

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 29-RC-250965	Date Filed 11/1/2019

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

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

2a. Name of Employer 43rd Street Condominium		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 25-21 43rd Avenue, Long Island City, NY 11101	
3a. Employer Representative - Name and Title Dawn Mazzoni Property Manager		3b. Address (If same as 2b - state same) 675 Third Avenue, New York, NY, 10017	
3c. Tel. No. 212-692-6117	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dawn.mazzoni@ellimanpm.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	
5b. Description of Unit Involved Included: All building service workers Excluded: Statutory guards and supervisors		5a. City and State where unit is located: Long Island City, NY 11101	
		6a. No. of Employees in Unit: about 5	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): Nearest Thursday	11c. Election Time(s): 3:00-4:00pm	11d. Election Location(s): Telecom Room
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12a. Full Name of Petitioner (including local name and number) SEIU LOCAL 32BJ	12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
SEIU

12d. Tel No. 212 388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Katchen Locke, Attorney		13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011	
13c. Tel No. 212 539 2941	13d. Cell No.	13e. Fax No. 212-388-2062	13f. E-Mail Address Klocke@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Katchen Locke	Signature 	Title Attorney	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 will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-251130

Date Filed

11/5/2019

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

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

2a. Name of Employer ADAPT Community Network		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 80 Maiden Lane NY New York 10038-	
3a. Employer Representative - Name and Title Isabella Dombrowski		3b. Address (If same as 2b - state same) 80 Maiden Lane NY New York 10038-	
3c. Tel. No. (212) 683-6700	3d. Cell No.	3e. Fax No.	3f. E-Mail Address idombrowski@adaptcommunitynetwork.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Schools		4b. Principal product or service Education	
		5a. City and State where unit is located: Brooklyn, NY	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 75
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 11/18 or 11/20	11c. Election Time(s): 11:45 am - 12:45 pm, 2:15 - 3:30	11d. Election Location(s): lunchroom/conference room in basement
12a. Full Name of Petitioner (including local name and number) Ilene Weinerman United Federation of Teachers, Local 2		12b. Address (street and number, city, state, and ZIP code) 52 BROADWAY 16th Floor NY NEW YORK 10004-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Teachers

12d. Tel No. (212) 598-6890	12e. Cell No.	12f. Fax No.	12g. E-Mail Address iweinerman@uft.org
---------------------------------------	----------------------	---------------------	--

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

13a. Name and Title Meaghan Murphy NYSUT		13b. Address (street and number, city, state, and ZIP code) 52 BROADWAY 9th Floor NY NEW YORK 10004-	
13c. Tel No. (212) 228-3382	13d. Cell No.	13e. Fax No. (212) 995-2347	13f. E-Mail Address mmurphy@nysutmail.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Meaghan Murphy	Signature Meaghan Murphy	Title	Date 11/4/2019 11:33:05
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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 will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
29-RC-251130	11/05/2019

Employees Included

All full time and regular part time Teachers, Adaptive Physical Education Teachers, Art Teachers, Early Intervention Teachers, Teacher Assistants (including Senior Teacher Assistants and Lead Teacher Assistants), Certified Teacher Assistants, IEP Coordinators, CPSE Liaisons, Financial Technicians, Administrative Assistants (including Medical Administrative Assistants), Receptionists, Psychologists, School Psychologists, Nurses, Registered Nurses, Speech/Language Pathologists (including Bilingual Speech/Language Pathologists), Speech Therapists (including Bilingual Speech Therapists), Physical Therapists, Physical Therapy Assistants, Occupational Therapists, Certified Occupational Therapy Assistants, and Social Workers (including Bilingual Social Workers)

Employees Excluded

Managerial or Confidential employees as defined by the National Labor Relations Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

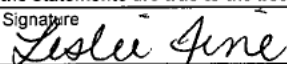
29-RC-251092

Date Filed

11/5/19

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

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

2a. Name of Employer: Edible Schoolyard NYC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 20 Jay Street Suite M9 Brooklyn NY 11201	
3a. Employer Representative - Name and Title: Kate Brashares		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 347-565-0100	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kb@esynyc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Educational		4b. Principal Product or Service Education	5a. City and State where unit is located: Brooklyn, NY
5b. Description of Unit Involved: Included: SEE ATTACHED Excluded:			6a. Number of Employees in Unit: 20 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/17/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) NONE		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 2 locations: at main office in Brooklyn and a school in Manhattan		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 11/19/19 or 11/20/19	11c. Election Time(s): 3pm - 7pm	11d. Election Location(s): 20 Jay St. Conf. Rm 1601 120 St Rm 204	
12a. Full Name of Petitioner (including local name and number): Communications Workers of America		12b. Address (street and number, city, State and ZIP code): 80 Pine Street 37th Floor New York NY 10005	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): same - Petitioner is the international			
12d. Tel. No. (212) 344-2515	12e. Cell No.	12f. Fax No. 212-425-2947	12g. E-Mail Address nhanlon@cwa-union.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Leslie Fine, Organizer		13b. Address (street and number, city, State and ZIP code): 6 Harrison Street 4th Floor New York NY 10013	
13c. Tel. No. 212-331-0914	13d. Cell No. 917-593-7264	13e. Fax No. 212-966-6831	13f. E-Mail Address lfine@cwa1180.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Leslie Fine	Signature 	Title Organizer	Date 11/01/19

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INCLUDED:

All full time and regular part time employees employed by the employer, including: teachers, educators, program managers, garden managers, institutional giving manager, events and engagement managers, network school managers, grants and communications managers, coordinators, and development assistants.

EXCLUDED:

All other employees, including guards and supervisors as defined by the Act.

NLRB-REGION 29
RECEIVED
2019 NOV -1 PM 4:21
BROOKLYN, NY

NOV -1 11:00 AM '19

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

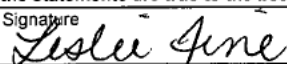
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3c. Tel. No. 347-565-0100	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kb@esynyc.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Educational		4b. Principal Product or Service Education	5a. City and State where unit is located: Brooklyn, NY
5b. Description of Unit Involved: Included: SEE ATTACHED Excluded:			6a. Number of Employees in Unit: 20 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 10/17/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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) Leslie Fine	Signature 	Title Organizer	Date 11/01/19

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INCLUDED:

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EXCLUDED:

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NLRB-REGION 29
RECEIVED
2019 NOV -1 PM 4:21
BROOKLYN, NY

NOV -1 11:00 AM

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NATIONAL LABOR RELATIONS BOARD

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ADAPT Community Network

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

80 Maiden Lane
NY New York 10038-

3a. Employer Representative - Name and Title

Isabella Dombrowski

3b. Address (if same as 2b - state same)

80 Maiden Lane
NY New York 10038-

3c. Tel. No.

(212) 683-6700

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

idombrowski@adaptcommunitynetwork.org

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

Schools

4b. Principal product or service

Education

5a. City and State where unit is located:

Brooklyn, NY

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit:

75

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

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11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
11/18 or 11/20

11c. Election Time(s):
11:45 am - 12:45 pm, 2:15 - 3:30

11d. Election Location(s):
lunchroom/conference room in basement

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

Ilene Weinerman
United Federation of Teachers, Local 2

12b. Address (street and number, city, state, and ZIP code)
52 BROADWAY 16th Floor
NY NEW YORK 10004-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Teachers

12d. Tel No.

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12e. Cell No.

12f. Fax No.

12g. E-Mail Address

iweinerman@uft.org

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

13a. Name and Title

Meaghan Murphy
NYSUT

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

52 BROADWAY 9th Floor
NY NEW YORK 10004-

13c. Tel No.

(212) 228-3382

13d. Cell No.

13e. Fax No.

(212) 995-2347

13f. E-Mail Address

mmurphy@nysutmail.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Meaghan Murphy

Signature

Meaghan Murphy

Title

Date

11/4/2019 11:33:05

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full time and regular part time Teachers, Adaptive Physical Education Teachers, Art Teachers, Early Intervention Teachers, Teacher Assistants (including Senior Teacher Assistants and Lead Teacher Assistants), Certified Teacher Assistants, IEP Coordinators, CPSE Liaisons, Financial Technicians, Administrative Assistants (including Medical Administrative Assistants), Receptionists, Psychologists, School Psychologists, Nurses, Registered Nurses, Speech/Language Pathologists (including Bilingual Speech/Language Pathologists), Speech Therapists (including Bilingual Speech Therapists), Physical Therapists, Physical Therapy Assistants, Occupational Therapists, Certified Occupational Therapy Assistants, and Social Workers (including Bilingual Social Workers)

Employees Excluded

Managerial or Confidential employees as defined by the National Labor Relations Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-251437

Date Filed

11/8/19

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

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

2a. Name of Employer
MetroExpress Services, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1301 Metropolitan Avenue, Brooklyn, NY 11237

3a. Employer Representative - Name and Title
Michael Strasser, General Manager

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

3c. Tel. No.
718-482-0080

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

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

4b. Principal product or service
Roadway Marking

5a. City and State where unit is located:
Brooklyn, NY

5b. Description of Unit Involved

Included: All full-time and regular part-time workers who primarily perform line striping work on roadways and in parking lots, including foreman, striping machine operators, line persons, traffic safety persons and flaggers employed by the Employer, who work in the five boroughs of New York City.

Excluded:

6a. No. of Employees in Unit:
35

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 11/5/2019 and Employer declined recognition on or about 11/6/2019 (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A If so, approximately how many employees are participating? N/A
(Name of labor organization) N/A, has picketed the Employer since (Month, Day, Year) N/A

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

Local Union No. 3 IBEW

158-11 Harry Van Arsdale Jr Avenue, Flushing, NY 11365-3095

718-591-4000

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
11/14/2019

11c. Election Time(s):
3:00 p.m. - 5:00 p.m.

11d. Election Location(s):
Employers Yard- 1301 Metropolitan Avenue, Brooklyn, NY 11237

12a. Full Name of Petitioner (including local name and number)
Highway Road & Street Construction Laborers' Local Union 1010, LIUNA, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)
17-20 Whitestone Expressway, 2nd Floor, Whitestone, NY 11357

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Laborers International Union of North America

12d. Tel No.
718-886-3310

12e. Cell No.

12f. Fax No.
718-886-8885

12g. E-Mail Address
lbar@local1010.org

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

13a. Name and Title
Mary Seiffert, Special Counsel

13b. Address (street and number, city, state, and ZIP code)
17-20 Whitestone Expressway, 2nd Floor, Whitestone, NY 11357

13c. Tel No.
718-886-3310

13d. Cell No.

13e. Fax No.
718-886-8885

13f. E-Mail Address
mseiffert@local1010.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Lowell Barton

Signature

Title
Vice President/ Organizing Director

Date
November 6, 2019

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION


DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

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

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

2a. Name of Employer: AEG Presents - East Coast		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1 Tennis Place, Forest Hills, NY 11375	
3a. Employer Representative - Name and Title: Jason Brandt, General Manager		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 917-776-1842	3d. Cell No.	3e. Fax No.	3f. E-Mail Address jason@madisonhousepresents.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Entertainment venue		4b. Principal Product or Service Entertainment	5a. City and State where unit is located: Forest Hills, NY
5b. Description of Unit Involved: Included: See attached rider. Excluded: See attached rider.			6a. Number of Employees in Unit: 9 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No.
			10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): ASAP		11c. Election Time(s): TBD	11d. Election Location(s): TBD
12a. Full Name of Petitioner (including local name and number): Theatrical Stage Employees Local No. 4, IATSE		12b. Address (street and number, city, State and ZIP code): 2917 Glenwood Road Brooklyn, NY 11210	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada, AFL-CIO			
12d. Tel. No. 718-252-8777	12e. Cell No.	12f. Fax No. 718-421-5605	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Nicholas J. Johnson, Counsel		13b. Address (street and number, city, State and ZIP code): Spivak Lipton LLP, 1700 Broadway, 21st Floor, New York, NY 10019	
13c. Tel. No. 212-765-2100	13d. Cell No.	13e. Fax No. 212-765-8954	13f. E-Mail Address njohnson@spivaklipton.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Nicholas J. Johnson		Signature 	Title Counsel
			Date 11/07/19

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

PRIVACY ACT STATEMENT

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

RIDER

Question 5b

Included: All full-time and regular part-time stagehands employed at the Employer's facility at 1 Tennis Place, Forest Hills, NY 11375.

Excluded: All other employees and all clerical workers, managers, guards, professional employees, and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

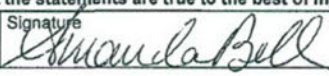
29-RC-251787

Date Filed

11-15-19

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

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

2a. Name of Employer: MASTER FOOD, INC., a/k/a MK MARKET PLACE, INC.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3008 CHURCH AVENUE BROOKLYN, NEW YORK, 11226	
3a. Employer Representative - Name and Title: Larry Cole, attorney		3b. Address (if same as 2b - state same): Starr Gern Davison & Rubin 105 Eisenhower Pkwy, Roseland, NJ 07068	
3c. Tel. No. (973) 403-9200	3d. Cell No.	3e. Fax No. 973-226-0031	3f. E-Mail Address lcole@starrgem.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) grocery store		4b. Principal Product or Service groceries	
5a. City and State where unit is located: Brooklyn, NY		5b. Description of Unit Involved: Included: all full-time and all part-time employees Excluded: store managers, supervisors, and others excluded by the Act	
6a. Number of Employees in Unit: 20 approximately		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Local 338, Retail, Wholesale and Department Store Union/ United Food and Commercial Workers		8b. Address: 1505 Kellum Place Mineola, NY 11501	
8c. Tel. No. 516-294-1338	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any: RWDSU/UFCW		8h. Date of Recognition or Certification 03/21/11	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		12/31/2019	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None.			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Blocked by Charge No. 29-CA-250291			
11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s):		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): Local 338, Retail, Wholesale and Department Store Union/ United Food and Commercial Workers		12b. Address (street and number, city, State and ZIP code): 1505 Kellum Place Mineola, NY 11501	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Retail, Wholesale and Department Store Union/ United Food and Commercial Workers			
12d. Tel. No. 516-294-1338	12e. Cell No.	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.			
13a. Name and Title: Amanda Bell counsel to Local 338		13b. Address (street and number, city, State and ZIP code): Friedman & Anspach 1500 Broadway, Suite 2300, New York, NY 10036	
13c. Tel. No. 212-354-4500	13d. Cell No. 646-709-2449	13e. Fax No. 212-719-9072	13f. E-Mail Address abell@friedmananspach.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Amanda Bell		Signature 	
Title counsel to Local 338		Date 11/14/19	

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

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE
Case No. **29-RC-252009** **NLRB-REGION 23** **RECEIVED** **11/19/2019**

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer MARCUS GARVEY / Crown Heights		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 810 St. Marks Ave, Brooklyn, N.Y. 11213	
3a. Employer Representative - Name and Title Celideth Collins Exec Asst./HR		3b. Address (If same as 2b - state same) Same	
2c. Tel. No. (718) 467-7300	3d. Cell No.	3e. Fax No. (718) 467-0108	3f. E-Mail Address CCOLLINS@Crownheightscenterrehab.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal product or service Patient Care (Rehabilitation)	
5b. Description of Unit Involved Included: Registered Nursing Excluded:		5a. City and State where unit is located: Brooklyn, New York 6a. No. of Employees in Unit: 18 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Local 1199 SEIU		8b. Address 310 W. 43rd St. New York, N.Y. 10036	
8c. Tel. No. (212) 857-4321	8d. Cell No. (917) 566-4799	8e. Fax No. 212 261-2318	8f. E-Mail Address Nicholas.franklin@1199.org
8g. Affiliation, if any		8h. Date of Recognition or Certification 12/1/2021	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name None		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 12-20-19		11c. Election Time(s): 6am to 9am & 6pm to 9pm		11d. Election Location(s): Main Dining Room			
12a. Full Name of Petitioner (including local name and number) Local 1199 SEIU				12b. Address (street and number, city, state, and ZIP code) 310 W 43rd St N.Y. N.Y. 10036			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Local 1199 SEIU							
12d. Tel. No. (212) 857-4321		12e. Cell No. 917 566-4799		12f. Fax No. 212 261-2318		12g. E-Mail Address	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Nicholas Franklin Act. V.P.		13b. Address (street and number, city, state, and ZIP code) 310 W 43rd St N.Y. N.Y. 10036	
13c. Tel. No. 212 857-4321	13d. Cell No. (917) 566-4799	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 belief.

Name (Print) NICHOLAS FRANKLIN	Signature <i>Nicholas Franklin</i>	Title Act. V.P.	Date 11/18/2019
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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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE
Case No. **29-RC-252009** **NLRB-REGION 23** **RECEIVED** **11/19/2019**

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

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

2a. Name of Employer MARCUS GARVEY / Crown Heights		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 810 St. Marks Ave, Brooklyn, N.Y. 11213	
3a. Employer Representative - Name and Title Celideth Collins Exec Asst./HR		3b. Address (If same as 2b - state same) Same	
2c. Tel. No. (718) 467-7300	3d. Cell No.	3e. Fax No. (718) 467-0108	3f. E-Mail Address CCOLLINS@Crownheightscenterrehab.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Nursing Home		4b. Principal product or service Patient Care (Rehabilitation)	
5b. Description of Unit Involved Included: Registered Nursing		5a. City and State where unit is located: Brooklyn, New York	
6a. No. of Employees in Unit: 18		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).			
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Local 1199 SEIU		8b. Address 310 W. 43rd St. New York, N.Y. 10036	
8c. Tel. No. (212) 857-4321	8d. Cell No. (917) 566-4799	8e. Fax No. 212 261-2318	8f. E-Mail Address Nicholas.franklin@1199.org
8g. Affiliation, if any		8h. Date of Recognition or Certification 12/1/2021	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name None		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 12-20-19		11c. Election Time(s): 6am to 9am & 6pm to 9pm		11d. Election Location(s): Main Dining Room			
12a. Full Name of Petitioner (including local name and number) Local 1199 SEIU				12b. Address (street and number, city, state, and ZIP code) 310 W 43rd St N.Y. N.Y. 10036			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Local 1199 SEIU							
12d. Tel. No. (212) 857-4321		12e. Cell No. 917 566-4799		12f. Fax No. 212 261-2318		12g. E-Mail Address	

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Nicholas Franklin Act. V.P.		13b. Address (street and number, city, state, and ZIP code) 310 W 43rd St N.Y. N.Y. 10036	
13c. Tel. No. 212 857-4321	13d. Cell No. (917) 566-4799	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 belief.

Name (Print) NICHOLAS FRANKLIN	Signature <i>Nicholas Franklin</i>	Title Act. V.P.	Date 11/18/2019
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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 will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RD-252327

Date Filed

11-21-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Utica Avenue Plumbing Supply		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 165 Utica Ave, Brooklyn NY 11203	
3a. Employer Representative - Name and Title Eric Brandner		3b. Address (If same as 2b - state same)	
3c. Tel. No. 718-774-3200	3d. Fax No.	3e. Cell No.	3f. E-Mail Address info@uticasps.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Plumbing warehouse		4b. Principal product or service Plumbing supplies	
5a. Description of Unit Involved Included: All Full time and Regular part-time warehouse employees Excluded: All warehouse supervisors and warehouse managers & guards			5b. City and State where unit is located: Brooklyn NY
6. No. of Employees in Unit 7	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent UFCW, Local 888			8b. Affiliation, if any
8c. Address 160 East Union Ave East Rutherford, NJ 07073		8d. Tel. No. 914-668-8681	8e. Cell No.
9. Date of Recognition or Certification Unknown		8f. Fax No. 914-668-9465	8g. E-Mail Address
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) ASAP	13c. Election Time(s) 12 noon to 1:00pm	13d. Election Location(s) Conference Room 164 Utica Ave	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)			
14b. Tel. No. (b) (6), (b) (7)(C)			
14c. Fax No. (b) (6), (b) (7)(C)			
14d. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title An Individual	
15c. Address (Street and number, city, state, ZIP code) See Above		15d. Tel. No. (b) (6), (b) (7)(C)	
		15e. Fax No.	
		15f. Cell No. (b) (6), (b) (7)(C)	
		15g. E-Mail Address See above	
I declare that I have read the above petition and that the statements are true to the best of my knowledge.		Date Filed 11/21/19	
Signature (b) (6), (b) (7)(C)		Title X	
Signature (b) (6), (b) (7)(C)		Title	
Signature (b) (6), (b) (7)(C)		Title	

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-252593

Date Filed

11-29-19

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

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

2a. Name of Employer:

ABM Industries Inc.

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

1 Liberty Plaza Set 7
N.Y.N.Y. 10006

3a. Employer Representative - Name and Title:

Dimas Perez
General Manager

3b. Address (if same as 2b - state same):

Same

3c. Tel. No.

(212) 297-0200

3d. Cell No.

347-468-3934

3e. Fax No.

3f. E-Mail Address

Dimas.Perez@abm.com

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

Air Port

4b. Principal Product or Service

Transportation

5a. City and State where unit is located:

6a. Number of Employees in Unit:

73

5b. Description of Unit Involved:

Included: Parking Attendant
maintenance workers

Excluded: All other units at this time

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ NoCheck One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)

Local 122 B.C.C.U.

8b. Address:

48 New Lots Avenue 11212
Brooklyn N.Y.

8c. Tel. No.

347 821 0245

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

ConversionCrew/local122@gmail.com

8g. Affiliation, if any:

None

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ NO ☐ If so, approximately how many employees are participating?

(Name of Labor Organization)

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

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

N/A

10a. Name

N/A

10b. Address

N/A

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:

Support of Parking Attendant and maintenance workers

11a. Election Type:

☐ Manual ☐ Mail ☒ Mixed Manual/Mail

11b. Election Date(s):

Thursday Dec. 12th

11c. Election Time(s):

Time 1:30pm 2:30pm

11d. Election Location(s):

Suite 254 Airport 11371

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

Daniel Morgan Vice President
Local 122 BCCU

12b. Address (street and number, city, State and ZIP code):

48 New Lots Avenue 11212
Brooklyn New York

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

N/A

12d. Tel. No.

347 821-0245

12e. Cell No.

347 854-2966

12f. Fax No.

12g. E-Mail Address

ConversionCrew/local122@gmail.com

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

13a. Name and Title:

Daniel Morgan Vice President

13b. Address (street and number, city, State and ZIP code):

Brooklyn
48 New Lots Avenue 11212 New York

13c. Tel. No.

347 821-0245

13d. Cell No.

347 854-2966

13e. Fax No.

13f. E-Mail Address

ConversionCrew/local122@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Daniel Morgan

Signature

Daniel Morgan

Title

Vice President

Date

11-26-19

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-252593

Date Filed

11-29-19

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

2a. Name of Employer:

ABM Industries Inc.

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N.Y.N.Y. 10006

3a. Employer Representative - Name and Title:

Dimas Perez
General Manager

3b. Address (if same as 2b - state same):

Same

3c. Tel. No.

(212) 297-0200

3d. Cell No.

347-468-3934

3e. Fax No.

3f. E-Mail Address

Dimas.Perez@abm.com

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

Air Port

4b. Principal Product or Service

Transportation

5a. City and State where unit is located:

5b. Description of Unit Involved:

Included: Parking Attendant
maintenance workers

Excluded: All other units at this time

6a. Number of Employees in Unit:

73

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ NoCheck One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition
on or about (Date) _____ (If no reply received, so state).☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)

Local 122 B.C.C.U.

8b. Address:

48 New Lots Avenue 11212
Brooklyn N.Y.

8c. Tel. No.

347 821 0245

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

ConversionCrew/local122@gmail.com

8g. Affiliation, if any:

None

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☒ NO ☐ If so, approximately how many employees are participating?

(Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

N/A

10a. Name

N/A

10b. Address

N/A

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:

Support of Parking Attendant and maintenance workers

11a. Election Type:

☐ Manual ☐ Mail ☒ Mixed Manual/Mail

11b. Election Date(s):

Thursday Dec. 12th

11c. Election Time(s):

Time 1:30pm 2:30pm

11d. Election Location(s):

Suite 254 Airport 11371

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

Daniel Morgan Vice President
Local 122 BCCU

12b. Address (street and number, city, State and ZIP code):

48 New Lots Avenue 11212
Brooklyn New York

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

N/A

12d. Tel. No.

347 821-0245

12e. Cell No.

347 854-2966

12f. Fax No.

12g. E-Mail Address

ConversionCrew/local122@gmail.com

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Brooklyn
48 New Lots Avenue 11212 New York

13c. Tel. No.

347 821-0245

13d. Cell No.

347 854-2966

13e. Fax No.

13f. E-Mail Address

ConversionCrew/local122@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Daniel Morgan

Signature

Daniel Morgan

Title

Vice President

Date

11-26-19

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