

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

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-252689

Date Filed

12-2-19

**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**

34th Partnership

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

1065 Avenue of the Americas  
NY New York 10018-

**3a. Employer Representative - Name and Title**

Daniel Biederman

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

**3c. Tel. No.**

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

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

Others

**4b. Principal product or service**

City Contractors - Street Sweepers

**5a. City and State where unit is located:**

New York, NY

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

60

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

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 11/20/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received**

☐ **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) IBT, has picketed the Employer since (Month, Day, Year) 11/20/2019

**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:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Earliest Friday as possible

**11c. Election Time(s):**  
2pm - 6pm

**11d. Election Location(s):**  
TBC

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

Pedro Card  
Local 210, International Brotherhood of Teamsters

**12b. Address (street and number, city, state, and ZIP code)**

55 Broad Street, 11th 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)**  
International Brotherhood of Teamsters

**12d. Tel No.**

(212) 757-3463

**12e. Cell No.**

(917) 657-3511

**12f. Fax No.**

**12g. E-Mail Address**

jrcardi@aol.com

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

**13a. Name and Title**

Clara Suh Esq. Attorney for Union  
Hoffmann & Associates

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

450 Seventh Avenue, Suite 1400  
NY New York 10123-

**13c. Tel No.**

(212) 679-0400

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

clara.suh@hoffmannlegal.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)**

Clara Suh Esq.

**Signature**

Clara Suh

**Title**

Attorney for Union

**Date**

12/2/2019 13:49:59

**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

Employees Included  
All employees except for managers

Employees Excluded  
Managers

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

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

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-252771

Date Filed

12-3-19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 Braender Condominium		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 418 Central Park West New York, NY 10025	
3a. Employer Representative - Name and Title Danielle Vogt, Property Manager, Orsid Realty		3b. Address (if same as 2b - state same) 156 West 56th Street, New York, NY 10019	
3c. Tel. No. 212-586-4524	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dvogt@orsidny.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	
5a. City and State where unit is located: New York, NY 10019		5b. Description of Unit Involved Included: all building service workers Excluded: statutory supervisors and guards	
6a. No. of Employees in Unit: 3		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

None

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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
Nearest Friday

11c. Election Time(s):  
2:30 pm - 3:30 pm

11d. Election Location(s):  
Basement

12a. Full Name of Petitioner (including local name and number)  
SEIU LOCAL 32BJ

12b. Address (street and number, city, state, and ZIP code)  
25 West 18th Street New York, N.Y. 10011

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

12d. Tel. No. 212-539-2941	12e. Cell No.	12f. Fax No. 212-388-2062	12g. E-Mail Address klocke@seiu32bj.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: Katchen Locke, Attorney

13b. Address (street and number, city, state, and ZIP code)  
25 West 18th Street, New York, NY 10011

13c. Tel. No. 212-539-2941	13d. Cell No.	13e. Fax No. 212-388-2062	13f. E-Mail Address klocke@seiu32bj.org
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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) Katchen Locke	Signature <i>Katchen Locke</i>	Title Attorney	Date 12/3/19
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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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REC  
DEC 03 2019  
BY: \_\_\_\_\_

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-253116</b>	Date Filed <b>12/10/2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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.			
<b>2a. Name of Employer</b> Allan Industries		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1057 Lower South Street NY Peekskill 10566	
<b>3a. Employer Representative - Name and Title</b> Paul Allan		<b>3b. Address (If same as 2b - state same)</b> 270 US-46 NJ Rockaway 07866	
<b>3c. Tel. No.</b> (973) 586-9400	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (973) 586-1093	<b>3f. E-Mail Address</b> information@allanindustries.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Services		<b>4b. Principal product or service</b> Cleaning Services	
<b>5a. City and State where unit is located:</b> Peekskill, NY		<b>6a. No. of Employees in Unit:</b> 5	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>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"/></b>	
<b>Check One:</b> <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.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____</b> (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
<b>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)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> week of 12/16-12/20		<b>11c. Election Time(s):</b> 6:00 pm- 7:00 pm	
<b>11d. Election Location(s):</b> Peekskill		<b>12a. Full Name of Petitioner (including local name and number)</b> Dylan James Wiley International Brotherhood of Electrical Workers Local 1430	
<b>12b. Address (street and number, city, state, and ZIP code)</b> 84 Business Park Dr. Suite 202 NY Armonk 10504		<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Brotherhood of Electrical Workers	
<b>12d. Tel No.</b> (914) 948-3771	<b>12e. Cell No.</b> (914) 318-0031	<b>12f. Fax No.</b> (914) 948-3361	<b>12g. E-Mail Address</b> dwiley@1430ibew.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Dylan James Wiley	<b>Signature</b> Dylan James Wiley	<b>Title</b> President	<b>Date</b> 12/10/2019 12:06:17

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, 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.

RECEIVED  
NLRB  
REGION 2  
DEC 10 2019

Attachment

DO NOT WRITE IN THIS SPACE	
Case <b>02-RC-253116</b>	Date Filed <b>12/10/2019</b>

**Employees Included**

All full time and regular part time cleaners located at 1057 Lower south street in Peekskill New York.

**Employees Excluded**

All guards, watchmen, and clerical as defined in the act.

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

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-253435

Date Filed

12-16-19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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**

R.A.I.N. Home healthcare Inc

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

811 Morris Park Avenue  
NY Bronx 10462-

**3a. Employer Representative - Name and Title**

Anderson Torres

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

811 Morris Park Avenue  
NY Bronx 10462-

**3c. Tel. No.**

(718) 829-2131

**3d. Cell No.**

**3e. Fax No.**

(718) 409-3970

**3f. E-Mail Address**

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

Others

**4b. Principal product or service**

service building

**5a. City and State where unit is located:**

Bronx, NY

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

3

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

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 11/20/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received**

☐ **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.

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

**11b. Election Date(s):**  
01/15/2019

**11c. Election Time(s):**  
12 noon - 12:30pm

**11d. Election Location(s):**  
3377 White Plains Road, Bronx, NY 1067

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

**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)**  
New York

**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**

**Date**

12/16/2019 12:49:16

**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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DEC 16 2019

BY: \_\_\_\_\_

Attachment

Employees Included  
all supers & porters

Employees Excluded  
mangers and as defined by the Act.

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

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

DO NOT WRITE IN THIS SPACE

Case No.  
02-RC-253438

Date Filed  
12-16-19

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

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**2a. Name of Employer**  
Charlie West Condominium

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
505 West 43rd Street New York, NY 10036

**3a. Employer Representative - Name and Title**  
Nicholas Pesola, Property manager

**3b. Address (If same as 2b - state same)**  
770 Lexington Ave, New York, NY 10065

**3c. Tel. No.**  
(212) 508-7272

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
NPesola@halstead.com

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

**4b. Principal product or service**  
Building services

**5a. City and State where unit is located:**  
New York, NY 10036

**5b. Description of Unit Involved**

**Included:** All building service workers

**Excluded:** Statutory guards and supervisors

**6a. No. of Employees in Unit:**  
6

**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).**  
None

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

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

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

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
nearest Wednesday

**11c. Election Time(s):**  
2:30-3:30 pm

**11d. Election Location(s):**  
Package room

**12a. Full Name of Petitioner (including local name and number)**  
SEIU LOCAL 32BJ

**12b. Address (street and number, city, state, and ZIP code)**  
25 West 18th Street New York, N.Y. 10011

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
SEIU LOCAL 32BJ

**12d. Tel No.**  
212 388-3800

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**

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

**13a. Name and Title** Katchen Locke, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
25 W. 18th Street, New York, NY, 10011

**13c. Tel No.**  
212 539 2941


**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**  
klocke@seiu32bj.org

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

**Name (Print)** Katchen Locke

**Signature** 

**Title** Attorney

**Date** 12/12/19

**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 will cause the NLRB to decline to invoke its processes.

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BY: \_\_\_\_\_