UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE	IN THIS SPA	VCE
Case No.	29-RC-237037	Date Filed	3/5/19

INSTRUCTIONS: Unless e-Filed usi	ng the Agenc	y's website, wi	ww.nirb.gov, su	ibmit ar	original of this	Petition to an	NLRB office in the Region
in which the employer concerned is	located. The	e petition must	be accompanie	ed by h	oth a showing o	f interest (see	6b below) and a certificate
of service showing service on the e	mployer and	all other partie	s named in the	petition	n of: (1) the petit	ion; (2) States	nent of Position form
(Form NLRB-505); and (3) Description	on of Represe	entation Case F	Procedures (Fo.	rm NLR	B 4812). The sh	owing of inte	rest should only be filed
with the NI PR and should not be so	arved on the	employer or an	v other party.				1
A DUDDOSE OF THIS DETITION - PC.CER	TIEICATION OF	REPRESENTATI	VE - A substantial	number o	of employees wish to	be represented	for purposes of collective
harnalning by Petitioner and Petitioner de	sires to be certifi	ed as representative	ve of the employee	s. The P	'etitioner alleges th	at the following	circumstances exist and
requests that the National Labor Relati	ons Board proc	eed under its pro	per authority purs	lichment	section 9 of the Na (s) involved (Street a	nd number city	State 7/P codel
2a. Name of Employer Norris Food Services					mia, NY 11716	no number, city,	31818, 217 6008)
3a. Employer Representative – Name and	T.tle	1040-1			2b – state same)		
William J Norris: CEO	IIII		same	same as	20 - State Sallie)		
3c. Tel. No.	3d. Cell No.		3e. Fex No.			3f. E-Mail Addre	ace
631-582-1144	30. Can 140.		36. FBX NO.			oi. L-mail Addit	
4a. Type of Establishment (Factory, mine, w	holesaler etc.)	4b. Principal pro	duct or service			5a. City a	nd State where unit is located:
Food Processing	110103(1101, 010.)	Foods				Bohemia	
Sh. Description of Unit Involved							6a. No. of Employees in Unit:
Included: All full-time and regular	part-time run	ners, packers a	nd quality inspe	ectors.			160
						1	6b. Do a substantial number (30%
Excluded: All other employees incl	uding, but not	t limited to driv	ers, mechanics	, sanita	tion, janitorial, c	ierica,	or more) of the employees in the unit wish to be represented by the
supervisors, managers, a	nd guards as	defined by the	Act.				Petitioner? Yes V No
Check One: 7a. Request for re	cognition as Bare	alnino Representa	ative was made on	(Date)	an	d Employer decli	ned recognition on or about
The responsibility		(If no reply receive		(		,,	
7b. Petitioner is co				desires	certification under the	Act.	
8a. Name of Recognized or Certified Barg			8b. Ac	dress			
IBT Local 553				14th St,	Rm 305		
8c. Tel No.	8d Cell No.		Be. Fax No.			8f. E-Mail Addr	ess
212-929-6828	L		8h. Date of Reco	nn'tion of	Cadification		Date of Current or Most Recent
8g. Affiliation, if any							(Month, Day, Year)
International Brotherhoo			CBA DATE	-		13/2N/20	20
9. Is there now a strike or picketing at the E	mployer's establi	shment(s) involved	i?if so	o, approx	imately how many e	mptoyees are par	mclpating?
(Name of lebor organization)							
10. Organizations or individuals other than I	Detillanes and the	no nomed in Home	2 and 0 which he	wo olaim	ad recognition as rer	resentatives and	other organizations and individuals
no. Organizations or individuals other than t known to have a representative Interest in a	nv emplovees in	the unit described	in item 5b above.	(If none,	so state)	nesemanyas and	Office of gain Landing and marriage.
Midni to hate a top oddina it e meraet in e	,,,						
10a, Name	10b. Ad	ddress			10c. Tel. No.		10d. Cell No.
	1						
	1				10e. Fax No.		10f. E-Mail Address
						F	
Election Details: If the NLRB conducts     any such election.	s an election in to	ns matter, state yo	or position with res	pectio	11a. Election Type	e: Manual L	Mall Mixed Manua/Mail
11h Flection Date(s):	11c. 8	tection Time(s):			11d, Election Location(s):		
3/12/19	330pn	n - 630pm			Cafeteria		
128. Full Name of Petitioner (Including In	ocal name and r	iumber)		-	12b. Address (stre	et and number,	city, state, and ZIP code)
B.A.T. Local 514		7 17 1 5 19	-601-1			Ave, Suite 101 V	White Plains, NY 10604
12c. Full name of national or international la Brotherhood of Amalgamated Trades	abor organization	n of which Petitions		onsituer	nt (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.			12g. E-Mail Ad	lunion514.com
914-705-5488  13. Representative of the Petitioner who	will secont con	ulas of all napare	for numeros of th	to ropro	contation proceeding	10	dillono 14.com
13a. Name and Title Josh Gottlie					d number, city, state		
			same			101 5 11 11 1	
13c. Tel No.	13d. Cell No.		13e. Fax No.			13f. E-Mail Ad same	gress
same I declare that I have read the above petit	lon and that the	etatemente are t	rue to the hast of	my know	wledge and belief	Janie	
		otatements are t		,		ngt-	ST C. b.
Name (Print)	gnature		Title				111110
Josh Gottlieb Jo	sh Gottlieb		President				1///19

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 161 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No. 29-RC-237518	Date Filed 3/13/19							

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F	C	PFI	CITI	ON			

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. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Maridian Properties, Inc. 160 Parkside Avenue, Brooklyn, NY 11226 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) SAME AS ABOVE Anmarie , Property Manager 3c, Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Property Management Brooklyn, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All porters, doormen, concierges, handymen, and superintendents employed by the Employer at 160 Parkside 6b. Do a substantial number (30% Avenue, Brooklyn, New York. or more) of the employees in the unit wish to be represented by the Excluded: All other employees, including all supervisors and guards as defined by the Act. Petitioner? Yes [X] No [ 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 None 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) None المالية 10a. Name (\_) 10d. Cell No. 10b. Address 10c. Tel. No. 88 至 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NL'RB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type: \_ Manual Mail any such elections 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 10:00am - 11:00am Downstairs Employee Break Room at the Employer's March 8, 2019 facility 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Local 122 Barclay Conversion Employees Union 48 New Lotts Avenue, Brooklyn, NY 11211 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) N/A 12d. Tel No. 12e. Cell No. 12g. E-Mail Address (347) 309-5148 conversioncrew122@gmail.com 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) SAME AS ABOVE Micah Wheeler, President 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f F-Mail Address SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE 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 Date Micah Wheeler President 3

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

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Case No. DO NOT WRITE IN THIS-SPACE

Date Filed
3/13/19

RC PETITION 29-RC-237581 3/13/19 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 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: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): The Thrive Network Please see attached. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same). Charles Archer 241 37th Street, Suite 604, Brooklyn, NY 11232 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. (718) 965-1998 (718) 965-3995 thrive@nyfoundling.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Brooklyn, NY Residential services Group homes 5b. Description of Unit Involved: 6a, Number of Employees in Unit: Included: 265 All Direct Support Professionals working at the locations in the Attachment 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? All other employees, including house managers, office-clerical, guards and supervisors 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 150-28 UNION TURNPIKE, SUITE 250, FLUSHING, NY 11367 United Construction Trades & Industrial Employees, Local 621 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 516-780-3112, 347-219dean.delucia@uctie.com 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9, Is there now a strike or picketing at the Employer's establishment(s) involved?  $N_{0}$ 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: X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11d Election Location(s): 11c. Election Time(s): 6:00 to 10:00am; 2:00 to 6:00pm April 5, 2019 See attached 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Local 888, United Food and Commercial Workers 160 East Union Avenue East Rutherford, NJ 07073 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 International Union 12e. Cell No. 12g. E-Mail Address (914) 668-8881 (914) 668-8480 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): Steven H. Kem, Esq. Barnes, Iaccarino & Shepherd LLP 258 Saw Mill River Rd., Elmsford, NY 10523 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. skern@bislawfirm.com 914-592-1515 914-592-3213 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 03/11/19 Steven H. Kern Attorney

# Local 888 --- The Thrive Network ATTACHMENT to RC Petition

#### Petition #2b and #5b

131 E. 21st Street Apt.3A	Brooklyn-, New York 11226	"the 131 E.21st St facility"
141 E. 21st Street Apt. 4A	Brooklyn, New York 11.226	"the 141 E. 21st St facility"
80 Lenox Road Apt 4E	Brooklyn, New York 11226	"the 80 Lenox Rd facility"
125 Lenox Road Apt C6	Brooklyn, New York 11226	"the 125 Lenox Rd facility"
-270 Crown Street Apt 6J	Brooklyn, New York 11225	"the Crown St facility"
2112 Canarsie Road	Brooklyn, New York 11236	"the Canarsie Rd facility"
1273 E. 38th Street	Brooklyn, New York 11210	"the E. 38th Street facility."
508 Hegeman Avenue	Brooklyn, New York 11207	"the Hegeman Ave facility"
885 Troy Avenue Apt F10	Brooklyn, New York 11203	"the Troy Ave facility"
342 Chester Street NB	Brooklyn, New York 11212	"the 342 Chester facility"
55 Lenox Road Apt. 4A & 40	Brooklyn, New York 11226	"the 55 Lenox Rd facility"
140 Johnson Avenue Apt. 10,2B,2C	Brooklyn, New York 11206	"the Johnson Ave facility"
618 Lincoln Place	Brooklyn, New York 11212	"the Lincoln Place facility"
756 Rutland Road (Rut 2)	Brooklyn, New York 11230	"the Rutland II facility"
8 Schenck Court	Brooklyn, New York 11207	"the Schenck Ct facility"
446 Bristol Street	Brooklyn, New York 11212	·"the 446 Bristol facility"
300 Riverdale Avenue	Brooklyn, New York 11212	"the 300 Riverdale facility"
873 Albany Avenue	Brooklyn, New Yark 11203	"the Albany Ave facility"
337A Macon Street	Brooklyn, New York 11216	"the Macon St facility"
899 Montgomery Avenue Apt 4M	Brooklyn, New York 11213	"the Montgomery St facility"
108 Raiph Avenue Apts.·2D,3A, 3B,4AL, 4AR, 4C, 4BL, 4BR	Brooklyn, New York 11221	"the Ralph Ave facility"
1017 Rutland Road (Rut 1)	Brooklyn, New York 11212	"the Rutland I facility"
163 Riverdale Avenue	Brooklyn, New York 11212	"the 163 Riverdale ICF facility"
758 Greene Avenue	Brooklyn, New York 11221	"the Greene Ave facility"
1663 Union Street	Brooklyn, New York 11213	"the Judy Jones-Union St facili
470 Chester Street	Brooklyn, New York 11212	"the 470 Chester facility"

#### Petition # 11d - Voting locations

140 Johnson, Brooklyn NY Ave Apt 2B (living room)

163 Riverdale Ave, Brooklyn NY (3rd FI)

108 Ralph Ave, Brooklyn, NY Office)

873 Albany Ave, Brooklyn NY (office)

2112 Canarsie Rd, Brooklyn NY (office)

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

DO NOT WRITE	
Case No. 29-RC-238037	Date Filed 3/20/19
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INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.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 not be served on the employer or any other party.							
1 PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de requests that the National Lebor Relations	RTIFICATION OF F	REPRESENTATI d as representatived under its pro	VE - A substantial number ve of the employees. The per authority pursuant to	Petitioner alleges the Section 9 of the Na	at the followin	g circumstances exist and elations Act.	
2a. Name of Employer	and the same of th		dress(es) of Establishmen			, State, ZIP code)	
Domino's Pizza	CTM ALL STORY	815 C	Onderdonk Ave, Ridg		385		
3a. Employer Representative – Name and Robert Machin, District Corp. Office	er		3b. Address (If same as 820 Concourse Vill			The state of the s	
3c. Tel. No.	3d, Cell No. (917) 574-992	)1	3e, Fax No		3f, E-Mail Add	gfisherphillips.com	
4a, Type of Establishment (Factory, mine, wine, wine)	holesaler, etc.)	4b. Principal pro Food	duct or service		5a, City	and State where unit is located:	
6b. Description of Unit Involved	The second secon		The second secon			6a, No. of Employees in Unit:	
Excluded: All other employee	Included: All employees at the Onderdonk Ave location, including customer service representatives and delivery experts,  6b.Do a substantial number (30% or more) of the employees in the unit wish to be employees in the unit wish to be employees in the unit wish to be employees.						
	(Date) (II	no reply received	itive was made on (Date) <u>.</u> d, so state). opresentative and desires		* *	lined recognition on or about	
8a. Name of Recognized or Certified Bar None	gaining Agent (If n	ione, so state).	8b. Address				
8c, Tel No.	8d Cell No.		Be, Fax No.	мі 1999 іг.	8f. E-Mail Add	reas	
8g. Affiliation, if any	Company of the second s	X	8h: Date of Recognition or	Certification		Date of Current or Most Recent y (Month, Day, Year)	
9; is there now a strike or picketing at the E (Name of labor organization)	-	, has pick	keted the Employer since (	Month, Day, Year)		antimination of the state of th	
Organizations or individuals other than it known to have a representative interest in a None					resentatives and	d other organizations and individuals	
10a. Name	10b. Addn	ess		10c. Tel. No.		10d Cell No.	
N. A. C.				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	an election in this	metter, state you	r position with respect to	11a, Election Type	: 🗸 Manual	Mixed Manual/Mail	
11b. Election Date(s): April 12, 2019		ction Time(s): to 6:00 pm		11d, Election Loca Extra room at the		re	
12a. Full Name of Petitioner (including to United Crafts and Industrial Workers Unio	cal name and nun	12.51F	ddu mae'r ddiwnas wyw - 1 ddi	But 16	el and number,	city, state, and ZIP code)	
12c; Full name of national or international la	bor organization of	which Petitioner	is an affiliate or constituen	t (if none, so state)			
12d; Tel No. (516) 877-9228	12e, Cell No.		12f, Fax No. (516) 742-5592		12g. E-Mail Ad	ddress	
13. Representative of the Petitioner who	will accept service	e of all papers fo		entation proceeding	9.	Committee	
13a, Name and Title Steven H. K			13b. Address (street and Barnes, laccarino & Shephe	d number, city, stale,	and ZIP code)	d, Elmstord, NY 10523	
13c, Tel No. (914) 592-1515	13d, Cell No,	recht desagnstrars, esent	13e Fax No.	andorst to the	13f, E-Mail Ad	ldress firm.com, dreyes@bislawfirm.com	
I declare that I have read the above petiti	on and that the st	atements are tri	(914) 592-3213 ue to the best of my know	viedge and belief.	avei i i@nialaw	min.com, dieyea@dialawii.m.com	
		(b) (6), (b) (7)(C)	Title	The second secon	Date	The same of the same through	
Name (Print) Steven H. Kern, Esq.  Date  Attorney  Merch 19, 2019							

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

#### PRIVACY ACT STATEMENT

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

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No. 29-RC-238177	Date Filed 3/22/19							

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. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Senate Apartments 622 3rd Avenue, New York, New York c/o First Service Residential 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Stephen LaBarbara, President Same 3c. Tel. No. 212-634-8900 3e. Fax No. 212-634-3946 3f. E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Residential Apartment Building Building Service & Maintenance Brooklyn, New York 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: \*See attached. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X 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) NONE 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h, Date of Recognition or Certification 8l. 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?  $N_0$ 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: Manual Mail Mixed Manual/Mail 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s): April 18, 2019 Board room 1:00 PM to 2:00 PM 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Stationary Engineers, Firemen, Maintenance and 299 Broadway, Suite 1000 Building Service Union Local 670, RWDSU, UFCW New York, NY 10007 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state). Retail Wholesale and Department Store Union, United Food and Commercial Workers 212-267-8650 212-385-0208 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): Rothman Rocco LaRuffa, LLP, 3 West Main Street - Suite 200 Eric J. LaRuffa, Attorney Elmsford, New York 10523 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 914-478-2801 914-478-2913 elaruffa@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) Date Signature Eric J. LaRuffa 3/22/19 Attorney for Local 670

Stationary Engineers, Firemen, Maintenance and Building Service Union, Local 670, RWDSU, UFCW (Senate Apartments, c/o First Service Residential RC Petition March 21, 2019

#### **ATTACHMENT**

**INCLUDED**: All full time and regular part-time building service and maintenance employees, including superintendents and porters, and handypersons employed at 367-373-387-388-392 and 394 Avenue S, Brooklyn, New York

**EXCLUDED**: All other employees, office clerical employees, guards and supervisors as defined in the Act.

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

DO NOT WRITE IN THIS SPACE							
	Date Filed						
29-RC-238249	3/25/19						

									0,20,15	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition m named in th	nust be accomp le petition of: (:	anied by 1) the per	y both a she tition; (2) St	owing of interest (see tatement of Position :	e 6b below) and form (Form NL	i a certificat RB-505); and	e of service showl d (3) Description o	ing service on of Representation	
<ol> <li>PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Labo</li> </ol>	oner desires	to be certified a	s represe	ntative of th	e employees. The Pet	itioner alleges	that the follo	owing circumstane	ces exist and	
ta. Name of Employer: Mount Sinai Hospital				2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 79-01 Broadway, Elmhurst, NY 11373						
la. Employer Representative - Name and Title: Jeff Cohen, VP of Labor Relations				o Address (if same as 2b - state same): One Gustave L. Levy Place, New York, NY 10029						
3c. Tel. No. (212)241-8318	3d. Cell No.			3e. Fax No (212)87		3f. E-Mail A jeff.coh		ntsinai.org		
ia. Type of Establishment <i>(Factory, i</i> Hospital	nine, wholesa	aler, etc.)		4b. Principa Healthc	al Product or Service are	'	5a. City an Elmhui	d State where unit in	is located:	
5b. Description of Unit Involved: ncluded: See Attachment A,							6a. Numbe 9	r of Employees in U	Unit:	
Excluded: See Attachment A.	100	100					of the e	ubstantial number ( imployees in the un inted by the Petition	it wish to be	
Check One: X 7a. Request for recon or about (Date)  7b. Petitioner is cui	03/20	)/19 (lf n	o reply re	eceived, so s	state).		d Employer o	leclined recognition	1	
Ba. Name of Recognized or Certifie	d Bargainin	g Agent (If non	e, so stat	e) 8b. Ad	dress:					
None	22.									
Bc. Tel. No.	8d, Cell No.			8e, Fax No	,	8f. E-Mail A	8f. E-Mail Address			
Bg. Affiliation, if any:			81	n. Date of Re	ecognition or Certificat		n Bi. 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	er's establishme	nt(s) invo	lved? No	If so, approxi	mately how mai	ny employee:	s are participating?		
(Name of Labor Organization)								er since (Month, Da		
<ol> <li>Organizations or individuals othe individuals known to have a repre</li> </ol>								es and other organi	zations and	
10a Name	1	10b. Address				10c. Tel. N	0.	10d. Cell No.		
				10			10e. Fax No. 10f, E-Mail Address			
11. Election Details: If the NLRB co	nducts and el	lection in this m	atter, stat	e your positi	ion with respect to any	such election:	11a. Election  Manua		Mixed Manual/Mail	
11b. Election Date(s): April 10, 2019		11c. Election Tit 10:00am- 2	me(s): ::00pm	[			on Location(s achment		:	
12a. Full Name of Petitioner (includ The New York State Nurs	ing local names es Assoc	ne and number) iation			12b. Address (street : 131 West 33rd	and number, city Street, 4th	, State and I Floor, N	ZIP code): Y, NY 10001		
12c. Full name of national or internat None	ional labor or	rganization of wi	nich Petiti	oner is an a	ffiliate or constituent (i	f none, so state,	t .			
12d, Tel. No. 212-785-0157										
<ol> <li>Representative of the Petitione 13a, Name and Title: Bernard E. Mason, Associate</li> </ol>		·	f all pap	13b. Addre	ess (street and number st 33rd Street, 4th	, city, State and	ZIP code):	l		
13c. Tel. No. 212-785-0157	13d. Cell No	D.		13e. Fax N 212-785			13f. E-Mail Address Bernard.Mason@nysna.org			
declare that I have read the above	e petition an			re true to th	ne best of my knowle			-		
Name <i>(Print)</i> Bernard Mason		Signatu	92 	1	1_	Associate	Counsel		Date 03/22/19	

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

#### Attachment A

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

Included: All full-time, regular part-time, and per diem midwives employed by the Employer in the Obstetrics and Gynecology department at its Elmhurst Hospital Center affiliation located at 79-01 Broadway, Elmhurst, New York residual to the existing unit.

Excluded: All statutory supervisors.

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

The 2<sup>nd</sup> Floor Conference Room in the Women's Health Pavilion located at 78-20 41<sup>st</sup> Avenue Elmhurst, NY 11373

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

DO NOT WRITE IN THIS SPACE									
Case No.	29-RC-238337	Date Filed	3/26/19						

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition musi named in the p	be accompani etition of: (1) th	ied by bot he petition	h a sh ; (2) S	nowing of interest (se Statement of Position	e 6b below) form (Form	and a certifica NLRB-505); an	te of service showir Id (3) Description of	ng service on Representation	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	ioner desires to b	e certified as re	presentativ	e of t	he employees. The Pe	titioner alleg	es that the fol	lowing circumstanc		
2a. Name of Employer:		2b	. Address(	es) of	Establishment(s) invol-	ved (Street a	nd number, City	, State, ZIP code):		
The Washington Consulti	<b>I</b>			Avenue, Westh	-		,			
3a. Employer Representative - Nan	ne and Title:	3b	Address	(if sarr	ne as 2b - state same):	·				
Sherry Reese, President					Ave., Suite 301 D 20814	l				
3c. Tel. No. 301.656.2330	3d. Cell No.		3e. Fax No. 301.656.1996				il Address			
4a. Type of Establishment (Factory, I Training facility	mine, wholesaler,	etc.)	1		oal Product or Service ffic controller tra	aining	5a. City ar Westbur	nd State where unit is y, NY	located:	
5b. Description of Unit Involved:						• • • •	6a. Numbe	er of Employees in Ur	nit:	
Included: All remote pilot operators	(RPOs), A	ΓC Instruct	ors, and	l Lat	o Managers		36			
Excluded:			,		• •			ubstantial number (30		
All other employees								ented by the Petitions		
Check One: X 7a. Request for red on or about (Date) 7b. Petitioner is cui	no reply	(If no re	ply receive	d, so	state).	under the A		declined recognition		
8a. Name of Recognized or Certifie					dress:	i dildei tile A	J.,			
None		,	,							
8c. Tel. No.	8d. Cell No.		8e. F	ax No	<b>.</b>	8f. E-Ma	8f. E-Mail Address			
8g. Affiliation, if any:			8h. Dat	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 Employer's	establishment(s	) involved?	No No	If so, approx	imately how r	nany employee	s are participating?		
(Name of Labor Organization)					<del></del>	, has picke	ted the Employ	er since (Month, Day	, Year)	
<ol> <li>Organizations or individuals other individuals known to have a repre</li> </ol>								es and other organiza	ations and	
None										
10a. Name	105.	Address					No.	10d. Cell No.		
							No.	10f. E-Mail Address		
11. Election Details: If the NLRB co				r posit	tion with respect to any		Manua	al Mail Mi	ixed Manual/Mail	
11b. Election Date(s):		Election Time(s	-	1			1d. Election Location(s):			
Friday, April 12, 2019  12a. Full Name of Petitioner (included)		00 a.m. to	11:00 a	.m.	I 40h Address (street)		ng/break room city, State and ZIP code):			
Int'l Association of Mach			orkers		9000 Machinis			lboro, MD 20	972	
12c. Full name of national or internat						f none, so sta	te):	<i>O</i> .	= .	
International Association		ts and Aero				T40- C4	4-11 4-4		51	
12d. Tel. No. (301) 967-4510				Fax N	0.		lail Address er@jiamaw	.org	25	
13. Representative of the Petitioner who will accept service of all pape					•		-	2.1	平 三二	
13a. Name and Title: William H. Haller, Associate	e General Co	unsel	13b.	Addre	ess (street and number	r, city, State a	nd ZIP code):	بر س س	.: 55	
13c. Tel. No.	13d. Cell No.		13e.	Fax N	No.		ail Address	<del>- 13</del>	- 30	
(301) 967-4510							whaller@iamaw.org			
I declare that I have read the above	e petition and th		nts are tru	e to t	ne best of my knowle		ef.		lou.	
Name (Print) William H. Haller		Signature	5 H	44	ا سال	Title Associat	e General	Counsel	3/22/2019	
vv duam d. Cauci				1	~ · · · ·	7330VIAL	o concida i	Counsel	1314414013	

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

	DO NOT WRITE IN THIS S	PACE	
Case No.	29-RC-238349	Date Filed	3/26/19

											-, -0, -,	
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.												
<ol> <li>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.</li> </ol>												
2a. Name of Employer:			2b	. Addr	ess(es) of	Establishment(s) involv	ed (Street and	number, City	, State, ZIP code):			
The Washington Consulting Group, Inc.				4205 Johnson Avenue, Ronkonkoma, NY 11779								
3a. Employer Representative - Nan	ne and Title:	:	3b	. Addr	ess (if san	ne as 2b - state same):						
Sherry Reese, President				4915 Auburn Ave., Suite 301, Bethesda, MD 20814								
3c. Tel. No. 301.656.2330	3d. Cell No			3e. Fax No. 301.656.1996			3f, E-Mail	3f, E-Mail Address				
4a, Type of Establishment (Factory, I	mine, whole	saler, et	c.)	4b. Principal Product or Service				5a. City and State where unit is located:				
Training facility					air trat	fic controller trai	ning	ing Ronkonkoma, NY				
5b. Description of Unit Involved: Included:								6a. Number of Employees in Unit:				
All remote pilot operators	(RPOs)	, ATC	Instruct	tors,	and La	b Managers		28				
Excluded:	,	,		,		,,		6b. Do a substantial number (30%				
All other employees								of the employees in the unit wish to be represented by the Petitioner? X Yes No				
Check One: X 7a. Request for rec							/a ar	d Employer of	declined recognition			
on or about (Date)					eived, so	state). and desires certification	under the Act					
8a. Name of Recognized or Certifie						ddress:	under the Act,		_			
None			,									
8c. Tel. No.	8d. Cell No	).		8e. Fax No.			8f. E-Mail A	8f. E-Mail Address				
8g. Affiliation, if any:								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 Employ	yer's est	ablishment(s	) invol	ved? No	If so, approxir	nately how ma	ny employee	s are participating?			
(Name of Labor Organization)							, has picketed	the Employ	er since (Month, Da	y, Ye	ar)	
<ol> <li>Organizations or individuals other individuals known to have a repre</li> </ol>									es and other organiz	zation	ns and	
None												
10a. Name		10b. Ad	dress				10c. Tel. N	0.	10d. Cell No.			
							10e. Fax N	0.	10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and	election	in this matter	r. state	vour posi	ition with respect to any	such election:	11a. Election	n Type:			
11b. Election Date(s):					, ,			× Manua	I Mail N	lixed	Manual/Mail	
11b. Election Date(s): 11c. Election Time(Friday, April 12, 2019 2:00 p.m. to 3			-					11d. Election Location(s): basement pilots room				
12a. Full Name of Petitioner (including local name and number):			•					number, city, State and ZIP code):				
Int'l Association of Machinists and Aerospace Workers  9000 Machinists Place, Upper Marlboro, MD 20772												
12c. Full name of national or internati							none, so state	):		2	````	
International Association 12d. Tel. No.	OI Mach		and Aero		te wor		12g. E-Mai	l Addec==		(;)		
(301) 967-4510	12e. Cell N	10.		- [	121. Fax N	10.	12g. E-Mai	Address		-7		
13. Representative of the Petitione	r who will a	ccept s	ervice of all	paper	s for pur	poses of the represent	ation proceed	ing,			5 12	
13a. Name and Title: William H. Haller, Associate General Counsel				13b. Address (street and number, city 9000 Machinists Place, Upp			city, State and ZIP code):					
13c, Tel. No.	13d, Cell N	lo.		<del> </del> ,	13e. Fax I	No.	13f. E-Mail	Address	· · ·	—		
(301) 967-4510							whaller	whaller@iamaw.org				
I declare that I have read the above	petition ar			nts are	true to t							
Name (Print) William H. Haller			Signature	ک	K/K	1 - L/ VL	Title Associate	General (	Counsel		3/22/2019	

# UNITEDISTATES OF AMERICA NATIONAL BABOR RELATIONS BOARD RM PETITION

			200	100		600
		NOT WRITE IN	THIS SPAC	E		
Case No.	AND THE PROPERTY.	Marie Lander	0	ate Filed		20.50
ACTED STATE	29-RM-	238116	1	-3/21/	2019	1
		to be the common against the co-		and the state of t		1000

INSTRUCTIONS: Unless a Filed using the Agent plant of the potition following: (1) the petition; (2) Statement of Populition must also be accompanied by evident the employer has good faith uncertainty about amployees who no longer wish to be represent	must be ac etion form; a e supporting t majority su	companied by a certificate and (3) Description of Proces gifte statement that a labor o upport for an existing represe	of service shi dures in Certifi organization hi entative. How	owing service lostion and L as made a d	e on all pa Decortification In and for i	rties named in the petition of the on Cases (Form NLRB 4812). The ecognition on the employer or that		
1 PURPOSE OF THIS PETITION RM-CERT the Employer/Petitioner to be recognized uncertainty about majority support for an ex- named in this petition, this statement shall. National Labor Relations Board proceed.	as the reprising representation	esentative of employees of entative if a charge under S and made. The Petitioner all oper authority pursuant to	the Employe ection 8(b)(7) leges that the Section 9 of 1	r/Petitioner of the Act ha e following the National	or the Emp is been file circumstar Labor Rel	oloyer/Petitioner has a good faith d involving the Employer/Petitioner ices exist and requests that the atlons Act.		
ts. Name of EmployerPatitioner: 2425 Kings Highway Owners Corp.	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code)  2425 Kings Highway  Brooklyn, NY							
la. EmployerPathioner Representative - Name a Robert I. Gosseen, Esq. Attorney	of Title: 36. Address (if same as 2b - state same): Ganfer Shore Leeds & Zauderer, LLP, 360 Lexington Ave							
Sc. Tel. No. 3d Cell No.		3e Fax No.		31 E-Mail A	with all of the control of	generalisas (1995). Marko II. a esta esta esta		
(212)922-9250 (9127)95	A	(800)380-1998		rgosseer	(a)ganter	shore.com		
ta. Type of Establishment (Factory, mine, wholesal	er, Blc.)	4b. Principal Product	or Service	and the state of t				
Se, Description of Unit Involved:		and the second s				State where unit is located		
All building service employees						Brooklyn, NY		
Excluded: Supervisors					6: Number of Employees in Unit: 2			
Unitess a charge alleging a violation of Section 8(b)  7a. A labor organization made a demand for ra  7b. The Employer/Poblisher has a good faith un	cognition on the	he Employer/Potitioner on (Date out majority support for an existing	1					
Ba. Name of Recognized or Certified Bergaining Loc al 2. United Service Employees	IDD:		Annual Contraction		86. Affiliatio	IUJAT		
Sc. Address:	4		8d. Tet. No.		Se. Cell No	N P		
82-01 Rockaway Blvd. (Suite 130)	(718)296-70 Br. Fax No. (718)296-48			/01/	5-4819 Address			
Ozone Park, NY 11416					877 Istuartlocal2@aol com			
Date of Recognition or Cartification     UNK				10, Expirati Recent Cor	on Date of C ntract, if any	urrent or Most (Morsh, Day, Year) 10/31/18		
11. Is there now a strike or picketing at the Employ (Name of Labor Organization)	er's establishment(s) involved? No  if so, approximately how many employees are participating? N/A has picketed the Employer since (Month, Day, Year)							
12 Contrainations or individuals other than those o	arried in Rom	8, which have a contract with th	e Employer/Pel	tioner or repr	esent emplo	yeas of the Employer/Petitioner or		
demanded recognition as representatives and above (If none, so state)  NONE	offier organiza	ation and individuals known to h	ave a represen	lative interest	in any amak	Mass in the first descuded in solu 2		
	20 Address			12c, Tel. N	0.	12d. Cell No.		
Commence of the second of the	NA							
		177	n m . 7 . 7 . 7 . 7	126. Fax N	O Comment	12f. E-Mail Address		
Free statement and and a second statement of the secon	ection in this	matter, state your position with r	espect to any s	uch election:	13a Electio	the state of the s		
NONE		The Control of the Co		13d Flori	on Location			
13h Election Cate(s) March 27 or 28	10 am		water and a	2425 K	ings Hig	hway "Conference Room"		
14. Representative of the Employer/Petitioner in 14s. Name and Title: Robert I. Gosscen, Esq.: Attorney	dip will acco	14b. Address (street	t and number, cods & Zat	city, State and	ZIP code):	tington Avenue (14th Floor)		
14c. Tel. No. 14d. Cell No. (212)922-9250 (917)95	1-6730				II. E-Mail Address gosseen@ganfershore.com			
I declare that I have read the above petition an Name (Print) Robert I Gosseen	Supplied	现于人们		ge and belief lite Attorney		Date   3/19/19		

3.3

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, BECTION 1601)

PRIVACY ACT STATEMENT

Solicization of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 or seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings of Migration. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 7/342-43 (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.