UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS SPACE					
Case No.			Date Filed			
02-RC-242604			June 4, 2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.qu	by, submit an original of this Petition to an NLRB office in the Region
in which the employer concerned is located. The petition must be accon	panied by both a showing of interest (see 6b below) and a certificate
of service showing service on the employer and all other parties named	n the petition of: (1) the petition; (2) Statement of Position form
(Form NLRB-505); and (3) Description of Representation Case Procedure	s (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 pa	orty.

(Form NLRB-505); and (3) Descripti with the NLRB and should <u>not</u> be s	erved on the	employer o	r any otl	her party.			
PURPOSE OF THIS PETITION: RC-CEF bargaining by Petitioner and Petitioner de requests that the National Labor Relati	esires to be certifi	ied as represe	ntative of t	the employees. The f	Petitioner alleges that	the following	circumstances exist and
2a. Name of Employer				• •	(s) involved (Street and		State, ZIP code)
Montefiore Nyack Hospital 3a. Employer Representative - Name and	Tillo	10		Address (If same as	Nyack, NY 1096	 	
Mary K. Shinick, Vice President of	f Human Res	ources	sar	ne	·		
3c. Tel. No. 845-348-2150	3d. Cell No.			Fax No. 5-348-8253	1 -	3f. E-Mail Addr ShinickM@	ess montefiorenyack.org
4a. Type of Establishment (Factory, mine, wacute care hospital	holesaler, etc.)	4b. Principa health car	•	or service			and State where unit is located:
5b. Description of Unit Involved		Tieatti Car	-			INVACA,	6a. No. of Employees in Unit:
Included: All full-lime and regular part-time medical	l coordinators/phlebat	omists, as a residu	al little to the d	existing unit of non-professio	nal employees currently repre	sented by	four
Excluded: All other employee:							6b. Do a substantial number (30% or more) of the employees in the until wish to be represented by the Petitioner? Yes \(\sumset \) No
,	(Date)	(If no reply red	eived, so		and entification under the A		ined recognition on or about
8a. Name of Recognized or Certified Barg None				8b. Address			
8c. Tel No.	8d Cell No.		8e.	Fax No.	1	3f. E-Mail Addr	ess
8g. Affiliation, if any 8			8h. C	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Re Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Er				-		loyees are par	rticipating?
(Name of labor organization)				the Employer since (A			
Organizations or individuals other than P known to have a representative interest in at None						sentatives and	f other organizations and individuals
10a, Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election.	an election in th	is matter, state	your posi	ition with respect to	11a. Election Type:	✓ Manual [Mall Mixed Manual/Mail
11b. Election Date(s): June 19, 2019		lection Time(s 12:30 p.m.):		11d. Election Location(s): Krutz Auditorium or the first floor conference room, both at the Hospital		
12a. Full Name of Petitioner (including locality)	cal name and n						city, state, and ZIP code) tn: Anthony Peterson
12c. Full name of national or international lal Service Employees International Union	bor organization:	of which Petiti	oner is an	affiliate or constituent	Control of the contro	 	
12d. Tal No.	12e. Cell No.	· · · · · · · · · · · · · · · · · · ·	120	. Fax No.		12g. E-Mail Ad nthonyp@119	
13. Representative of the Petitioner who	will accept serv	ice of all pape	rs for pu	rposes of the repres		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
13a. Name and Title William S. Massey, Esq. 13b. Address (street and number, city, state, and ZIP code) Gladstein, Relf & Meginniss, LLP, 817 Broadway, 6th Floor, New York, NY 10003							
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Māll Address 212-228-7727 212-228-7654 wmassey@grmny.com					dress		
I declare that I have read the above petition	on and that the	statements a			The second secon		
Name (Print) Sig William S. Massey	inatura M	es/	Titl	e orney	la, da da Araba	Date June 4, 20	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 7.1 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
02-RC-242723	June 5, 2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties 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 considered to a supplying the same of the considered to the considered to

(Form NLRB-505); and (3) Descript	-		•	RB 4812). The sl	nowing of in	terest should only be filed
with the NLRB and should not be s					- <u>-</u>	···
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de						
requests that the National Labor Relat						
2a. Name of Employer			ddress(es) of Establishmen			
Solomon R. Guggenheim Museun		1071	Fifth Avenue, New Y	ork, New York 1	0128-0173	& Affiliated Facilities
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)						
Sarah Rosen - HR Director			Same			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	
212-423-3525	L					ıggenheim.org
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)		oduct or service		,	and State where unit is located;
Museum		Art			New Y	ork, New York
5b. Description of Unit Involved						r6a. No. of Employees in Unit:
Included: All full time and regular part						6b. Do a substantial number (30%
Installers, Carpenters, Exhib	oilion Constructi	on vvorkers, iviu	itt-Media Techs, Painters	, Preparators, video	Engineers	or more) of the employees in the
Excluded: All office clerical emplo	vees, profes	sional emplo	yees, guards and su	pervisors unde	r the Act	unit wish to be represented by the
<u></u>		· · · · · · · · · · · · · · · · · ·				Petitioner? Yes ✓ No
Check One: 7a. Request for re	cognition as Barg	jaining Represent	ative was made on (Date) 🕻)6/04/19 an	d Employer dec	clined recognition on or about
no reply		(If no reply receiv	· · ·			
			Representative and desires	certification under the	Act.	
8a. Name of Recognized or Certified Barg	gaining Agent (//	none, so state).	8b. Address			
None 8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	fress
oc. rerivo.	00 00110.		ou. Tax No.		on E man ride	
8q. Affiliation, if any	1		8h. Date of Recognition or	Certification	8i. Expiration	Date of Current or Most Recent .
,			-		Contract, if an	ny (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involve	d? No If so, approx	imately how many en	nployees are pa	articipating?
(Name of labor organization)		, has pic	keted the Employer since (/	Month, Day, Year)		·
10. Organizations or individuals other than f						d other organizations and individuals
known to have a representative interest in a	ny employees in	the unit described	I in item 5b above. (If none,	so state)		- 3
None	1 405 44			10a Tal Na		Inot. Cell No.
10a. Name	10b. Ad	aress		10c. Tel. No.		X E A A
				10e. Fax No.		10(. E-Mail Address
11. Election Details: If the NLRB conducts	an election in thi	s matter, state yo	our position with respect to	11a. Election Type	✓ Manuai [Mail Mixed Natur Mail
any such election.	T 110 G	ection Time(s):		11d. Election Local	ion(s):	
11b. Election Date(s): June 20th 2019		Room in Sackler	at the Museum	1071 Fifth Avenue, New York, New York 10128		
12a. Full Name of Petitioner (including to						city, ate, and IP code)
Local 30 International Union of Operating	Engineers			16-16 Whitestone I	Expressway, V	Vhitestone, New York 11357
12c. Full name of national or international la	bor organization	of which Petitione	er is an affiliate or constituen	t (if none, so state)		2
International Union of Operating Engineers			T			
12d. Tel No.	12e. Cell No.	•	12f. Fax No. 718-805-2172		12g. E-Mail A	@iuoelocal30.org
917-680-7978 13. Representative of the Petitioner who	917-680-7978	co of all naners		entation proceeding		@idociocalog.org
13a. Name and Title Andres Puerta, Director of Special Projects 3b. Address (street and number, city, state, and ZIP code) 13b. Address (street and number, city, state, and ZIP code) 13c. Name and Title Andres Puerta, Director of Special Projects 3b. Address (street and number, city, state, and ZIP code)						
13c. Tel No. /	13d. Cell/No.		13e. Fax No.		13f. E-Mail Ad	
917-680-7978	917-680-7978	11/	718-805-2172			@iuoelocal30.org
I declare that I have read the above petiti		statements are t	rue to the best of my know	vledge and belief.		
	gnature ()	13/	Title		Date	
Andres Puerta	11/2/21	41	Director of Special Proje	ects	June 05. 2	
	46666	TITION CAN DE	PUNISHED BY FINE AND	IMPRISONMENT (II	S CODE TITI	F-18. SECTION 1001)

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
02-RC-243013	6-7-19				

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.n/rb.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) New York Legal Assistance Group 7 Hanover Square, 18th Floor, New York, NY 10004 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Beth Goldman Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f, E-Mail Address (212) 613-5050 Bgoldman@nylag.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Legal Services Provider Legal Services New York, NY 6a. No. of Employees in Unit: 5b. Description of Unit Involved 228 Included: All full-time and regular part-time employees of the Employer 6b. Do a substantial number (30% or more) of the employees in the Excluded: All interns, unpaid fellows, guards, managers, confidential employees and supervisors under the Act. unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 6/6/19 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? 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) 10c. Tel. No. 10d. Cell No. 10b. Address 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 Mixed Manual/Mail Mail | any such election. 11d. Election Location(s): 11c, Election Time(s): 11b. Election Date(s): 18th Floor Main Conference Room Monday, June 24, 2019 3-7 p.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 50 Broadway Suite, 160, New York, NY 10004 Association of Legal Ald Attorneys, Local 2325, UAW 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Auto Workers, AFL-CIO 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f, Fax No. 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 Allyson Belovin, Attorney 13b. Address (street and number, city, state, and ZIP code) Levy Rainer, P.C., 80 8th Avenue, 8th Floor, New York, NY 10011 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (212) 627-8100 (646) 326-9096 (212) 627-8182 abelovin@levyratner.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Pdnl) Title Date 6/7/2019 Allyson Belovin Atternet WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S.

PRIVACY ACT STATEMENT

ODE TITLE 48 SECTION 4001).

Per of the information is to assist the National Labor 74042. 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 Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully security in the Federal Register 74 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 uses for the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	02-RC-243383	Date Filed	6/17/19			

	INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region					
in which the employer concerned						
of service showing service on the	employer and	all other partie	es named in the petiti	on of: (1) the peti	ition; (2) Stat	ement of Position form
(Form NLRB-505); and (3) Descrip	tion of Repres	entation Case	Procedures (Form NL	RB 4812). The si	howing of in	terest should only be filed
with the NLRB and should not be	served on the	employer or ar	y other party.	·		•
1. PURPOSE OF THIS PETITION: RC-CI	ERTIFICATION OF	REPRESENTAT	IVE - A substantial numbe	r of employees wish t	o be represente	d for purposes of collective
bargaining by Pelitioner and Pelitioner	desires to be certifi	ed as representati	ve of the employees. The	Petitioner alleges ti	nat the followin	g circumstances exist and
requests that the National Labor Rela 2a. Name of Employer	itions Board proc	eea unaer its pro	per autnority pursuant t idress(es) of Establishmer	o Section 9 of the Ni	ational Labor F	(elations Act.
JB New World LP						5th FI NY, NY 10036
3a. Employer Representative - Name an	d Title		3b. Address (If same a			
Dana Sherman - General Manag			Same	S ZD - State danie)		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Ado	race
(212) 575-9710	300, Odii 110.		Ger i dix ian.			dodger.com
4a. Type of Establishment (Factory, mine,	uholosalor etc l	4b. Principal pro	duct or conico			and State where unit is located:
General Manager	wildlesalor, etc.)		oductions and Event	· Q ¹	1	ork City, New York
5b. Description of Unit Involved		Thousand 11	Dadollo 13 and Event		14041	
Included: See attachment						6a. No. of Employees in Unit:
included. See altachment						6b. Do a substantial number (30%
Excluded: See attachment						or more) of the employees in the
Gee attachment						unit wish to be represented by the
					-	Petitioner? Yes ✓ No
- 17 man		,	itive was made on (Date)	<u>6/6/19</u> an	d Employer dec	lined recognition on or about
6/11/19		If no reply receive	**	4.2 4		
8a. Name of Recognized or Certified Bar	currently recognize	d as Bargaining R	epresentative and desires 8b. Address	certification under the	e-Act.	
None	gaining Agent (ir	none, so statej.	80. Address			
8c. Tel No.	8d Cell No.		8e, Fax No.		8f. E-Mail Add	rocc
00, 10, 140,	ça och 140.		06,1 02,110.		OI. L-Wall Add	1633
8g. Affiliation, if any	<u> </u>		8h. Date of Recognition o	r Certification	8i. Expiration	Date of Current or Most Recent
•						y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establis	hment(s) involved	? <u>No</u> If so, approx	dmately how many en	nployees are pa	rticipating?
(Name of labor organization)		, has pici	eted the Employer since (Month, Day, Year)		
10. Organizations or Individuals other than					resentatives an	d other organizations and Individuals
known to have a representative interest in						
None DE CE						
10a. Name	DOb. Add	iress		10c. Tel. No.		10d. Cell No.
M	_ III			40. Faulla		
III III 1 7 00	146			10e. Fax No. 10f. E-Mail Address		10f. E-Mail Address
11. Election Details: If the NLRB conduct	s an election in this	matter state you	r nacition with respect to	44. 5. 6. 7		
any such election.	3 direicodori ir dia	s matter, state yee	i position with respect to	11a. Election Type:	. Manual C	MailMixed Manual/Mail
11b. Election Da	11c, Ele	ection Time(s):		11d. Election Locat		
	5:30pm		<u> </u>			50th Street NY, NY 10019
12a. Full Name of Petitioner (including to						city, state, and ZIP code)
Leah Okin, Business Representative The					treet Zna Fi. i	New York, NY 10036
12c. Full name of national or international labor organization of which Petitloner is an affiliate or constituent (if none, so state)						
INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS OF THE UNITED STATES AND CANADA, AFL-CIO, CLC						
12d. Tel No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 121, 957, 3500 917, 499,0852 212,957,3232 lokin@ia764.org						
13. Representative of the Petitioner who	<u> </u>	e of all papers fo	<u> </u>	entation proceeding		<u> </u>
	-			-	_	<u> </u>
13a. Name and Title Leah Okin, Bu	isiness Repr	esentative	13b. Address (street and 545 West 45th Street 2nd FI		and AIP (CODE)	Transcelland
13c. Tel No.	13d, Cell No.		13e. Fax No.		13f. E-Mail Ad	dress
212.957.3500	917.499.0852		212.957.3232	1	lokin@ia764.o	
I declare that I have read the above petit		tatements are tru	L	vledge and belief.		
•	gneture		Title	.	Date	
Leah Okin	77 7 .		Business Representativ	re:	6/17/19	ļ

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

PRIVACY ACT STATEMENT

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ATTACHMENT

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

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

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

12d. Tel No.

212.957.3500

212.957.3500

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P	F	

UNITEC	STATES	GOVERN	MENT
NATIONAL	LABOR R	ELATION	S BOARD

NATIONAL LABOR R		RD ·	Case No.		Date F	iled
RC PET			02-RC-2	243450	<u> </u>	6-17-19
INSTRUCTIONS: Unless e-Filed usin	g the Agenc	y's website, w	vw.nirb.gov, submit a	n original of this	Petition to ar	NLRB office in the Region
in which the employer concerned is						
of service showing service on the e						
(Form NLRB-505); and (3) Description						
with the NLRB and should not be se	rved on the e	mplover or an	v other party.			
1. PURPOSE OF THIS PETITION: RC-CER	TIFICATION OF	REPRESENTATI	VE - A substantial number	of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petitioner des requests that the National Labor Relation		eed under its pro	per authority pursuant to	Section 9 of the Na	itional Labor Re	lations Act.
2a. Name of Employer The Fiddish Company			dress(es) of Establishmen umpstart Entertain:			
	P114 -	10/0 31	· · · · · · · · · · · · · · · · · · ·		adway, Nev	V TOIK, NY 10030
3a. Employer Representative - Name and Roy Gabay	IIIIe		3b. Address (If same as Same	s 2b – state same)		
3c. Tel. No.	3d. Cell No.	 	3e. Fax No.		3f. E-Mail Addre	
212.997.5399					roy@letsjur	npstart.com
4a. Type of Establishment (Factory, mine, wi	olesaler, etc.)	4b. Principal pro-			1 '	nd State where unit is located:
General Manager		Theatrical Pro	oductions and Events	S	New Yo	rk City, New York
5b. Description of Unit Involved			•		ļ <u>.</u>	6a. No. of Employees in Unit:
Included: See attachment					-	6b. Do a substantial number (30%
Excluded: See attachment						or more) of the employees in the
Excluded. See attachment				*		unit wish to be represented by the
						Petitioner? Yes / No No
		ī	live was made on (Date) 6	<u>/6/19</u> an	d Employer decli	ned recognition on or about
6/12/19		If no reply received	•			
8a. Name of Recognized or Certified Barga	rently recognized	as Bargaining Ri	epresentative and desires 8b, Address	certification under the	Act.	
None	ming Agent (n	none, so statej.	ÓD. Addiess			į
8c. Tel No.	8d Cell No.		8è, Fax No.		8f. E-Mail Addre	ess
8g. Affiliation, if any			8h. Date of Recognition or	r Certification		ate of Current or Most Recent
				:	Contract, if any	(Month, Day, Year)
9. Is there now a strike or picketing at the Em	nlover's establis	ment(s) involved	? No. If so, anorox	imately how many en	nnlovees are nar	icinating?
•	-		eted the Employer since (-	ipioyeee are part	
10. Organizations or individuals other than Po					résentatives and	other organizations and individuals
known to have a representative interest in an None					.coomanyes and	oner organizations and marviduals
10a. Name	10b. Add	ress		10c. Tel. No.		10d. Cell No.
•						
-				10e. Fax No.		10f. E-Mall Address
11. Election Details: If the NLRB conducts any such election.	an election in this	matter, state you	r position with respect to	11a. Election Type:	✓ Manual _	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. Ele	ection Time(s):	•	11d. Election Locat	ion(s):	
7/3/19	5:30pm	- 6:30pm		Stage 42: 422 W	est 42nd Stree	et, NY, NY 10036
12a. Full Name of Petitioner (Including loc						ly, state, and ZIP code)
Leah Okin, Business Representative Theat 12c. Full name of national or international lab				545 West 45th Stre	et 2nd Fl. New	YOR, NY 10036
LZC. PUILDAME OF DATIONAL OF INTERNATIONAL IAN	or organization o	ii which Pelilioner	us an attiliate or constituen	ii ui none, so siale)		

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12g. E-Mail Address

13f. E-Mail Address

lokin@ia764.org

Name (Print) Leah Okin Title 6/17/19 **Business Representative**

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

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS OF THE UNITED STATES AND CANADA, AFL-CIO, CLC

12f. Fax No.

212.957.3232

13e. Fax No.

212:957,3232

13b. Address (street and number, city, state, and ZIP code) 545 West 45th Street 2nd Fl. New York, NY 10036

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.

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

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

12e. Celi No.

917.499.0852

13d. Cell No.

917:499.0852

13a. Name and Title Leah Okin, Business Representative



ATTACHMENT

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

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

Katchen Locke

UNITED STATES GOVERNMENT

	DO NOT WRITE	IN THIS SPACE
Case No.	02-RC-243629	DatoFile9/1

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INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective. bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city. State, ZIP code) 2a. Name of Employer 56 Pine Street, New York, NY, 10005 56 Pine Street Condominium 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Melissa Cafiero 770 Lexington Avenue, New York, NY 10065 3c. Tel. No. 3d. Cell No. 3e, Fax No. 3f. E-Mail Address 212-508-7272 212-508-7272 212-508-6238 mcafiero@halstead.com 4a. Type of Establishment (Factory, mine, wholeseler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Residential building **Building services** New York, NY 10005 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: all building service workers 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the statutory supervisors and guards 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). 8b. Address 8c. Tel No. 8d Cell No. 8f. E-Mail Address 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) 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 Petitloner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: / Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): Nearest Tuesday 3:30 pm - 4:30 pm Conference Room, 2nd Floor 12a, Full Name of Petitioner (including local name and number) 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. 12e. Cell No. 12g. E-Mail Address 212 388-3800 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) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 212-539-2941 klocke@selu32bj.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) Title

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 seg. 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. eg 74942-Relations Board (NLRB) in processing representation and related processings of magazini. The results to the NLRB is voluntary toward 43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary toward 143 (Dec. 13, 2006). Intermation will cause the

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

PETITION

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Case No. 02-RC-2435	83 Date Filed 06/19/2019		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should <u>not</u> be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 151 East 78th Street NY New york 10075-2a. Name of Employer 151 East 78th Street Condominium 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 622 3rd Ave 15th Floot Dale Garfinkel Property Manager NY New York 10017-3e. Fax No. 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address (212) 634-5464 dale.garfinkel@fsresidential.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Personal Services Property Management and Maintenance New York, NY 5b. Description of Unit involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be Excluded: See Attached Page 2 for additional details represented by the certified or currently recognized bargaining representative? 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 8h Address SEIU 32BJ 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 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? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than 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) 10d. Cell No. 10b. Address 10c. Tel. 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): 11b. Election Date(s): 11c. Election Time(s): 151 E 78th Street Library 7-1-19 to 7-5-19 2:30pm 12a. Full Name of Petitioner (b) (6), (b) (7)(C 12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) (b) (6), (b) (7)(C) None 12f. Fax No. 12d. Tel No. 12e. Cell No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 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 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 13e. Fax **N**o. 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 (b) (6), (b) (7)(C) (b) (6), (b) (7)(C 06/17/2019 13:16:30

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

PRIVACY ACT STATEMENT COMMENT (U.S. CODE, TITLE 18, SECTION 1001)

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Attachment

Employees Included Concierge/Doorman, and Porters

Employees Excluded Resident Manager

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Case	Date Filed					
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