of national or internation Service Employees International Unio		of which Petition	er is an affiliate or constitue	nt (if none, so state)				
12d. Tel No.	12e. Cell No.		12f. Fax No.	1:	2g. E-Mail Ad	ddress		
13. Representative of the Petitioner	who will accept serv	ice of all papers	for purposes of the repre	sentation proceeding.				
13a. Name and Title Micah Wissir				nd number, city, state, and	d ZIP code)			
13c. Tel No. 212-627-8100	13d. Cell No. 347-852-5558		13e. Fax No. 212-627-8182	1:	3f. E-Mail Ad	dress evyratner.com		
I declare that I have read the above p		statements are			saniger@i	CTyroller.com		
		Jutomonius ale		modge and bellet.				
Name (Print)	Signature	11-	Title		Date	9		

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 for Question 2b - Address(es) of Establishment(s) Involved

946 McDonald Ave Brooklyn NY 11218

391 E 149th St 3rd Fl Bronx NY 10455

54-06 Myrtle Ave 2nd FL Ridgewood, NY 11385

16202 Jamaica Ave Suite 5 2nd Floor Jamaica, NY 11432

1931 Mott Ave Suite 412 Far Rockaway NY 11691

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	29-RC-244468	Date Filed 7/8/19				

INSTRUCTIONS: Unless e-Filed usemployer concerned is located. The employer and all other parties Case Procedures (Form NLRB 48)	he petition mus named in the p	t be accompa etition of: (1)	nied by b the petiti	oth a sh on; (2) S	owing of interest (se tatement of Position	e 6b below form (Forn) and a certifica n NLRB-505); an	te of service : id (3) Descrip	showing s tion of Re	ervice on presentation	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	ioner desires to b	e certified as r	epresenta	tive of the	ne employees. The Pe	titioner alle	ges that the fol	lowing circun	nstances e		
2a. Name of Employer:		2	b. Addres	s(es) of	Establishment(s) invol	ved (Street	and number, City	, State, ZIP co	ode):		
Allen Boulevard Corp.		1	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 71 Allen Blvd., Farmingdale NY								
3a. Employer Representative - Nan	ne and Title:	3	b. Addres	s (if sam	e as 2b - state same):						
Erick Albo, Plant Manager			Same	•	,						
3c. Tel. No. 516-298-5830	3d. Cell No.			. Fax No		3f. E-N	Mail Address				
4a. Type of Establishment (Factory, I	mine, wholesaler,	etc.)			al Product or Service		1	nd State where	unit is loc	ated:	
Laundry			L	inen d	& Towels		Famingo				
5b. Description of Unit Involved: Included:		44'	1				6a. Number	er of Employed	es in Unit:		
All full time and regular p	part-time pro	oduction e	mploye	es					- F (0.00/		
Excluded: Leads, mechanics, drivers, driver assistant, office cleri						ards	of the	ubstantial nun employees in t ented by the P	he unit wis	h to be ′	
Check One: 7a. Request for reconnection or about (Date)	ognition as Barg		entative wa reply rece				and Employer	declined recog	nition		
7b. Petitioner is cur	rently recognized					n under the	Act.				
8a. Name of Recognized or Certific				8b. Ad							
Local 2013 UFCW				923	5 4th Avenue, B	Brooklyn	NY 11209				
8c. Tel. No. 800-393-1135	8d. Cell No.			Fax No	5-4690	8f. E-N	8f. E-Mail Address				
8g. Affiliation, if any: UFCW				Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9-4-2019					4-2019		
9. Is there now a strike or picketing a	t the Employer's	establishment	(s) involve	d? No	If so, approx	imately how	many employee	s are participa	ting?		
(Name of Labor Organization)	- u.op.o,o.		(0)	110	المسلم		keted the Employ			nar)	
Organizations or individuals other individuals known to have a repre-								es and other o	rganization	ns and	
10a. Name	10b.	Address				10c. Te	el. No.	10d. Cell No			
						10e. F	ax No.	10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and electi	on in this matt	er etate v	our nosit	ion with respect to any	such electi	on: 11a. Electio	n Type:			
TI. Election Details. If the NEIKS CO.	nauca ana eleca	OH III GIIS MAN	er, state y	our posit	ion with respect to any	, such toleton	X Manua	·-	☐ Mixed	Manual/Mail	
11b. Election Date(s):	11c.	Election Time	(s):			11d. E	lection Location(
07-19-2019		am	(-/-				loyer locati				
12a. Full Name of Petitioner (includ					12b. Address (street						
Local 726 IUJAT		•			93 Lake Avenu	ue, Suite	103, Danbı	ıry CT 06	810	e marger	
12c. Full name of national or internat	ional labor organ	ization of which	h Petitione	r is an a	ffiliate or constituent (i	if none, so s	tate):	- 20	2019	F	
International Union of Jou	ırneymen &							ç	<u>C</u>	23 B	
12d. Tel. No. 203-205-0101	12e. Cell No.			f. Fax No 03-20	o. 5-0006	12g. E	-Mail Address	BROOMLY	S	品品	
13. Representative of the Petitione	r who will accep	t service of a			•		-			\$1.5 m	
13a. Name and Title: Rene Choto, Business Agent			13b. Address (street and number, cit Same			r, city, State	and ZIP code):	ampi anti- anti- face	and the same of	ED 2	
13c. Tel. No.	13d. Celi No.		13	e. Fax N	lo.	13f. E-	Mail Address	7	<u> </u>	Q,	
I declare that I have read the above	netition and th	at the statem	ents are t	rue to th	ne best of my knowle	dge and be	lief			- 2, 1	
Name (Print)	position and the	Signature		1		Title				Date	
Rene Choto		Da	٠- (J.	3		s Agent			7-3-19	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

29-RC-244914 Date Filed 7/16/19

INSTRUCTIONS: Unless e-Filed usemployer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48	he petition m named in th	ust be accomp e petition of: (1	anied b 1) the pe	y both a sh tition; (2) S	owing of interest (see tatement of Position fo	6b below) an orm (Form NI	d a certificat .RB-505); an	e of service showing s d (3) Description of Re	ervice on presentation		
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Laboratory	ioner desires	to be certified a	s represe	ntative of th	e employees. The Peti	tioner alleges	that the foll	owing circumstances e			
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) involve	ed (Street and	number, City	State, ZIP code):			
Kellermeyer Bergensons	Services ((KBS)	Cent	ury 21, 6	135 Junction Blv	rd. Rego F	Park, NY	11374			
Robert Castiglione,				th. Address (if same as 2b - state same): Kellermeyer Bergensons Services (KBS) Contract Cleaning Division 3605 Ocean Ranch Blvd, Suite 200, Oceanside, CA 92056							
			3003					JA 92056			
3c. Tel. No. 516-216-0945	3d. Cell No.			3e. Fax No		3f. E-Mail	astiglior	ne@kbs-servic			
4a. Type of Establishment (Factory, r Retail Establishment		iler, etc.)		4b. Princip	al Product or Service Retail		Rego	State where unit is loc Park, NY 113	ated: 74		
5b. Description of Unit Involved: Included: See attachme	nt						6a. Numbe	er of Employees in Unit:			
See attachme	nt						of the e	ubstantial number (30% employees in the unit wis enled by the Petitioner?	h to be		
Check One: 7a. Request for reconnection on or about (Date) 7b. Petitioner is cur	No Re	ply (If n	o reply re	ceived, so			nd Employer o	declined recognition			
8a. Name of Recognized or Certifie											
None											
8c. Tel. No.	8d. Cell No.	. Cell No.).	8f. E-Mail	8f. E-Mail Address				
8g. Affiliation, if any:			81	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 a	t the Employe	r's establishme	nt(s) invo	lved?	If so, approxin	nately how ma	ny employee	s are participating?			
(Name of Labor Organization)				-		, has pickete	d the Employ	er since (Month, Day, Ye	ear)		
 Organizations or individuals other individuals known to have a repre None 								es and other organization	ns and		
10a. Name	1	0b. Address		1			lo.	10d. Cell No.			
				10e. F			Fax No. 10f, E-Mail Address				
11. Election Details: If the NLRB co As soon as possible		ection in this ma	atter, stat	e your posit	ion with respect to any :		✓ Manua	al Mail Mixed	d Manual/Mail		
11b. Election Date(s):		1c, Election Tin TBD	ne(s):			TBD	ion Location(s):				
12a. Full Name of Petitioner (includ	ing local nam	e and number):			12b. Address (street a		y, State and	ZIP code):			
Building Maintenance En					148-06 Hillside		-				
12c. Full name of national or internati											
National Organization of l			ons (N					and Allied Trad	es (IUJAT)		
12d. Tel. No. 12e. Cell No. 718-291-3434 ext. 615				12f. Fax No. 718-526		12g. E-Ma awillia	∥ Address ns@noitı	ı.org			
Representative of the Petitioner who will accept service of all pap											
13a. Name and Title: Andre Williams, Esq., In-House Counsel				13b. Address (street and number, city 148-06 Hillside Ave, Jamaio							
13c. Tel. No.	13d. Cell No.			13e. Fax N	0.	13f. E-Mai	Address				
718-291-3434 ext. 615				718-526		awilliams@noitu.org					
declare that I have read the above	petition and			e true to M		ge and belief					
Name (Print)		Signature	At t	.M	J711	Title	Oa1		Date 7/15/2010		
Andre Williams, Esa.			/ WS	AL IIA	Cochu	n-House	ounsel		7/15/2019		

attachment: Kellermeyer Bergensons Services (KBS).

5b. Description of Unit Involved:

Included: All full-time and regular part-time JANITORIAL Employees employed by the Employer at Century 21, 6135 Junction Blvd. Rego Park, NY 11374.

Excluded: All supervisors, office clerical employees, guards, and others as defined in the National Labor Relations Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN THIS !	SPACE
Case No.	29-RC-245051	Date Flied 7/18/19

RC PETITION						29-NC-	243031	//10	0/19
INSTRUCTIONS: Unless e-Filed u amployer concorned is located. 1 the employer and all other parties Case Procedures (Form NLRB 48	he petition must be named in the pet 12). The showing o	e accompanied ition of: (1) the p of interest shoul	by both a st etition; (2) S d only be file	owing of interest (see 6 itatement of Position for ed with the NLRB and si	b below) and m (Form NLF nould not be	a certificat RB-505); and servad on ti	e of service show d (3) Description of the employer or an	ing sen of Repre ny other	vice on esentation party.
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Laboratery	ioner desirés to be	certified as repres	entative of t	ne employees. The Petitio	oner alleges t	hat the follo	owing circumstan	ces exi	
2a. Name of Employer: Children of America				Establishment(s) involved 1 Blvd., New York, N	•	umber, City,	State, ZIP code):		
3a. Employer Representative - Nar	ne and Title:	3b. Ad	dress (if sam	e as 2b - state same);					
Monique Van Putten, Ec		10							
3c. Tel. No. (437) 695-8321	3d. Cell No.	·····	3e. Fax No	•	3f. E-Mail A		@ahildrana	famo	rion com
4a. Type of Establishment (Factory,	mine wholesaler e	tr 1		al Product or Service	coaq		(@childreno d State where unit		
Day Care	mme, wholesaler, e	16.7	Day Car	•		New Yor		is locate	u.
5b. Description of Unit Involved:			-*			6a. Numbe	r of Employees in I	Unit:	
Included: all part-time & full time leaders	. teacher assista	nts. ianitors. c	ooks, nurs	es		24			
Excluded:	,					6b. Do a st	bstantial number (30% or 1	more)
all supervisors, security	guards, & al	l employees	s working	under 20 hours		of the e represe	mployees in the un nied by the Petition	nit wish to ner? 🔀	obe Yes No
Check One: x 7a. Request for rec		ing Representativ	re was made	on (Date) July 8, 2			eclined recognition		
				nd desires certification ur	nder the Act.				
8a. Name of Recognized or Certific									
8c. Tel. No.	Bd, Cell No.		Be, Fax No).	8f. E-Mail Address				
8g. Affiliation, if any:		1	h. Date of R	n. Date of Recognition or Certification 8. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing a	t the Employer's es	lablishment(s) inv	oved? No	II so, approxima	itely how man	y employee:	s are participating?	1	
(Name of Labor Organization)					has picketed	the Employ	ar since (Month, Di	ay, Year	
Organizations or individuals other individuals known to have a repre None							s and other organ	izations	and
10a, Name	Tab. A	44			I AGO TOL NO		10d. Cell No.		
IOA. Name	10b. A	ndie22			10c. Tel. No	,. 	Too. Gen No.	5. Gan 116.	
					10e. Fax No).	10f, E-Mail Address		
11. Election Details: If the NLRB co	nducts and election	in this matter, str	ile vour posi	ion with respect to any su	ch election:	1 ta. Election	n Type:		
			,,			Manua		Mixed N	lanual/Mali
11b. Election Date(s):	11c. E	ection Time(s):			11d. Electio	n Location(s);		
July 23, 2019		AM-1:30PM					i., New York, N	Y 1137	2
	12a. Full Name of Politioner (including local name and number): District Council 1707, Local 205, AFSCME, AFL-CIO 12b. Address (street and number, city, State and ZIP code): 420 West 45th Street, New York, NY 11372								
12c. Full name of national or internal									
District Council 1707, Local 205, America		e, County, & Munic					ustrial Organizations	3 —	
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 1646-887-3657 (646) 887-3659 1murray@dc1707.net									
646-887-3657 13. Representative of the Politione	r who will accept	service of all na-			.1		· · · · · · · · · · · · · · · · · · ·		
13a. Name and Title:				ess (street and number, c		-			
Thomas M. Murray, General Counsel				st 45th Street, New	York, NY 1	1372			
Indira Mohan, Director of Or		 	 		1:22 =				4707
13c, Tel. No. Thomas M. Murray: (648) 887-3857	13d, Cell No. Indira Mohan: (917)	929-9125	13e. Fax I	lo. Murray: (646) 687-3659	131, E-Mail Address Thomas M, Murray:tmurray@dc1707.net				
Indira Mohan: (646) 887-0093 I declare that I have read the above				3	e and beilef.				
Name (Print)		Signature	М	10 11	lie				Date
Thomas M. Murray		Thu	Mu Coll	Muna	Genera	l Couns	el		uly 16, 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 ef 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.

FORM	NLRB-502	(RD)
	(8-16)	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No.

29-RD-245143

Date Filed 7/19/19

RD PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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

	RB and should <u>not</u> be served on	the employer or any other party.
 PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A recognized bargaining representative is no longer their representative. The Petitioner alleges that Labor Relations Board proceed under its proper authority pursuant to Section 9 of the Nation 	the following circumstances exist nat Labor Relations Act.	t and requests that the National
2a. Name of Employer 2b. Address(es) of Establishment	(s) involved (Street and number, ci	ty, state, ZIP code)
ADAPT COMMUNITY NETWORK 420 95th ST	E. BKLYNO, N.S	1.11209
3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state		
		16 10100
Gary Drexfuss Syr. HR 80 MAIDEN L		Y-10038
3c. Tel. No. 3e. Cell No.	3f. E-Mail Address /	/.
(212) 683-6700 (212) 545-0434	19dreytussala	rdap+communitynetwark
4a. Type of Establishment (Factory, mine, wholesaler, etc.)	4b. Principal product or service	- Christian Christian
School	Education	
		Tall all
Fara Professionals and maintenance e Excluded: Willam O'CONNOR SCHOOL BAY RIDGE VAII Professional employers, Admin Assistants	ACC C+ALLO	5b. City and State where unit
monder. All Four Live High Law, Thurs LEUCHERS.	1+5315TAN+S	is located:
Paraprofessionines with maintenance e	mployed at	BROOKLYN,
Excluded: Willam O'CONNOR SCHOOL BAYRIDGE	1) 221 - 2100'00	1 312 1 4201
VAIL PROPOSCIONAL PMP 10 YPPC, Admin ASSICTANTS	TOFFICE CIENCE	New JORK
employees, confidentiAL Employees, graphs and	ISUPPRVISORS	1
6. No. of Employees in Unit 7. Do a substantial number (30% or more) of the employees in	n the unit no longer wish to be repr	esented by the certified or currently
3 recognized bargaining representative? ▼ Yes No	and the second second	,
Ba. Name of Recognized or Certified Bargaining Agent AM CRICAN FORRA	tion 8b. Affiliation, if any	
1,		
DISTRICT COUNCIL 1707 OF STATE, COUNTY, TO	2MPLCX	
Bc. Address 8d. Tel. No.	Be. Cell No.	
420 WEST 45th St. (212)?	19-000	
7 LU W S No. 6	2 07 06 8g. E-Mail Address	
New YORK, N.Y. 10036 646	Control of the contro	01117704
1000 1000 1000 1000 1000 1000 1000 100	ST OWN INTERINGE	20C1/0/01/01
9. Date of Recognition or Certification 10. Expiration Date of Current or	Most Recent Contract, if any (Mont	h, Day, Year)
June 29, 2018 NA		1
		41.1.4.0
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes No	11b. If so, approximately how ma	ny 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 and individuals known to have a representative interest in any employees in the unit described in ite		NOVE
		2d. Fax No.
		20.7 40.110.
12a. Name	12c. Tel. No.	
128. Address	126. 191. NO.	
128. Names		2f. E-Mail Address
128. Names		2f. E-Mail Address
PH 3:	12e. Cell No. 1	
13. Election Details: If the NLRB conducts an election in this		2f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter; state your position with respect to any such election.	12e. Cell No. 1:	
13. Election Details: If the NLRB conducts an election in this matter; state your position with respect to any such election.	12e. Cell No. 1	
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13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13b. Election Date(s) — 13c. Election Time(s) 14. Full Name of Petitioner — (b) (6), (b) (7)(C)	12e. Cell No. 1: 13a. Election Type: Manual 13d. Election Location(s)	
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13. Election Details: if the NLRB conducts an election in this matter; state your position with respect to any such election. 13b. Election Date(s) 13c. Election Time(s) 14d. Full Name of Petitioner (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, Zi (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 reprintation in this matter, state your position with respect to any such election. 13c. Election Time(s) 13c. Election Time(s) 14f. Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the reprintation (b) (6), (b) (7)(C) 15c. Address (Street and number) 15d. Street and number (b) (6), (b) (7)(C)	12e. Cell No. 13 13a. Election Type:	Mail Mixed Manual/Mail 4c. Fax No. (6), (b) (7)(C)
13. Election Details: if the NLRB conducts an election in this matter; state your position with respect to any such election. 13b. Election Date(s) 13c. Election Time(s) 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, Zi (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 reprint to the petition of the pe	12e. Cell No. 13 13a. Election Type: Manual 13d. Election Location(s) 14b. Tel. No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15b. Title (b) (6), (b) (7)(C) 15d. Tel. No. (b) (6), (b) (7)(C) 15d. Tel. No. (b) (6), (b) (7)(C)	Mail Mixed Manual/Mail
13. Election Details: if the NLRB conducts an election in this matter; state your position with respect to any such election. 13b. Election Date(s) 13c. Election Time(s) 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, Zi (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 reprint its and its conditions of the papers for purposes of the reprint its and its conditions of the papers for purposes of the reprint its and its conditions of the papers for purposes of the reprint its and its conditions of the papers for purposes of the reprint its and its conditions of the papers for purposes of the reprint its and its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the reprint its conditions of the papers for purposes of the papers for purpos	12e. Cell No. 13 13a. Election Type: Manual 13d. Election Location(s) 14b. Tel. No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15b. Title (b) (6), (b) (7)(C) 15d. Tel. No. (b) (6), (b) (7)(C) 15d. Tel. No. (b) (6), (b) (7)(C)	Mail Mixed Manual/Mail

STATEMENTS ON THIS PETITION CAN

AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

0	DO NOT WRITE IN THIS	WRITE IN THIS SPACE			
Case No.	29-RC-245746	Date Filed 7/31/2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 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. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Jamestown Management Corp. 220 36th Street, Brooklyn, NY 11232 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same). David Furer, Vice President, Operations 675 Ponce De Leon Ave. NE, 7th flr., Atlanta, GA 30308 3c. Tel. No 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (404) 885-7307 david.furer@jamestownlp.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal Product or Service commercial building property services Brooklyn, NY 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 46 All elevator operators and demolition workers at Industry City. Excluded: 6b. Do a substantial number (30% or more) Supervisors and managers. of the employees in the unit wish to be represented by the Petitioner? X Yes 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 NOITU Local 528 148-06 Hillside Ave., Jamaica, NY 11435 8c. Tel. No 8d. Cell No. 8e. Fax No. 8f. E-Mail Address (718) 291-3434 (718) 526-2920 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9/30/2019 IUJAT 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_{O} 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 and election in this matter, state your position with respect to any such election: 11a. Election Type: 11b. Election Date(s): 11c. Election Time(s) 11d. Election Location(s): August 20, 2019 4:30 pm to 6:00 pm 88 35th Street, Brooklyn, NY, basement 12b. Address (street and number, city, State and ZIP code): 25 West 18th Street, New York, NY 10011 12a. Full Name of Petitioner (including local name and number): Service Employees International Union, Local 32BJ 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union 12d. Tel. No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 212-388-3025 astrom@seiu32bj.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): Brent Garren, Deputy General Counsel 25 West 18th Street, New York, NY 10011 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 212-388-3943 bgarren@seiu32bj.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) 07/29/19 Andrew Strom Associate General Counsel

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS	SPACE
Case No.	29-RC-245133	Date Filed 7/19/19

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INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partic Case Procedures (Form NLRB 4	The petition is named in	must be accomplibe petition of: (panied by	both a si tition; (2)	howing of interest (se Statement of Position	ee 6b b 1 form (elow) and Form NLi	l a certificat RB-505); an	le of service showing s d (3) Description of Re	service on presentation
PURPOSE OF THIS PETITION: bargaining by Pelitioner and Pel requests that the National Lab	ltioner desire	s to be certified a	s represe	ntative of t	he employees. The Pe	titione	r alleges t	that the foll	owing circumstances	
laurea and a laurea				2b. Address(es) of Establishment(s) involved (<i>Street and number, City, State, ZIP code):</i> 168-18 S. Conduit Avenue, New York, NY 11434						
1 · · · · · · · · · · · · · · · · · · ·			3b. Addr Same	3b. Address (if same as 2b - stale same): Same						
3c. Tel. No. (718) 276-6101 Ext. 112	3d. Cell No	3d. Cell No. 3e. Fax No.		- 1	3f. E-Mail Address Joshua.Thomas@eihab.org					
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Social Services			4b. Principal Product or Service Social Services			5a. City and State where unit is located: New York, NY				
5b. Description of Unit Invalved: Included:									r of Employees in Unit:	
all full-time and part-time direct support professional/direct care workers, and medical coordin				rdinato	ırs	of the e	ubstantial number (30% Imployees in the unit wis	h to be		
Check One: X 7a. Request for re- on or about (Date)	Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) no reply received (If no reply received, so state).					X Yes No				
7b, Petitioner is cu						n under	the Act.			
None			.,	,						
8c. Tel. No.	8d. Cell No.			8e. Fax No.		81	8f. E-Mail Address			
8g. Affiliation, if any:			8h.	Date of Re	ecognition or Certificat		Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
Is there now a strike or picketing a (Name of Labor Organization)	t the Employ	er's establishmen	nt(s) invol	red? No	If so, approx	-			s are participating? er since (Month, Day, Ye	987)
Organizations or individuals other individuals known to have a repressione						recogn	ilion as re	presentative		
10a, Name	10b. Address				10	10c, Tel, No.		10d. Cell No.		
				10e. Fax No		o. 10f. E-Mail Address				
11. Election Details: If the NLRB co	nducts and e	lection in this ma	iter, state	your posit	ion with respect to any	y such e	election:	11a. Election		Manual/Mail
11b. Election Date(s): 11c. Election Time(s):		e(s):			11	11d. Election Location(s):				
July 26, 2019		8AM-10:30AM	8 2:30	PM-6:00			See Page 2			
12a. Full Name of Petitioner (included) District Council 1707,	•		IE, AFI	L-CIO	12b. Address (street a 420 West 45th S					
12c. Full name of national or internati	onal labor or	ganization of whi	ch Petitio	ner is an a	ffiliate or constituent (i	if none,	so state):			
12d. Tel. No. 12e. Cell No.			12f. Fax No. 12g. E-Mail Address							
13. Representative of the Petitioner who will accept service of all paper 13a. Name and Title:			pers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code):							
Thomas M. Murray, General Counsel		4	420 West 45th Street, New York, NY 11372							
13c. Tel. No. (646) 887-3557	13d. Cell No.		- 1	1		13f. E-Mail Address tmurray@dc1707.net				
declare that I have read the above	petition an	d that the staten	. 1							
Name (Print) Thomas M. Murray		Signature	1.	1/2	Municipal	Title Gene	ral Cour	nsel		Dale July 17, 2019
		1	A//MO	11/1 C	1 10017 007	1	5041			1

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. Disciosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Election Locations:

- 1775-35 145th Avenue, Jamaica, NY 11434
- 170-27 Tiff Court, Jamaica, NY 11433
- 170-29 Tiff Court, Jamaica, NY 11433
- 144-31 175th Street, Jamaica, NY 11434
- 144-35 175th Street, New York, NY 11434
- 150-19 125th Street, South Ozone Park, NY 11420
- 7419 91st Avenue, Woodhaven, NY 11421
- 7420 Rockaway Boulevard, Woodhaven, NY 11421
- 220-28 147th Avenue, Springfield Gardens, NY 11413
- 177-50 S. Conduit Avenue, Jamaica, NY 11434
- 222-40 96th Avenue, Queens Village, NY 11420
- 109 Pilling Street, Brooklyn NY 11207
- 111 Pilling Street, Brooklyn, NY 11207
- 687 Chauncey, Brooklyn, NY 11207
- 1574 E. 95th Street, Brooklyn, NY 11207
- 3021 Atlantic Avenue, Brooklyn, NY 11208