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

UNITED ST	ATES COVEDNMENT	20 F	r			0.004.05
UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD			Case No.	DO NOT	IS SPACE	
RC PETITION			02-RC-25	7605		3-6-20
INSTRUCTIONS: Unless e-File	terre as an of the state of the	v'e woheito w	0.5175			
in which the employer concern	ad is located Th	y s website, w	ww.mib.yov, submit	an onginal of this i		an NLRB office in the Region
of convice chewing convice on	the employee and	e petition musi	t be accompanied by	both a showing of	interest (s	ee oo below) and a certificate
of service showing service on	the employer and	all other partie	es named in the petiti	on of: (1) the petiti	on; (2) Stat	ement of Position form
(Form NLRB-505); and (3) Desc	cription of Repres	entation Case I	Procedures (Form NL	.RB 4812). The she	owing of in	terest should only be filed
with the NLRB and should not	be served on the	employer or an	y other party.			
1. PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor	ner desires to be certifi	ied as representati	ve of the employees. The	Petitioner alleges that	t the following	in circumstances exist and
2a. Name of Employer			ddress(es) of Establishmer			
City Bar Justice Center			2 West 44th St. Y New York 10036	.,		,,,
3a. Employer Representative - Name	e and Title	I	3b. Address (If same a	s 2b - state same)		
Lynn Kelly			42 West 44th St. NY New York 100	136		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	dress
(212) 382-6727					lkelly@nycbar.c	. gra
4a. Type of Establishment (Factory, mi	ne, wholesaler, etc.)	4b. Principal pro	duct or service		5a. City	and State where unit is located:
Legal			Legal aid offered to New	Yorkers		New York, NY
5b. Description of Unit Involved				10		6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	ditional details					8
				a		6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ad	Iditional datails					or more) of the employees in the unit wish to be represented by the
See Allacted Page 2 for al						Petitioner? Yes [] No [[]
Check One: 7a. Request	or recognition as Baro	aining Representa	tive was made on (Date)	and	Employer dec	lined recognition on or about
		If no reply receive				
7b. Petitioner			epresentative and desires	certification under the A	Act.	
8a. Name of Recognized or Certified			8b. Address			
8c. Tel No.	8d Cell No.		. 8e. Fax No.	1	Bf. E-Mail Add	fress
8g. Affiliation, if any			8h. Date of Recognition o	r 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	e Employer's establis	hment(s) involved	7 NO If so approx	rimately how many emp	lovees are na	articipation?
ST 57	5 7	12.25	And the second se	51 SSN ST	53	
(Name of labor organization)						
 Organizations or individuals other the known to have a representative interest 					sentativés an	d other organizations and individuals
10a. Name	10b. Add	tress		10c. Tel. No.		10d. Cell No.
and a second						
	•			10e. Fax No. 10f. E-Mail Address		
 Election Details: If the NLRB conc any such election. 	lucts an election in this	s matter, state you	r position with respect to	11a. Election Type:	✓ Manual [Mail Mixed Manual/Mail
11b. Election Date(s): March 19, 2020		ection Time(s):		11d. Election Locatio		
12a. Full Name of Petitioner (includin	g local name and nu	2:30p; 2:30p-5:30p mber)	5	12b. Address (street	and number,	lest 44th St. New York, NY city, state, and ZIP code)
Grace Reckers Office and Professional Employees Internation 12c. Full name of national or internation	al Union, Local 153, AFL-	CIO of which Petitioner	is an affiliate or constituen	265 W 14th St. Suite 6 NY New York 10011- t (if none, so state)		**************************************
Office and Professional Employees Inter	national Union, AFL-C	0				
12d. Tel No. (925) 389-8168	12e. Cell No.	át.	12f. Fax No.	12g. E-Mail Address greckers@opeiu.org		
13. Representative of the Petitioner v 13a. Name and Title	who will accept servio	ce of all papers fo	13b. Address (street and	그는 것 같은 동안은 것 같은 것은 것이 봐요? 것을 것 같아요?	nd ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fax No.	. 1	13f, E-Mail Ad	dress
I declare that I have read the above p	etition and that the s	tatements are tru	e to the best of my know	ledge and belief.		
Name (Print)	Signature		Title	-	Date	
Grace Reckers	Grace Reckers		Organizer		03/6/2020	
WILLFUL FALSE STATE	MENTS ON THIS PE	TITION CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.S.	CODE, TITL	E 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. DECEI MAR 0 6 2020

BY:_____

DO NOT WRITE IN THIS SPACE							
Case		Date Filed					
02-R0	C-257605	3-6-20					

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Attachment

Employees Included

All nonprofessional employees employed by the employer, including Project Coordinators and Senior Project Coordinators.

Employees Excluded

All attorneys, managers, confidential employees, temporary employees, and supervisors as defined by the Act.

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

	STATES GOVERNMEN	r		DONOT	WRITE IN TH	IS SPACE	2775-2
NATIONAL L	DO NOT WRITE IN THIS SPACE Date Filed						
RC PETITION 02-RC-257691 3-9-20							
INSTRUCTIONS: Unless e-Fi		w's wahaita wayay r					ion
in which the employer conce of service showing service of	erned is located. The on the employer and	e petition must be a all other parties na	accompanied by med in the petiti	both a showing of on of: (1) the petiti	interest (s on; (2) Stat	ee 6b below) and a certific tement of Position form	cate
(Form NLRB-505); and (3) De				.RB 4812). The sh	owing of in	terest should only be filed	1
with the NLRB and should no	ot be served on the	employer or any oth	her party.				a
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labo	tioner desires to be certif	ied as representative of l ceed under its proper a	the employees. The uthority pursuant to	Petitioner alleges that	t the followin ional Labor f	ng circumstances exist and Relations Act.	
2a. Name of Employer Citizen 360 Condominium				lew York, NY 10		y, Siale, ZIP Codej	1
3a. Employer Representative - Na	ame and Title	The second se	Address (If same a				
Senada Palaj		770	Lexington Ave	, New York, NY 1	0065	*	
3c. Tel. No.	- 3d. Cell No.	3e.	Fax No.		3f. E-Mail Add		
212-396-8265				5		Istead.com	
4a. Type of Establishment (Factory, Residential building	mine, wholesaler, etc.)	4b. Principal product of Building services	or service			and State where unit is located: ork, NY 10002	
5b. Description of Unit Involved	E. F.		·			6a. No. of Employees in Unit:	
Included: All building se	ervice workers		8	2/2		6b. Do a substantial number (30%
Excluded: Statutory guards a		с •	е 19. – у а	5 2		or more) of the employees in I unit wish to be represented by Petitioner? Yes ✓ No	the
Check One: 7a. Reque	st for recognition as Barg	aining Representative w	as made on (Date)	and	Employer dec	clined recognition on or about	*
		(If no reply received, so :				8 K	8
	ner is currently recognize			certification under the	Act.		2
8a. Name of Recognized or Certifi	ed Bargaining Agent (I	f none, so state).	8b. Address			3	3
None 8c. Tel No.	8d Cell No.	. 8e	Fax No.		8f. E-Mail Add	iress	
BC. TEIND.	du cen No.		Tux Ho.				
8g. Affiliation, if any		8h. D	ate of Recognition o			Date of Current or Most Recent ny (Month, Day, Year)	
9. Is there now a strike or picketing a	at the Employer's establis	hment(s) involved?	O If so, approx	kimately how many emp	oloyees are pa	articipating?	
(Name of labor organization)		, has picketed t	the Employer since (Month, Day, Year)			
10. Organizations or individuals othe	r than Petitioner and tho	se named in items 8 and	9, which have claim	ed recognition as repre	sentatives an	d other organizations and individ	Juals
known to have a representative inter None	rest in any employees in	the unit described in item	n 5b above. (If none	, so state)			
10a. Name	10b. Ad	dress	8	10c. Tel. No.	-	10d. Cell No.	
		18	а 1 т. – С. –	10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB of	onducts an election in thi	s matter, state your posi	tion with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Ma	ail ,
any such election. 11b. Election Date(s):	· 11c. E	ection Time(s):		11d. Election Locatio	on(s):		•
Nearest Wednesday		-3:30pm		Employer Lounge	15		
12a. Full Name of Petitioner (inclused SEIU LOCAL 32BJ			*	25 West 18th Street		city, state, and ZIP code) .Y. 10011	
12c. Full name of national or internat SEIU						12	
12d. Tel No. 212 388-3800	12e. Cell No.	12f.	. Fax No.		12g. E-Mail A	ddress	
13. Representative of the Petitione	er who will accept servi	ce of all papers for pur	poses of the repres	sentation proceeding.	- 111 - 121 - 1 2	na smille lenna entre	
13a. Name and Title Katchen	×	136	2 C	d number, city, state, a	nd ZIP code)	đ	-
13c. Tel No.	· 13d. Cell No.		. Fax No.		13f. E-Mail Ad		
212 539 2941		177.15 FT	-388-2062	the second s	locke@seiu3	320).org	
I declare that I have read the above				vieuge and belief.	1 Data	· · · · ·	
Name (Print) Katchen Locke	Signature Ford	FAI Title	Attim		Date 3	-6-20	
WILLFUL FALSE STA	ATEMENTS ON THIS PE	TITION CAN BE PUNIS	HED BY FINE AND	IMPRISONMENT (U.S	CODE, TITL	E 18, SECTION 1001)	2
Solicitation of the information on this for Relations Board (NLRB) in processing	rm is authorized by the Na	tional Labor Relations Act	ACT STATEMENT (NLRA), 29 U.S.C. §	151 et seq. The principa	al use of the inf	ormation is to assist the National L	abor 942-
43 (Dec. 13, 2006). The NLRD will full	representation and related ther explain these uses up	proceedings or litigation.	The routine uses for this information to the	NLRB is voluntary; how	ever, failure to	supply the information will cause th	ie
NLRB to decline to invoke its processe	ther explain these uses up	proceedings or litigation.	The routine uses for this information to the	NLRB is voluntary; how	ever, failure to	supply the information will cause th	10

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	IEC I Mar	09	2020	IJ

BY:_

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

	ES GOVERNMENT			DO NOT W	RITE IN THIS	S SPACE		
NATIONAL LABOR RELATIONS BOARD			Case No.		Filed			
	TITION		02-RC-25		3-9-2			
INSTRUCTIONS: Unless e-Filed u								
in which the employer concerned	is located. Th	e petition must l	be accompanied by	both a showing of i	nterest (se	e 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								
1. PURPOSE OF THIS PETITION: RC-C	ERTIFICATION OF	EREPRESENTATIV	/F - A substantial number	of employees wish to be	represented	for purposes of collective		
bargaining by Petitioner and Petitioner	desires to be certifi	ied as representative	e of the employees. The	Petitioner alleges that	the following	g circumstances exist and		
requests that the National Labor Rel	ations Board proc	eed under its prop	er authority pursuant to	Section 9 of the Natio	nal Labor R	elations Act.		
2a. Name of Employer			fress(es) of Establishmen 5 8th Avenue	t(s) involved (Street and	number, city	, State, ZIP code)		
Greyhound		ŇŶ	New York 10018-					
3a. Employer Representative - Name a	nd little		3b. Address (If same as			(*):		
Leonard Ellis			625 8th Avenue NY New York 100					
3c. Tel. No.	3d. Cell No.		3e. Fax No.	242	f. E-Mail Add			
(212) 971-6338	1				eonard.Ellis@f			
4a. Type of Establishment (Factory, mine,	, wholesaler, etc.)	4b. Principal prod		1210 X 2012 1	5a. City	and State where unit is located:		
Services			ticketing and customer s	ervices	_	New York, NY		
5b. Description of Unit Involved			52 52			6a. No. of Employees in Unit: 60		
Included: See Attached Page 2 for addit	ional details					6b. Do a substantial number (30%		
						or more) of the employees in the		
Excluded: See Attached Page 2 for addit	ional details					unit wish to be represented by the		
						Petitioner? Yes [] No []]		
Check One: 7a. Request for		장애에 집에 집에 들어야 하는 것이 없어야 한다.	ive was made on (Date)	and E	Employer dec	lined recognition on or about		
		(If no reply received						
8a. Name of Recognized or Certified Ba			presentative and desires 8b. Address	certification under the Ad	CT.			
sa. Name of Recognized of Certified Ba	argaining Agent (A	r none, so statej.	ou. Address					
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Add	ress .		
	1		8h. Date of Recognition o	Cadification	Evolution	Date of Current or Most Recent		
8g. Affiliation, if any		ſ	on. Date of Recognition o	Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing at the	Employer's establis	shment(s) involved?	No If so approx	imately how many employed	ovees are oa	rticipatino?		
			eted the Employer since (14			
						t at the second se		
10. Organizations or individuals other than known to have a representative interest in	n Petitioner and tho any employees in	the unit described in	n item 5b above. (If none	ed recognition as repres , so state)	entatives and	o other organizations and individuals		
10a. Name	10b. Ad	dress		10c. Tel. No.	110	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: 11 Manual Mail Mail Mixed Manual/M								
	cts an election in th	is matter, state your	position with respect to	11a. Election Type: <u>[</u>	71 Manual [🚺 Mail 🔲 Mixed Manual/Mail		
any such election. 11b. Election Date(s):	11c. E	lection Time(s):	position with respect to	11d. Election Location		Mail Mixed Manual/Mail		
any such election. 11b. Election Date(s): 4/3/2020	11c. E 6am - 9	lection Time(s): 9am & 1pm - 5pm	position with respect to	11d. Election Location MAIN BREAK ROOM	n(s): ,			
any such election. 11b. Election Date(s): 4/3/2020 12a. Full Name of Petitioner (including GILBERTO MENDOZA Local 660 UWA	11c. E 6am - 9 local name and no	lection Time(s): 9am & 1pm - 5pm <i>umber)</i>		11d. Election Location MAIN BREAK ROOM 12b. Address (street a 100 SOUTH BEDFORD NY MT KISCO 10549-	n(s):	city, state, and ZIP code)		
any such election. 11b. Election Date(s): 4/3/2020	11c. E 6am - 9 local name and no	lection Time(s): 9am & 1pm - 5pm <i>umber)</i>		11d. Election Location MAIN BREAK ROOM 12b. Address (street a 100 SOUTH BEDFORD NY MT KISCO 10549-	n(s):	city, state, and ZIP code)		
any such election. 11b. Election Date(s): 4/3/2020 12a. Full Name of Petitioner (<i>including</i> GILBERTO MENDOZA Local 660 UWA 12c. Full name of national or international	11c. E 6am - 9 local name and no	lection Time(s): 9am & 1pm - 5pm <i>umber)</i>		11d. Election Location MAIN BREAK ROOM 12b. Address (street a 100 SOUTH BEDFORD NY MT_KISCO 10549- ht (if none, so state)	and number, D ROAD SUIT	city, state, and ZIP code) E 340 Idress		
any such election. 11b. Election Date(s): 4/3/2020 12a. Full Name of Petitioner (including GILBERTO MENDOZA Local 660 UWA 12c. Full name of national or international New York 12d. Tel No. (646) 355-5291	11c. E 6am - 9 local name and m labor organization 12e. Cell No. (646) 355-5291	lection Time(s): 9am & 1pm - 5pm <i>umber)</i> of which Petitioner i	s an affiliate or constituer 12f. Fax No.	11d. Election Location MAIN BREAK ROOM 12b. Address (street a 100 SOUTH BEOFORT NYMT_KISCO 10549 tt (if none, so state)	and number, D ROAD SUIT	city, state, and ZIP code) E 340		
any such election. 11b. Election Date(s): 4/3/2020 12a. Full Name of Petitioner (including GILBERTO MENDOZA Local 660 UWA 12c. Full name of national or international New York 12d. Tel No. (646) 355-5291 13. Representative of the Petitioner wh	11c. E 6am - 9 local name and m labor organization 12e. Cell No. (646) 355-5291	lection Time(s): 9am & 1pm - 5pm <i>umber)</i> of which Petitioner i	s an affiliate or constituer 12f. Fax No. r purposes of the repres	11d. Election Location MAIN BREAK ROOM 12b. Address (street 100 SOUTH BEDFORE NYMT_KISCO 10549 tt (if none, so state)	and number, D ROAD SUIT 2g. E-Mail Ac ILBERTOTIT	city, state, and ZIP code) E 340 Idress		
any such election. 11b. Election Date(s): 4/3/2020 12a. Full Name of Petitioner (including GILBERTO MENDOZA Local 660 UWA 12c. Full name of national or international New York 12d. Tel No. (646) 355-5291	11c. E 6am - 9 local name and m labor organization 12e. Cell No. (646) 355-5291	lection Time(s): 9am & 1pm - 5pm <i>umber)</i> of which Petitioner i	s an affiliate or constituer 12f. Fax No. r purposes of the repres	11d. Election Location MAIN BREAK ROOM 12b. Address (street a 100 SOUTH BEOFORT NYMT_KISCO 10549 tt (if none, so state)	and number, D ROAD SUIT 2g. E-Mail Ac ILBERTOTIT	city, state, and ZIP code) E 340 Idress		
any such election. 11b. Election Date(s): 4/3/2020 12a. Full Name of Petitioner (including GILBERTO MENDOZA Local 660 UWA 12c. Full name of national or international New York 12d. Tel No. (646) 355-5291 13. Representative of the Petitioner wh	11c. E 6am - 9 local name and m labor organization 12e. Cell No. (646) 355-5291	lection Time(s): 9am & 1pm - 5pm <i>umber)</i> of which Petitioner i	s an affiliate or constituer 12f. Fax No. r purposes of the repres	11d. Election Location MAIN BREAK ROOM 12b. Address (street a 100 SOUTH BEOFORE NY MT_KISCO 10549 tt (if none, so state) 1 Sentation proceeding. d number, city, state, and	and number, D ROAD SUIT 2g. E-Mail Ac ILBERTOTIT	city, state, and ZIP code) E 340 ddress COMENDOZA@HOTMAIL.COM		
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any such election. 11b. Election Date(s): 4/3/2020 12a. Full Name of Petitioner (including GILBERTO MENDOZA Local 660 UWA: 12c. Full name of national or international New York 12d. Tel No. (646) 355-5291 13. Representative of the Petitioner wh 13a. Name and Title 13c. Tel No. I declare that I have read the above petitioner when the international of the petitioner when the pet	11c. E 6am - 9 1ocal name and m labor organization 12e. Cell No. (646) 355-5291 o will accept serv 13d. Cell No.	lection Time(s): Dam & 1pm - 5pm umber) of which Petitioner i ice of all papers for statements are true	s an affiliate or constituer 12f. Fax No. r purposes of the repres 13b. Address (street an 13e. Fax No.	11d. Election Location MAIN BREAK ROOM 12b. Address (street a 100 SOUTH BEOFORT NYMT_KISCO 10549 tt (if none, so state) 1 sentation proceeding. d number, city, state, and 1	and number, D ROAD SUIT 2g, E-Mail Ac ILBERTOTI d ZIP code) 3f, E-Mail Ad	city, state, and ZIP code) E 340 ddress OMENDOZA@HOTMAIL.COM		
any such election. 11b. Election Date(s): 4/3/2020 12a. Full Name of Petitioner (including GILBERTO MENDOZA Local 660 UWA 12c. Full name of national or international New York 12d. Tel No. (646) 355-5291 13. Representative of the Petitioner wh 13a. Name and Title 13c. Tel No. I declare that I have read the above petitioner when the term of the petitioner when the term of term of the term of the term of term	11c. E 6am - 9 1ocal name and m 1abor organization 12e. Cell No. (646) 355-5291 o will accept serv 13d. Cell No. 13d. Cell No. ition and that the Signature GILBERTO MENDO	lection Time(s): Dam & 1pm - 5pm umber) of which Petitioner i ice of all papers fo statements are true	s an affiliate or constituer 12f. Fax No. r purposes of the repres 13b. Address (street an 13e. Fax No. e to the best of my know Title	11d. Election Location MAIN BREAK ROOM 12b. Address (street a 100 SOUTH BEOFORT NYMT_KISCO 10549 tt (if none, so state) 1 sentation proceeding. d number, city, state, and 1 vledge and belief.	and number, D ROAD SUIT 2g. E-Mail Ac ILBERTOTIT d ZIP code) 3f. E-Mail Ad Date 03/9/2020	city, state, and ZIP code) E 340 ddress COMENDOZA@HOTMAIL.COM dress 11:31:20		

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.

BY:_____

DO NOT WRITE IN THIS SPACE					
Case	Date Filed'	i a			
02-RC-257861	3-9-20				

Attachment

Employees Included

all full and part time ticketing and customer services employees

Employees Excluded

MANAGERS, SUPERVISORS AND ALL ACCORDING TO THE ACT

UNITED STATES GOVERNMENT DO NOT WRITE IN THIS SPACE							
NATIONAL LABOR RELATIONS BOARD Case No. Date Filed RC PETITION 02-RC-258153 3/12/20							Filed 2/20
INSTRUCTIONS: Unless e-Filed us	ing the Agend	cy's website, www	w.nlrb.go	ov, submit a	an original of this	s Petition to a	n NLRB office in the Region
in which the employer concerned is	s located. Th	e petition must b	be accom	panied by	both a showing o	of interest (se	e 6b below) and a certificate
of service showing service on the	employer and	I all other parties	named i	n the petitio	on of: (1) the pet	ition; (2) State	ement of Position form
(Form NLRB-505); and (3) Descript	ion of Repres	entation Case Pr	rocedures	s (Form NL	RB 4812). The s	howing of int	erest should only be filed
with the NLRB and should not be s	erved on the	employer or any	other pa	rty.		-	
1. PURPOSE OF THIS PETITION: RC-CER							
bargaining by Petitioner and Petitioner de requests that the National Labor Relat							
2a. Name of Employer	iono bouru pro				t(s) involved (Street		
Millennium Tower Residences		30 Wes	st Street,	, New York	, NY, 10004		
3a. Employer Representative - Name and					s 2b - state same)		
Patrick Crotty (Resident Manager)					York, NY 10280		
3c. Tel. No. (646)884-5110	3d. Cell No.		3e. Fax No (212) 73			3f. E-Mail Add	lfordmgmt.com
4a. Type of Establishment (Factory, mine, w	holesaler etc.)	4b. Principal produ					and State where unit is located:
Residential Building	noicearci, etc.y	Building service				New Yo	
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: All building service	workere						16
1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	e workers						6b. Do a substantial number (30% or more) of the employees in the
statutory guards an	d supervis	ore					unit wish to be represented by the
statutory guards an	iu supervis	5015					Petitioner? Yes 🖌 No
Check One: 7a. Request for red	cognition as Barg	gaining Representativ	ve was mad	de on (Date)	ar	nd Employer dec	lined recognition on or about
		(If no reply received,		111.1		2.0	
8a. Name of Recognized or Certified Barg		ed as Bargaining Rep	and the second se	e and desires of b. Address	certification under the	e Act.	
none	anning Agent (n	none, so statej.	0	b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No	D.		8f. E-Mail Add	ress
0					0	0.5.1.1.5	
8g. Affiliation, if any		81	in. Date of F	Recognition or	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the En	nplover's establis	shment(s) involved?	20	If so, approx	imately how many er	nolovees are pa	rticipatino?
		, has picket					
10. Organizations or individuals other than P						resentatives and	other organizations and individuals
known to have a representative interest in an						Coontatives and	ouner organizations and individuals
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
					10e. Fax No. 10f. E-Mail Ac		10f. E-Mail Address
11. Election Details: If the NLRB conducts any such election.	an election in thi	s matter, state your p	position with	h respect to	11a. Election Type	: 🖌 Manual	Mail Mixed Manual/Mail
11b. Election Date(s):		ection Time(s):			11d. Election Locat		
nearest Monday		30 am, 2:30pm-3:30	Opm		Break Room- 30 West Street, New York, NY, 10004		
12a. Full Name of Petitioner (including loc SEIU Local 32BJ					25 West 18th Stree		ity, state, and ZIP code) Y 10011
12c. Full name of national or international lab SEIU	or organization	of which Petitioner is	an affiliate	or constituent	t (if none, so state)		
12d. Tel No. 212 388-3800	12e. Cell No.		12f. Fax No	ax No. 12		12g. E-Mail Ad	dress
13. Representative of the Petitioner who w	vill accept servi	ce of all papers for	purposes of	of the repres	entation proceeding	g.	
13a. Name and Title Katchen Loc	ke, Attorr	ney		ess <i>(street and</i> Street, New Yo	number, city, state, rk, NY 10011	and ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fax N			13f. E-Mail Add	
212 539 2941	1.4					klocke@seiu32	bj.org
I declare that I have read the above petitio				t of my know	ledge and belief.		
Name (Print) Sign	Kahh	n	Title	mney		Date	-11-20
WILLFUL FALSE STATEMEN	TS ON THIS PE	TITION CAN BE PU	And and a second s		MPRISONMENT (U.	S. CODE, TITLE	E 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		DO NOT WRITE IN THIS SPACE					
RC PE	Case No. 02	2-RC-258334	Date	03/23/2020			
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 i							
of service showing service on the							
(Form NLRB-505); and (3) Descript				RB 4812). The sl	howing of int	erest should only be filed	
with the NLRB and should <u>not</u> be s	erved on the	employer or any	other party.				
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de	RTIFICATION OF	ed as representative	'E - A substantial number of the employees. The I	Petitioner alleges th	nat the following	g circumstances exist and	
requests that the National Labor Relat	ions Board proc						
2a. Name of Employer			Iress(es) of Establishment			, State, ZIP code)	
Safe Passage Project		185 W	est Broadway, New		3		
3a. Employer Representative – Name and			3b. Address (If same as	2b – state same)			
Rich Leimsider, Executive Dire	ctor		Same				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	ress	
(212) 324-6558					rleimsider	@safepassageproject.org	
4a. Type of Establishment (Factory, mine, w	(holesaler_etc.)	4b. Principal prod	uct or service			and State where unit is located:	
4a. Type of Establishment (Factory, mine, w		4b. Philopai prod			New Yo		
Sh. Description of Unit Investored					new ro		
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See addendur	n					26	
						6b. Do a substantial number (30%	
Excluded:						or more) of the employees in the unit wish to be represented by the	
						Petitioner? Yes \checkmark No	
			(D. (.). (0/40/00			
Check One: 7a. Request for re				<u>3/16/20</u> ar	id Employer dec	lined recognition on or about	
	(Date)	(If no reply received,	, so state).				
			presentative and desires of	certification under the	e Act.		
8a. Name of Recognized or Certified Bar	gaining Agent (II	f none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any		8	3h. Date of Recognition or	Certification	8i. Expiration [Date of Current or Most Recent	
					Contract, if any	y (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved?	No If so, approxi	imately how many er	nployees are pa	rticipating?	
(Name of labor organization)		has nicke	ted the Employer since (A	Month Day Vear			
						· · · · · · · · · · · · · · · · · · ·	
10. Organizations or individuals other than I					resentatives and	d other organizations and individuals	
known to have a representative interest in a	ny employees in	the unit described in	illem ob above. (Il none,	so state)			
10a. Name	10b Ad	droop		10a Tol No		10d. Cell No.	
IUd. Name	10b. Ad	uless		10c. Tel. No.		Tud. Cell No.	
				405 E-11 No		10f E Mail Address	
				10e. Fax No.		10f. E-Mail Address	
14 Election Detailer Kithe MUDD and the	an election in thi	a matter state war	position with room out to				
 Election Details: If the NLRB conducts any such election. 	an election in th	s matter, state your	position with respect to	11a. Election Type	Manual	✓ Mail Mixed Manual/Mail	
11b. Election Date(s):	11c F	ection Time(s):		11d. Election Loca	tion(s)		
4/1/20 - 4/10/20	N/A			N/A			
12a. Full Name of Petitioner (including lo		umber)			et and number	city, state, and ZIP code)	
UAW Local 2325 - Association of Legal A				50 Broadway, Su			
12c. Full name of national or international la	2 V	,	s an affiliate or cons ituent				
United Auto Workers, AFL-CIO	10 0		101 5 11		10 5 1 1 1		
12d. Tel No. (212) 343-0708	12e. Cell No.		12f. Fax No. (212) 343-0966		12g. E-Mail Ad	Idress	
13. Representative of the Petitioner who	will accept servi	ce of all papers for	r purposes of the repres	entation proceedin	g.		
13a. Name and Title Allyson L. Below	vin Attorney	1	13b. Address (street and	number city state	and ZID code)		
13a. Name and The Thryson D. Dero	in, Automey		Levy Ratner, P.C., 80 Eighth				
12c Tel No	12d Coll No			Aronae, our Floor New		drace	
13c. Tel No. (212) 627-8100	13d. Cell No. (646) 326-9096		13e. Fax No. (212) 627-8182		13f. E-Mail Ad		
				lodgo and balief	abelovin@levy	Taulet.com	
I declare that I have read the above petiti	on and that the	statements are true	to the best of my know	leage and bellet.			
	nature 100,08	PRI.	Title		Date		
Allyson Belovin	Acups	of ben	Attorney		March 23,	2020	
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAN BE PL	INISHED BY FINE AND	IMPRISONMENT (1)	S CODE TITL	E 18 SECTION 1001)	

PRIVACY ACT STATEMENT

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ADDENDUM TO RC PETITION

Petitioner - UAW Local 2325 - Association of Legal Aid Attorneys

Description of Unit Involved:

Unit description (with job classifications):

Included: All full-time and regular part-time workers employed by the Employer including but not limited to Paid Fellow, Legal Clerk, Operations Assistant, Operations Associate, Senior Operations Associate, Development Associate, Paralegal, Program Associate, Senior Staff Attorney, Social Worker, and Staff Attorney

Excluded: Managing Attorney, Supervising Attorney, Deputy Executive Director, Legal Director, Executive Director, Supervising Social Worker, Development Manager, Head of Finance and Operations, Director of People and Operations, interns, guards, confidential employees, supervisors and managerial employees.