

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

DO NOT WRITE IN THIS SPACE

Case No. 02-RC-242604 Date Filed June 4, 2019

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

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

2a. Name of Employer: Montefiore Nyack Hospital  
2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code): 160 North Midland Avenue, Nyack, NY 10960

3a. Employer Representative - Name and Title: Mary K. Shinick, Vice President of Human Resources  
3b. Address (if same as 2b - state same): same

3c. Tel. No.: 845-348-2150  
3d. Cell No.:  
3e. Fax No.: 845-348-8253  
3f. E-Mail Address: ShinickM@montefiorenyack.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.): acute care hospital  
4b. Principal product or service: health care  
5a. City and State where unit is located: Nyack, NY

5b. Description of Unit Involved  
Included: All full-time and regular part-time medical coordinators/phlebotomists, as a residual title to the existing unit of non-professional employees currently represented by 1199SEIU United Healthcare Workers East.

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

Excluded: All other employees, guards, and supervisors as defined in the Act.  
Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date). (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state): None  
8b. Address:

8c. Tel. No.:  
8d. Cell No.:  
8e. Fax No.:  
8f. E-Mail Address:

8g. Affiliation, if any:  
8h. Date of Recognition or Certification:  
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year):

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): June 19, 2019  
11c. Election Time(s): 11 a.m. - 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 local name and number): 1199SEIU United Healthcare Workers East  
12b. Address (street and number, city, state, and ZIP code): 330 West 42 Street, 15th Floor, attn: Anthony Peterson

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

12d. Tel. No.:  
12e. Cell No.:  
12f. Fax No.:  
12g. E-Mail Address: anthony.p@1199.org

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

13a. Name and Title: William S. Massey, Esq.  
13b. Address (street and number, city, state, and ZIP code): Gladstein, Reif & Meginniss, LLP, 817 Broadway, 8th Floor, New York, NY 10003

13c. Tel. No.: 212-228-7727  
13d. Cell No.:  
13e. Fax No.: 212-228-7654  
13f. E-Mail Address: wmassey@grmny.com

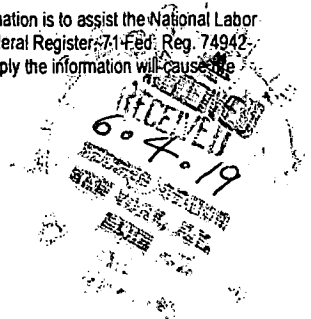
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print): William S. Massey  
Signature: [Signature]  
Title: Attorney  
Date: June 4, 2019

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

PRIVACY ACT STATEMENT

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



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

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

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

**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 <b>Solomon R. Guggenheim Museum</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>1071 Fifth Avenue, New York, New York 10128-0173 &amp; Affiliated Facilities</b>	
3a. Employer Representative - Name and Title <b>Sarah Rosen - HR Director</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>212-423-3525</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>srosen@guggenheim.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Museum</b>		4b. Principal product or service <b>Art</b>	
		5a. City and State where unit is located: <b>New York, New York</b>	

**5b. Description of Unit Involved**  
**Included:** All full time and regular part time Watch Engineers, Maintenance Mechanics, Chief Engineers, Art Handlers, Installers, Carpenters, Exhibition Construction Workers, Multi-Media Techs, Painters, Preparators, Video Engineers  
**Excluded:** All office clerical employees, professional employees, guards and supervisors under the Act

**6a. No. of Employees in Unit:**  
**80**

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

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **06/04/19** and Employer declined recognition on or about **no reply** (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). <b>None</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11b. Election Date(s): <b>June 20th 2019</b>	11c. Election Time(s): <b>Break Room in Sackler at the Museum</b>	11d. Election Location(s): <b>1071 Fifth Avenue, New York, New York 10128</b>
12a. Full Name of Petitioner (including local name and number) <b>Local 30 International Union of Operating Engineers</b>		12b. Address (street and number, city, state, and ZIP code) <b>16-16 Whitestone Expressway, Whitestone, New York 11357</b>

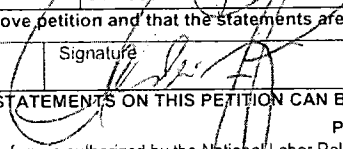
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Union of Operating Engineers**

12d. Tel No. <b>917-680-7978</b>	12e. Cell No. <b>917-680-7978</b>	12f. Fax No. <b>718-805-2172</b>	12g. E-Mail Address <b>andrespuerta@iuoelocal30.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Andres Puerta, Director of Special Projects</b>		13b. Address (street and number, city, state, and ZIP code) <b>Local 30, IUOE, 16-16 Whitestone Expressway, Whitestone, New York 11357</b>	
13c. Tel No. <b>917-680-7978</b>	13d. Cell No. <b>917-680-7978</b>	13e. Fax No. <b>718-805-2172</b>	13f. E-Mail Address <b>andrespuerta@iuoelocal30.org</b>

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) <b>Andres Puerta</b>	Signature 	Title <b>Director of Special Projects</b>	Date <b>June 05, 2019</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

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

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

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

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

2a. Name of Employer New York Legal Assistance Group	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7 Hanover Square, 18th Floor, New York, NY 10004
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3a. Employer Representative - Name and Title Beth Goldman	3b. Address (If same as 2b - state same) Same
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3c. Tel. No. (212) 613-5050	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Bgoldman@nylag.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal Services Provider	4b. Principal product or service Legal Services	5a. City and State where unit is located: New York, NY
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5b. Description of Unit Involved Included: All full-time and regular part-time employees of the Employer Excluded: All interns, unpaid fellows, guards, managers, confidential employees and supervisors under the Act.	6a. No. of Employees in Unit: 228 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 6/6/19 and Employer declined recognition on or about 6/6/19 (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): Monday, June 24, 2019	11c. Election Time(s): 3-7 p.m.	11d. Election Location(s): 18th Floor Main Conference Room
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12a. Full Name of Petitioner (including local name and number) Association of Legal Aid Attorneys, Local 2325, UAW	12b. Address (street and number, city, state, and ZIP code) 50 Broadway Suite, 160, New York, NY 10004
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
United Auto Workers, AFL-CIO

12d. Tel No. 212-343-0708	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Allyson Belovin, Attorney	13b. Address (street and number, city, state, and ZIP code) Levy Ratner, P.C., 80 8th Avenue, 8th Floor, New York, NY 10011
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13c. Tel No. (212) 627-8100	13d. Cell No. (646) 326-9096	13e. Fax No. (212) 627-8182	13f. E-Mail Address abelovin@levyratner.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Allyson Belovin	Signature 	Title Attorney	Date 6/7/2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001).

**PRIVACY ACT STATEMENT**

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

**RECEIVED**  
JUN 17 2019

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

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

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

**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 <b>JB New World LP</b>	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>c/o Dodger Management Group 311 W. 43rd St, 6th Fl NY, NY 10036</b>
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3a. Employer Representative - Name and Title <b>Dana Sherman - General Manager</b>	3b. Address (If same as 2b - state same) <b>Same</b>
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3c. Tel. No. <b>(212) 575-9710</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>dsherma@dodger.com</b>
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>General Manager</b>	4b. Principal product or service <b>Theatrical Productions and Events</b>	5a. City and State where unit is located: <b>New York City, New York</b>
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5b. Description of Unit Involved <b>Included: See attachment</b>  <b>Excluded: See attachment</b>	6a. No. of Employees in Unit: <b>24</b>	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **6/6/19** and Employer declined recognition on or about **6/11/19** (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). <b>None</b>	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

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

10a. Name <b>RECEIVED JUN 17 2019</b>	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

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

11b. Election Date <b>6/26/19</b>	11c. Election Time(s): <b>5:30pm - 6:30pm</b>	11d. Election Location(s): <b>New World Stages: 340 West 50th Street NY, NY 10019</b>
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12a. Full Name of Petitioner (including local name and number) <b>Leah Okin, Business Representative Theatrical Wardrobe Union Local 764, I.A.T.S.E</b>	12b. Address (street and number, city, state, and ZIP code) <b>545 West 45th Street 2nd Fl. New York, NY 10036</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)  
**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES; MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS OF THE UNITED STATES AND CANADA, AFL-CIO, CLC**

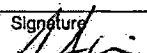
12d. Tel No. <b>212.957.3500</b>	12e. Cell No. <b>917.499.0852</b>	12f. Fax No. <b>212.957.3232</b>	12g. E-Mail Address <b>lokin@ia764.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Leah Okin, Business Representative</b>	13b. Address (street and number, city, state, and ZIP code) <b>545 West 45th Street 2nd Fl. New York, NY 10036</b>
--	---

13c. Tel No. <b>212.957.3500</b>	13d. Cell No. <b>917.499.0852</b>	13e. Fax No. <b>212.957.3232</b>	13f. E-Mail Address <b>lokin@ia764.org</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Leah Okin</b>	Signature 	Title <b>Business Representative</b>	Date <b>6/17/19</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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**ATTACHMENT**

**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.

**RECEIVED**  
JUN 17 2019

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

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-243450</b>	Date Filed <b>6-17-19</b>

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

**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 <b>The Fiddish Company</b>		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) <b>c/o Jumpstart Entertainment, 1460 Broadway, New York, NY 10036</b>	
3a. Employer Representative - Name and Title <b>Roy Gabay</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>212.997.5399</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>roy@letsjumpstart.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>General Manager</b>		4b. Principal product or service <b>Theatrical Productions and Events</b>	
5b. Description of Unit Involved <b>Included: See attachment</b>  <b>Excluded: See attachment</b>		5a. City and State where unit is located: <b>New York City, New York</b>	
		6a. No. of Employees in Unit: <b>7</b>	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **6/6/19** and Employer declined recognition on or about **6/12/19** (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). <b>None</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11b. Election Date(s): <b>7/3/19</b>	11c. Election Time(s): <b>5:30pm - 6:30pm</b>	11d. Election Location(s): <b>Stage 42: 422 West 42nd Street, NY, NY 10036</b>
12a. Full Name of Petitioner (including local name and number) <b>Leah Okin, Business Representative Theatrical Wardrobe Union Local 764, I.A.T.S.E</b>		12b. Address (street and number, city, state, and ZIP code) <b>545 West 45th Street 2nd Fl. New York, NY 10036</b>


12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS OF THE UNITED STATES AND CANADA, AFL-CIO, CLC**

12d. Tel No. <b>212.957.3500</b>	12e. Cell No. <b>917.499.0852</b>	12f. Fax No. <b>212.957.3232</b>	12g. E-Mail Address <b>lokin@ia764.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Leah Okin, Business Representative</b>		13b. Address (street and number, city, state, and ZIP code) <b>545 West 45th Street 2nd Fl. New York, NY 10036</b>	
13c. Tel No. <b>212.957.3500</b>	13d. Cell No. <b>917.499.0852</b>	13e. Fax No. <b>212.957.3232</b>	13f. E-Mail Address <b>lokin@ia764.org</b>

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) <b>Leah Okin</b>	Signature 	Title <b>Business Representative</b>	Date <b>6/17/19</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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

ATTACHMENT

RECEIVED  
JUN 17 2019  
BY: \_\_\_\_\_

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

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

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-243629</b>	Date <b>6/19/19</b>

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

**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 56 Pine Street Condominium		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 56 Pine Street, New York, NY, 10005	
3a. Employer Representative - Name and Title Melissa Cafiero		3b. Address (If same as 2b - state same) 770 Lexington Avenue, New York, NY 10065	
3c. Tel. No. 212-508-7272	3d. Cell No. 212-508-7272	3e. Fax No. 212-508-6238	3f. E-Mail Address mcafiero@halstead.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	
5b. Description of Unit Involved Included: all building service workers Excluded: statutory supervisors and guards		5a. City and State where unit is located: New York, NY 10005	
		6a. No. of Employees in Unit: 9	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Nearest Tuesday	11c. Election Time(s): 3:30 pm - 4:30 pm	11d. Election Location(s): Conference Room, 2nd Floor
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12a. Full Name of Petitioner (including local name and number) SEIU LOCAL 32BJ	12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
SEIU LOCAL 32BJ

12d. Tel No. 212 388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title Katchen Locke, Attorney		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No. 212-539-2941	13d. Cell No.	13e. Fax No.	13f. E-Mail Address klocke@seiu32bj.org

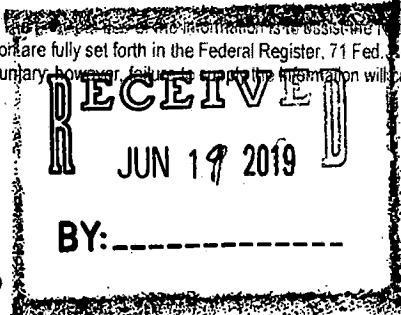
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Katchen Locke	Signature <i>Katchen Locke</i>	Title Attorney	Date 5/19/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. 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 provide the information will cause the NLRB to decline to invoke its processes.





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

DO NOT WRITE IN THIS SPACE	
Case No. <b>02-RC-243583</b>	Date Filed <b>06/19/2019</b>

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

**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.**

<b>2a. Name of Employer</b> 151 East 78th Street Condominium	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 151 East 78th Street NY New York 10075
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<b>3a. Employer Representative - Name and Title</b> Dale Garfinkel Property Manager	<b>3b. Address (If same as 2b - state same)</b> 622 3rd Ave 15th Floor NY New York 10017-
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<b>3c. Tel. No.</b> (212) 634-5464	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> dale.garfinkel@fsresidential.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Personal Services	<b>4b. Principal product or service</b> Property Management and Maintenance	<b>5a. City and State where unit is located:</b> New York, NY
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details  <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 6  <b>6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Check One:** ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> SEIU 32BJ	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b> None	<b>8h. Date of Recognition or Certification</b> 03/01/2017	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**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 those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election. <b>11b. Election Date(s):</b> 7-1-19 to 7-5-19	<b>11c. Election Time(s):</b> 2:30pm	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail <b>11d. Election Location(s):</b> 151 E 78th Street Library
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<b>12a. Full Name of Petitioner</b> (b) (6), (b) (7)(C)	<b>12b. Address (street and number, city, state, and ZIP code)</b> (b) (6), (b) (7)(C)
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<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> None	(b) (6), (b) (7)(C)
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<b>12d. Tel No.</b> (b) (6), (b) (7)(C)	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Signature</b> (b) (6), (b) (7)(C)	<b>Title</b>	<b>Date</b> 06/17/2019 13:16:30
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

RECEIVED  
NLRB  
REGION 2  
JUN 20 2019

Attachment

Employees Included  
Concierge/Doorman, and Porters

Employees Excluded  
Resident Manager

DO NOT WRITE IN THIS SPACE	
Case	Date Filed