FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
02-RC-245903	8-1-19					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): A. Michael Tyler Realty Gate way Condominium 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): 821 West Jericho Tpke. J. Cohen Smithtown, N.Y. 11787 3f. E-Mail-Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 877 641-5900 877-641-5780 5a. City and State Where unit is located: 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manhattan, N.Y. Maintenance/Concierge Services Residential apartments 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 10 Superintendents, Handyman, Porters, Concierge 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? All guards, supervidors and office employees as defined in the act. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) 7/29/2019 (If no reply received, so state). No and Employer declined recognition (If no reply received, so state). 7b. Petitloner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8d. Cell No. Se. Fax No. 8f. E-Mail Address 8c. Tel. No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a, Name 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: 11s. Election Type: To be determined ▼ Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 325 73rd Street Brooklyn, NY 11209 Local 1032 L.I.F.E. 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): League of International Federated Employees 12f. Fax No. 12g. E-Mail Address 12e. Cell No. 12d. Tel. No. 718 238-2399 718 680-0842 dinachiclana@lifeunion.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Dina Chiclana 325 73rd Street, Brooklyn, NY 11209 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. dinachiclana@lifeunion.com 718 238-2399 718 680-0842 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title Name (Print) 7/29/2019 Delegate Dina Chiclana

FORM NLRB-502 (RC) (2-18)

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	TE IN THIS SPACE	-	-
Case No.	Date Filed		_
02-RC-246313	8-8-19		

RC PETITION						02-RC-246313 8-8-19						
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 NLR8-505); and (3) Description of Representation Case Procedures (Form NLR8 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												
<ol> <li>PURPOSE OF THIS PETITION: f bargaining by Petitioner and Petiti requests that the National Labo</li> </ol>	oner desire	s to be certified a	s represe	entative	of the employees. The	Petitio	ner alleges t	hat the foll	owing circums	tances ex		
2a. Name of Employer:			1	,	),of Establishment(s) in				State, ZIP code	e):		
JJ Cassone Bakery, Inc. 202					ent Street Port C	heste	r, NY-10	573				
3a. Employer Representative - Nan	3b. Add	ress (if	same as 2b - state sam	ie):								
Mary Lou Cassone			Own	er								
3c. Tel. No. 914 939 1568	3d. Cell No			3e Fa			3f. E-Mail A	ddress				
4a. Type of Establishment (Factory, r Wholesale Bakery	nine, whole	saler, etc.)		ł .	ncipal Product or Servi	ce			d State where u	nit is loca	ted:	
5b. Description of Unit Involved:				WIIG	olesale Bakery			Port Che	r of Employees	in Unit:		
Included:								oa. Numbe	i oi Employees	iii Oilii.		
All production, packaging	, mainte	enance and s	anitati	on er	nployees.							
Excluded:									ibstantial number			
Managers and Supervisors								represe	nted by the Pet	itioner?		No
Check One: 7a. Request for rec on or about (Date)	ognition as				ade on (Date)		and	Employer of	eclined recogni	tion		
7b. Petitioner is cur	rently recog					tion und	der the Act.					
8a. Name of Recognized or Certifie					. Address:							
8c. Tel. No.	8d. Cell No 914 56	_		8e. Fax No.			8f. E-Mail Address					
8g. Affiliation, if any:			81	. Date	of Recognition or Certifi	Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)						
9. Is there now a strike or picketing a	the Emplo	yer's establishme	nt(s) invo	lved?	No If so, app	roximat	ely how man	y employees	are participatin	9?		$\neg$
(Name of Labor Organization)				-		. 1	nas picketed	the Employe	r since (Month,	Day, Yea	1)	-
<ol> <li>Organizations or individuals other individuals known to have a repre</li> </ol>									s and other org	anizations	and	
10a. Name		10b, Address					10c. Tel. No		10d, Cell No.			
				100.101.1								
							10e. Fax No. 10		10f, E-Mail Address			
11. Election Details: If the NLRB con	ducts and	election in this ma	atter, stat	e your	position with respect to	any suc	h election:	11a. Election	·			
			- (-)				45.5	Manua		Mixed	Manual/Mail	
11b. Election Date(s): September 5, 2019		11c. Election Tin		and 5	:00 p.m. to 7:00		11d. Election		•	ar		
12a. Full Name of Petitioner (include	ing local na			and J	12b: Address (stre	- 1		• /			<del>-</del>	
Port Chester's Workers Un					(b) (6)	, (k	o) (7	$\overline{)(C)}$				
12c. Full name of national or internati	onal labor o	organization of wh	ich Petiti	oner is	an affiliate or constituer	nt <i>(if no</i>	ne, so state):	411	ALL SE	<del></del>		
12d. Tel. No. (b) (6), (b) (7)(C)			12f. Fax No. 12g. E-Mail Address  pers for purposes of the representation proceeding.  13h. Address (street and number, city, State and ZIP code):					25				
13. Representative of the Petitione	- www.	eccept service of	f all pape	ers for	ourposes of the repres	sentatio	on proceedi	ng.		10 1	· ·	
13a. Name and Title: b) (6), (b) (7)(C)				(b	(6), (b)	ber, cit	State and C	ZIP code):	*****	<b>,</b>	r	
13c. Tel. No.	13d. Cell N			13e. F	ax No.		13f. E-Mail A (b) (6)	Address (b) (7	()(C)	<u> </u>		_
I declare that I have read the above			ments ar	e true	to the best of my know	vledne		, (D) (1	$\mathcal{N}^{\mathcal{O}}$			-
Name (Print)	,	₹(b) (6				Title					Date	$\dashv$
Name (Print) (b) (6), (b) (7)(C)						Uı	nion repre	esentativ	e		8/6/19	

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

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	02-RC-246692	Date Filed, 15/19						

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate							
of service showing service on the	employer and	all other parties	s named in the petitio	on of: (1) the peti	tion; (2) State	ement of Position form	
(Form NLRB-505); and (3) Descript	ion of Repres	entation Case F	Procedures (Form NL	RB 4812). The s	howing of int	erest should only be filed	
with the NLRB and should not be s	erved on the	employer or an	y 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	iono podia pro-	2b. Ad	dress(es) of Establishmen	t(s) involved (Street	and number, city	, State, ZIP code)	
45 Garage LLC		413-4	19 West 45th Street	, New York, NY	10036		
3a. Employer Representative – Name and Michelle, Management	_		3b. Address (If same as SAME, and 521 We		te 1A, New \	/ork, NY 10036	
3c, Tel. No. 212-265-0774	3d. Cell No. 646-779-15	72	3e. Fax No.		3f. E-Mail Add admin@45g	ress garagellc.com	
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal prod	duct or service			and State where unit is located:	
Parking Garage		Parking Cars			Brookly	n, NY 11218	
5b. Description of Unit Involved	t time messes	ra parking attanc	ionte and apphiore worl	ding of the Employ	arla parking	6a. No. of Employees in Unit: 8	
Included: All full-time and regular par facility 413-419 West 45th			ants and cashiers won	at the Employ	ers parking	6b. Do a substantial number (30%	
Excluded:  All other employees, quards and supervisors as defined by the Act						or more) of the employees in the unit wish to be represented by the Petitioner? Yes 7 No	
Check One: 7a. Request for re	cognition as Bar	naining Regresenta	tive was made on (Date)	DODO 30	d Employer dec	lined recognition on or about	
Check one.		(If no reply received		HODE "	ia Employer acc	miled recognition on or about	
7b, Petitioner is co			epresentative and desires	certification under the	e Act.		
8a. Name of Recognized or Certified Barg None			8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Address		
8g. Affiliation, if any	<u> </u>		8h. Date of Recognition or Certification  8i. Expiration Date of Current or Most Recognition Date of C				
9. Is there now a strike or picketing at the El	mployer's establi	shment(s) involved	? no If so, approx	imately how many e	mployees are pa	rticipating?	
(Name of labor organization)		, has pick	eted the Employer since (	Month, Day, Year) _			
Organizations or individuals other than a known to have a representative interest in a NONE					presentatives and	d other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel, No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	an election in th	is matter, state you	r position with respect to	11a, Election Type	Manual [	Mail Mixed Manual/Mail	
11b. Election Date(s): August 23, 2019		lection Time(s): n - 7:30am, 4:30 pr	m - 5:30 pm	11d. Election Loca 413-419 West 45t		ork. NY 10036	
12a. Full Name of Petitioner (Including Io Garage Employees Union Local No. 272	cal name and n	umber)	<del></del>	12b. Address (stre	et and number,	city, state, and ZIP code) New York, NY 10010	
12c. Full name of national or international la See Item 12a above	bor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
12d. Tel No. 12e. Cell No. 212-726-9726			12f. Fax No.		12g. E-Mail Ad	ddress	
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	or purposes of the repres	entation proceeding	g.		
13a. Name and Title Bruce J. Cooper, Attorney		13b. Address (street and Pitta LLP, 120 Broadway, 28					
13c. Tel No. 212-652-3727	13d. Cell No.		13e. Fax No. 212-652-3891		13f. E-Mail Ad bcooper@pitta		
I declare that I have read the above petiti	on and that the	statements are tru		ledge and belief.			
	natura 11	12/5	Title		Date	<del> </del>	
Bruce J. Cooper /	1 <i>11111180</i> 7	ETITION CAN BE !	Attorney	IMPOISONMENT "	August 15,	, 2019	
SHEET OF TARGE STATEMEN	L'and like		ONISHED BY FINE AND	IMPRISONIALNI (C	UUDE, IIIL	E 16, 3ECTION 1001)	

WILLFUL FALSE STATEMENT SOLVENIS PETITION CAN BE FORISHED TO THE PRIVACY ACT STATEMENT

Solicitation of the information on this form's authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principel 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 in the litigation of 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.

AUG 1 5 2019

FORM NLRB-502 (RC) (2-18)

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

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
02-RC-246863	8-19-19						

INSTRUCTIONS: Unless e-Filed w employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 48:	he petition in t	must be accomp he petition of: (	panied by 1) the pet	both a shi	owing of interes tatement of Posi	t (sea 6b tion fora	below) and (Form NLR	a certificate B-505); and	e of service showing s I (3) Description of Re	ervice on presentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petiti requests that the National Laboration	ioner desire:	s to be certified a	s represe under its	ntative of the proper au	e employees. The thority pursuant	e Pelition to Section	ner alleges t on 9 of the N	hat the folio lational Lat	owing circumstances of our Relations Act.	
ta. Name of Employer: Gateway Condominium				ress(es) of t Frederic	Establishment(s) k Douglas E	nvolved ( Slvd., N	Street and no New York	umber, City, c, New Y	State, ZIP code): Ork 10026	
sa Employer Representative - Nan Linda R. Carlozzi Esq. Jackson Lewis Attorneys			3b. Addr 666-T	ess (if sam hird Av	e as 20 - state sa e,New York	me): , New	York 100	017-4030	)	
3c. Tel. No. 212-545-4000	3d. Cell No	).		3e. Fax No 212-972			3f. E-Mail Ad Linda.Ca		jacksonlewis co	m
4a. Type of Establishment (Fectory, Residential Apartments	mine, whole	seler, etc.)		4b. Princip	al Product or Sen nance/Conci	vioe		5a. City an	d State where unit is loc ttan, New York	ated:
5b. Description of Unit Involved: Included: Superintendents, Handym	an, Porte	ers,Concierg	ge					6a. Numbe 10	r of Employees in Unit:	
All Guards, supervisors and office employees as defined in 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.										
on or about (Date)	Check One: 7 7a. Request for recognition as Bargaining Representative was made on (Date) 7/29/2019 and Employer declined recognition on or about (Date) no (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:  AUG 1 9 2019										
8c. Tel. No.	8d. Cell No	).		8e. Fax Nc. 8f. E-Mail /			8f. E-Mail A	Add By		
8g. Affiliation, if any:			8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing a	it the Emplo	yer's establishme	eni(ś) invo	ived?	If so, ap	proximat	ely how man	y employee:	s are particlpating?	
(Name of Labor Organization)	Abor Datis				A salah basa da		<del></del>	<del></del>	er since (Month, Day, Y	
<ol> <li>Organizations or individuals other individuals known to have a reprint</li> </ol>									es and diner organization	ns and
10a. Name		10b. Address					10c. Tel. No.		10d. Cell No.	
				100			10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB co	onducts and	election in this m	natter, stat	e your posi	tion with respect (	o any suc	h election:	11a. Election		d Manual/Mail
11b. Election Date(s):		11c. Election Ti	ime(s):				11d. Election	n Location(s	s):	
12a. Full Name of Petitioner (including local name and number): Local 1032 L.I.F.E.					12b. Address (s 325 73 stre	treet and et. Bro	number, city oklyn, N	State and a ew York	ZIP code): 11209	
12c. Full name of national or internal League of International F				ioner is an a	affiliate or constitu	ent (if no	ne, so state).		<del>, , , , , , , , , , , , , , , , , , , </del>	
12d. Tel. No. 718-238-2399	12e. Cell N	ło.		12f. Fax N 718-68			12g. E-Mail	Address		
13. Representative of the Petitions 13a. Name and Title: Larry Cole Attorney	er who will	accept service (	of all pape	13b. Addre	poses of the rep ess (street and no enhower Park	ımber, cit	y, State and .	ZIP code):	y 07068	
13c. Tel. No. 973-403-9200	13d. Cell N	(D)	6),	(b) (	(7)(C)		13f. E-Mail lcole@s		com	
I declare that I have read the abov	e petition a	nd t				owledge	and belief.			Date
o) (6), (b) (7)(C)						(b)	(6),	(b) (7	(C)	8-13-2019

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
R C PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	02-RC-246999	Date Filed 8.22.2019					

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 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) c/o KGM Theatrical 1501 Broadway #1606, New York, NY 10036 ROA OB LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) See Attachment Same 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 3c Tel No See Attachment 212-500-0989 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Theatrical Productions and Events New York City, New York General Manager 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See attachment 6b. Do a substantial number (30% or more) of the employees in the Excluded: See attachment unit wish to be represented by the Petitioner? Yes 🗸 No [ 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (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). 8h Address None 8f. E-Mail Address 8d Cell No. 8e. Fax No. 8c. Tel No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 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 11a. Election Type: 🗸 Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): New World Stages: 340 West 50th Street NY, NY 10019 9/4/19 5:30pm - 6:30pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Martha Smith, Secretary/Treasurer Theatrical Wardrobe Union Local 764, I.A.T.S.E 545 West 45th Street 2nd Fl. 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)
INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS OF THE UNITED STATES TO CANADA, AFL. CIO, CLC 12e. Cell No. 12d, Tel No. 12g. E-Mail Address 12f. Fax No. 등 917.796.6101 msmith@ia764.org 212.957,3500 212.957.3232 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Tille Martha Smith, Sec/Tres 13b. Address (street and number, city, state, and ZIP code) 545 West 45th Street 2nd Fl. New York, NY 10036 13c. Tel No. 13e. Fax No. 13f. E-Mail Address 917.796.6101 msmith@ia764.org 212.957.3500 212.957.3232 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Martha Smith Secretary/Treasurer 8/22/19 WILLFUL FALSE STATEMENTS ON THIS DETITION 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 – Question 3 02-RC-246999

8.22.2019

Daniel Kuney
President
ROA OB LLC
c/o KGM Theatrical 1501 Broadway #1606
New York, NY 10036
212-500-0989
daniel@kgmtheatrical.com

Rob Cassie
Assistant General Manager
ROA OB LLC
c/o KGM Theatrical 1501 Broadway #1606
New York, NY 10036
212-500-0989
rob@kgmtheatrical.com

Zak Jacobs
Company Manager
ROA OB LLC
c/o KGM Theatrical 1501 Broadway #1606
New York, NY 10036
212-500-0989
zak@kgmtheatrical.com

NEW YORK, NY

A MOMINA OF THE PROPERTY OF TH

### ATTACHMENT - Question 5b

Included: All wardrobe personnel, including dressers, seamstresses, tailors, stitchers, laundry workers, pressers, day workers, those engaged in stocking and restocking costumes, stylists, beaders, dyers, craft workers including all wardrobe personnel performing work in conjunction or connection with shows and all wardrobe personnel who perform the duties commonly performed by a wardrobe employees in the professional theatre, including, but not limited to attending rehearsal and/or fittings when required, being present for pre-sets as required, preparing the cast's costumes and shoes for performances, dressing of performers, performing costume changes, and maintaining the costume design as required.

Excluded: All other employees, guards and supervisors as defined by the National Labor Relations Act.

### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.		Date Filed					
	02-RC-247424	8/30/19					

RC P	EIII	ION				UZ-KC-24/424		8/30/19		
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an M										
in which the employer concerne										
of service showing service on t	he emplo	yer and all othe	r parties	named in the	e petitio	n of: (1) the petiti	on; (2) State	ment of Position form		
(Form NLRB-505); and (3) Desc	ription of	Representation	Case P	rocedures (Fo	orm NLI	RB 4812). The sho	owing of inte	erest should only be filed		
with the NLRB and should not l	e served	on the employe	er or any	other party.						
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor R	er desires to	be certified as rep	resentativ	e of the employe	es. The I	Petitioner alleges tha	t the following	circumstances exist and		
2a. Name of Employer				dress(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 0 East 14th Street						
New York Eye and Ear (Mount Sinai)	Tale			New York 1000	3	Ob				
3a. Employer Representative – Name Ann Marie Middleton	and ritte				14th Stre York 1000	2b – state same) eet				
3c. Tel. No.	3d C	ell No.		NY New 3e. Fax No.	York 1000	03-	3f. E-Mail Addr	ess		
(212) 979-4275					EC					
4a. Type of Establishment (Factory, min	e, wholesa	ler, etc.) 4b Prin	ncipal prod	uct or service		100 25 W CO. 1	5a. City a	and State where unit is located:		
Healthcare				M	A110	0 0 0010		New York, NY		
5b. Description of Unit Involved				خاظ	AUC	3 0 201 <b>9</b> =		6a. No. of Employees in Unit:		
Included: See Attached Page 2 for ad	ditional detail	s					}	30		
				B'	<u> Y:</u>			6b. Do a substantial number (30% or more) of the employees in the		
Excluded: See Attached Page 2 for ad	ditional detail	s			· .		. 1	unit wish to be represented by the Petitioner? Yes [ ] No [ ]		
Check One: 7a. Request for	or recognition	on as Bargaining Re	epresentat	ive was made or	(Date) _	and	Employer deci	ined recognition on or about		
		_(Date) (If no repl	-	. ,						
7b. Petitioner 8a. Name of Recognized or Certified	is currently	recognized as Barg	gaining Re			certification under the	Act.			
sa. Name of Recognized of Certified	bargaining	Agent (II none, St	o state).	8D. A	ddress			ĺ		
8c. Tel No.	8d Ce	ell No.		8e. Fax No.			8f. E-Mail Addr	ress		
8g. Affiliation, if any				h. Date of Recognition or Certification 8i. Expiration Date of Current or Mo						
							Contract, if any	(Month; Day, Year)		
9. Is there now a strike or picketing at the	e Employe	r's establishment(s)	involved?	No If s	o approx	imately how many emi	olovees are par	rticinating?		
(Name of labor organization)			, has picke	eted the Employe	er since (/	Month, Day, Year)				
Organizations or individuals other the known to have a representative interest							esentatives and	other organizations and individuals		
10a. Name		10b. Address		10c. Tel. No. 10			10d. Cell No.			
						10e. Fax No.		10f. E-Mail Address		
<ol> <li>Election Details: If the NLRB cond any such election.</li> </ol>	ucts an ele	ction in this matter,	state your	position with res	spect to			Mail Mixed Manual/Mail		
11b. Election Date(s): Wednesdays		11c. Election Tin 7am-9am and 3p		11d. Election Location( At the employer's facilit						
12a. Full Name of Petitioner (including Michael Pidoto Local One Security Officers' Union	g local nar	ne and number)				12b. Address (street 419 Lafayette Street NY New York 10003-	and number, o	city, state, and ZIP code)		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)										
12d. Tel No.	12e. (	Cell No.		12f. Fax No.			12g. E-Mail Ad			
(212) 277-8017				(b) (6), (b) (7	()(C)					
13. Representative of the Petitioner v	ho will acc	cept service of all	papers fo			-				
13a. Name and Title Clara Suh Esq. attorney				13b. Address ( 450 Seventh A		d number, city, state, a uite 1400	na ZIP code)			
Hoffmann & Associates NY New York 10123-						12f E Mail 6-1	drose			
(212) 679-0400	130.	out ito.		13e. Fax No. (212) 679-1080	)		13f. E-Mail Add clara.suh@hof	fmannlegal.com		
I declare that I have read the above p	etition and	that the statemen	ts are tru			ledge and belief.				
Name (Print)	Signature	· ·		Title			Date			
Clara Suh Esq.	Clara Suh	1		attorney			08/29/2019	17:20:46		

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

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Employees Included
All security officers (full time, part time and per diem)

Employees Excluded Supervisors and managers