						DO NOT	WRITE IN THIS S	PACE	
FORM NLRB-502 (RD) (2-18)	NATIONAL L	STATES OF AME ABOR RELATION RD PETITION			Case N		RD-240745	Date Filed	5/3/19
INSTRUCTIONS: Unless e-File employer concerned is locate the employer and all other par Case Procedures (Form NLR	d. The petition in ties named in the the second secon	must be accompa he petition of:(1) t	anied by both a sho the petition; (2) Sta	owing of intere tement of Posi	st (see 7 b ition form	elow) and a certific (Form NLRB-505); a	ate of service sh nd (3) Descripti	owing servic	e on entation
1. PURPOSE OF THIS PETITION recognized bargaining represe Labor Relations Board proce	ntative is no long	er their representa	tive. The Petitioner	alleges that th	he followin	g circumstances ex			
2a. Name of Employer			2b. Address(es) of	Establishment(s	s) involved	(Street and number,	city, state, ZIP co	ode)	
Red Apple Group Inc.					-	1 Fleet pl, and 8	6 Fleet pl, Br	ooklyn, N	Y11201
3a. Employer Representative - N			3b. Address (If sam						
Ilmi Mehmedaj, Property 3c. Tel. No.	Manager 3d. Fax No.		800 3rd Avenu 3e. Cell No.		-				
(212) 956-5770	(212) 262-49		Je. Cell No.		3f. E-Mail	Address			
4a, Type of Establishment (Factor		ler, etc.)				al product or service			
Residential Apartment Bu 5a. Description of Unit Involved	ilding				Property	y Services			
Included:							5b. City an is local	d State where led:	unit
All employees employed	at 180 Mvrtle	ave, 218 Myr	tle ave. 81 Flee	t pl. 86 Flee	t pl. Bro	oklvn. NY 1120	1 Brookly	n, NY 112	01
Excluded:			,	· <b>r</b> -, · · · · · · ·	<b>r</b>		-   -	-	
Supervisors, clerical empl	ovees confid	ential employ	ees, and guards						
6. No. of Employees in Unit about	ut 24 7. Do a s	ubstantial number	(30% or more) of th	e empl <u>oy</u> ees in	the unit no	o longer wish to be re	presented by the	certified or cu	rrently
8a. Name of Recognized or Certif	l lecogi		epresentative? 🗙 Y	es No		8b. Affiliation, if any			
United Workers of Ameri						ob. Anniation, if any			
8c. Address				8d. Tel. No.		8e. Cell No.			
367 Long Beach Road 14	7 Island Park,	NY 11558		(888) 666-	1974				
				8f. Fax No. (516) 706-	0879	8g. E-Mail Address			
9. Date of Recognition or Certifica	tion		10. Expiration Date	· · · -		t Contract, if any (Mo	nth, Day, Year)		
July 25, 2016			April 26, 2019						
11a. Is there now a strike or picke	ting at the Employ	yer's establishmer	nt(s) involved?	∕es ⊠No	11b. If so,	approximately how m	any employees a	are participatin	lg?
11c. The Employer has been pick	eted by or on beh	alf of (Insert Nam	ne)					a labor orga	anization, of
(Insert Address)							e (Month, Day, Y	,	
12. Organizations or individuals of and individuals known to have	her those named	in items 8 and 11 interest in any em	c, which have claime	ed recognition a described in item	ns represen n 5 above.	tatives and other orga (If none, so state)	anizations none	•	
12a. Name	12b. Addre				12c. Tel. N		12d. Fax No.		
					10. 0				
					12e. Cell N	NO.	12f, E-Mail Addr	ess	
13. Election Details: If the NLRE matter, state your position with					13a. Electi	on Type: 🗙 Manual	Mail [	] Mixed Manu	ial/Mail
13b. Election Date(s)		13c. Election Tim	.,			on Location(s)			
May 23, 2019		7:00-8:00 an	n, 3:00-4:00 pm		Locker	room at 86 Fleet	place		
14. Full Name of Petitioner (b) (6), (b) (7)(C)									
14a, Address (Street and number	city, state, ZIP c	ode)			14b. Tel. N	lo.	14c. Fax No.		
(b) (6), (b) (7)(C)					(b) (6), (l	b) (7)(C)			
	27				14d. Cell N	lo.	14e. E-Mail Add (b) (6), (b) (		
14f. Affiliation, if any									
15. Representative of the Petitic	ner who will acc	cept service of al	papers for purpos	es of the repre	esentation	proceeding.			
4E- North	-				15b.Title				
	8								
15c. Address (Street and number,	city, state, ZIP c	ode)			15d. Tel. N	lo.	15e. Fax No.		
					15f, Cell N	o.	15g. E-Mail Addr	ess	
						1			
i I declare that I have read the ab			(b) (6) (b)	(7)(C)		11.0.4			-
Name (Brint)	ove petition and	that the stateme	nts a(b) (6), (b)	(7)(C)	wiedge an	id belief.		Data Eilard	
Name (Print)	ove petition and (b	) (6), (b) (7)	nts (b) (6), (b) (C)	(7)(C)	wledge an Title	nd belief.		Date Filed	
Name (Print) (b) (6), (b) (7)(C) WILLFUL FALSE S	(b	) (6), (b) (7)	nts <sub>₹</sub> (b) (6), (b) (C)		Title (b) (6), (b) (7	nd belief.	TITLE 18 SEC	4/30	/19

Solicitation of the information on this form is authorized by the National Labor Relation 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.

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RC PETITION         29-RC-240960         5/7/19           NBSTR0CTONE: Under a Fabrid site of the fabrid of the settion of 10 (the settion for the setting of the setti					ļ		DO NOT W	
amployee and a located. The pathon must be accompanied by SRM 2 indexing of maining and a certificate of service and interpation and the pathon of the patho	(2-18)			OARD		Case No.	29-RC-	240966 Date Filed 5/7/1
bargening by Petitioner and Petitioner devices to be certified as representative of the engloyees. The Petitioner alleges that the following clarumances exist and requests that the kellow like the kellow like.         2a. Name of Engloyer. Likes 58 Casino Hotel       2b. Address (2 Casino Hotel)       2b. Address (2 Casino Hotel)       2b. Address (2 Casino Hotel)         3b. Employer. Representative - Name and Tale.       2b. Address (2 Casino Hotel)       2b. Address (2 Casino Hotel)       2b. Address (2 Casino Hotel)         3c. Tel. No.       2b. Address (2 Casino Hotel)       2b. Address (2 Casino Hotel)       2c. Fan No.         3c. Tel. No.       2b. Calino Hotel       2b. Address (2 Casino Hotel)       2c. Casino Hotel         3c. Tel. No.       2b. Casino Hotel       2c. Casino Hotel       2c. Casino Hotel       2c. Casino Hotel         3c. Tel. No.       2c. Casino Hotel       2c. Casino Hotel       2c. Casino Hotel       2c. Casino Hotel         3c. Tel. No.       2c. Casino Hotel       2c. Casino Hotel       2c. Casino Hotel       2c. Casino Hotel         3c. Tel. No.       2c. Casino Hotel       2c. Casino Hotel       2c. Casino Hotel       2c. Casino Hotel         3c. Tel. No.       2c. Casino Hotel	employer concerned is located. T the employer and all other parties	he petition mu named in the	st be accompanied petition of: (1) the p	by both a sh etition; (2) S	owing of interest (s tatement of Position	ee 6b below) and h form (Form NL	d a certificat RB-505); an	e of service showing service on d (3) Description of Representation
Jakes S8 Casino Hotel       3635 expressway Drive , North, Islandia, NY 11749         34. Employer Representative - Name and Tae:       3635 expressway Drive North, Islandia NY 11749         35. Employer Representative - Name and Tae:       3635 expressway Drive North, Islandia NY 11749         36.1 881-6037       16-838-5140       36.5 expressway Drive North, Islandia NY 11749         36.1 881-6037       16-838-5140       36.5 expressway Drive North, Islandia NY 11749         36.1 881-6037       16-838-5140       36.5 expressway Drive North, Islandia NY 11749         36.1 881-6037       16-838-5140       40. Principal Poduct or Service       36. Call No.         36. Description of Unit Involves: Included:       58. Description of Unit Involves: Included:       59. Description of Unit Involves: Included:       59. Description of Call No.       59. Description of Call No.       59. Address:       4       4       4       4       4       4       58. Description of Unit Involves: Included:       58. Description of Call No.       59. Address:       59. Address:       59. Address:       59. Address:       4       58. Description of Call No.       58. Description of Call No.       58. Description of Call No.       58. Descrin These       59. Description of Call No. <td>bargaining by Petitioner and Petit</td> <td>tioner desires to</td> <td>be certified as repre</td> <td>sentative of th</td> <td>e employees. The P</td> <td>etitioner alleges</td> <td>that the foll</td> <td>owing circumstances exist and</td>	bargaining by Petitioner and Petit	tioner desires to	be certified as repre	sentative of th	e employees. The P	etitioner alleges	that the foll	owing circumstances exist and
Chuck Kilroy General Manager       3635 expressway Drive North, Islandia NY 11749         ac. Tel. No.       36. Cell No.       37. E-Mail Address         Call All - Construction of Unit Involved:       40. Principal Peductor Service       Sc. City and State where unit is located.         Casino of Unit Involved:       40. Principal Peductor Service       Sc. City and State where unit is located.         Casino of Unit Involved:       56. Discription of Unit Involved:       56. Discription of Unit Involved:         Included:       56. Discription of Unit Involved:       56. Discription of Unit Involved:         See attachment       56. Discription of Unit Involved:       56. Discription of Unit Involved:       56. Discription of Unit Involved:         See attachment       56. Discription of Unit Involved:       56. Discription of Discription Discription of Discription of Discription of Discription Discripi								
631-831-6037       [716-858-5140       ckircy@delawarenorth.com         44 - Type of Exabinemit (Factory, mine, wholesaler, etc.)       4b. Principal Pedict of Service       5c. Diper and Site where und is located:         58b. Bescription of Unit Involved: included:       5c. Diper and Site where und is located:       5c. Diper and Site where und is located:         58b. Bescription of Unit Involved: included:       5c. Diper and Site where und is located:       5c. Diper and Site where und is located:         58c. Discription of Unit Involved: included:       Fac. Diper and Site where und is located:       5c. Diper and Site where und is located:         58c. Discription of Unit Involved: included:       Fac. Diper and Site where und is located:       5c. Diper and Site where und is located:         58c. Tecl. No:       Tork Registration as Bisgraims Representative was nade on (Date)       503/2019       and Employeer dedined recognition         58c. Tecl. No:       Bd. Cell No:       Es. Fax No.       Ef. EMail Address         8c. Tell. No:       Bd. Cell No:       Es. Fax No.       Ef. EMail Address         8g. Affination: if any:       Bb. Date of Recognition or Certification       E. Exploration Date of Corrent or Most Recent Control. if any (Month, Day, Year)         10. Organizations or individuals other than Pationer and these state of the disk and recent or the disk and the employees in the unit described in item S and 9, which have damed recognition or Most Recent Controct. if any (Month, Day, Year) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NY. 1174</td> <td>9</td>							NY. 1174	9
Casino Hotel       Facility Maintenance       Village of Islandia         Sc. Description of Unit Involved: Included:       Ea Number of Employees in Unit         Sec attachment       Excludes:       Ea Number of Employees in Unit         Sec attachment       Excludes:       Ea Number of Employees in Unit         Check One       > Request for recognition as Bargaining Representative was made on (Date)       503/2019       and Employeer defined recognition         The Check One       > Request for recognition as Bargaining Representative was made on (Date)       503/2019       and Employeer defined recognition         Ba. Name of Recognized or Certified Bargaining Representative and devise certification under the Act.       Sec. Tel. No.       Bd. Cell No.       Be. Fax No.         Bg. Affinition, if any:       Bb. Date of Recognition or Certification & Explanding Persentative and devise certification & Bi. Explanding Date of Current or Mosting Recet Contract, if any (Moorth, Day, Year)         Is Is there now a strike or picketing at the Employer's establishmemt(a) involved?       // if an application or a representative interest in any employees in the unit described in items 8 and 9, which have a lamost representatives and other organization         10. Organization or individual for the Patilioner and those named in items 8 and 9, which have a lamost representatives and other organizations are representative interest in any employees in the unit described in item So above, (france, so attie)         10a. Name       10b. Address       11c. Electio			140	3e. Fax No				renorth.com
Included: See attachment Excluded: all office and professional employees, guards and supervisors under the Act. Check One		mine, wholesale	ar, etc.)			· · · · · · · · · · · · · · · · · · ·		
all office and professional employees, guards and supervisors under the Act.       of the employees in the unit with 0 is an total presentative was made on (Date)         Check One       78. Request for recognition as Barganing Representative was made on (Date)       5/(03/2019)       and Employer declined recognition         or a box (Date)       No. Representative was made on (Date)       5/(03/2019)       and Employer declined recognition         Ba. Name of Recognized or Certified Barganing Representative and desires conflication under the Act.       b. Address.         Ba. Name of Recognized or Certified Barganing Representative and desires conflication and the the statements.       b. Address.         Ba. Name of Recognized or Certified Barganing Representative and statements.       Br. Eva No.       Br. Eva No.         Ba. Address.       at the employer's establishment(s) involved?       if so. approximately how many employees are participating?         (Name of Labor Organization)	Included:							er of Employees in Unit:
Check One: 7e. Request for recognition as Bargaining Representative was made on (Date) 5(03/2019 and Employer declined recognition on or about (Date) NO. Reprint Representative and desires certification under the Act.  8a. Name of Recognized or Certified Bargaining Representative and desires certification under the Act.  8a. Name of Recognized or Certified Bargaining Agent (If none, so state)  8b. Address  8c. Tet. No.  8d. Cell No.  8d. Date of Recognition or Certification  8d. Date of Recognition or Certification  8d. Address  10 Organization or individuals other than Petitioner and those named in items 8 and 9, which have dained feeding the any (Month, Day, Year)  10. Organization individuals other than Petitioner and those named in items 8 and 9, which have dained feeding the any (Month, Day, Year)  10. Organization individuals other than Petitioner and those named in items 8 and 9, which have dained feeding the aspect to any act any (Month, Day, Year)  10. Organization in thus anter, state your position with respect to any such election:  11a. Election Date(s):  11b. Election Time(s):  11c. Election Time(s):  11c. Election Time(s):  11d. Election rom 415  12a. Name of Petitioner fonduling theory paralition of Vich Petitioner is an affiliate or constituent (if none, so state):  11d. Election rom 415  12a. Tau Rev or Petitioner with and address  12d. Tell No.  12d. Tell No		l employee	s, guards and s	upervisor	s under the Ac	t.	of the e	employees in the unit wish to be
36. Name of Recognized or Certified Bargaining Agent (// none, so state)       8b. Address:         36. Tel. No.       8d. Cell No.       8e. Fax No.       8f. E-Mail Address         36. Affikation, if any:       8h. Date of Recognition or Certification       8i. Extent Contract, if any (Month, Day, Year)         9. Is there now a strike or picketing at the Employer's establishment(s) involved?       If so, approximately how many employees are participating?         (Name of Labor Organization)	on or about (Date)	No Rep	ly (If no reply	received, so	state).		d Employer	declined recognition
Be. Tel. No.       Bd. Cell No.       Be. Fax No.       Bf. E-Mail Address         Bg. Affiliation. if any:       Bh. Date of Recognition or Certification       Bk. Explation 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?       If so, approximately how many employees are participating?         9. Is there now a strike or picketing at the Employer setablishment(s) involved?       If so, approximately how many employees are participating?         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         11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type: Implication coation(s): S120, P2019         11b. Election Date(s):       11c. Election Time(s): S120, P2019       11d. Election Tome(s): International Union of Operating Engineers         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):       111.857         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):       113.57         12c. Full name of national or international labor organization of which Petitioner						on under the Act.		· · · · · · · · · · · · · · · · · · ·
8g. Affiliation, if any:       Bh. Date of Recognition or Certification       Bi. 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?       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. ( <i>If nane, so state</i> )         10a. Name       10b. Address       10c. Tel. No.       10d. Cell No.         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 (Maii) (Mixed Manual/Maii)         11b. Election Date(5): 25/29/2019       3:00 pm to 4PM       11d. Election Troom 415         12a. Full Name of Pathioner (including local name and number): International Union of Operating Engineers       12b. Address (street and number, city, State and 2IP code): 118-847-8484 ext 209       12e. Cell No.         12a. Tell, No. 718-847-8484 ext 209       12e. Cell No. 917-680-4291       12f. Fax No. 718-805-2172       12g. E-Mai Address vincentfiorentino@iucelocal30.org         13a. Name and Title: Vincent Fiorentino Organizer       13d. Cell No. 917-680-4291       13e. Fax No. 718-805-2172       13f. E-Mai Address vincentfiorentino@iucelocal30	8a. Name of Recognized of Certin	eo bargaining i	Agent (ir none, so si		uless.		<i>է</i>	T
Recent Contract, if any (Month, Day, Year)         9. Is there now a strike or picketing at the Employer's establishment(s) involved?       If so, approximately how many employees are participating?         (Name of Labor Organization)	8c. Tel. No.	8d. Cell No.		8e. Fax No	).	8f. E-Mail /	Address	
(Name of Labor Organization)	8g. Affiliation, if any:			8h. Date of R	ecognition or Certifica			
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         10a. Name       10b. Address         11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: any such election       10t. E-Mail Address         11b. Election Date(s): 5/29/2019       11c. Election Time(s): 3:00 pm to 4PM       11d. Election Icoation(s): same location room 415         12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 30       12b. Address (street and number, city, State and 2IP code): 16-16 Whitestone Expressway, Whitestone NY 11357         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): 11c. Teil. No. 718-847-8484 ext 209       12e. Cell No. 917-680-4291       12F. Fax No. 718-805-2172       12g. E-Mail Address vincentfiorentino@iuoelocal30.org         13a. Name and Title: Vincent Fiorentino Organizer       13d. Cell No. 917-680-4291       13e. Fax No. 718-805-2172       13f. E-Mail Address vincentfiorentino@iuoelocal30.org         13c. Tel. No. 718-847-8484 ext 209       13d. Cell No. 917-680-4291       13e. Fax No. 718-805-2172       13f. E-Mail Address vincentfiorentino@iuoelocal30.org         13c. Tel. No. 718-847-8484 ext 209       13d.	9. Is there now a strike or picketing a	at the Employer	s establishment(s) in	volved?	If so, appro	•		
individuals known to have a representative interest in any employees in the unit described in item 5b above. (// none, so state)         10a. Name       10b. Address         10a. Name       10b. Address         110. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type:         any such election       11c. Election Time(s):       11d. Election Location(s):         5/29/2019       3:00 pm to 4PM       state location (s):         12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and 2IP code):         11c. Election of Operating Engineers Local 30       12b. Address (street and number, city, State and 2IP code):         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):         12d. Tel. No.       12e. Cell No.         12a. Ruit Name and Title:       12e. Cell No.         12b. Address (street and number, city, State and ZIP code):         11ch restriction of Operating Engineers         12e. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):         11ch restriction of Operating Engineers         12e. Tell No.       12e. Cell No.         13a. Name and Title:       917-680-4291         13b. Address (street and number, cit							+ -	
10: Neith       10: Fax No.       10: E-Mail Address         11: Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:       11: Election Type:         any such election       III: Election Time(s):       III: Election Time(s):       Manual Mail         11: Election Date(s):       11: Election Time(s):       Same location (s):       Manual Mail         12: Full Name of Petitioner (including local name and number):       12: Address (street and number, city, State and 2IP code):       16-16 Whitestone Expressway, Whitestone NY 11357         12: Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):       12: Fax No.       12: Fax No.         11: The state and Title:       12: Fax No.       12: Fax No.       12: Fax No.       12: Fax No.         13: Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13: Address (street and number, city, State and ZIP code):       13: Address (street and number, city, State and ZIP code):         13: Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13: Address (street and number, city, State and ZIP code):         13: Tel. No.       13: Address (street and number, city, State and ZIP code):       13: Address (street and number, city, State and ZIP code):       13: Stree and ZIP code):         13: Tel. No.<	10. Organizations or individuals othe individuals known to have a repro	er than Petitione esentative intere	r and those named in est in any employees	items 8 and in the unit de	9, which have claime scribed in item 5b ab	d recognition as i ove. (If none, so	representativ state)	es and other organizations and
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type:         any such election       Xmanual       Mail       Mixed Manual/Mail         11b. Election Date(s):       5/29/2019       11d. Election Time(s):       11d. Election Location(s):         5/29/2019       3:00 pm to 4PM       same location room 415         12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and 2IP code):         11c. Election of Operating Engineers       12b. Address (street and number, city, State and 2IP code):         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):         11c. Tel. No.       12e. Cell No.         718-847-8484 ext 209       917-680-4291         13b. Address (street and number, city, State and 2IP code):         13a. Name and Title:       13b. Address (street and number, city, State and 2IP code):         13a. Name and Title:       13b. Address (street and number, city, State and 2IP code):         13c. Tel. No.       13d. Cell No.         718-847-8484 ext 209       13d. Cell No.         917-680-4291       13e. Fax No.         13c. Tel. No.       13d. Cell No.         718-847-8484 ext 209       13d. Cell No.         917-680-4291	10a. Name	10	b. Address			10c. Tel. N	lo.	10d. Cell No.
any such election       ☑ Manual ☐ Mail ☐ Mixed Manual/Mail         11b. Election Date(s):       3:00 pm to 4PM       11d. Election Location(s):       same location room 415         12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):       16-16 Whitestone Expressway, Whitestone NY 11357         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so stale):       12b. Address (street and number, city, State and ZIP code):         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so stale):       12g. E-Mail Address         12d. Tel. No.       12e. Cell No.       917-680-4291       12f. Fax No.         718-847-8484 ext 209       12e. Cell No.       917-680-4291       13b. Address (street and number, city, State and ZIP code):         13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):       13b. Address (street and number, city, State and ZIP code):         13a. 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. Rame and Title:       13d. Cell No.       917-680-4291       13e. Fax No.         718-847-8484 ext 209       13d. Cell No.       917-680-4291       13e. Fax No.         718-847-8484 ext 209 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
5/29/2019       3:00 pm to 4PM       same location room 415         12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 30       12b. Address (street and number, city, State and ZIP code): 16-16 Whitestone Expressway, Whitestone NY 11357         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers       12f. Fax No. 718-847-8484 ext 209       12e. Cell No. 917-680-4291         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Vincent Fiorentino Organizer       13d. Cell No. 917-680-4291       13e. Fax No. 718-847-8484 ext 209       13d. Cell No. 917-680-4291         13c. Tel. No. 718-847-8484 ext 209       13d. Cell No. 917-680-4291       13e. Fax No. 718-805-2172       13f. E-Mail Address vincentfiorentino@iuoelocal30.org         13c. Tel. No. 718-847-8484 ext 209       13d. Cell No. 917-680-4291       13e. Fax No. 718-805-2172       13f. E-Mail Address vincentfiorentino@iuoelocal30.org         13c. Tel. No. 718-847-8484 ext 209       13d. Cell No. 917-680-4291       13e. Fax No. 718-805-2172       13f. E-Mail Address vincentfiorentino@iuoelocal30.org         14eclare that I have read the above petition and that the statements are true to the best of my knowledge and belief.       Date	any such election			ate your posi	tion with respect to a		🗙 Manua	al 🗌 Mail 🔲 Mixed Manual/M
International Union of Operating Engineers Local 30       16-16 Whitestone Expressway, Whitestone NY 11357         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):         International Union of Operating Engineers         12d. Tel. No.         718-847-8484 ext 209       12e. Cell No.         917-680-4291       718-805-2172         13a. 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):         13c. Tel. No.       13d. Cell No.         718-847-8484 ext 209       917-680-4291         13b. Address (street and number. city, State and ZIP code):         13c. Tel. No.       13d. Cell No.         718-847-8484 ext 209       917-680-4291         13c. Tel. No.       13d. Cell No.         718-847-8484 ext 209       917-680-4291         13e. Fax No.       718-805-2172         13c. Tel. No.       718-805-2172         13c. Tel. No.       718-805-2172         13c. Tel. No.       718-807-2172         13c. Tel. No.       718-805-2172         13c. Tel. No.       718-805-2172         13c. Tel. No.       718-805-2172         13d. Cell No.	5/29/2019	3:	00 pm to 4PM			same lo	cation ro	om 415
International Union of Operating Engineers         12d. Tel. No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         718-847-8484 ext 209       917-680-4291       718-805-2172       vincentfiorentino@iuoelocal30.org         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):         13. Name and Title:       13b. Address (street and number, city, State and ZIP code):         16-16 Whitestone expressway, Whitestone NY 11357         13c. Tel. No.       718-847-8484 ext 209         718-847-8484 ext 209       917-680-4291         13e. Fax No.       718-805-2172         vincentfiorentino@iuoelocal30.org         14eclare that I have read the above petition and that the statements are true to the best of my knowledge and belief.         Name (Print)       Signature O	International Union of Op	perating En	gineers Local :		16-16 Whites	tone Expres	sway, Wł	zip code): hitestone NY 11357
718-847-8484 ext 209       917-680-4291       718-805-2172       vincentfiorentino@iuoelocal30.org         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13. Representation proceeding.         13. Name and Title:       13b. Address (street and number. city, State and ZIP code):         16-16 Whitestone expressway, Whitestone NY 11357         13c. Tel. No.       13d. Cell No.         718-847-8484 ext 209       917-680-4291         13e. Fax No.       718-805-2172         vincentfiorentino@iuoelocal30.org         14eclare that I have read the above petition and that the statements are true to the best of my knowledge and belief.         Name (Print)       Signature 0	12c. Full name of national or interna International Union of Op	tional labor orga	nization of which Pe gineers	litioner is an a	affiliate or constituent	(if none, so state	)): 	
13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):         Vincent Fiorentino Organizer       16-16 Whitestone expressway, Whitestone NY 11357         13c. Tel. No.       13d. Cell No.         718-847-8484 ext 209       917-680-4291         13e. Fax No.       718-805-2172         13f. E-Mail Address vincentfiorentino@iuoelocal30.org         13e. that I have read the above petition and that the statements are true to the best of my knowledge and belief.         Name (Print)       Signature O	718-847-8484 ext 209	917-680-4		718-80	5-2172	vincent	fiorentin	o@iuoelocal30.org
718-847-8484 ext 209       917-680-4291       718-805-2172       vincentfiorentino@iuoelocal30.org         1 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 0       A	13a. Name and Title:		ept service of all pa	13b. Addr	ess (street and numb	er. city, State and ssway, White	ziP code): stone NY	11357
Name (Print) Signature O A Title Date	718-847-8484 ext 209	917-680-4		718-80	5-2172	vincent	fiorentin	o@iuoelocal30.org
Vincent Fiorentino		e petition and	that the statements	are true to t	he best of my know		•	Data
								Date

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

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

All full time and part time Facility maintenance supervisors' workers Four (4) "maintenance supervisors", the title provided to these employees by the employer, excluding all as defined under the Act.

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FORM NLRB-502 (RC) (4-15)

	S GOVERNMENT			DO NO	T WRITE IN THI	S SPACE
	RELATIONS BOARD		Case No.	29-RC-241	1161 Date	Filed 5/10/19
INSTRUCTIONS: Unless e-Filed us						
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descript				.RB 4812). The s	howing of int	terest should only be filed
with the NLRB and should not be						
<ol> <li>PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Rela</li> </ol>	esires to be certified as represent	tative of the e	mployees. The	Petitioner alleges t	hat the followin	g circumstances exist and
2a. Name of Employer				nt(s) involved (Street		
Vernon Towers LLC				, Long Island Cit	y, NY 11106	
3a. Employer Representative – Name and Michael Helitz	d Title			s 2b – state same) oulevard Suite 20	07 Forest Hil	ls, NY 11375
3c. Tel. No.	3d. Cell No.	3e. Fax			3f. E-Mail Add	
718.205.2000	917.468.6388		05.0200		Heletz@gm	
4a. Type of Establishment (Factory, mine, w Residential building	wholesaler, etc.) 4b. Principal p Building se		rvice			and State where unit is located: , NY 11106
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All building service	o workers					About 6
	e workers					6b. Do a substantial number (30%
Excluded:	nd supervisors, inclu	dina sur	porintondo	onte		or more) of the employees in the unit wish to be represented by the
Statutory guards a	nu supervisors, inclu	ung sup	Jenniende	51115		Petitioner? Yes 🖌 No 🗋
Check One: 7a. Request for re	cognition as Bargaining Represent	ntative was m	nade on (Date)	ar	nd Employer dec	lined recognition on or about
	(Date) (If no reply recei	, ,	,			
7b. Petitioner is constrained and the second	urrently recognized as Bargaining		tive and desires 8b. Address	certification under the	e Act.	
None	gaining Agent (ir none, so state	<i>y.</i>	ob. Address			
8c. Tel No.	8d Cell No.	8e. Fax	No.		8f. E-Mail Add	ress
Re Affiliation if any		Oh Data a	of Recognition of	Cortification	Qi Evolution F	Poto of Current on Most Depart
8g. Affiliation, if any		on. Date o	or Recognition of	rCermication		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establishment(s) involve	ed? NO	If so, approx	kimately how many er	nployees are par	rticipating?
	, has p					
10. Organizations or individuals other than F	Petitioner and those named in iten	ns 8 and 9, w	hich have claim	ed recognition as rep	resentatives and	other organizations and individuals
known to have a representative interest in a None	ny employees in the unit describe	ed in item 5b a	above. (If none,	, so state)		
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	an election in this matter, state y	our position v	with respect to	11a. Election Type	: 🗸 Manual	Mail Mixed Manual/Mail
11b. Election Date(s): Nearest Manager Tuesday	11c. Election Time(s): 7:30am - 8:30am			11d. Election Locat Changing Room	tion(s):	
12a. Full Name of Petitioner (including)				12b. Address (stree		ity, state, and ZIP code)
SEIU LOCAL 32BJ 12c. Full name of national or international la SEIU LOCAL 32BJ	bor organization of which Petition	er is an affilia	ate or constituen	25 West 18th Stree t (if none, so state)	et new York, IN.	1.10011
12d. Tel No.	12e. Cell No.	12f. Fax	No		12g. E-Mail Ad	drass
212 388-3800		121.1 0			reg. E-mail rid	
13. Representative of the Petitioner who	will accept service of all papers	for purpose	es of the repres	entation proceeding	g.	
<sup>13a. Name and Title</sup> Katchen Loc	ke, Attorney		dress <i>(street and</i> 18th Street New Yo	d number, city, state, rk, N.Y. 10011	and ZIP code)	
13c. Tel No. 212.539.2941	13d. Cell No.	13e. Fax	No.		13f. E-Mail Add klocke@seiu32	
I declare that I have read the above petition	on and that the statements are	true to the be	est of my know	ledge and belief.	-	
	peture	Title			Date _	1010
Katchen Locke	Statur	Attorney	DV FINE ANT			10/19
WILLFUL FALSE STATEMEN	ITS ON THIS PETITION CAN BE		BY FINE AND STATEMENT	IMPRISONMENT (U.	.s. CODE, TITLE	: 18, SECTION 1001)

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.

•						DO NOT	WRITE IN THIS S	PACE
FORM NLRB-502 (RD)		STATES OF AM			Case N			Date Filed
(2-18)	F	ABOR RELATION					RD-241171	5/10/19
INSTRUCTIONS: Unless e employer conterned is in the employer and all othe Case Procedures (Form A	cated. The petition , parties named in th	must be accomp he petition of:(1)	anied by both a sho the potition; (2) Sta	wing of intere tement of Pos	st (see 7 b Ition form	elow) and a certific (Form NLRB-503);	ate of service sh end (3) Description	owing survice on on of Representation
1. PURPOSE OF THIS PETI recognized bargaining rep Labor Relations Board p	nesentative is no long	er their representation	stive. The Petitioner	alleges that t	te followin	g circumstances e		
2a. Name of Employer L. I. Agains -	6 Daniel	Violance	2b. Address(es) of	Establishment(	s) involved	(Street and number,	city, state, ZIP oo	Dip, NY 11722
3a. Employer Representativ	re - Name and Title		3b. Address (If sam				critica +	
Colleen Merlo-	3d Eav No		3e. Cell No.		3f. E-Mail			
631-666-7181	631.666	92.08	Set Gentio.		C. Me	-lo@liadu		
4a. Type of Establishment (Fo	actory, mine, wholesa				4b. Frincip	al product or service Shelf		
5a. Description of Unit Involve	the second se							d State where unit
Full time a reg	ular part-	time emp	loyees a	+ shelf	er		is local	
Excluded: Executive Dire	ctor Direct	or of sk	elter Serv	ices, Ex	recuti	ive Assista	nt Day	shore, NY
Fise al Manes	et coordina	tor of u	olunteers, a	uards	\$ 50	uper visers	5	
6. No. of Employees in Unit	5 7. Do a s	nized bargaining r	r (30% or more) of th sprcsentative? <b>[]</b>	e emptoyees in es 🗌 No	the unit no	longer wish to be n	epresented by the	certified or currently
8a. Name of Recognized or C						8b. Affiliation, if any	- CIO	
District	Council	(707		8d. Tel. No.		fe, Ceil No.		
	est 45th			212.219.	0022			
NY, M	VY 10036			81. Fax No.		8g. E-Mail Address		D not
9, Data of Recognition or Car	tification		10. Expiration Date				onth, Day, Year)	7. 1007
				Lary				
11a. Is there now a strike or p 11c. The Employer has been		· · · · · · · · · · · · · · · · · · ·			115.1( 80,	approximately how (	nany employees a	a lebor organization, of
(Insert Address)		the first that	<i>i~_</i> }			ein	cə (Month, Day, Y	······································
12. Organizations or individua							anizations	
and individuals known to 12a, Name	12b. Addr		nployees in the unit o		12c. Tel. N		12d, Fax No.	
None								
1				(	12e. Cell N	10.	12f. E-Mail Addr	
13. Election Details: If the Matter, state your position		uch election. >	hop Stewa	ard	13a. Electi	on Type: 🛄 Manua	u Ca Mail	Mixed Manual/Mali
130. Election Date(s) 5/2.7/19		13c. Election Tin			13d. Eecti 320	on Location(s)	1 .	1 1 - 1: 114
14. Full Name ( Basu) 57	)(C) (b) (6),	(b) (7)(C)	00 am		500	Carleton	Ave., Cen	tral Isto, DY 11722
<sup>14a.</sup> ()()),()),()),()),()),()),()),()),()),(	state ZIE o	-			14b. Tal. N	lo.	14c. Fax No.	
(b) (6), (b) (7)(c) (b) (6), (b) (b) (c) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	7)(C)=(b)(6), (b)(			ļ				
	r)(C)				14d Cell N b) (6),	(b) (7)(C)	(b) (6), (	<sup>θ55</sup>
14f. Affiliation, If any								
15. Representative of the Po			l papers for purpos	es of the repr				
(b) (6), (b) (7)(C)	(b) (6), (b) (7	7)(C)			(b) (6), (b) (	(7)(Ċ) (b) (6), (b)	) (7)(C) *	
15(b) (6), (b) (7)(C) (b) (6), (b)	(7)(C) <sup>*</sup> (b)(6),(b)(	7)(C)			15d. Tel. N	lo.	15e. Fax No.	
(b) (6), (b) (7)	)(C) <sup>(b) (6), (b) (7)(C)</sup>				(b) (6),	(b) (7)(C)	159, E-Mail Addr (b) (6)	(h) (7)(c)
I declare that ) have read th							(b) (6)	(0)(7)(C)
	(b) (6), (b) (7)(C) <sup>S</sup>				(b) (6), (b) (7	(b) (c); (b)		Date Filed 5/9/19
	SE STATEMENTS OF		PRIVACY ACT			NMENT (U.S. CODI	c, III.ue 10, 3801	

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FORM NLRB-502 (RC)	UNITE	D STATES OF A	MERICA					DO NOT W	RITE IN THIS	SPACE	
(2-18)	NATIONAL						No.			Date File	ed
		RC PETITIO						1568		5/16	5/2019
INSTRUCTIONS: Unless e-Filed u. employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in t	must be accomp he petition of: (1	banied by 1) the pet	both a shi ition; (2) Si	owing of interest (s tatement of Position	of this see 6b n form	Petition to below) and r (Form NL	an NLRB o d a certificat RB-505); an	e of service s d (3) Descript	egion in wi showing se tion of Rep	hich the ervice on presentation
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	ioner desires	to be certified as	s represer	ntative of th	e employees. The P	etition	ner alleges	that the foll	owing circum	istances e	
2a. Name of Employer:			2b. Addr	ess(es) of f	Establishment(s) invo	olved (	Street and	number. City	State ZIP co	de):	
ABM Parking Services In	ic.		Second Links		rport, Queens,			,	,,		
3a. Employer Representative - Nan	ne and Title:	<u> </u>	3b. Addr	ess (if sam	e as 2b - state same,	):					
Mark Muglich, President			551 F	ifth Ave	enue, Suite 300	), Ne	w York	, New Yo	ork 10176		
3c. Tel. No.	3d. Cell No			3e. Fax No			3f. E-Mail A	Address			
347-533-3858											
4a. Type of Establishment (Factory,	mine, whole:	saler, etc.)			al Product or Service				d State where	unit is loca	ited:
parking services				parking					, New York		
5b. Description of Unit Involved:		5. AA 70						6a. Numbe	er of Employee	es in Unit:	
Included: All full time and regular r	oart time	parking atte	endants	and cas	shiers			80+	· · · · · ·		
Excluded:	dina mu	ada and ava		ra aa dat	finad in the As			of the e	ubstantial num mployees in t	he unit wish	to be
All other employees inclu Check One: 7a. Request for rec						π			ented by the P declined record		× Yes No
on or about (Date)				ceived, so s			an	a Employer	becimed recog	niuon	
7b. Petitioner is cu			Sector and the sector of the sector		10111 D100.	on und	ler the Act.		144 - 94 - Ce		
8a. Name of Recognized or Certifie	ed Bargainii	ng Agent (If none	e, so state	e) 8b. Ad	dress:						
INTERNATIONAL UNI	ON OF J	OURNEYM	1EN	93 L	AKE AVENU	JE					
AND ALLIED TRADES	LOCÁI	. 726		DAN	NBURY, CT 6	810					
8c. Tel. No.	8d. Cell No		·····	8e. Fax No			8f, E-Mail A	Address			
(203) 205-0101		•		00.1 0.10		1					
8g. Affiliation, if any:	<u>.</u>		8h.	. Date of Re	ecognition or Certifica	ation	8i. Expiration Recent Cont	on Date of Contract, if any	urrent or Most (Month, Day,	Year) 20	15
9. Is there now a strike or picketing a	t the Employ	er's establishme	nt(s) invol	ved? No	If so, appro	ximate	elv how ma	ny employee	s are participa	tina?	
(Name of Labor Organization)			••	1.0				-	er since (Moni	· · · · · · · · · · · · · · · · · · ·	ar)
10. Organizations or individuals othe	r than Potitic	per and these as	mod in ite	me 8 and 9	which have claime	-					
individuals known to have a repre										gunzation	5 dilu
10a. Name		10b. Address					10c. Tel. N	0.	10d. Cell No.	· ·	
						ſ	10e. Fax N	lo.	10f. E-Mail A	ddress	
44 Election Detailer Witho NU DD as	nduate and	lastica in this as			ion with recorded to or		h election:	11a. Electio	n Tuno:		
11. Election Details: If the NLRB co 11b. Election Date(s):		11c. Election Tin			ion with respect to an	2		Manua Manua	al 🗌 Mail	Mixed	Manual/Mail
5-28-19		10:00AM to	1000 - 100 - 100	)AM					n at LaGu	ardia Ai	rport
12a. Full Name of Petitioner (includ	ling local na				12b. Address (stree						<u>.</u>
Local 122 Barclay Center	Convers	sion Union			48 New Lots					11212	
12c. Full name of national or internat	ional labor o	rganization of wh	ich Petilic	oner is an a	ffiliate or constituent	(if non	ne, so state,	):			
12d. Tel. No. 347-821-0245	12e. Cell N	0.		12f. Fax No	0.		12g. E-Mai	Address	*		
13. Representative of the Petitione 13a. Name and Title:	l er who will a	ccept service of			oses of the represe ss (street and numbe						
Micah Wheeler, President					Lots Avenue, B	1.00			212		
13c. Tel. No. 347-821-0245	13d. Cell N	0.		13e. Fax N	ð.		13f. E-Mail	Address	· · · · ·		
I declare that I have read the abov	e petition a	nd that the state	ments ar	e true to th	e best of my knowl	ledge	and belief.				
Name (Print) MICANWECE/00	<	Signature			7	Title		1	4		Date 14/14
i i suisi		•	-								14

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (4-15)

UNITED STATES	GOVERNMENT				DO NOT	WRITE IN THIS	SSPACE		
NATIONAL LABOR RELATIONS BOARD Case No. Date Filed									
RC PE			29-RC				4/2019		
INSTRUCTIONS: Unless e-Filed usi	ing the Agenc	y's website, <u>w</u> v	vw.nlrb.gov, subr	nit ar	n original of this	Petition to a	n NLRB office	in the l	Region
in which the employer concerned is	s located. The	e petition must	be accompanied	by b	oth a showing o	of interest (se	e 6b below) ai	nd a cer	tificate
of service showing service on the e	employer and	all other partie:	s named in the pe	etitio	n of: (1) the peti	tion; (2) State	ement of Posit	ion form	n
(Form NLRB-505); and (3) Descript	ion of Represe	entation Case F	Procedures (Form	NLR	RB 4812). The sl	howing of int	terest should o	nly be i	filed
with the NLRB and should not be s	erved on the	employer or an	y other party.		•	-			
1. PURPOSE OF THIS PETITION: RC-CEP bargaining by Petitioner and Petitioner de	esires to be certifi	ed as representativ	e of the employees.	The P	etitioner alleges th	hat the followin	g circumstances	collective exist an	d
requests that the National Labor Relat 2a. Name of Employer	ions Board proc		dress(es) of Establish						
See Attached Addendum	AP 111 -		ton Place, Brook	dyn,	NY 11218		, 01210, 217 0000)		
3a. Employer Representative – Name and See Attached Addendum	Inte		3b. Address (If sar See Attached A						
3c. Teł. No.	3d. Cell No.		3e. Fax No.	1		3f. E-Mail Add	lress	<u>.</u>	
4a. Type of Establishment (Factory, mine, w	(holesaler_etc.)	4b. Principal pro	fuct or service			5a City	and State where	init is loci	ated:
Parking Garage		Parking Cars					n, NY 11218		
5b. Description of Unit Involved		3	<u> </u>	···· .			6a. No. of Empl	oyees in l	Jnit:
Included: All full-time and regular par			fants and cashiers	worki	ing at the Employ	er's parking	3 6b. Do a substa	ntial aum	bor (20%
facility 29 Caton Place, Bro Excluded:	OKIYN, NOW YOI	r 11218					or more) of the		
All other employee	s, quards a	and supervis	sors as define	ed b	v the Act.		unit wish to be r	<u> </u>	
					-		Petitioner? Ye		
Check One: 7a. Request for re			tive was made on (Da	ate) 🖵	none an	id Employer dec	lined recognition	on or abor	ut
7h Retitioner is ci		(If no reply received	d, so state). epresentative and des	iree c	artification under the	Act			
8a. Name of Recognized or Certified Barg			8b. Addre	-	ennication under the	ACI.			
None ,				2041					
8c. Tel No.	8d Cell No.		8e. Fax No.			8f. E-Mail Add	ress		
8g. Affiliation, if any		r	8h. Date of Recogniti	on or	Certification	8i, Expiration (	Date of Current or	Most Re	cent
							y (Month, Day, Ye		
9. Is there now a strike or picketing at the Er	mployer's establis	shment(s) involved	? If so, a	pproxi	mately how many er	nployees are pa	articipating?		-
(Name of labor organization)		, has pick	eted the Employer si	nce (M	fonth, Day, Year)				
10. Organizations or individuals other than F	Petitioner and tho	se named in items	8 and 9, which have	claime	d recognition as rep	resentatives an	d other organizati	ons and in	ndividuals
known to have a representative interest in a	ny employees in	the unit described i	in item 5b above. (If i	none, .	so state)				
10a, Name	10b, Add	dress	<u></u>		10c. Tel. No.		10d. Cell No.		
				-	10e. Fax No.		10f. E-Mail Ad	dress	
			8						
11. Election Details: If the NLRB conducts any such election.	an election in thi	s matter, state you	r position with respec	t to	11a. Election Type	Manual [	Mail Mi	xed Manu	ial/Mail
11b. Election Date(s): June 3, 2019	total American Color	ection Time(s): M to 10:00 AM			11d. Election Loca 29 Caton Place, B		218		
12a. Full Name of Petitioner (including lo	cal name and nu	imber)			12b. Address (stre	et and number.	city, state, and ZI		
Garage Employees Union Local 272 Inter 12c. Full name of national or international la					220 East 23rd Stre (if none, so state)	et, Room 801,			R
See Item 12a above	-								- c
12d, Tel No. 212-726-9726	12e. Cell No.		12f, Fax No.			12g. E-Mail A	ddress	N	551
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	or purposes of the re	prese	entation proceedin	g.			
13a. Name and Title Bruce J. Cooper, Atto	rney				number, city, state, h Floor, New York, NY			PI	
13c. Tel No. 212-652-3727	13d. Cell No.	4	13e. Fax No. 212-652-3891			13f. E-Mail Ad bcooper@pitta		بن	N
I declare that I have read the above petiti	on and that the s	stave ments are tru	re to the best of my	knowl	ledge and belief.		alaw.com	<u> </u>	<u></u>
and a second	vature /	11.	Title			Date		S	
Bruce J. Cooper	TIMAINA	PORMA	Attorney			May 23, 20	019		
WILLFUL FALSE STATEME	NTS ON THIS P	TITION CAN BE P	PUNISHED BY FINE	ANDI	MPRISONMENT (U	S. CODE, TITL	E 18, SECTION	1001)	

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 - ADDENDUM**

### PETITIONER – Garage Employees Union Local No. 272 International Brotherhood of Teamsters

Item 2a. Name of Employer: Liberty Parking, Liberty Parking Services, Caton Parking LLC and Prompt Parking Corp. as a single employer, joint employers or alter egos.

Item 2b. Address of Establishment involved: 29 Caton Place, Brooklyn, NY 11218

# Item 3a. Employer Representative – Name and Title 3b. Address:

- Kris Trposki, Principal/General Manager Liberty Parking
   29 Caton Place Brooklyn, NY 11218 (973)-432-3598
- Kris Trposki
   Liberty Parking Services, Principal/General Manager
   388 Madeline Avenue
   Garfield, NJ 07026
   (973)-432-3598
- Caton Parking LLC Abraham Liebb, Principal 4170 US Highway 9, Suite 502 Howell, NJ 07731
- Prompt Parking Corp Abraham Liebb, Principal 4170 US Highway 9, Suite 502 Howell, NJ 07731
- Prompt Parking Corp.
   Nettie Furman, Business Development Executive 800-952-7275 <u>nettie@promptparkingservices.com</u>

(b) (6), (b) (7)(C)/ }

11b. Election Date(s): June 12, 2019       11c. Election Time(s): 6:30 am - 10:00am and 2:00pm - 4:00pm       11d. Election Location(s): RTC Building - first floor break room         12a. Full Name of Petitioner (including local name and number): Civil Service Employees Association, Inc. (CSEA), Local 1000       12b. Address (street and number, city, State and ZIP code): 143 Washington Ave Albany, New York 12210         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County, and Municipal Employees       12f. Fax No. 518-257-1000       12e. Cell No.         12d. Tel. No. 518-257-1000       12e. Cell No.       12f. Fax No. 518-449-1525       12g. E-Mail Address         13a. Name and Title: Aaron E. Kaplan Senior Associate Counsel       13d. Cell No. 716-445-4019       13e. Fax No. 518-249-1525       13f. E-Mail Address aaron.kaplan@cseainc.org         13c. Tel. No. 518-257-1445       13d. Cell No. 716-445-4019       13e. Fax No. 518-649-1525       13f. E-Mail Address aaron.kaplan@cseainc.org         13c. Tel. No. 518-257-1445       13d. Cell No. 716-445-4019       13e. Fax No. 518-649-1525       13f. E-Mail Address aaron.kaplan@cseainc.org			0.074770.00	50101			DONOT		SPACE
NERVERUE TLONS: Unless = Filed using the Agency's website,  NervERUE TLONS: Unless = Filed using the Agency is the Agency = Filed using the Agenc			LABOR RELATION			Case No.	DONOTY		
amployer concerned is located. The petition must be accompanied by Softh 3 showing of interest (see Bb below) and a certificate of severice abundle service ab						29-B	C-24	2107	
bargenets that the National Labor Relations Board Proceed under its progress underly groupset. The Petitioner alleges that the following documentances exits         bargenets that the National Labor Relations Board Proceed under its progress underly groupset.       20. Address(a) of Establishment(i) movies( Steps and number. City. State, 2P octo):         bargenet all process in the National Labor Relations Act.       20. Address(a) of Establishment(i) movies( Steps and number. City. State, 2P octo):         bargenet all process in the National Labor Relations Act.       20. Address(a) of Establishment(i) movies( Steps and number. City. State, 2P octo):         bargenet all process in the National Labor Relations Act.       20. Address(a) of Establishment(i) movies( Steps and number. City. State, 2P octo):         bargenet all process in the National Labor Relations Act.       20. Address (if anne as 2D - state same):         Same       Same Frances and Senior Child Care       Sa. Chy and State where unit is located:         Child Care Workers and Senior Child Care Workers       Sa. Nation of Encognition as Bargaining Representative was made on Dialo:       5/2/4/10 and Employees in Unit.         Diack Core (Care Workers and Senior Child Care Workers)       B. Address:       B. Address:         Bartenior of More Processional Employees, as defined by the act       107       The networker (Mathemathet)       The National Labor Relation (Mathemathet)         Bartenior of More Processional Employees and adverse cardification in Bartenion (B. Address)       B. Address:       B. Address: </td <td>employer concerned is locat the employer and all other pa</td> <td>ed. The petition arties named in t</td> <td>must be accompany the petition of: (1)</td> <td>nied by both a sh the petition; (2) S</td> <td>owing of interest ( statement of Position</td> <td>see 6b below) an on form (Form NL</td> <td>d a certifica .RB-505); an</td> <td>te of service s d (3) Descript</td> <td>howing service on ion of Representati</td>	employer concerned is locat the employer and all other pa	ed. The petition arties named in t	must be accompany the petition of: (1)	nied by both a sh the petition; (2) S	owing of interest ( statement of Position	see 6b below) an on form (Form NL	d a certifica .RB-505); an	te of service s d (3) Descript	howing service on ion of Representati
SCO Family of Services       101 Downing Avenue, Sea Cliff, New York, 11579         Interployer Representative - Name and Title:       3b. Address (if same as 2b - state same):         Security Director       3b. Address (if same as 2b - state same):         Security Director       3b. Address (if same as 2b - state same):         Security Director       3b. Fax No.         Stife-671-1111       516-242-7188         Store       55. Child Care         Son-Droft, Human Services       55. Child Care         Son-Droft, Human Services       55. Child Care         Store       55. Store         Store       55. Store<	bargaining by Petitioner and	Petitioner desire	s to be certified as r	epresentative of th	he employees. The	Petitioner alleges	that the fol	lowing circum	stances exist and
Keith N. Little         Same           Executive Director         30. Fax No.         Sile-671-2899         M.E-Mail Address           Sile-671-1111         516-242-7188         Sile-671-2899         M.E-Mail Address           Non-Profit, Human Services         40. Principal Product or Service Child Care         Sile-671-2899         M.E-Mail Address           So Deartifion of Unit Involved: netudati:         40. Principal Product or Service Child Care         Sile-671-2899         M.E-Mail Address           So Deartifion of Unit Involved: netudati:         40. Principal Product or Service Child Care         Sile-671-2899         M.E-Mail Address           Schoold:         77. Request for recognition as Barganing Representative with ranke on Clubbi Difference on orbid (Dale)         Sile-671-2899         M.I.E.Mail Address           Schoold:         77. Request for recognition as Barganing Representative and devise contrictling burget defining recognition         Sile-671-2899         M.E.E.Mail Address           Sile Address         10. Provide Sile Mail         Sile Call No.         Sile E-Ra No.         Sile E-Mail Address           Startific of the prophyse as patient and sile size address on the unit size addresit size address on		es							de):
516-571-1111       516-571-2899       kiittle@.sco.org         ia Type of Establishment (Factory, mine, wholesaler, etc.)       4b. Principal Product or Service       Sa. City and State where write is located:         Sb. Description of Unit (novived: included:       4b. Principal Product or Service       Sa. City and State where write is located:         Sb. Description of Unit (novived: included:       6b. Adversard       Sa. City and State where write is located:         All Child Care Workers       6b. Adversard       Sa. City and State where write is located:         Care Core       7b. Request for recognition as Barganing Representative was made on Cloat)       05,2419       and the unit wide) Of the employees in the unit wide) Of the employees in the unit wide) Of the employees and the unit wide) Of the employees and the unit wide) Of the employees and the employees and the employees and the origin the employees and the	Keith M. Little	- Name and Title:			ne as 2b - state sam	e):	·		
Non-Profit, Human Services       Child Care       Sea Cliff, New York         Sb. Discription of Unit Involved:       Sea Cliff, New York       Sea Cliff, New York         Sb. Discription of Unit Involved:       Sea Number of Employees in Unit.       107         Child Care Workers and Senior Child Care Workers       Sea Number of Employees in Unit.       107         Child Care Or Core Of The Request of recognition as Bargaining Representative was made on (Date)       0.524/19       and Employee declined recognition of core audoption of Core audoption of Core							sco.org		
Included:       107         Bull Child Care Workers and Senior Child Care Workers       107         Buddid:       Guards, Supervisors, Managerial and Professional Employees, as defined by the and in the unit web/or engresentative and on (Date)       05/24/19       and Employer defined recognition as Bargaining Representative and devise certification bate of the mapleyees defined recognition or or about (Date)       05/24/19       and Employer defined recognition recognition as Bargaining Representative and devise certification under the Act.         Ba. Name of Recognized or Certified Bargaining Agent (If none, so state)       No. Ecefly Kcccceved       8f. E-Mail Address         Bg. Affiliation, if any:       8h. Date of Recognized or Certification at the Employer's establishment(s) involved? No       If so, approximately how many employees are participating?         Name of Labor Organization)       10b. Address       10c. Tel. No.       10d. Cell No.         10. Organization on individuals forthan Petitioner and those named in items 8 and 9. witch have calmentaries and other organization are presentative and the organization are presentative and other organization are presentative and other organization and election in this matter, state your position with respect to any such election:       11a. Election Type:         10a. Name       10b. Address       10c. Tel. No.       10d. Cell No.         11b. Election Date(s):       11c. Election Time(s):       12b. Address (threat and number; city, State and ZiP code):         11b. Telecon Date(s):       11c. Election Tin			saler, etc.)			e	5a. City and Sea Cl	iff, New	unit is located: York
Guards, Supervisors, Managerial and Professional Employees, as defined by the autor of the employees in the unit wethout or presented by the patiener's 20 of the employee declined recognition or about (DBM) recognized as Barganing Representative and dealers certification under the Address of the unit wethout or about (DBM) recognized as Barganing Representative and dealers certification under the Address of the unit wethout or about (DBM) recognized as Barganing Representative and dealers certification under the Address of the unit wethout or about (DBM) recognized as Barganing Representative and dealers certification under the Address of the unit wethout or about (DBM) recognized as Barganing Representative and dealers certification of the employer declined recognition or Certification and the Address of the unit dealers certification of the employer as the patient of the unit of the address of the unit dealers certification of the employer as the patient of the unit of the address of the unit dealers certification of the employer are participating?         None       80. Cell No.       80. Fax No.       81. E-Mail Address         81. End and the or packet of the comployer's establishment(s) involved? No       If so, approximately how many employees are participating?         (None of Labor Organization)      , has pickled the Employer's establishment(s) involved? No       If so, approximately how many employees are participating?         (None of Labor Organization)      , has pickled the Employer's establishment(s) involved? No       If so, approximately how many employees are participating?         (None of Labor Organization)      , has pickled the Employer's establishment(s) involved?       If so, approximately how many employees are participating	ncluded:		or Child Care	Workers				er of Employee	s in Unit:
□ on or about (Date)       (if no raphy received, so state)       No T EPIV (Note: Currently recognized as Barganing Representative certification under the Act.         8a. Name of Recognized or Certified Bargaining Agent (if none, so state)       Bb. Address:         Nonc       Bb. Address:         Bo. Name of Recognized or Certified Bargaining Agent (if none, so state)       Bb. Address:         Bc. Tel. No.       Bd. Cell No.       Be. Fax No.         Bg. Affination, if any:       Bb. Date of Recognition or Certification       Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)         Is there now a strike or picketing at the Employer's establishment(s) involved?       Mo       If so, approximately how many employees are participating?         (Name of Labor Organization)	Excluded: Guards, Supervisors, 1	Managerial a	and Profession	nal Employee	es, as defined l	by the act	of the	employees in th	ne unit wish to be
a. Name of Recognized or Certified Bargaining Agent (// none, so state)       Bb. Address:         Sc. Tel. No.       Bd. Cell No.       Be. Fax No.       St. E-Mail Address         Sg. Affiliation, if any:       Bb. Date of Recognizion or Certification       Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)         St. Stere 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)	Check One: X 7a. Request for on or about (E	or recognition as Date)	Bargaining Represe (If no	entative was made reply received, so	state). No Rep	5/24/19 an	nd Employer	declined recog	nition
None       Bd. Cell No.       Bd. Cell No.       Bd. Fax No.       Bf. E-Mail Address         sg. Affiliation, if any:       Bh. Date of Recognition or Certification       Bit. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)         a. 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 Pabilioner and those named in items 8 and 9, which have calimed recognition as representatives and other organizations ar 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         110a. Fax No.       10f. E-Mail Address         111b. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type:         I11b. Election Date(s):       11c. Election Time(s);       11d. Election Conditions;         I11b. Election Date(s):       11c. Election Time(s);       11d. Election and 2:00pm - 4:00pm         I12a. Full Name of Petitioner (including local name and number):       112b. Address (street and number, city, State and ZIP code):         I12a. Full Name of Patitioner (including local name and number):       112b. Address (street and number, city, State and ZIP code):         I12a.						tion under the Act.			
ig. Affiliation, if any: ig. Affiliation, if any: ig. Affiliation, if any: ig. Affiliation, if any: is. have a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations are individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations are individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 100. Name 100. Address 110. Fax No. 111. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election: 112. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election: 113. Election Location(s): 114. Election Location(s): 115. Election Time(s): 116. Election Time(s): 117. Election Time(s): 118. Full Name of Petitioner (including local name and numbar): 119. Address (street and number, city, State and ZIP code): 1124. Tult Name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): 1124. Tult No. 1125. Full No. 1126. Tell No. 1126. Tell No. 1127. Fax No. 1128. Address (street and number, city, State and ZIP code): 124. Taut No. 125. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County, and Municipal Employces 126. Tell No. 127. Fax No. 128. Address (street and number, city, State and ZIP code): 129. E-Mail Address 130. Address (street and number, city, State and ZIP code): 143. Washington Avenue Albany, New York 12210 137. Fax No. 138. Address (street and number, city, State and ZIP code): 143. Washin		ertineo Dargann	ng Agent (il none,		201633.				
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 are 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         110. 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 Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type:         12a. Full Name of Petitioner (including local name and number):       11c. Election Time(s):       11d. Election Location(s):         12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         12a. Full Name of Petitioner who will accept service of all papers for purposes of the representation of State, County, and Municipal Employces       12g. E-Mail Address         12d. Tel. No.       12f. Eelil No.       518-449-1525	Bc. Tel. No.	8d. Cell No	).	8e. Fax N	0.	8f. E-Mail	Address		
(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 or individuals known to have a representative interest in any employees in the unit described in item 5b above. (# none, so state)         10a. Name       10b. 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: Namal Mail         11b. Election Data(s):       11c. Election Time(s):       11d. Election Location(s):         11b. Election Data(s):       11c. Election Time(s):       11d. Election Location(s):         11c. Election Data(s):       11c. Election Time(s):       11d. Election Location(s):         112a. Full Name of Petitioner (including local name and number):       112b. Address (street and number, city, State and ZIP code):         112b. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (# none, so state):       12b. Address (street and number, city, State and ZIP code):         12b. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (# none, so state):       12d. Fax No.         13b. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address         13c. Tell No.       12d. Cell No.       12f. Fax	8g. Affiliation, if any:			8h. Date of R	ecognition or Certifi				(ear)
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations an 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         10a. Name       10b. Address         10a. Name       10b. Address         10b. Address       10c. Tel. No.         10c. 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:         Xanual			yer's establishment	(s) involved? No	If so, app	-			
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         10a. Name       10b. Address         10a. Name       10b. Address         10a. Name       10b. Address         10b. Address       10c. Tel. No.         10c. Tel. 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:         Int. Election Date(s):       11c. Election Time(s):       6:30 am - 10:00am and 2:00pm - 4:00pm         112. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         121. Full Name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):       12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):         American Federation of State, County, and Municipal Employces       12f. Fax No.         12f. Fax No.       12f. Cell No.         518-257-1000       12e. Cell No.         13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.         13a. Name and Title.       13d. Cell No.         518-257-1445       13d. Cell No.     <			oner and those nam	ned in items 8 and	9. which have claim				E Contraction
11. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election:       10e. Fax No.       10f. E-Mail Address         11b. Election Date(s):       11c. Election Time(s):       11c. Election Time(s):       11d. Election Location(s):         12a. Full Name of Petitioner (including local name and number):       11c. Election Time(s):       11d. Election Location(s):         1000       11d. Election Jone and 2:00pm - 4:00pm       11d. Election Location(s):         1000       12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         11000       12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):       American Federation of State, County, and Municipal Employees         12d. Tel. No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         518-257-1000       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         13a. Name and Title:       13d. Cell No.       13d. Address (street and number, city, State and ZIP code):         13a. Name and Title:       13d. Cell No.       13f. Fax No.       12g. E-Mail Address         13a. Name and Title:       13d. Cell No.       13d. Cell No.       13f. E-Mail Address         13a. Tel. No.       13d. Cell No.       13d. Cell No.       13f. E-Mail Address <td>individuals known to have a</td> <td>representative in</td> <td>terest in any emplo</td> <td>yees in the unit de</td> <td>escribed in item 5b a</td> <td>bove. (If none, so</td> <td>state)</td> <td></td> <td></td>	individuals known to have a	representative in	terest in any emplo	yees in the unit de	escribed in item 5b a	bove. (If none, so	state)		
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type:	10a. Name		10b. Address			10c. Tel. 1	No.	10d. Cell No.	
X Manual Mail       Maived Mail         X Manual       Mail       Mixed Mail         X Manual       Mail Mail       Mixed Mail </td <td></td> <td>*</td> <td></td> <td></td> <td></td> <td>10e. Fax I</td> <td>No.</td> <td>10f. E-Mail A</td> <td>ddress</td>		*				10e. Fax I	No.	10f. E-Mail A	ddress
11b. Election Date(s): June 12, 2019       11c. Election Time(s): 6:30 am - 10:00am and 2:00pm - 4:00pm       11d. Election Location(s): RTC Building - first floor break room         12a. Full Name of Petitioner (including local name and number): Civil Service Employees Association, Inc. (CSEA), Local 1000       12b. Address (street and number, city, State and ZIP code): 143 Washington Ave Albany, New York 12210         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County, and Municipal Employees       12f. Fax No. 518-257-1000       12e. Cell No.         12d. Tel. No. 518-257-1000       12e. Cell No.       12f. Fax No. 518-449-1525       12g. E-Mail Address Street and number, city, State and ZIP code): 13b. Address (street and number, city, State and ZIP code): 13b. Address (street and number, city, State and ZIP code): 13b. Address (street and number, city, State and ZIP code): 13b. Address (street and number, city, State and ZIP code): 13b. Address (street and number, city, State and ZIP code): 13c. Tel. No. 518-257-1445         13c. Tel. No. 518-257-1445       13d. Cell No. 716-445-4019       13e. Fax No. 518-449-1525       13f. E-Mail Address aaron.kaplan@cseainc.org         13decter that I have read the above petition and that the statements are true to the best of my knowledge and bellef.       17the       17the	11. Election Details: If the NLR	RB conducts and	election in this matt	ter, state your posi	ition with respect to	any such election:			
June 12, 2019       6:30 am - 10:00am and 2:00pm - 4:00pm       RTC Building - first floor break room         12a. Full Name of Petitioner (including local name and number): Civil Service Employees Association, Inc. (CSEA), Local 1000       12b. Address (street and number, city, State and ZIP code): 143 Washington Ave Albany, New York 12210         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County, and Municipal Employees       12f. Fax No. 518-257-1000       12g. E-Mail Address         12d. Tel. No. 518-257-1000       12e. Cell No.       12f. Fax No. 518-449-1525       12g. E-Mail Address         13a. Name and Title: Aaron E. Kaplan       13b. Address (street and number, city, State and ZIP code): 143 Washington Avenue       13b. Address (street and number, city, State and ZIP code): 143 Washington Avenue         13b. Name and Title: Aaron E. Kaplan       13d. Cell No. 716-445-4019       13e. Fax No. 518-249-1525       13f. E-Mail Address aaron.kaplan@cseainc.org         13c. Tel. No. 518-257-1445       13d. Cell No. 716-445-4019       13e. Fax No. 518-449-1525       13f. E-Mail Address aaron.kaplan@cseainc.org         14cleare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.       Title       Date         Name (Print)       Signsture       4       12tle       Title       Date	11b Election Date(s):		11c. Election Time	e(s):		11d. Elect			Mixed Manual/
Civil Service Employees Association, Inc. (CSEA), Local 143 Washington Ave Albany, New York 12210       143 Washington Ave Albany, New York 12210         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):       American Federation of State, County, and Municipal Employees         12d. Tel. No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         518-257-1000       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):       143 Washington Avenue         Aaron E. Kaplan       13d. Cell No.       13e. Fax No.       13f. E-Mail Address aron. kaplan@cseainc.org         13c. Tel. No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address aron. kaplan@cseainc.org         13c. Tel. No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address aron. kaplan@cseainc.org         14cetare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.       Data of the fourth         Name (Print)       Signature       1       1	June 12, 2019		6:30 am - 10	:00am and 2		m RTC B	uilding -	first floor	break room
American Federation of State, County, and Municipal Employees         12d. Tel. No.       12e. Cell No.         518-257-1000       12e. Cell No.         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       12g. E-Mail Address         13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):         143. Washington Avenue       Albany, New York 12210         13c. Tel. No.       13d. Cell No.         518-257-1445       716-445-4019         13e. Fax No.       518-449-1525         13f. E-Mail Address         aron.kaplan         Name (Print)	Civil Service Employ	including local na ees Associat	me and number): tion, Inc. (CSI	EA), Local	143 Washing	gton Ave		ZIP code):	
12d. Tel. No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         518-257-1000       12f. Fax No.       12g. E-Mail Address         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):         13. Name and Title:       13b. Address (street and number, city, State and ZIP code):       143 Washington Avenue         Aaron E. Kaplan       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         Senior Associate Counsel       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         13b. 257-1445       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         518-257-1445       716-445-4019       13e. Fax No.       13f. E-Mail Address         I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef.       Date of the petition of the statements are true to the best of my knowledge and bellef.         Name (Print)       Signature       I title       Itile       Itile	12c. Full name of national or in American Federation	ternational labor of State, Co	organization of whic unty, and Mu	h Petitioner is an nicipal Empl	affiliate or constituer OYCCS	nt (if none, so state	ə):		and the second sec
13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):         143 Washington Avenue       143 Washington Avenue         Aaron E. Kaplan       143 Washington Avenue         Senior Associate Counsel       13d. Cell No.         13c. Tel. No.       13d. Cell No.         518-257-1445       716-445-4019         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	12d. Tel. No. 518-257-1000	12e. Cell I	10.	12f. Fax M 518-44	No. 19-1525				
518-257-1445     716-445-4019     518-449-1525     aaron.kaplan@cseainc.org       I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.     Date of the statement of the sta	13a. Name and Title: Aaron E. Kaplan		accept service of a	13b. Addr 143 Wa	ess (street and num shington Avenu	nber, city, State an ue			
Name (Print) Signature Da	518-257-1445	716-44	5-4019	518-44	9-1525	aaron.l	aplan@c	eseainc.org	
		above petition a		ents are true to t	the best of my know		f		Date
			Signatore	N	VV		Organiz	er	5/24/2

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.

UNITED STA	TES GOVER	RNMENT		1		DO NO	WRITE IN T	HIS SPACE
NATIONAL LAB		INS BOARD			Case No.	29-RC-24	2146 Da	te Filed 5/28/19
INSTRUCTIONS: Unless e-Filed								
in which the employer concern		•				-		
of service showing service on t								
(Form NLRB-505); and (3) Desc with the NLRB and should not I						RB 4012). The S	nowing of i	merest should only be med
1. PURPOSE OF THIS PETITION: RC						of employees wish t	o he represen	led for numoses of collective
bargaining by Petitioner and Petition	er desires to t	be certified as repre	esentativ	e of the e	mployees. The	Petitioner alleges the	hat the follow	ing circumstances exist and
requests that the National Labor F 2a. Name of Employer	elations Boa	ard proceed under	tits prop	dross(es)	rity pursuant to	o Section 9 of the N It(s) involved (Street	ational Labor	Relations Act.
ADAPT Community Network				aiden l	ane, New	York, New York		
3a. Employer Representative Name Isabella Dombrowski, Director of Er		Labor Relations	s	3b. Add	dress (If same as	s 2b state same)		
3c. Tel. No.	3d. Cel	I No.		3e. Fax	No.		3f. E-Mail A	ddress
212-683-6700, x1372								ki@adaptcommunitynetwork.org
4a. Type of Establishment (Factory, min	e, wholesale			luct or ser				ty and State where unit is located:
Schools	105	Educat	ional	Service	es		State	n Island, NY
5b. Description of Unit Involved Included: All teachers (i.e., includ	ing classroo	m teachers ENI	teache	ers). Cer	tified Teacher	Assistants Teach	er Aides	6a. No. of Employees in Unit: 50
Administrative Assistan	ts, Custodia	ins, Habilitation A	Assistan	ts, Habil	litation Special	ists	or Alaco,	6b. Do a substantial number (30%
1					-			or more) of the employees in the
Excluded: managerial, sup	ervisory	y, and confi	denti	al em	ployees			unit wish to be represented by the Petitioner? Yes V No
Check One: 7a. Request f		as Bargaining Der	meantat		ade on (Date)	91	d Employer d	eclined recognition on or about
	-	(Date) (If no reply						
7b. Petitioner is						rtification under the	Act.	
8a. Name of Recognized or Certified	Bargaining A	Agent (If none, so	state).		8b. Address			
8c. Tel No.	8d Cell	No.		8e. Fax	No.		8f. E-Mail A	ddress
8g. Affiliation, if any				8h. Date o	of Recognition o	r Certification		n Date of Current or Most Recent any (Month, Day, Year)
9. Is there now a strike or picketing at the	e Employer's	establishment(s) in	nvolved?	,	If so, approx	imately how many e	mplovees are	participating?
(Name of labor organization)								
10. Organizations or individuals other the known to have a representative interest							resentatives	and other organizations and individuals
10a. Name		10b. Address				10c. Tel. No.		10d. Cell No.
						10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conc any such election.	ucts an electi	ion in this matter, st	tate your	position v	with respect to	11a. Election Type	: 🖌 Manua	Mail Mixed Manual/Mail
11b. Election Date(s): Tuesday, June 11 or Wednesday, June 12,2015		11c. Election Time 12 noon 5 pm				11d. Election Loca staff lounge seco		m 227)
12a. Full Name of Petitioner (includin United Federation of Teachers, I		and number)			19, 4	12b. Address (stre 52 Broadway, FL		r, city, state, and ZIP code) k, NY 10004
12c, Full name of national or internation American Federation of Teachers, A		nization of which Pe	etitioner i	s an affilia	ate or constituen	t (if none, so state)	-5	
12d. Tel No. (212) 228-3382 x 129	12e. Ce	ell No. 81 7443		12f. Fax (212) 99			12g. E-Mail	Address nysutmail.org
13. Representative of the Petitioner v			aners fo			entation proceedin		lysuuriaitoig
13a. Name and Title David Eisenstei		•	·	13b. Ad		d number, city, state,	-	<i>)</i>
13c. Tel No. (212) 228-3382 x 129	13d. Ce (518) 28	ell No. 81-7443		13e, Fax (212) 99			13f. E-Mail deisenst@r	Address hysutmail.org
I declare that I have read the above p				· · ·		ledge and belief.	Second W	,
Name (Print)	Signature		1	Title			Date	100.40 · · · · · · · · · · · · · · · · · · ·
David Eisenstein	David Eisen	COLUMN AND AND AND AND AND AND AND AND AND AN					May 24,	
WILLFUL FALSE STATE	MENTS ON	THIS PETITION CA	AN BE P	UNISHED	BY FINE AND	IMPRISONMENT (U	.S. CODE, TI	TLE 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.

FORM NLRB-502 (RC)	UNIT	ED STATES OF A	AMERICA	ι				DO NOT V	VRITE IN THIS SI	PACE	
(2-18)	NATIONA	L LABOR RELAT		ARD		Case N	No.	29-R	C-242361	Date Fi	<sup>led</sup> 5/30/2019
INSTRUCTIONS: Unless e-Filed of employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 40	The petition s named in	must be accom the petition of: (	panied b 1) the pe	y both a sh tition; (2) S	owing of interest (s tatement of Positio	ee 6b b n form	below) and (Form NLI	l a certifica RB-505); an	te of service sho d (3) Description	wing son of Rep	ervice on presentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	tioner desire	es to be certified a	is represe	entative of th	ie employees. The P	etitione	er alleges '	that the fol	owing circumsta	ances e	
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) invo	olved (S	Street and r	number, City	, State, ZIP code,	):	
ADAPT Community Net			80 M	aiden La	ane, New Yorl	k, NY	/ 10038	3			
3a. Employer Representative - Na			3b. Add	ress (if sam	e as 2b - state same	e):					
Isabella Dombrowski, Di			same								
3c. Tel. No.	3d. Cell N	D.		3e, Fax No			8f. E-Mail A		1 .		
212-683-6700, x1372	<u> </u>			212-54			Idombro		daptcommu		
4a. Type of Establishment (Factory, School	mine, whole	isaler, etc.)		40. Princip Educati	al Product or Service	3		1	d State where un		
5b. Description of Unit Involved:				Euucau					asmine Ave, Fl er of Employees in		s, new rork
Included:									or Employees in	i Onit.	
See attached Excluded:								60 65. Do a s	ubstantial numbe	r (30% d	or more)
									employees in the ented by the Petiti		
Check One: 🗙 7a, Request for re		0 V I				/29/19	and		declined recogniti		
on or about (Date)				eceived, so : esentative a		on unde	er the Act				
8a. Name of Recognized or Certifi											
none											
8c. Tel. No.	8d. Cell No	<b>D</b> .		8e. Fax No	).	8	೫. E-Mail A	ddress			
8g. Affiliation, if any:			81	n. Date of Re	ecognition or Certific				urrent or Most (Month, Day, Yea	nr)	<u> </u>
9. Is there now a strike or picketing a	at the Emplo	yer's establishme	nt(s) invo	lved? No	▼ If so, appro	ximatel	y how man	iy employee	s are participating	<b>j</b> ?	
(Name of Labor Organization)						, ha	as picketed	the Employ	er since <i>(Month,</i> I	Day, Ye	ar)
10. Organizations or individuals othe individuals known to have a repr									es and other orga	nization	is and
10a. Name		10b, Address				1	0c. Tel. No	<u>,</u>	10d, Cell No.		
					·		`				
							0e. Fax No		10f. E-Mail Addr	ess	
11. Election Details: If the NLRB co	onducts and			e your positi	ion with respect to ar	-		11a. Electio	I 🗌 Mail 🗌	Mixed	Manual/Mail
11b. Election Date(s): June 18th or 19th or 20th		11c. Election Tin 2 to 4 pm	ne(s):			1		n Location(s	b): Sounge at Cle	arvia	v cito
12a. Full Name of Petitioner (include					12b. Address (stree						w site
United Federation of Tea				JT	52 Broadway,		-			04	
12c. Full name of national or interna American Federation of 7			nich Petiti	oner is an a	ffiliate or constituent	(if none	, so state):	,			
12d. Tel. No.	12e. Cell N			12f. Fax No	).	1	2g. E-Mail	Address			
212-598-6800 13. Representative of the Petitione	ar who will -	accept service of	fallnand	rs for our	oses of the represe	Intation	nroceadi	na			
13a. Name and Title: Meaghean Murphy, Associa				13b. Addre	ss (street and number 52 Broadway,	er, city,	State and 2	ZIP code):	NY 10004		
13c. Tel. No.					•		-				
13c. Tel. No. 212-598-9223	13d. Cell N	IU.		13e. Fax N 212-995			3f. E-Mail / nmurph		tmail.org		
I declare that I have read the abov	L e petition a:	nd that the state	ments ar					- <i>y (wyii y</i> 60		<u> </u>	
Name (Print) Howard Schus		Signature	·	Jel.		Title Vレ	TS	rente	~		Date Thang
	•			<u> </u>		1 * 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

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

## 5b. Description of Unit Involved

#### Included

All Teachers (including Substitutes, and Adapted Physical Education Teachers), Teacher Assistants (including Substitute Teacher Assistants), Administrative Assistants, Custodians, Speech Language Pathologists, Occupational Therapists, Social Workers, CPSE Liaisons, Office Assistants, Security Receptionists

#### Excluded

Employees whose duties are found to be Managerial or Confidential as defined by the Act.

FORM NLRB-502 (RC)	UNITED ST	ATES OF AMERIC	CA			DO NOT	WRITE IN THIS S	SPACE
(2-18)					Case No.	29-RC-24	42369	Date Filed 5/30/19
INSTRUCTIONS: Unless e-Filed t employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition must s named in the pe	be accompanied tition of: (1) the p	by both a si betition; (2)	howing of interest (s Statement of Position	ee 6b below) n form (Form	and a certifica NLRB-505); ai	nte of service sh nd (3) Descriptio	ion in which the owing service on on of Representation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	tioner desires to b	e certified as repres	sentative of t	he employees. The P	etitioner alleg	es that the fol	llowing circums	tances exist and
2a. Name of Employer:		2b. Ad	idress(es) of	Establishment(s) invo	lved (Street an	d number, Cit	y, State, ZIP code	e)
Flushing Medical Center				Blvd, Flushing,		5		
3a. Employer Representative - Na Tina Cornet		3b. Ad Same	,	ne as 2b - state same,	):			
Vice President of Human								
3c. Tel. No. 718-670-5585	3d. Cell No.			1-6175	Tcorn	et@jhmc.o	or	
4a. Type of Establishment (Factory, Health Care Clinic	mine, wholesaler,	etc.)	4b. Princip Health	care			nd State where ung, NY	nit is located:
5b. Description of Unit Involved: Included: See Attached Page 2 for a	ditional det	ails				6a. Numb 10	er of Employees	in Unit:
Excluded: See Attached Page 2 for a						of the	substantial numbe employees in the	unit wish to be
Check One: 7a, Request for re			ve was made	e on (Date)		repres	ented by the Peti declined recognit	tioner? X Yes No
on or about (Date)		(If no reply	received, so	state).				
7b. Petitioner is cu 8a. Name of Recognized or Certifi				ddress	m under the Ad	ų		
8c. Tel. No.	8d. Cell No.		8e. Fax No	0.	8f. E-Ma	Address		
8g. Affiliation, if any:		8	3h. Date of R	ecognition or Certifica			urrent or Most (Month, Day, Ye	ar)
9. Is there now a strike or picketing a	at the Employer's e	stablishment(s) inv	olved? No	If so, approx	ximately how n	any employee	es are participatin	g?
(Name of Labor Organization)					, has picke	ed the Employ	er since (Month,	Day, Year)
<ol> <li>Organizations or individuals othe individuals known to have a representation</li> </ol>							es and other orga	anizations and
10a. Name	10b.	Address			10c. Tel.	No.	10d. Cell No.	
					10e, Fax	No.	10f. E-Mail Add	ress
11. Election Details: If the NLRB co	onducts and electio	n in this matter, sta	te your posit	tion with respect to an	y such election	11a. Electio		Mixed Manual/Mail
11b. Election Date(s): 6/11/19 or 6/13/19		Election Time(s): 30pm-2:30pm	1			tion Location(s		1
12a. Full Name of Petitioner (includ 1199SEIU United Healtho	ding local name an	d number)		12b. Address (street 330 West 42nd				
	care workers	East		550 West 4210	i Street, N	on rong	10050	
12c. Full name of national or internat			tioner is an a				10050	
12c. Full name of national or internat 12d. Tel. No.			lioner is an a	ffiliate or constituent (	if none, so sta			
	ional labor organiz	ation of which Petil	12f. Fax N	iffiliate or constituent (	if none, so star	e): ail Address		
12d. Tel. No. 13. Representative of the Petitione 13a. Name and Title:	ional labor organiz 12e. Cell No. Ir who will accept	ation of which Petil	12f. Fax N ers for purp 13b. Addre	Iffiliate or constituent ( o. boses of the represent tess (street and number	if none, so star 12g. E-M ntation procee r, city, State ar	e): ail Address ding. d ZIP code):		
12d. Tel. No. <b>13. Representative of the Petitione</b> 13a. Name and Title: Micah Wissinger, Esq., Levy	ional labor organiz 12e. Cell No. Ir who will accept Y Ratner, P.C.	ation of which Petil	12f. Fax No ers for purp 13b. Addre 80 8th A	iffiliate or constituent ( o. boses of the represent ss (street and numbe svenue, 8th Floor	if none, so star 12g. E-M ntation procee r. city, State ar , New York	e): ail Address ding. d ZIP code): ., NY 1001		
12d. Tel. No. <b>13. Representative of the Petitione</b> 13a. Name and Title: Micah Wissinger, Esq., Levy 13c. Tel. No. 212-627-8100	ional labor organiz 12e. Cell No. Tr who will accept y Ratner, P.C. 13d. Cell No. 347-852-555	ation of which Petil service of all pap	121. Fax N ers for purp 13b. Addre 80 8th A 13e. Fax N 212-62	iffiliate or constituent ( o. boses of the represent iss (street and numbe isvenue, 8th Floor lo. 7-8182	if none, so stat 12g. E-M ntation procee r, city, State ar , New York 13f. E-Ma MWISS	e): ding. d ZIP code): ., NY 1001 il Address inger@lev		
12d. Tel. No. <b>13. Representative of the Petitione</b> 13a. Name and Title: Micah Wissinger, Esq., Levy 13c. Tel. No.	ional labor organiz 12e. Cell No. Tr who will accept y Ratner, P.C. 13d. Cell No. 347-852-555	ation of which Petil service of all pap	121. Fax N ers for purp 13b. Addre 80 8th A 13e. Fax N 212-62	iffiliate or constituent ( o. boses of the represent iss (street and numbe isvenue, 8th Floor lo. 7-8182	if none, so stat 12g. E-M ntation procee r, city, State ar , New York 13f. E-Ma MWISS	e): ding. d ZIP code): ., NY 1001 il Address inger@lev	1	Date

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

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

Attachment 5b

Employees Included All full-time and regular part-time Navigators as a residual to the multi-employer unit.

Employees Excluded All other employees of the Employer, including guards and supervisors as defined in Section 2(11) of the Act. FORM NLRB-502 (RC) (4-15)

4

UNITED STATE NATIONAL LABOR	S GOVERNMENT	PD	Case No	DO NO	WRITE IN THI	
RC PE	TITION		29	-RC-242283	Uate	Filed 5/29/19
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, w	ww.nirb.gov, submit a	n original of this	Petition to a	an NLRB office in the Region
in which the employer concerned i						
of service showing service on the						
(Form NLRB-505); and (3) Description						
with the NLRB and should not be					<b>J</b>	,
<ol> <li>PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d</li> </ol>	RTIFICATION OF esires to be certifi	REPRESENTAT ed as representat	TIVE - A substantial number tive of the employees. The	Petitioner alleges th	hat the followin	o circumstances exist and
requests that the National Labor Rela 2a. Name of Employer	tions Board proc	eed under its pr	oper authority pursuant to ddress(es) of Establishmen	Section 9 of the N	ational Labor R	Relations Act.
ABM Parking Services Inc.			uardia Airport, Queen			Y. State, ZIP code)
3a. Employer Representative - Name and	Title		3b. Address (If same as			
Mark Muglich, President			One Liberty Plaza,	7th Floor, New	York, New Y	ork 10006
3c. Tel. No.	3d. Cell No.		3e. Fax No.		31. E-Mail Add	
347-533-3858						
4a. Type of Establishment (Factory, mine,	vholesaler, etc.)	4b, Principal pr	oduct or service		5a. City	and State where unit is located:
parking services		parking			Flushin	ng, NY
5b. Description of Unit Involved						6a, No. of Employees in Unit:
Included: all full time and re	oular nart	timo narki	na attendants ar	nd cashiers		80+
Excluded: all other employee		•	-		no Act	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the
an other employee	Sincluding	guarus, ar	iu supervisors as	denneu in u	ie Act.	Petitioner? Yes No
Check One: 7a. Request for re	ecognition as Barg	aining Represent	ative was made on (Date)	ar	d Employer der	clined recognition on or about
Fi		(If no reply receiv	•			
			Representative and desires	certification under the	e Act.	
8a. Name of Recognized or Certified Bar International Union of Journeymen and A				ue, Danbury, CT 06	810	
8c. Tel No.	8d Cell No.		Be, Fax No.	be, Danodry, OT 00	8f. E-Mail Add	trace
203-205-0101						
8g. Affiliation, if any			8h. Date of Recognition o	r Certification	8i. Expiration	Date of Current or Most Recent
					Contract, if an	ny (Month, Day, Year)
					2015	
9. Is there now a strike or picketing at the E	mpioyer's establis				mployees are pa	articipating?
(Name of labor organization)		, has pic	keled the Employer since (	Month, Day, Year)		
<ol> <li>Organizations or individuals other than known to have a representative interest in a</li> </ol>					presentatives an	d other organizations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No0
	1					10d. Cell No.
				10e. Fax No.		بې 10f. E-Mail Address
<ol> <li>Election Details: If the NLRB conduct any such election.</li> </ol>	s an election in thi	s matter, state yo	our position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
11b. Election Date(s):		ection Time(s):		11d. Election Loca	tion(s):	
5-28-19		M to 11:30AM		ABM Breakroom a		
12a. Full Name of Petitioner (including lo Local 122 Barclay Center Conversion Un	on	- 7		48 New Lots Aven		city, state, and ZIP code) New York 11212
12c. Full name of national or international la	toor organization	of which Petitione	r is an affiliate or constituer	t (if none, so state)		
12d. Tel No. 347-821-0245	12e. Cell No.		121. Fax No.		12g. E-Mail A	ddress
13. Representative of the Petitioner who	will accept servi	ce of all papers	for purposes of the repres	sentation proceedin	g.	······
13a. Name and Title Micah Whee			13b. Address (street an 48 New Lots Avenue, Brook	d number, city, state.		
13c. Tel No. 347-821-0245	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	ldress
I declare that I have read the above petit	on and that the	statements are t	ue to the best of my know	viedge and belief.		
1	mature		Tille		Date ,-	
Micah Wheeler			President	•		- 121/19
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE		MODICONNECTIT (1)	C CODE TIT	the second state of the se

PRIVACY ACT STATEMENT

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