

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-249409

Date Filed

10/4/19

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:
Hogan Asphalt, LLC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
1900 South Avenue, Staten Island, NY 10314

3a. Employer Representative - Name and Title:
Matt Cruz, Owner

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

3c. Tel. No.
(718) 698-1100

3d. Cell No.
(732) 778-2200

3e. Fax No.
(924) 383-6111

3f. E-Mail Address
mc@hoganasphalt.com

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

4b. Principal Product or Service
Manufacture and sale of asphalt

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

5b. Description of Unit Involved:
Included:
Plant mechanics, mechanics, operators and laborers

6a. Number of Employees in Unit:
27

Excluded:
Supervisors, office clerical, and guards as defined by the Act

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

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
International Association of Machinists and Aerospace Workers, Local Lodge 447, AFL-CIO

8b. Address:
652 Fourth Avenue, Brooklyn, NY 11232

8c. Tel. No.
(718) 422-0090

8d. Cell No.
(516) 316-4069

8e. Fax No.
(718) 422-0177

8f. E-Mail Address
rpaesc@iamdistrict15.org

8g. Affiliation, if any:
N/A

8h. Date of Recognition or Certification
October 2, 2019

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

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:
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
October 24, 2019

11c. Election Time(s):
7 AM - 9 AM

11d. Election Location(s):
Conference Room

12a. Full Name of Petitioner (including local name and number):
International Association of Machinists and Aerospace Workers, Local Lodge 447, AFL-CIO

12b. Address (street and number, city, State and ZIP code):
652 Fourth Avenue, Brooklyn, NY 11232

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel. No.
(718) 422-0090

12e. Cell No.
(516) 316-4069

12f. Fax No.
(718) 422-0177

12g. E-Mail Address
rpaese@iamdistrict15.org

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

13a. Name and Title:
Nicholas A. Scotto, Special Representative

13b. Address (street and number, city, State and ZIP code):
26 Court St, Ste 1710, Brooklyn, NY 11242

13c. Tel. No.
(929) 226-1724

13d. Cell No.
(631) 219-4116

13e. Fax No.
(646) 902-5720

13f. E-Mail Address
nscotto@iamaw.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)
Nicholas A. Scotto

Signature

Title
Special Representative

Date
10/3/2019

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 may 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-249597	Date Filed	10/8/2019
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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 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 Services	
		5a. City and State where unit is located: Brooklyn, NY	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 60
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? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 10/17/19	11c. Election Time(s): 12:00 p.m. - 1:00 p.m.; 2:45 p.m. - 3:30 p.m.	11d. Election Location(s): William O'Connor School, 1520 East 13th Street, 4th Floor, Brooklyn, NY

12a. Full Name of Petitioner (including local name and number) David Eisenstein Esq. United Federation of Teachers, Local 2, AFT, AFL-CIO	12b. Address (street and number, city, state, and ZIP code) 52 Broadway 14th 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, AFL-CIO	

12d. Tel No. (212) 228-3382	12e. Cell No.	12f. Fax No. (212) 228-9253	12g. E-Mail Address deisenst@nysutmail.org
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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 David Eisenstein Esq. Associate Counsel Office of Robert T. Reilly		13b. Address (street and number, city, state, and ZIP code) 52 Broadway 9th Floor NY NY 10004-	
13c. Tel No. (212) 228-3382	13d. Cell No.	13e. Fax No. (212) 228-9253	13f. E-Mail Address deisenst@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) David Eisenstein Esq.	Signature David Eisenstein Esq.	Title Associate Counsel	Date 10/7/2019 12:16:08
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
29-RC-249597	10/8/2019

Employees Included

All Teachers, Teacher Assistants (including substitute Teacher Assistants), IEP Coordinators, Teacher Aides (including One-to One Aides), Custodians/Maintenance Staff, Food Handlers, Administrative Assistants, Receptionists, Security Staff, School Psychologists, Nurses, Speech Therapists (including Bilingual Speech Therapists), Physical Therapists, Occupational Therapists, and Social Workers

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-249691

Date Filed

10/10/2019

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 Educational Services	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Brooklyn, NY	
		6a. No. of Employees in Unit: 30	
		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).		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? _____ 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): 10/15/19 or 10/29/19	11c. Election Time(s): 12:00 p.m.-12:30 p.m.; 2:15 p.m. - 3:30 p.m.	11d. Election Location(s): The Greenpoint School, 725 Leonard Street, Staff Lounge, 2nd Floor, Brooklyn, NY
12a. Full Name of Petitioner (including local name and number) David Eisenstein Esq. United Federation of Teachers, Local 2, AFT, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 52 Broadway 14th 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, AFL-CIO

12d. Tel No. (212) 228-3382	12e. Cell No.	12f. Fax No. (212) 228-9253	12g. E-Mail Address deisenst@nysutmail.org
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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 David Eisenstein Esq. Associate Counsel Office of Robert T. Reilly		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) 228-9253	13f. E-Mail Address deisenst@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) David Eisenstein Esq.	Signature David Eisenstein Esq.	Title Associate Counsel	Date 10/7/2019 12:30:18
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-249691	Date Filed 10/10/2019

Employees Included

All Teachers (including Substitute Teachers), Teacher Assistants (including substitute and floating Teacher Assistants), CPSE/IEP Coordinators, Teacher Aides (including One-to One Aides), Custodians/Maintenance Staff, Administrative Assistants, Financial Technicians, School Psychologists, Nurses, Speech Therapists (including Bilingual Speech Therapists), Physical Therapists, Occupational Therapists, Music Therapists, and Social Workers

Employees Excluded

Employees whose duties are found to be Managerial, Supervisory, or Confidential 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-249778

Date Filed

10/11/2019

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: SENATE APARTMENTS, INC.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 367-373-387-388-392 and 394 Avenue S, Brooklyn, New York 11223
3a. Employer Representative - Name and Title: Heshy Eissenberg, Managing Agent	3b. Address (if same as 2b - state same):

3c. Tel. No. 718-633-7700	3d. Cell No.	3e. Fax No. 718-871-2672	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential Apartment Building		4b. Principal Product or Service Building Service / Maintenance	5a. City and State where unit is located: Brooklyn, New York
5b. Description of Unit Involved: Included:			6a. Number of Employees in Unit: 4
Excluded:			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: ☐ 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:
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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)

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 and election in this matter, state your position with respect to any such election: _____
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): November 17, 2019	11c. Election Time(s): 11:00am - 1:00pm and 4:00pm - 6:00pm	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number):	12b. Address (street and number, city, State and ZIP code): 299 Broadway, Suite 1000, New York, NY 10007
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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):
Retail Wholesale and Department Store Union, United Food and Commercial Workers, AFL-CIO

12d. Tel. No. 212-267-8650	12e. Cell No.	12f. Fax No. 212-385-0208	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: Eric J. LaRuffa, Attorney	13b. Address (street and number, city, State and ZIP code):		
13c. Tel. No. 914-478-2801	13d. Cell No.	13e. Fax No. 914-478-2913	13f. E-Mail Address elaruffa@rothmanrocco.com

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

Name (Print) Eric J. LaRuffa, Esq.	Signature <i>Eric J. LaRuffa</i>	Title Attorney for Local 670	Date 10/8/19
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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 OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

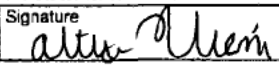
DO NOT WRITE IN THIS SPACE

Case No. 29-RC-249554

Date Filed 10/8/19

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.

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2a. Name of Employer: IBI Armored Services Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 37-06 61st street Woodside, N.Y. 11377	
3a. Employer Representative - Name and Title: Thomas,Manu		3b. Address (if same as 2b - state same): Same	
3c. Tel. No.	3d. Cell No. 347-307-5306	3e. Fax No.	3f. E-Mail Address Manu@ibiarmored.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Armored Truck Company		4b. Principal Product or Service Security	
5a. City and State where unit is located: Queens N.Y.		5b. Description of Unit Involved: Included: All full-time regular and part time regular officers armed and unarmed driver/ messengers Excluded: All other employees as defined in the act.	
6a. Number of Employees in Unit: 30		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) N/A 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)		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? <u>No</u> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): October 21st,2019		11c. Election Time(s): 6:30am-8:30am and 7:00pm-10:00pm	
11d. Election Location(s): Conference room			
12a. Full Name of Petitioner (including local name and number): Special and Superior Officers Benevolent Association		12b. Address (street and number, city, State and ZIP code): 199 North Wellwood Avenue Lindenhurst, N.Y. 11757	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Special and Superior Officers Benevolent Association			
12d. Tel. No. 631-587-9116	12e. Cell No. 917-636-2845	12f. Fax No. 631-420-4150	12g. E-Mail Address Arturo@ssoba.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Arturo Urena / Organizer		13b. Address (street and number, city, State and ZIP code): 199 North Wellwood Avenue Lindenhurst, N.Y. 11757	
13c. Tel. No. 631-587-9116	13d. Cell No. 917-636-2845	13e. Fax No. 631-420-4150	13f. E-Mail Address Arturo@ssoba.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) Arturo Urena	Signature 	Title Organizer	Date 10/6/2019

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 may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

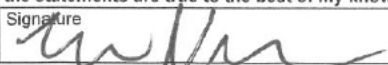
29-RC-249604

Date Filed

10/8/2019

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: South Shore Toddler Academy		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 11 Sampson Avenue, Staten Island, NY 10308	
3a. Employer Representative - Name and Title: Andrea Abel, Educational Director Joseph Bonamo, President Board of Directors		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 718-356-3563	3d. Cell No. none	3e. Fax No. 718-356-7739	3f. E-Mail Address sicsprek@aol.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Childcare		4b. Principal Product or Service Education/Childcare	5a. City and State where unit is located: Staten Island, NY
5b. Description of Unit Involved: Included: Instructional Staff, Teachers and Assistant Teachers, full and part-time Excluded: Administrative Staff, supervisors, managers & all confidential employees under NLRA			6a. Number of Employees in Unit: 4 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) <u>09/04/19</u> and Employer declined recognition on or about (Date) <u>09/04/19</u> (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? <u>No</u> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): As soon as possible		11c. Election Time(s): 12:30-1:30	11d. Election Location(s): 11 Sampson, In meeting room
12a. Full Name of Petitioner (including local name and number): Local 205, District Council 37, AFSCME		12b. Address (street and number, city, State and ZIP code): 125 Barclay St., New York, NY 10007	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County and Municipal Employees			
12d. Tel. No. 212-815-1450	12e. Cell No. none	12f. Fax No. none	12g. E-Mail Address tnilliasca@dc37.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Terri Nilliasca, Assistant General Counsel		13b. Address (street and number, city, State and ZIP code): 125 Barclay St. New York, NY 10007	
13c. Tel. No. 212-815-1450	13d. Cell No. none	13e. Fax No. none	13f. E-Mail Address tnilliasca@dc37.net
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) Terri Nilliasca		Signature 	Title Assistant General Counsel
			Date 10/3/19

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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-249795

Date Filed

10/11/2019

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: South Shore Chrysler Dodge Jeep Ram	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 190 Sheridan Boulevard, Inwood, New York 11096
3a. Employer Representative - Name and Title: Robert Portesy	3b. Address (if same as 2b - state same): 550 Burnside Avenue, Inwood, New York 11096

3c. Tel. No. 516-371-2500	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Auto Dealership		4b. Principal Product or Service Auto Sales and Service	5a. City and State where unit is located: Inwood, New York
5b. Description of Unit Involved: Included:			6a. Number of Employees in Unit: 10
Excluded:			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: ☐ 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? ☒ 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 and election in this matter, state your position with respect to any such election: _____
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Friday, Oct. 25	11c. Election Time(s): 11:30 a.m. - 1:30 p.m.	11d. Election Location(s): Breakroom
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12a. Full Name of Petitioner (including local name and number): United Service Workers Union, Local 355, IUJAT	12b. Address (street and number, city, State and ZIP code): 138-50 Queens Boulevard, Briarwood, New York 11435
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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):

International Union of Journeymen and Allied Trades

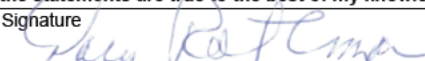
12d. Tel. No. 718-658-4848	12e. Cell No.	12f. Fax No. 718-523-4732	12g. E-Mail Address GattoM@iujat.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Gary Rothman, Esq., Attorney for Local 355	13b. Address (street and number, city, State and ZIP code):
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13c. Tel. No. 914-478-2801	13d. Cell No.	13e. Fax No. 914-478-2913	13f. E-Mail Address grothman@rothmanrocco.com
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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) Gary Rothman, Esq.	Signature 	Title Attorney for Local 355	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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	29-RC-250069	Date Filed	10/17/2019
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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 BrightView Landscape Services, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3670-3 Oceanside Road West NY Oceanside 11572-
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3a. Employer Representative - Name and Title	3b. Address (If same as 2b - state same)
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3c. Tel. No.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc) Others	4b. Principal product or service Commercial Landscaping	5a. City and State where unit is located: Oceanside, NY
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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: 100 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"/>
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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
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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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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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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): November 1, 2019	11c. Election Time(s): Mail	11d. Election Location(s): Mail
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12a. Full Name of Petitioner (including local name and number) Mario Briceno Construction Council Local Union 175	12b. Address (street and number, city, state, and ZIP code) 99 Mineola Avenue NY Roslyn Heights 11577-
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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)
Utility Workers of America, AFL-CIO

12d. Tel No. (516) 487-3110	12e. Cell No.	12f. Fax No.	12g. E-Mail Address mbriceno@localunion175.org
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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 Matthew Rocco Partner Rothman Rocco LaRuffa LLP	13b. Address (street and number, city, state, and ZIP code) 3 West Main Street Suite 200 NY Elmsford 10523-
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13c. Tel No. (914) 478-2801	13d. Cell No.	13e. Fax No. (914) 478-2913	13f. E-Mail Address mrocco@rothmanrocco.com
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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) Matthew Rocco	Signature Matthew Rocco	Title Partner	Date 10/11/2019 13:54:40
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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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Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-250069	Date Filed 10/17/2019

Employees Included

All regular full-time and regular part-time maintenance, landscaping and tree-care employees based out of the Employer's Oceanside, New York location.

Employees Excluded

All owners, managers, supervisors, guards, per-diem/casual maintenance landscaping and tree-care employees; any employees not specifically included in the description of the bargaining unit.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-250163

Date Filed

10/18/2019

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 Atlantic Veal and Lamb, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 275 Morgan Avenue NY Brooklyn 11211-	
3a. Employer Representative - Name and Title Martin Weiner		3b. Address (if same as 2b - state same) 275 Morgan Avenue NY Brooklyn 11211-	
3c. Tel. No. (718) 599-6400	3d. Cell No.	3e. Fax No.	3f. E-Mail Address info@atlanticveal.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Veal and Lamb	
5a. City and State where unit is located: Brooklyn, NY			

5b. Description of Unit Involved		6a. No. of Employees in Unit: 40
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): 11/11/2019	11c. Election Time(s): 5:30 AM-8:30 PM	11d. Election Location(s): Establishment - Locker Room
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12a. Full Name of Petitioner (including local name and number) Irmaliz Fontanez United Food and Commercial Workers Union, Local 342	12b. Address (street and number, city, state, and ZIP code) 166 East Jericho Turnpike NY Mineola 11501-
--	--

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

12d. Tel No. (516) 747-5980	12e. Cell No.	12f. Fax No. (516) 824-3601	12g. E-Mail Address contractsdepartment@ufcw342.org
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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 Martin Milner General Counsel Simon & Milner		13b. Address (street and number, city, state, and ZIP code) 99 West Hawthorne Avenue Suite 308 NY Valley Stream 11580-	
13c. Tel No. (516) 561-6622	13d. Cell No.	13e. Fax No. (516) 561-6828	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) Irmaliz Fontanez	Signature Irmaliz Fontanez	Title Organizing Director	Date 10/16/2019 09:21:56
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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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Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-250163	Date Filed 10/18/2019

Employees Included

All full-time and regular part-time processing and warehouse employees including, wrappers, packers, meat cutters, sanitation, mechanics, maintenance, freezer, shipping, and receiving.

Employees Excluded

Clerical, managers, drivers, agency employees, sales, professional employees, quality control, supervisors, and guards, as defined by the Act

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

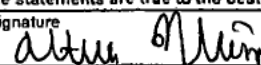
29-RC-250316

Date Filed

10/22/2019

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

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

2a. Name of Employer: IBI Armored Services Inc.		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 37-06 61st street Woodside N.Y. 11377	
3a. Employer Representative - Name and Title: Thomas Manu		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 347-307-5306	3d. Cell No. 	3e. Fax No. 	3f. E-Mail Address manuibarmored.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Armored Truck Company		4b. Principal Product or Service Security	
5a. City and State where unit is located: Queens N.Y.		5b. Description of Unit Involved: Included: All full-time and regular part-time employees who perform guard duties as defined in Section 9(b)(3) of the National Labor Relations Act, as amended, including armed and unarmed armored couriers employed by the Employer at its Facility located at 37-06 61st street Woodside, N.Y. 11377. Excluded: All office clerical employees, professional employees, vault employees, coin employees, dispatchers, leads, and supervisors as defined in the act.	
6a. Number of Employees in Unit: 30		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> on or about (Date) <u>(If no reply received, so state).</u> and Employer declined recognition <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) 		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? <u>No</u> If so, approximately how many employees are participating? <u></u> (Name of Labor Organization) <u></u> has picketed the Employer since (Month, Day, Year) <u></u>	
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 			
10a. Name 	10b. Address 	10c. Tel. No. 	10d. Cell No.
10e. Fax No. 		10f. E-Mail Address 	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): November 4th, 2019	11c. Election Time(s): 6:30am-8:30am and 7:00pm- 10:00pm	11d. Election Location(s): Conference room	
12a. Full Name of Petitioner (including local name and number): Special and Superior Officers Benevolent Association		12b. Address (street and number, city, State and ZIP code): 199 North Wellwood Avenue Lindenhurst, N.Y. 11757	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Special and Superior Officers Benevolent Association			
12d. Tel. No. 631-587-9116	12e. Call No. 917-636-2845	12f. Fax No. 631-420-4150	12g. E-Mail Address Arturo@ssoba.com
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Arturo Urena/ Organizer		13b. Address (street and number, city, State and ZIP code): 199 North Wellwood Avenue Lindenhurst, N.Y. 11757	
13c. Tel. No. 631-587-9116	13d. Cell No. 917-636-2845	13e. Fax No. 631-420-4150	13f. E-Mail Address Arturo@ssoba.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) Arturo Urena	Signature 	Title Organizer	Date 10/18/2019

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 may 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-250344

Date Filed

10/22/2019

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 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 61 OLIVER OWNERS CORP		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 9937 SHORE RD, BROOKLYN, NY 11209	
3a. Employer Representative - Name and Title STEPHEN LA BARBARA		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 718-943-9427	3d. Fax No. 212-634-3946	3e. Cell No. 917-566-8736	3f. E-Mail Address STEVEN.LABARBARA@FSRESIDENTIAL.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc.) RESIDENTIAL COOPERATIVE		4b. Principal product or service APARTMENT BUILDING	
5a. Description of Unit Involved Included: MEMBERS OF LOCAL 2 BUILDING SERVICE EMPLOYEES & FACTORY WORKERS UAW I UAT Excluded: NONE		5b. City and State where unit is located: BROOKLYN, NEW YORK	
6. No. of Employees in Unit 2		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	

(b) (6), (b) (7)(C) agent		8b. Affiliation, if any LOCAL 2	
8c. Address 82-61 ROCKAWAY BLVD, SUITE 130 OZONE PARK, NY 11416		8d. Tel. No. 718-296-7017	8e. Cell No. (b) (6), (b) (7)(C)
		8f. Fax No. 718-296-4877	

9. Date of Recognition or Certification 12/31/2018		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2018	
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 than 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)	13c. Election Time(s)	13d. Election Location(s)	

14. (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)		14c. Fax No. (b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	

14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	
(b) (6), (b) (7)(C)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No. (b) (6), (b) (7)(C)
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address

(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		Title (b) (6), (b) (7)(C)		Date Filed 10-11-19	
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ITS ON THIS PETITION CAN BE FORNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Collection 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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-250502

Date Filed

10/24/2019

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 BRIDGE PROPS		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 15 REWE STREET NY BROOKLYN 11211-	
3a. Employer Representative - Name and Title AMOS PAILLANT		3b. Address (If same as 2b - state same) 15 REWE STREET NY BROOKLYN 11211-	
3c. Tel. No. (718) 916-9706	3d. Cell No.	3e. Fax No.	3f. E-Mail Address NY@BRIDGEPROPS.COM
4a. Type of Establishment (Factory, mine, wholesaler, etc) Others		4b. Principal product or service RENT FURNITURE SET DRESSING	
5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		5a. City and State where unit is located: Brooklyn, NY	
		6a. No. of Employees in Unit: 12	
		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).		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? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

10a. Name		10b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.				11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 11/08/2019		11c. Election Time(s): 12 NOON UNTIL 1:00PM		11d. Election Location(s): 15 REWE STREET; BROOKLYN, NY LUNCH/LOCKER ROOM			
12a. Full Name of Petitioner (including local name and number) GILBERTO MENDOZA UWA LOCAL 660				12b. Address (street and number, city, state, and ZIP code) 100 SOUTH BEDFORD ROAD SUITE 340 NY MT. KISCO 10549			
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) NONE							
12d. Tel No. (914) 514-2323		12e. Cell No. (646) 355-5291		12f. Fax No. (914) 514-2401		12g. E-Mail Address GILBERTOTITOMENDOZA@HOTMAIL.COM	

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

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	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) GILBERTO MENDOZA	Signature GILBERTO MENDOZA	Title PRESIDENT	Date 10/24/2019 09:24:39
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-250502	Date Filed 10/24/2019

Employees Included
WAREHOUSE WORKERS

Employees Excluded
ALL OFFICE WORKERS, SUPERVISORS, MANAGERS AND GUARDS AS DEFINED
IN THE ACT

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RC-250663

Date Filed

10/28/2019

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

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

2a. Name of Employer: Seguine Preschool, Inc.; d/b/a Smallworld Preschool		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 144 Bloomingdale Rd., Staten Island, NY 10309	
3a. Employer Representative - Name and Title: Maria Schraidt, Director		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (718) 356-7795	3d. Cell No.	3e. Fax No.	3f. E-Mail Address unknown@example.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Preschool/Daycare		4b. Principal Product or Service childcare	
5b. Description of Unit Involved: Included: All Universal Pre-K program staff, teachers, assistant teachers, bookkeeper, secretary Excluded: managerial, confidential staff, as defined under the NLRA, non-UPK program staff		5a. City and State where unit is located: Staten Island, NY	
6a. Number of Employees in Unit: 10		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) 10/23/19 and Employer declined recognition on or about (Date) 10/23/19 (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 N/A		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: manual election			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Asap		11c. Election Time(s): After work, 3:00-3:30	
		11d. Election Location(s): classroom, after work, at facility	
12a. Full Name of Petitioner (including local name and number): Local 205, District Council 37, American Federation of State, County and Municipal Employees, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 125 Barclay, New York, NY 10007	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County and Municipal Employees, AFL-CIO			
12d. Tel. No. 212-815-1450	12e. Cell No.	12f. Fax No. 212-597-9539	12g. E-Mail Address tnilliasca@dc37.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Terri Nilliasca, Assistant General Counsel		13b. Address (street and number, city, State and ZIP code): 125 Barclay, New York, NY 10007	
13c. Tel. No. 212-815-1450	13d. Cell No.	13e. Fax No. 212-597-9539	13f. E-Mail Address tnilliasca@dc37.net
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) Terri Nilliasca		Signature	Title Assistant General Counsel
			Date 10/24/19

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.	Date Filed
29-RC-250836	10/30/2019

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 1) Fresenius Kidney Care		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) see attachment	
3a. Employer Representative - Name and Title Natalie Sfeliniotis, Director of Operations		3b. Address (If same as 2b - state same) 20110 Northern Blvd. Bayside, NY 11361	
3c. Tel. No. 718-597-2255	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Natalie.sfeliniotis@fmc-na.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Health Care Clinic		4b. Principal product or service Health Care Services	
5a. City and State where unit is located: New York, NY			

5b. Description of Unit Involved Included: see attachment Excluded:		6a. No. of Employees in Unit: 210
		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).		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
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11b. Election Date(s): November 14 or 21, 2019	11c. Election Time(s): 6-7:30am and 12-2:30pm	11d. Election Location(s): see attachment
--	---	---

12a. Full Name of Petitioner (including local name and number) 1199SEIU United Healthcare Workers East	12b. Address (street and number, city, state, and ZIP code) 330 West 42nd Street, New York, NY 10036
--	--


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

12d. Tel No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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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 Micah Wissinger, Esq. Levy Ratner, P.C.		13b. Address (street and number, city, state, and ZIP code) 80 8th Avenue, 8th Floor, New York, NY 10011	
13c. Tel No. 212-627-8100	13d. Cell No.	13e. Fax No. 212-627-8182	13f. E-Mail Address mwissinger@levyratner.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) Micah Wissinger	Signature 	Title Counsel to Petitioner	Date October 25, 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.

**Attachment to Question 2(b) Address(es) of Establishment(s) Involved &
Attachment to Questions 11(d) Election Locations**

- 1) Fresenius Kidney Care
20110 Northern Blvd.
Bayside, NY 11361

Voting Location: Conference Room, Ground Level

- 2) d/b/a Fresenius Kidney Care St. Albans
17270 Baisley Blvd.
Jamaica, NY 11434

Voting Location: Education Room, Ground Floor

- 3) d/b/a South Queens Dialysis Center
175-37 Liberty Ave.
Jamaica, NY 11433

Voting Location: Staff Lounge, Ground Floor

- 4) d/b/a Queens Artificial Kidney Center
3435 70th Street
Jackson Heights, NY 11372

Voting Location: Main Conference Room, Ground Floor

Attachment to Question 5b – Unit Description

Included: All regular full time, part time, and per diem professional and non-professional employees.

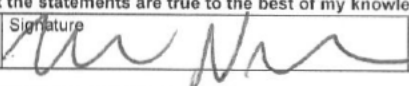
Excluded: All guards, managers, confidential employees and supervisors as defined by the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
29-RC-250802	10/30/19

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: Rogers Avenue Preschool		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 775 Rogers Ave. Brooklyn, NY 11226	
3a. Employer Representative - Name and Title: Karl Roberts, Owner/Director		3b. Address (if same as 2b - state same): 775 Rogers Ave. Brooklyn, NY 11226	
3c. Tel. No. 718 703-4312	3d. Cell No.	3e. Fax No. 347-240-2501	3f. E-Mail Address karlrobertsnyc@gmail.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Daycare/Preschool		4b. Principal Product or Service childcare	5a. City and State where unit is located: Brooklyn, NY
5b. Description of Unit Involved: Included: All childcare/instructional staff, including teachers and assistant teachers Excluded: Supervisors, managers, confidential staff as defined under the NLRA		6a. Number of Employees in Unit: 6	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 09/27/19 (If no reply received, so state). 09/27/19 and Employer declined recognition		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	
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? _____ 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): ASAP		11c. Election Time(s): 12:30-1:30, lunch time or after work	
		11d. Election Location(s): Director's office or empty classroom	
12a. Full Name of Petitioner (including local name and number): Local 205, District Council 37, AFSCME AFL-CIO		12b. Address (street and number, city, State and ZIP code): 125 Barclay St., New York, NY 10007	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): American Federation of State, County and Municipal, Employees, AFL-CIO			
12d. Tel. No. 212-815-1450	12e. Cell No.	12f. Fax No. 212-597-9539	12g. E-Mail Address tnilliasca@dc37.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Terri Nilliasca, Assistant General Counsel		13b. Address (street and number, city, State and ZIP code): 125 Barclay St., NY, NY 10007	
13c. Tel. No. 212-815-1450	13d. Cell No.	13e. Fax No. 212-597-9539	13f. E-Mail Address tnilliasca@dc37.net
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) Terri Nilliasca	Signature 	Title Assistant General Counsel	Date 10/28/19

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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.	29-RC-250173	Date Filed	10/18/2019
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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 Kingsland/Winstar		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 57-11 49th Place NY Maspeth 11378-	
3a. Employer Representative - Name and Title Johnnie Lin		3b. Address (If same as 2b - state same) 57-11 49th Place NY Maspeth 11378-	
3c. Tel. No. (718) 418-7710	3d. Cell No. (718) 366-5819	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking		4b. Principal product or service Food Products	5a. City and State where unit is located: Maspeth, NY

5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 20
Excluded: 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"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 10/08/2019 and Employer declined recognition on or about 10/08/2019 (Date) (If no reply received, so state). Yes
☐ 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? _____ 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): October 25 or November 1	11c. Election Time(s): 6:30am to 8:30am	11d. Election Location(s): Employer's Location
12a. Full Name of Petitioner (including local name and number) Patrick J. McCabe Local 1922, BEW, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 1065 Old Country Road - Suite 202 NY Westbury 11590-

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

12d. Tel No. (516) 334-4140	12e. Cell No. (516) 315-6017	12f. Fax No. (516) 334-3019	12g. E-Mail Address ibew1922@gmail.com
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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 Sheri Preece Esq. Attorney Bryan C. McCarthy Associates		13b. Address (street and number, city, state, and ZIP code) 1454 Route 22 NY Brewster 10509-	
13c. Tel No. (845) 363-1441	13d. Cell No. (646) 721-1050	13e. Fax No.	13f. E-Mail Address sdp@bcmassociates.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) Patrick J McCabe	Signature Patrick J. McCabe	Title Business Manager	Date 10/15/2019 13:43:20
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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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Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-250173	Date Filed 10/18/2019

Employees Included

All Full Time and Regular Part Time Drivers and Helpers

Employees Excluded

All Supervisors, Guards and Clerical Employees, as defined in the Act