UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
02-RC-255609	2-3-20					

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INSTRUCTIONS: Unless e-Filed u employer concerned is located. It the employer and all other partie Case Procedures (Form NLRB 48	The petition must s named in the pe	be accompanied li tition of: (1) the p	by both a st etition; (2) S	nowing of interest (se Statement of Position	e 6b below) an form (Form NL	d a certifica .RB-505); an	te of service showing s d (3) Description of Re	service on epresentation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitioner and Petitioner and Petitional Laboratory	tioner desires to be	certified as repres	entative of t	he employees. The Pe	titioner alleges	that the foll	owing circumstances		
2a. Name of Employer:		2b. Ad	dress(es) of	Establishment(s) invol	ved (Street and	number, City	State, ZIP code):	V	
Jaguar Land Rover White	e Plains	100000000000000000000000000000000000000		in Street, Elmsfo					
3a. Employer Representative - Na	me and Title	3h Ad	dress (if san	ne as 2b - state same):				28.00	
Peter Vaccaro, Service M John Laguerre, General M	lanager .	Sam		ie as zu - state samej.					
3c. Tel. No.	3d. Cell No.		3e. Fax N	0.	3f. E-Mail	Address	****	eni Liliani	
914-372-2820	Promitive section (914-37	2-2827	Vaccar	op1@aut	onation.com		
4a. Type of Establishment (Factory,	mine, wholesaler, e	etc.)	DECREES OF VICES	al Product or Service	1		5a. City and State where unit is located:		
Auto Dealership - Sales a			1	ales and Service			d, New York	alcu.	
5b. Description of Unit Involved:	and Service		Auto 3	ales allu Selvice					
Included: All full time and re	egular part-tin	ne service tech	inicians.			ba. Numbe	er of Employees in Unit:		
Excluded: All other employed office clerical, prof	es including, s fessions, mana	alespersons, se gers, guards a	ervice wr ind super	iters, parts depar visors as defined	: 41 - A -4	of the	ubstantial number (30% employees in the unit wi ented by the Petitioner?	sh to be	
Check One: 7a. Request for re-	cognition as Bargai	ning Representativ	e was made	on (Date)	ar	nd Employed	decimed recognition		
on or about (Date)		(If no reply r				la -	ented by the Petitioner?	5 L	
				and desires certification	n under the Act.	_///_	EB 03 2020	· M	
8a. Name of Recognized or Certifi	ed Bargaining Age	ent (If none, so sta	te) 8b. Ad	ddress:			LB 113 -	////	
						723	2020	////	
						BY.		9	
8c. Tel. No.	8d. Cell No.	10 11 1	8e. Fax No	о.	8f. E-Mail	Address			
8g. Affiliation, if any:		8	h. Date of R	ecognition or Certificat			urrent or Most (Month, Day, Year)	<u> </u>	
9. Is there now a strike or picketing a	at the Employer's o	stablishmant/s) inu	olyad?	[] If so approv	imataly how ma	nu empleuse	s are participating?		
and the second s	at the Employer's e	stabilistiment(s) inv	Olveu:	ii so, approx	10 CANADO 100				
(Name of Labor Organization)					, has pickete	d the Employ	er since (Month, Day, Y	ear)	
 Organizations or individuals othe individuals known to have a representation. 							es and other organization	ns and	
10a. Name	[10b.4	Address			10c. Tel. N	lo.	10d. Cell No.		
Tod. Name	100.7	nudiess.			100. 161. 1	10.	100. 001 140.		
	1				10e. Fax N	lo.	10f. E-Mail Address		
11. Election Details: If the NLRB co	anducte and election	n in this matter sta	to your posi	tion with respect to any	t such alastica:	11a Electio	n Type:		
TT. Election Details. If the NEND Co.	And election	i iii tiiis iiiattei, sta	ne your posi	non with respect to any	y such election.		No. of the State of the Contract of the Contra	d Manual/Mail	
=	177			1-12		X Manua		d Manual/Mail	
11b. Election Date(s):	1,111,212	lection Time(s):	77.5			on Location(s			
Monday, Feb. 24, 2020	12.	30 PM to 2:30	PM		Facility	Lunchro	om		
12a. Full Name of Petitioner (include	ding local name and	d number):		12b. Address (street	and number, cit	y, State and	ZIP code):		
United Service Workers I	Union, Local 3	55, IUJAT		138-50 Queens	Boulevard,	Briarwoo	d, NY 11435		
12c. Full name of national or interna-	tional labor organiz	ation of which Petil	tioner is an a	affiliate or constituent (if none, so state):			
International Union of Jo				•		' o			
12d. Tel. No.	12e. Cell No.		12f. Fax N	0.	12g. E-Ma	I Address			
718-658-4848			718-52			ton@iuja	f org		
13. Representative of the Petition	er who will accept	service of all nan						*	
13a. Name and Title:	er who will accept	service of all pap		ess (street and number					
Gary Rothman, Esq., Attorn	ney for Local		300 00000000000000000000000000000000000				t., Ste 200, Elmsfo	rd, NY10523	
13c. Tel. No.	13d. Cell No.		13e. Fax N	lo.	13f. E-Mail	Address			
	rau, cell No.								
914-478-2801			914-47				manrocco.com		
I declare that I have read the abov	e petition and that		re true to the	ne best of my knowle				-	
Name (Print)		Signature	· ·	+	Title			Date	
Gary Rothman		Wat.	XIL	1 - "V"-	Attorney f	or Local	355	2/3/2020	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
02-RC-255677	2-4-20			

RC PETITION 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): Center for Family Representation 40 Worth Street, Suite 605, NY, NY 10013 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Same Michele Cortese 3c. Tel. No. 3d. Cell No. 3f, E-Mail Address 3e. Fax No (212) 691-0950 mcortese@cfrny.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Legal Services Organization Legal Services New York, NY 5b. Description of Unit Involved: SEE ATTACHED 6a. Number of Employees in Unit: Included: Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Check One: |X| 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition 1/24/2020 on or about (Date) 1/31/20 (If no reply received, so state). ☐ 7b. Pelitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 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 10h 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): 11c. Election Time(s): 11d. Election Location(s): 40 Worth St., Main Conference Room and 89-14 Parson Blvd, Main Conference Room 1:00 pm - 5:00 pm 12a. Full Name of Petitioner (including local name and number). 12b. Address (street and number, city, State and ZIP code): UAW Local 2325 - Association of Legal Aid Attorneys 50 Broadway, Suite 1600, NY, NY 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) UAW, AFL-CIO 12d. Tel. No. 12e Cell No. 12f. Fax No 12g. E-Mail_Address (212) 343-0966 BY: (212) 343-0708 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) Allyson L., Belovin Levy Ratner, P.C., 80 8th Avenue, 8th Fl, New York, NY 10011 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (212) 627-8100 (212) 627-8182 (646) 326-9096 abelovin@levvratner.com declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Allyson L. Belovin 2/3/20 Attomey

ATTACHMENT TO RC PETITION

Petitioner - UAW Local 2325 - Assoc. of Legal Aid Attorneys

Description of Unit Involved:

Included: All full-time and regular part-time employees of the Employer including Administrative Assistant, Development and Communications Associate, Fellow, Family Advocate, Law Graduate, Paralegal, Parent Advocate, Staff Attorney, Staff Social Worker, Investigator, Client Coordinator, Immigration Specialist, and Housing and Public Benefits Specialist

Excluded: Executive Director, Special Counsel, Chief Financial Officer, Co-Director, Director of Development and Communications, Director of Holistic Practice, Director of Human Resources, Co-Director, Director of Litigation, Litigation Supervisor, Social Work Supervisor, Senior Staff Social Worker, Senior Staff Attorney, Information Technology Manager, Manager of Accounting & Reporting, Senior Parent Advocate, Manager of Donor Relations, Senior Appellate Attorney, interns, guards, confidential employees, supervisors, and managerial employees.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
02-RC-255684	2-4-20			

RC PETITION 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 3379 Peachtree Road Northeast GA Atlanta 30326-Allied Universal Security 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Bailey Turpin 3f. E-Mail Address 3c. Tel. No. 3d Cell No. 3e. Fax No. bailey.turpin@aus.com (404) 844-4615 (757) 408-0318 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Bronx, NY Security Services 6a. No. of Employees in Unit: 5b. Description of Unit Involved 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 Excluded: See Attached Page 2 for additional details Petitioner? Yes [/ No [7a. Request for recognition as Bargaining Representative was made on (Date) 01/28/2020 and Employer declined recognition on or about Check One: (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 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8c. Tel No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No 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) 10a Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 1 Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 21, 2020 Room on site at Montefiore Hospital 1200 Waters Street Bronx NYC 7-8:30 AM and 4-5:30 PM 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 44 Court Street Suite 1217 NY Brooklyn 11201-Louis Aviles Local 642 Security Allied Federated Employees Union S.A.F.E 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if nane, so state) 12f. Fax No. 12g. E-Mail Address goldblattlegal@gmail.com 12d. Tel No. 12e Cell No. (917) 771-8010 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) Stephen Goldblatt Law Office of Stephen Goldblatt 13c. Tel No. 44 Court Street Suite 1217 NY Brooklyn 11201-13d. Cell No. 13e. Fax No. 13f. E-Mail Address goldblattlegal@gmail.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date Name (Print) Signature STEPHEN GOLDBLATT 02/3/2020 16:45:38 Stephen Goldblatt

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

PRIVACY ACT STATEMENT

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

BY:____

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
02-RC-255684	2-4-20			

Employees Included
All full-time and regular part-time security guards

Employees Excluded All other non-guard employees, office clerical employees and supervisors

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
02-RC-255827	2-6-20			

					02 110-2	00027	12-0	20
INSTRUCTIONS: Unless e-filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be named in the petit	accompanied on of: (1) the p	by both a st petition; (2) S	nowing of interest (s Statement of Position	ee 6b below) n form (Form	and a certifical NLRB-505); an	te of service showing d (3) Description of Re	service on opresentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratery	ioner desires to be co	erder as beitine	sentative of the	he employees. The Pi	etitioner alleg	es that the foll	owing circumstances	
2a. Name of Employer: Millwood Lumber and Ex	press Employe	2b. At	ddress(es) of	Establishment(s) invo	olved (Street a	nd number. City	State, ZIP code).	
Professionals, a Single an			Millwood	Road Millwoo	d. NY 10:	546		
Ja. Employer Representative - Nar				ne as 2b - state same				
Michael Malara, Manager		Sam						
3c. Tel No 914-941-8080	3d. Celi No.		36. Fax No. 914-941-2814 31. E-Mail Address mmalara@millwoodlumber.com					
4a. Type of Establishment (Factory, I Lumber yard	mine, wholesaler, etc	:)		el Product or Service r products and			nd State where unit is to ood, NY	cated
50. Description of Unit Involved: Included: All full-time and reg Employer's facility l					g at the	6a. Number	er of Employees in Unit:	
Excluded: All other employees, man					act	of the	ubstantial number (30% employees in the unit we ented by the Petitioner?	ish to be
Check One: 7a. Request for red on or about (Date) 7b. Petitloner is cur		(If no reply	received, so	state).	on under the A		declined recognition	
8a. Name of Recognized or Certifia None				idress:			,	
8c. Tel. No	8d Cell No.		Se. Fax No.		81. E-Ma	8f. E-Mail Address		
8g Affiliation If any:			8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's esta	ablishment(s) in	volved? No	If so, appro	W 180 mm		s are participating? er since (Month, Day,)	(ear)
Organizations or individuals other individuals known to have a repression.							es and other organization	ons and
10a, Name	10b. Ad	dress	4		10c, Tel	No.	10d. Cell No.	
					10e. Fa		10f E-Mail Aldress	
11. Election Details: If the NLRB co Armour-Globe Self-Deter	mination Elect	ion	late your post	tion with respect to er		X Manua	al MailOm Mixe	d Manyel/Man
11b. Election Date(s): February 21, 2020		ction Time(s): a.m 8:00	a.m.			ction Location(:	s): er breakgoom	E Zoo
12a. Full Name of Pettioner (Includ Local 456, International B	ing local name and r Brotherhood of	Teamsters		12b. Address (street 160 South Cer Elmsford, NY	ntral Aven		7	
12c. Full name of national or international Brotherhood		on of which Pe	titioner is an a	affiliate or constituent	(if none, so sta	ate).		
12d. Tel No 914-592-9500	12e Cell No.		12f. Fax N 914-59	2-4266	Domo	4	teamsterslocal4	56.com
13. Representative of the Petitione 13a. Name and Title: Bryan T. Arnault, Esq./Blitm			13b. Addn	ess (street and number	er, city, State a	ind ZIP code):	NY 13204-5412	
13c. Tel. No. 315-422-7111	315-378-3289		13e Fex t 315-47	1-2623	btarna	lail Address nult@bklav	vyers.com	
I declare that I have read the above Name (Print)		he statements Signature	are true to t	he best of my knowl	edge and bell Tite	ef.	****	Date
Bryan T. Amault	1	anginarior of	19 6	1	Attorney			02/05/20

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

DO NOT WRITE IN THIS SPACE				
Case No	Date Filed			
02-RC-256326	2-13-20			

						02-RC	-256326	2-13	3-20
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition mus named in the p	be accomp etition of: (1	anied by	both e sh tion; (2) S	owing of interest (se tatement of Position	form (For	w) and a certifica m NLRB-505); as	te of service showing s id (3) Description of Re	ervice on presentation
 PURPOSE OF THIS PETITION & bargaining by Petitioner and Petiti requests that the National Labor 	oner desires to b	e certified as	s represen	tative of th	e employees. The Pe	titioner al	leges that the fol	lowing circumstances	
2a. Name of Employer: Millwood Lumber and Express Employment 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):									
Professionals, a Single and		nployer			Road, Millwood	d, NY I	0546		
Ja. Employer Representative - Nan See Attachment	ne and Title	Ŷ	-	tachme	e es 2h • stale same). ent	7000			
3c, Tel. No. See Attachment	3d. Cell No.			36 Fax No. See Attachment See Attachment					
4a. Type of Establishment (Factory, r Lumber yard	nine, wholesaler,	etc.)			al Product or Service products and h	ardwar		nd State where unit is loc ood, NY	aled:
6b. Description of Unit Involved: Included: All full-time and re working at the Employer's Excluded:	gular part-ti facility loca	me agenc ted at 87	y driver Millwoo	rs, drive od Road	rs helpers, and y l, Millwood, NY	ardsme 10546	n 2 -	er of Employees in Unit:	or more)
All other employees, man						ct	of the	employees in the unit wit	h to be
on or about (Date) 7b. Petitioner is cur Re. Name of Recognized or Certifie	rently recognized	(If no	o reply rec ing Repres	eived, so sentative a	state). and desires certification	n under the	A A C	EINER	
8a. Name of Recognized or Cartifie None	d Bargaining A	gent (If none	, so state)	8b. Ad	dress		By.	declined recognition LET WE 1 3 2020	
8c. Tel. No.	8d, Cell No		1	Be. Fax No).	8f E-	8f. E-Mail Address		
8g. Affiliation, If any: 8h. Date of Recognition or Certification 8l. 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	establishme	nt(s) involv	ed? No	If so, approx	imately ho	w many employee	es are participating?	
(Name of Labor Organization) 10. Organizations or individuals other	than Datitioner	and those on	med in its	me 9 and 1	0 which have elaimed	-		er since (Month, Day, Y	The second name of the second
individuals known to have a repre	sentative interes	in any emp	loyees in t	he unit de	scribed in item 5b abo	ve. (If non-	e, so state)	es and other organizado	ns and
10a. Name	10b.	Address	W			10c.	Tel. No.	10d. Cell No.	
					\$	10e.	Fax No	10f. E-Mail Address	
11. Election Details: If the NLRB co.	nducts and electi	on in this ma	itter, state	your posit	ion with respect to any	y such elec			d Manual/Mail
11b. Election Date(s): February 28, 2020		Election Tin		n.			Election Location(Iwood Lumb	s): er breakroom	
12a. Full Name of Pathtoner finclud Local 456, International B	rotherhood	of Team	sters	•	12b. Address (street 160 South Cen Elmsford, NY	tral Av 10523	enue	ZIP code):	
12c. Full name of national or internati International Brotherhood			ich Petitio	ner is an a	iffitiale or constituent (i	if nane, so	state):		
12d, Tel. No. 914-592-9500	12e. Cell No.		9	121. Fax No 914-592	2-4266	Dor		teamsterslocal45	6.com
13. Representative of the Petitione 13a. Name and Title: Bryan T. Arnault, Esq., of Co			1	3b, Addre	ess (street and number	r, city, Stat	e and ZIP code):	NY 13204-5412	a and
13c, Tel, No 315-671-3249	13d. Cell No. 315-378-32		:	138. Fax N 315-47	1-2623	btar	-Mail Address nault@bklav	vyers.com	14
I declare that I have read the above Name (Print)	petition and th	Signature		true to th	ne best of my knowle	dge and b	ellof.		Date
Bryan T. Arnault	8	- Allena	7	1. 6	Total	of Cou	nsel ·	.51	02/13/20

Teamsters Local 456 and Millwood Lumber and Express Employment Professionals, a Single and/or Joint Employer

Attachment to RC Petition

Response to Fields 3a.-3f.

Michael Malara, Manager East Haven Builders d/b/a Millwood Lumber 87 Millwood Road Millwood, NY 10546 Tel: (914) 941-8080

Email: mmalara@millwoodlumber.com

Express Employment Professionals 30 Glenn Street, Suite 411 North White Plains, NY 10603

Tel: (914) 428-0680

 ${\bf Email: Jobs. NorthWe st chester County NY@Express Pros. com}$

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

. DO NOT	WRITE IN THIS SPACE	
Case No.	Date Filed	
02-RC-256354	2-13-20	

INSTRUCTIONS: Unless e-Filed us	ing the Agency's website,	www.nlrb.gov, submit	an original of this	s Petition to ar	NLRB office in the Region
in which the employer concerned in					
of service showing service on the					
(Form NLRB-505); and (3) Descript					
with the NLRB and should not be s			end with mes	nowing or mee	nest should only be med
1. PURPOSE OF THIS PETITION: RC-CE	RTIFICATION OF REPRESENT	ATIVE - A substantial number	er of employees wish	n he represented	for oursees of collective
bargaining by Petitioner and Petitioner d	esires to be certified as represen	tative of the employees. The	Petitioner alleges t	hat the following	circumstances exist and
requests that the National Labor Relat 2a. Name of Employer					
Northwell Health Physicians Partn	ers Onthalmology 210	Address(es) of Establishme D.E. 64th Street NY, N			
3a. Employer Representative – Name and		3b. Address (If same a		ale Ave., Dioi	12, 141
Chelsea Da Costa, HR Manager	Titile	600 Community D		NY 11030	4.
3c. Tel. No.	3d. Cell No.	3e, Fax No.		3f. E-Mail Addre	ess .
516-434-9452				1000	northwell.edu
4a. Type of Establishment (Factory, mine, vi	vholesaler, etc.) 4b. Principal	product or service	7 7 7 10 62	. 5a. City a	nd State where unit is located:
Medical Office	Health Car	e Services	657775	New Yo	rk, NY
5b. Description of Unit Involved		MECE	八人		6a. No. of Employees in Unit:
Included: see attachment		e Services FFR 1		1	53
Fortigue		III CER 1	3 2020	1	6b. Do a substantial number (30% or more) of the employees in the
Excluded:		80 1111		1	unit wish to be represented by the
				1	Petitioner? Yes / No
Check One: 7a. Request for re	cognition as Bargaining Represe	entative was made on (Date)	a	nd Employer decli	ned recognition on or about
	(Date) (If no reply rece	1711			
7b. Petitioner is co	urrently recognized as Bargaining	Representative and desires	certification under the	e Act.	
8a. Name of Recognized or Certified Bar					
Bc. Tel No.	8d Cell No.	8e. Fax No.		8f. E-Mail Addre	ace
	od Och No.	00, 1 6x 110.		or. E-War Addre	535
8g. Affiliation, if any		8h. Date of Recognition of	or Certification	8i. Expiration D	ale of Current or Most Recent
		2		Contract, if any	(Month, Day, Year)
		1,			
9. Is there now a strike or picketing at the Er	mployer's establishment(s) involv	red? No If so, appro	ximately how many e	mployees are part	licipating?
(Name of labor organization)	, has p	picketed the Employer since	(Month, Day, Year)		
10. Organizations or individuals other than F					other organizations and individuals
known to have a representative interest in a	ny employees in the unit describe	ed in item 5b above. (If none	e, so state)	a coomantea one	cinci organizationo dila morridadi
None			and an arrangement		74
10a. Name	10b. Address		10c. Tel. No.		10d. Cell No.
•		77		- 1 CO 1 CO	
			10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts	an election in this matter, state y	our position with respect to	11a Flories Tues	- Classical	Not Colored Management
any such election.		real person than respect to	11a. Election Type	. Manual	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. Election Time(s):		11d, Election Loca	0.70.377	
March 10, 2020	8:30am to 9:30am and	1 12:30pm-1:30pm	8th Floor Lunch R		
12a. Full Name of Petitioner (including to 1199SEIU United Healthcare Workers East			12b. Address (stre	et and number, ci	ty, state, and ZIP code)
			330 West 42nd St	eet, New York, N	VY 10036
12c. Full name of national or international la Service Employees International Union	bor organization of which Petition	ner is an attiliate or constituer	nt (if none, so state)		
12d. Tel No.	12e, Cell No.	12f, Fax No.		12g. E-Mail Add	race
	121.1 0.110.		129. L-Mail Add	iicas	
13. Representative of the Petitioner who	will accept service of all papers	s for purposes of the repres	sentation proceeding	0.	
13a. Name and Tille Micah Wissinger		13b. Address (street an	d number, city, state,		
		60 din Avenue, 631 F1001, N	ew York, NY 10011		
13c. Tel No. 212-627-8100	13d. Cell No.	13e. Fax No.	*	13f. E-Mail Addr	
I declare that I have read the above petition	on and that the statements are	true to the best of my know	wledge and belief	mwissinger@lev	vyratner.com

Micah Wissinger	nature —	Title Counsel to Petitioner		Date Enhanced	2020
	NTS ON THIS PETITION CAN B		IMPRISONMENT (II	February 13	
		Jime in the Alle	mooninent lo	o. oour, mile	10, 040 11011 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 5b - Unit Description

<u>Included</u>: All regular full time, part time, and per diem non-professional employees, including ophthalmology tech, photographer, surgical coordinator, surgical scheduler, practice office assistant, practice associate, secretary, billing associate, front desk receptionist and medical records clerk.

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

1-1402-00001: 11099783

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
02-RC-256716	2-20-20			

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) 1200 ZEREGA AVENUE NY BRONX 10462-PRESTIGE MANAGEMENT 3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 1200 ZEREGA AVENUE NY BRONX 10462-ARLYANE MCGLASHAN 3f. E-Mail Address 3c Tel No 3d Cell No. 3e. Fax No. INFO@PRESTIGEMGT.COM (718) 822-7377 (718) 822-7471 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service BUILDING MANAGEMENT Bronx, NY Others 5b. Description of Unit Involved 6a. No. of Employees in Unit: FEB 2 0 2020 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [| No [and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) ____ 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). 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? , 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)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

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):
11b. Election Date(s):
11c. Election Time(s):
11d. Election Location(s):

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

Gilberto Mendoza
Local 660 UWA

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.
(646) 355-5291

12e. Cell No.
(646) 355-5291

12f. Fax No.
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) | Signature | Title

Gilberto Mendoza GILBERTO MENDOZA President 02/19/2020 12:41:19

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.

DO NOT WRITE IN THIS SPACE

Case

Date Filed

02-RC-256716

2-20-20

Employees Included
ALL SUPERS, PORTERS & HANDYMEN

Employees Excluded MANAGERS, SUPERVISORS AND ALL OTHERS AS DEFINED BY THE ACT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	μ - 3	Date Filed			
02-RC-2	56854	2-21-20			

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 Politioner 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): 103 Charlton St, New York, NY 10014 Children's Museum of the Arts 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Seth Cameron, Executive Director Same 3e. Fax No. 3c. Tel. No. 3f. E-Mail Address 3d. Cell No (212) 274-1776 (212) 274-0986 scameron@emany.org 4b, Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: New York, NY Museum Arts 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 65 All full time and regular part time employees of the employer. Excluded: All supervisors, managers, guards and facilities assistants. Check Onc: 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 8b. Address: 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax 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) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , 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) None 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 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: X Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s) ARTogether Room on the 1st floor 3:00 p.m. - 6:00 p.m. March 8 and March 9, 2020 12b Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 256 W. 38th Street, Suite 704, New York; NY 10019 Local 2110, Technical, Office & Professional Union, UAW 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if nune, so state): UAW, A.FL-C10 12e Cell No. 12f. Fax No. 12g. E-Mail Address 12d. Tel. No. (212) 387-0220 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: Levy Ratner, P.C., 80 Eighth Avenue, New York, NY 10011 Dana Lossia, Attorney 13f. E-Mail Address 13d. Cell No. 13c. Tel. No. 13e. Fax No. (212) 627-8100 (617) 510-0283 (212) 627-8182 dlossia(a)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. Date Name (Print) 2-21-20 Attorney for Local 2110 Dana Lossia

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 02-RC-256886 DO NOT WRITE IN THIS SPACE Date Filed 2-25-20

							an NLRB office in the Region
							ee 6b below) and a certificate
							ement of Position form
					LRB 4812). The sh	owing of in	terest should only be filed
with the NLRB and	should not be	served on the	employer or	any other party. ATIVE - A substantial number	er of employees wish to	ha representa	d for numeros of collective
bargaining by Petition	er and Petitioner d	lesires to be certi	fied as represent	alive of the employees. Th	e Petitioner alleges that	at the followin	g circumstances exist and
requests that the Nat			ceed under its I	proper authority pursuant	to Section 9 of the Nat	tional Labor R	elations Act.
2a. Name of Employer				Address(es) of Establishme			
Northwell Health Ph	Contract of the Contract of the Contract of	the second second second second second	ology 210	E. 64th Street NY, N	Company of the Compan	le Ave., Bro	nx, NY
3a. Employer Represen		d Title		3b. Address (If same	[[[[[] [[] [[] [[] [[] [[] [[] [[] [[]		
Chelsea Da Costa,	HK Manager			The second secon	rive, Manhasset, I		
3c. Tel. No 516-434-9452	- 100	3d. Cell No.		3e. Fax No		31 E-Mail Add cdacosta3@	ress Onorthwell.edu
4a. Type of Establishmen	t (Factory, mine, v	wholesaler, elc.)		product or service		100000000000000000000000000000000000000	and State where unit is located:
Medical Office	water water		Health Care	e Services		New Y	ork, NY
5b. Description of Unit I	nvolved				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6a. No of Employees in Unit:
Included: see attachi	ment						53
						5	6b. Do a substantial number (30%
Excluded:							or more) of the employees in the unit wish to be represented by the
							Petitioner? Yes 7 No
Check One: 7	a. Request for re	ecognition as Ban	gaining Represe	ntative was made on (Date)	and	Employer dec	lined recognition on or about
			(If no reply recei				
<u> </u>	b. Petitioner is c	urrently recognize	ed as Bargaining	Representative and desires	s certification under the	Act.	
Ba. Name of Recognized							
8c, Tel No.		8d Cell No.		8e, Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any				8h. Date of Recognition	or Certification	8i. Expiration I	Date of Current or Most Recent
						Contract, if an	y (Month, Day, Year)
O la there name a state of	wisheding at the E	and and a stable		12 N - 15 - 15 - 15 - 15 - 15 - 15 - 15 -			alication 2
				ed? No If so approince			
10. Organizations or indivi known to have a represent None	iduals other than I Italive interest in a	Petitioner and tho my employees in	se named in iten the unit describe	ns 8 and 9, which have claim d in item 5b above. (If none	med recognition as repre e, so state)	esentatives and	dother organizations and individuals
10a. Name		10b. Ad	dress	ar e con ar il bigallon para e	10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E Mail Address
11. Election Details: If the	ne NLRB conducts	an election in th	is matter, state y	our position with respect to	11a. Election Type:	✓ Manual [Mail Mixed Manual/Mail
11b. Election Date(s):		11c F	lection Time(s):		11d. Election Location	n(s):	7 15 67
March 10, 2020				12:30pm-1:30pm	Oth Floor Lunch Dan	310 F 6	4th Street DY, NY
12a. Full Name of Petitio 1199SEIU United Health			umber)		12b. Address (street 330 West 42nd Street	and number, o	NY 10036 X
		bor organization	of which Petition	er is an affiliate or constitue	nt (if none, so state)		- 5
Service Employees Interr	ational Union						
12d. Tel No.		12e, Cell No.		12f. Fax No.		12g. E-Mail Ad	dress ~ W
13. Representative of the	Petitioner who	will accept servi	ice of all papers	for purposes of the repre	sentation proceeding.	TOWN TOWN	
13a. Name and Title Mic			7.3	A North Company of the Company of th	nd number, city, state, ar	nd ZIP code)	10.
13c. Tel No.		13d, Cell No.		13e Fax No.		13f. E-Mail Add	Irace
13c. Tel No. 212-627-8100		130, Cell IVO.		212-627-8182		wissinger@le	
A THE RESIDENCE OF THE PARTY OF	the above petition	on and that the	statements are	true to the best of my know		34.63.	
				Title		Date	
Name (Print)	Sig	nature —	-	Counsel to Petitioner		February 2	4, 2020

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 filigation. 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 5b - Unit Description

<u>Included</u>: All regular full time, part time, and per diem non-professional employees, including ophthalmology tech, photographer, surgical coordinator, surgical scheduler, practice office assistant, practice associate, secretary, billing associate, front desk receptionist and medical records clerk.

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

1-1402-00001: 11099783

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.	
02-RC-	256916

DO NOT WRITE IN THIS SPACE Date Filed 2-25-20

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

	an the ampleuse and	all other nartice	a namad in the notitie			
of service showing service (Form NLRB-505); and (3) I	on the employer and Description of Pontos	an outer parties	rocoduros (Form NI)	DR 4812) The c	howing of inte	erest should only be filed
				AD 4012). The si	nowing or mice	erest should only be med
with the NLRB and should 1. PURPOSE OF THIS PETITION				of employees wish to	o he represented	for purposes of collective
bargaining by Petitioner and Peringuests that the National La	etitioner desires to be certifi-	ed as representativ	e of the employees. The liper authority pursuant to	Petitioner alleges to Section 9 of the N	hat the following ational Labor Re	circumstances exist and elations Act.
2a. Name of Employer		2b. Add	dress(es) of Establishment	t(s) involved (Street	and number, city,	State, ZIP code)
Breaking Ground, Inc.		. 50 N	5 8th Avenue / New York 10018-			
3a. Employer Representative -	Name and Title		3b. Address (If same as	2b - state same)		
Brenda Rosen		200 - 100 -				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ress
4a. Type of Establishment (Factor Others	ry, mine, wholesaler, etc.)	4b. Principal prod	duct or service Apartments		5a. City a	and State where unit is located: New York, NY
5b. Description of Unit Involved	1		-			6a. No. of Employees in Unit:
	2 for additional details			(4)	1	30
				- 273		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the
Excluded: See Attached Page 2	2 for additional details			7000		Petitioner? Yes [7] No []
Check One: 7 7a. Req	uest for recognition as Barg	aining Representat	tive was made on (Date) 0	2/20/2020 ar	nd Employer decl	ined recognition on or about
	(Date)	(If no reply received	d, so state). No reply recei	ived		
7b. Peti	itioner is currently recognize				e Act.	
8a. Name of Recognized or Cert	tified Bargaining Agent (If	none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition or	Certification	Ri Expiration	Date of Current or Most Recent
		2.			Contract, if any	y (Month, Day, Year)
(Name of labor organization) _	other than Petitioner and tho	, has pick	P No If so, approxeted the Employer since (if 8 and 9, which have claim	imately how many e Month, Day, Year) ed recognition as re	Contract, if any	y (Month, Day, Year)
	other than Petitioner and tho	se named in items the unit described i	P No If so, approxeted the Employer since (if 8 and 9, which have claim	imately how many e Month, Day, Year) ed recognition as re	Contract, if any	y (Month, Day, Year) rticipating?
(Name of labor organization)	other than Petitioner and tho interest in any employees in	se named in items the unit described i	P No If so, approxeted the Employer since (if 8 and 9, which have claim	nimately how many e Month, Day, Year) _ ed recognition as rep , so state)	Contract, if any	rticipating?
(Name of labor organization) _ 10. Organizations or individuals o known to have a representative in 10a. Name	other than Petitioner and tho nterest in any employees in 10b. Ad	, has pick se named in items the unit described i dress	? No If so, approx eted the Employer since (if 8 and 9, which have claim in item 5b above. (If none,	Month, Day, Year) _ ed recognition as rej, so state) 10c. Tel. No.	Contract, if any	rticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address
(Name of labor organization) _ 10. Organizations or individuals o known to have a representative in 10a. Name 11. Election Details: If the NLRE any such election.	other than Petitioner and tho nterest in any employees in 10b. Ad	, has pick se named in items the unit described i dress	? No If so, approx eted the Employer since (if 8 and 9, which have claim in item 5b above. (If none,	imately how many e Month, Day, Year) _ ed recognition as replaced, so state) 10c. Tel. No. 10e. Fax No.	Contract, if any mployees are par presentatives and e: 171 Manual	rticipating? d other organizations and individuals 10d. Cell No.
(Name of labor organization) _ 10. Organizations or individuals o known to have a representative in 10a. Name 11. Election Details: If the NLRE any such election. 11b. Election Date(s):	other than Petitioner and tho nterest in any employees in 10b. Ad B conducts an election in the 11c. E	, has pick se named in items the unit described i dress is matter, state you lection Time(s):	? No If so, approx eted the Employer since (if 8 and 9, which have claim in item 5b above. (If none,	imately how many e Month, Day, Year) _ ed recognition as replaced recognition. 10c. Tel. No. 11a. Election Type 11d. Election Local	Contract, if any mployees are par presentatives and e: 11 Manual ation(s):	rticipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail
(Name of labor organization) _ 10. Organizations or individuals o known to have a representative in 10a. Name 11. Election Details: If the NLRE any such election. 11b. Election Date(s): Tuesdays	ather than Petitioner and tho interest in any employees in 10b. Ad B conducts an election in the 11c. E 12pm-1	, has pick se named in items the unit described i dress is matter, state you lection Time(s):	? No If so, approx eted the Employer since (if 8 and 9, which have claim in item 5b above. (If none,	ed recognition as reposition a	contract, if any mployees are par presentatives and e: 71 Manual fation(s): ilding, 15 East 27	d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail th Street, New York 10016
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(Name of labor organization) _ 10. Organizations or individuals o known to have a representative in 10a. Name 11. Election Details: If the NLRs any such election. 11b. Election Date(s): Tuesdays 12a. Full Name of Petitioner (in)	bither than Petitioner and tho interest in any employees in 10b. Ad 10b. Ad 11c. E 12pm-1cluding local name and not Teamsters rnational labor organization	, has pick se named in items the unit described i dress is matter, state you lection Time(s): ipm and 4pm-7pm umber)	P No If so, approximated the Employer since (if 8 and 9, which have claim in item 5b above. (If none, if the source of the sourc	ed recognition as reposed for the second for the se	contract, if any mployees are par presentatives and e: 1 Manual fation(s): ilding, 15 East 27 get and number, or any manual fation for the contract of the con	d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail th Street, New York 10016
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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 in the relation 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 is the substitution 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 is the substitution are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). NLRB to decline to invoke its processes.

Employees Included Maintenance Workers

Employees Excluded
Managers and security guards

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
02-RC-256916	2-25-20			

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
02-RC-257151	2-27-20			

INSTRUCTIONS: Unless e-Filed employer concerned is located the employer and all other part Case Procedures (Form NLRB	. The petition must les named in the pe	be accompanied	by both a si petition; (2)	howing of interest (se Statement of Position	ee 6b belo n form (Fo	ow) and a c	ertificate 505); end	of service s (3) Descript	howing s on of Re	ervice on presentation
PURPOSE OF THIS PETITION bargaining by Petitioner and Perequests that the National La	etitioner desires to be	e certified as repre	sentative of t	he employees. The Pe	etitioner a	alleges that	the follo	wing circum	stances	
2s. Name of Employer:		2b. Ac	ddress(es) of	Establishment(s) invo	lved (Stre	et and numb	ber, City,	State, ZIP con	de):	
XPO Logistics				wn Rd, Montgo		NY 1254	9	75.	é	
3a. Employer Representative - N	ame and Title:	3b. Ac	ddress (if san	ne as 2b - state same)).i	G 15.	32	}`		
Dennis Gregory, Termin				,	*	IN F	EB 2	7 2020	VIII OTOGEN SON	ST.
3c. Tel. No. (845) 457-4040	3d. Cell No.		3e. Fax N	0.	3f. E	E-Mail Addre	ess			
4a. Type of Establishment (Factor)	, mine, wholesaler,	etc.)	4b. Princip	oal Product or Service	19 -	₩5à.	City and	State where	unit is loc	aled:
Trucking/shipping			Transp	ortation		M	ontgom	ery, NY	Name of the last	
5b. Description of Unit Involved: Included:								of Employee	s in Unit:	
All full-time and	regular part-t	ime truck dri	vers.			A	pp. 50			
Excluded: All other employ	yees including	guards and	superviso	rs as defined in	the Ac		of the er	bstantial num inployees in the ned by the Po	e unit wis	
Check One: 7a. Request for r			ve was made received, so			and Em		eclined recogn		
				and desires certification	n under th	ne Act.		.4		
8a. Name of Recognized or Certi	fled Bargaining Ag	ent (If none, so st	ate) 18b. Ad	ddress:					7	
								•		·
8c. Tel. No.	8d. Cell No.		Be. Fax No	0,	8f. E	-Mail Addre	ess	K-78		
8g. Affiliation, if any:			8h: Date of R	ecognition or Certifica				rrent or Most Month, Day, Y	'ear)	*
9. Is there now a strike or picketing	at the Employer's e	stablishment(s) in	volved? No	If so, approx	ximately h	ow many en	nployees	are participat	ing?	
(Name of Labor Organization)		7		Land .	, has p	icketed the	Employe	r since (Month	Day, Ye	ear)
10. Organizations or individuals oth individuals known to have a rep								s and other or	ganization	ns and
10a, Name	10b.	Address			10c.	Tel. No.		10d. Cell No.	- 1-	
3:										
	•				10e.	Fax No.		10f. E-Mail Ac	Idress	
11. Election Details: If the NLRB	conducts and election	n in this matter, st	ate vour posi	tion with respect to an	v such ele	ection: 11a.	Election	Type:		
			,		,		Manual		Mixed	d Manual/Mait
11b. Election Date(s):	11c.	Election Time(s):	-		11d.	Election Lo	provide the second			
March 20, 2020		n -10 am; 4p	m -7pm					of busine	SS	
12a. Full Name of Petitioner (inch				12b, Address (street					**	
Teamsters Local 445	- Th	100 m		15 Stone Castl					75	
12c. Full name of national or interna			itioner is an a	Affiliate or constituent ((if none, so	o state):		-	Abroni	*
International Brotherhoo	d of Teamster	S								
12d. Tel. No. (845) 564-5297	12e. Cell No.		12f. Fax N	0.	12g.	E-Mail Add	ress			.+
13. Representative of the Petition	er who will accept	service of all par	pers for pure	oses of the represer	ntation pr	oceeding.				
13a. Name and Title:				ess (street and number			code):			
Michael C. Anderson, Esq. Shepherd LLP	/Barnes, Iaccari	no &	258 Sav	v Mill River Rd.,	2nd Fl.	Elmsfor	d, NY	10523		
13c. Tel. No.	13d. Cell No.		13e. Fax N			E-Mail Addr		12.5		The state of the s
(914) 592-1515	I'		The second second second second	92-3213			@bisla	awfirm.co	m	45
I declare that I have read the abo	ve petition and tha	was a second	are true to th	e best of my knowle		belief.				10-4-
Name (Print) .		Signature	Ce		Title		i			2/27/2020
Michael C. Anderson		w			Attori	ley				212112020

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. Date Filed

02-RC-257165 2-27-20

RC PETITI		02-RC-25	SOLIC BOOK PL	2-27-	
INSTRUCTIONS: Unless e-Filed using the	Agency's website, www	v.nlrb.gov, submit a	n original of this	Petition to an	NLRB office in the Region
in which the employer concerned is locate	ed. The petition must be	e accompanied by b	oth a showing o	f interest (see	6b below) and a certificate
of service showing service on the employe	er and all other parties	named in the petitio	n of: (1) the petit	ion: (2) Statem	ent of Position form
(Form NLRB-505); and (3) Description of R	Representation Case Pro	ocedures (Form NLF	RB 4812). The sh	owing of inter	est should only be filed
with the NLRB and should not be served of					,
1 PURPOSE OF THIS PETITION: RC-CERTIFICAT	TION OF REPRESENTATIVE	- A substantial number	of employees wish to	be represented for	or purposes of collective
bargaining by Petitioner and Petitioner desires to t	be certified as representative	of the employees. The f	Petitioner alleges th	at the following of	circumstances exist and
requests that the National Labor Relations Boa	ard proceed under its prope	r authority pursuant to	Section 9 of the Na	tional Labor Rela	ations Act.
2a. Name of Employer		ess(es) of Establishment 8th Avenue	(s) involved (Street a	no number, city, S	siale, Zir code)
Breaking Ground, Inc.	1 YN	New York 10018-	2h state come)		
3a. Employer Representative – Name and Title	9	3b. Address (If same as 666 Third Avenue NY New York 1001	29th Floor		
Linda R Carlozzi Esq.	UAI-	NY New York 1001 3e. Fax No.	17- T	3f. E-Mail Addres	
3c. Tel. No. 3d. Cel	II NO.	Se. Fax No.		Linda.Carlozzi@jac	Marian and the second
(212) 545-4040	t- \ th Dringing gradu	et er consiso			d Stale where unit is located:
4a. Type of Establishment (Factory, mine, wholesale	er, etc.) 4b. Principal produ	* Housing		Sa. Ony an	New York, NY
Others		nousing	-,		Sa. No. of Employees in Unit:
5b. Description of Unit Involved				le	
Included: See Attached Page 2 for additional details					bb. Do a substantial number (30%
					or more) of the employees in the
Excluded: See Attached Page 2 for additional details					unit wish to be represented by the
					Petitioner? Yes [] No []
Check One: 7a. Request for recognition			ALCO PROPERTY OF THE PARTY OF T	d Employer declin	ed recognition on or about
	(Date) (If no reply received,				124
	ecognized as Bargaining Rep	resentative and desires of 8b. Address	certification under the	Act.	
8a. Name of Recognized or Certified Bargaining	Agent (II none, so state).	ob. Address			
				01 C Mail Addes	ee
8c Tel No 8d Cell	INO	Be. Fax No.		8f. E-Mail Addre	
8c. Tel No. 8d Cell	I No.	8e. Fax No.		8f. E-Mail Addre	33
1 5 20		Be. Fax No. h. Date of Recognition or	Certification	8i. Expiration Da	ite of Current or Most Recent
8c. Tel No. 8d Cell 8g. Affiliation, if any			Certification	8i. Expiration Da	200 Day
8g. Affiliation, if any	81	h. Date of Recognition or		8i. Expiration Da Contract, if any	te of Current or Most Recent (Month, Day, Year)
8g. Affiliation, if any 9. Is there now a strike or picketing at the Employer's	s establishment(s) involved?	h. Date of Recognition or	imately how many er	8i. Expiration Da Contract, if any imployees are parti	te of Current or Most Recent (Month, Day, Year)
8g. Affiliation, if any 9. Is there now a strike or picketing at the Employer's	81	h. Date of Recognition or	imately how many er	8i. Expiration Da Contract, if any imployees are parti	te of Current or Most Recent (Month, Day, Year)
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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 seg. 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 to decline to invoke its processes.

FEB 2 7 2020

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DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
02-RC-257165	2-27-20			

Employees Included All maintenance workers working at 505 8th Avenue, New York, NY 10018 including housekeepers, engineers and painters

Employees Excluded
Office clerical employees, supervisors, security officers

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Clara Suh

DO N	IOT WRITE IN THIS SPACE	
Case No.	Date Filed	
02-RC-257166	2-27-20	

RC PETITION 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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 202 West 24th Street NY New York 10011-Breaking Ground, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 666 Third Avenue, 29th Floor NY New York 10017-Linda R Carlozzi Esq. 3f F-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. Linda Carlozzi@iacksonlewis.com (212) 545-4040 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Housing New York, NY 6a. No. of Employees in Unit: 5b. Description of Unit Involved 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 Excluded: See Attached Page 2 for additional details Petitioner? Yes [☑] No [☐] and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 Check One: (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 8f E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No 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 an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Tuesdays 202 West 24th Street, New York, NY 10011 12pm-1pm and 4pm-7pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Pedro Cardi Local 210, International Brotherhood of Teamsters 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 12g. E-Mail Address (b) (6), (b) (7)(C) 12d Tel No 12e. Cell No. 12f. Fax No. (917) 657-3511 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) Clara Suh Esq. Hoffmann & Associates 450 Seventh Avenue, Suite 1400 NY New York 10123-13d. Cell No. 13f, E-Mail Address clara.suh@hoffmannlegal.com 13c. Tel No. (212) 679-0400 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Title Date Name (Print)

Clara Suh Esq. 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, 2005). The NLRB will further explain these uses upon request. Disclosure public information to the NLRB will further explain these uses upon request. Disclosure public information to the NLRB will further explain these uses upon request. Disclosure public information to the NLRB will further explain these uses upon request. NLRB to decline to invoke its processes.

02/27/2020 12:59:35

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
02-RC-257166	2-27-20			

Employees Included

All maintenance workers working at 202 West 24th Street, New York, NY 10011 including housekeepers, engineers and painters

Employees Excluded
Office clerical employees, supervisors, security officers

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD'

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
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RC PETITION 02-RC-257167 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) 14 East 28th Street
NY New York 100163b. Address (If same as 2b – state same) Breaking Ground Inc. 3a. Employer Representative - Name and Title 666 Third Avenue, 29th Floor NY New York 10017-Linda Carlozzi Esq. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (212) 545-4040 Linda, Carlozzi@jacksoniewis.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service New York, NY Housing 5b. Description of Unit Involved 6a. No. of Employees in Unit: 6 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [No [] . and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/20/2020 (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 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Tuesdays 14 East 28th Street, New York, NY 10016 12pm-1pm and 4pm-7pm 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Pedro Cardi Local 210, International Brotherhood of Teamsters 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 12g. E-Mail Address (b) (6), (b) (7)(C) 12d. Tel No. 12e. Cell No. 12f. Fax No. (917) 657-3511 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) Clara Suh Esq. Hoffmann & Associates 450 Seventh Avenue, Suite 1400 NY New York 10123-13c. Tel No. 13d. Cell 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) Signature Clara Suh 02/27/2020 12:49:39 Clara Suh Esq 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 multine 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 the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-257167	2-27-20

Employees Included all maintenance workers working at 14 East 28th Street, New York, NY 10016 including houseskeepers, engineers and painters

Employees Excluded
Office clerical employees, supervisors, security officers