UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION AMENDED

DO NOT WRITE IN THIS SPACE										
Case No.	02-RC-251076	Date Filed	11/5/2019							

INSTRUCTIONS: Unless e-Filed usi in which the employer concerned is of service showing service on the e (Form NLRB-505); and (3) Descripts with the NLRB and should not be s	s located. Themployer and ion of Represerved on the	e petition musi all other partie entation Case employer or an	t be accompanied by es named in the petition Procedures (Form NL any other party:	both a showing or on of: (1) the petit RB 4812). The sh	f interest (se ion; (2) State owing of int	e 6b below) and a certificate ement of Position form erest should only be filed				
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) A Building Condominium 425 E. 13th Street New York, NY 10009										
3a. Employer Representative – Name and Title Robin Miller, Property manager, The Andrews organization INC. 3b. Address (If same as 2b – state same) 666 Broadway New York, N.Y. 10012										
3c. Tel. No. (212) 529-5688	3d. Cell No.		3e. Fax No. 212 529 7987		3f. E-Mail Addi info@andre	wsbc.com				
4a. Type of Establishment (Factory, mine, w Residential building 5b. Description of Unit Involved	noiesaier, etc.)	4b. Principal pro building servi				ork; N.Y.				
Included: All building service	workers				1	6a. No. of Employees in Unit: About 8				
Excluded:	an mana) of the annalyses to the									
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 Barg none	aining Agent (II	none, so state).	8b. Address							
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess				
8g. Affiliation, If any			8h. Date of Recognition or	r Certification	Pate of Current or Most Recent (Month, Day, Year)					
Is there now a strike or picketing at the En (Name of labor organization)			? NO if so, approx keted the Employer since (•		ticipating?				
Organizations or individuals other than P known to have a representative interest in an int	etitioner and tho	se named in items	8 and 9, which have claim	ed recognition as repr		other organizations and individuals				
10a. Name	10b. Add	dress		10c. Tel. No. ;		10d. Cell No.				
				10e. Fax No.		10f. E-Mail Address				
 Election Details: If the NLRB conducts any such election. 	··· · · · · · · · · · · · · · · · · ·		r position with respect to	11a. Election Type:		Mail Mixed Manual/Mail				
11b. Election Date(s): Earliest Thursday	3:30pm	ection Time(s): - 4:30pm	·	11d. Election Locati Locker room	· · · · · · · · · · · · · · · · · · ·					
12a. Full Name of Petitioner (including loc Katchen Locke	·	<u> </u>		25 West 18th Stree		ity, state, and ZIP code) Y. 10011				
12c. Full name of national or international lat SEIU LOCAL 32BJ		of which Petitioner		t (if none, so state)						
12d. Tel No. 212 388-3800	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress				
13a. Name and Title Katchen Loc	· ·		13b. Address (street and 25 West 18th Street New Yo	d number, city, state, a						
13c. Tel No. 212 388-3800	13d. Cell No.		13e. Fax No.		13f. E-Mail Ado Klocke@seiu3					
I declare that I have read the above petition	<u> </u>	statements are tro	,	ledge and belief.						
Name (Print) Sign Katchen Locke Z	nature Kry Lw X	UKC.	Attorney 'X & O	NEW	Date //-	5-19				

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations AG (NLRB), 254.5.6.315 (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

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UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE											
		Date Filed									
	02-RC-251237	11/06/2019									

INSTRUCTIONS: Unless e-Filed us employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must named in the	st be accomp petition of: (panied by 1) the pe	y both a sh tition; (2) S	nowing of interest (see Statement of Position	e 6b below) an form (Form NL	d a certificat .RB-505); an	e of service showing d (3) Description of i	g service on Representation	
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboration	ioner desires to	be certified a	is represe	entative of th	he employees. The Pet	litioner alleges	that the foli	owing circumstance		
2a. Name of Employer: County Wide Carting LTD			120 T	ress(es) of orne Vall rn, NY 10		ved (Street and	number, City,	Stele, ZIP code):		
3a. Employer Representative - Nan Mooshe Jacobowitz	ne and Title:		3b. Add Same	•	ne as 2b - slate same):	·····				
3c. Tel. No. 845-425-0286	3d. Cell No.	·		3e. Fax No	5 .	3f. E-Mail	Address			
4a. Type of Establishment <i>(Factory, a</i> Sanitation	mine, wholesale	r, etc.)		· ·	nal Product or Service nanagement service	es	5a. City an Hillburn,	d State where unit is NY	located:	
5b. Description of Unit Involved: included: All full-time and part-time empl	loyees						6a. Numbe	r of Employees in Un	it:	
Excluded: Clerical and professional employees for rec	<u> </u>			wee med-	on (Poto)		of the e represe	ubstantial number (30 mployees in the unit inted by the Petitione feclined recognition	wish to be	
on or about (Date)	ogniuon as bar			e was made sceived, so	• •	ar	ia Embiohet c	recimed recognition		
7b. Petitioner is cui		ed as Bargain	ing Repr	esentative a	and desires certification	under the Act.				
8a. Name of Recognized or Certific	ed Bargaining /	Agent (If non	e, so stat	e) 8b. Ad	ddress:					
8c. Tel. No.	8d. Cell No.			8e. Fax No	э.	8f. E-Mail	Address	dress		
8g. Affiliation, if any:			81	n. Date of R	ecognition or Certificat			irrent or Most (Month, Day, Year)		
9. Is there now a strike or picketing a	t the Employer's	s establishme	ent(s) invo	lved? No	If so, approxi	imately how ma	ny employee:	s are participating?		
(Name of Labor Organization)						, has picketed	d the Employe	er since (Month, Day,	Yoar)	
Organizations or individuals othe individuals known to have a repre None								es and other organiza	tions and	
10a. Name	101	b. Address		10c.			10c. Tel. No. 10d. C			
				10e. F			0e. Fax No. 10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and elec	tion in this m	atter, stat	e your posi	tion with respect to any	such election:	11a. Election	••	xed Manual/Mail	
11b. Election Date(s):	110	c. Election Tir	me(s):			11d. Electi	on Location(s		ACC WATGOD WAG	
Friday, December 6, 2019		30AM-9AM				Compan	•	·	~ 12 17 17 17 18	
12a. Full Name of Petitioner <i>(includ</i> Waste Material, Recycling, a 108	-			s' Local	12b. Address (street a 121 E 24 Street New York, NY 10		y, State and Z		<u> </u>	
12c. Full name of national or internat Laborers' International Union o	•			oner is an a	affiliate or constituent (i	f none, so state	J:	RY:		
12d. Tel. No. (212) 925-9634	12e. Celi No.			12f. Fax N		12g. E-Ma		NAY O	r ome	
13. Representative of the Petitione 13a. Name and Title: Tamir Rosenblum, Esq., Gel Mason Tenders District Coul	neral Counse	el	,	13b. Addre 520 8th	poses of the represeness (street and number Avenue, Suite 65 ork, NY 10018	, city, State and	•	· **** (F)	v Zuly	
13c. Tel. No. (212) 452-9451	13d. Cell No.		·/·	13e. Fax N		13f. E-Mall		ntenders.org		
I declare that I have read the above Name (Print)	e petition and t	Signatur		re true to ti	he best of my knowle				Date	
Tamir Rosenblum		10	\mathbb{K}_{n}		146	General Cou	ınsel		11/5/2019	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

Date Filed

DO NOT WRITE IN THIS SPACE

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v			10			

RC PETITION						1 02-	RC-251	1485		NOV	8. 2019
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	ne petition must b named in the peti	e accomp tion of: (1)	anied by) the pet	both a sho ition; (2) St	owing of interest (atement of Positi	of this P (see 6b b tion form (etition to a elow) and Form NLR	an NLRB of a certificate B-505); and	of service s i (3) Descript	gion in wh showing se tion of Rep	ich the rvice on resentation
PURPOSE OF THIS PETITION: R bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be	certified as	represe	ntative of the	e employees. The	Petitione	r alleges ti	hat the follo	wing circum	istances ex	
2a. Name of Employer:			2b. Addr	ess(es) of E	stablishment(s) in	nvolved (S	treet and n	umber, City,	State, ZIP co	de):	
Quality Protection Service	es, Inc.		801 2	nd Ave,	#2, New Yor	rk, NY	10017				
3a. Employer Representative - Nam Tomasz Woszczak, Direc		1	3b. Addr		e as 2b - state sam	ne):					
3c. Tel. No. 212-883-0009	3d. Cell No.			3e. Fax No 212-883		I	f. E-Mail Ac ΓΟΜΑS	ddress Z@QBS	S.CO		
4a. Type of Establishment <i>(Factory, r</i> Commercial Building	nine, wholesaler, e	tc.)		4b. Principa Security	al Product or Servic	ice		5a. City and New Yor	d State where k, NY	unit is loca	ited:
5b. Description of Unit Involved:								6a. Numbe	r of Employee	s in Unit:	
Included:								10			
See Attached Excluded:								Sh Do a su	bstantial num	hor (30% c	r more)
See Attached								of the e	mployees in t nted by the P	he unit wis <u>t</u>	to be
Check One: 7a. Request for rec	ognition as Bargair	ing Repre	sentative	was made	on (Date)	NA	and		eclined recog		i ies 🔲 ito
on or about (Date)				ceived, so s	•						
7b. Petitioner is cur 8a. Name of Recognized or Certifie						auon unde	r the Act.				
National Union of Securit	•	•			06 Hillside A	Ave, Jai	maica, N	NY 1143	5		
8c. Tel. No.	8d. Cell No.			8e. Fax No		_	f. E-Mail Ad				
718-291-3498 718-526-2920								ez@nuse			
8g. Affiliation, if any:				h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 08/26/2019					/26/2019		
9. Is there now a strike or picketing a	t the Employer's es	tablishmer	nt(s) invo	lved? No	If so, app	•	•		are participa		
(Name of Labor Organization) 10. Organizations or individuals other	than Datitions on	d those no	mod in it	ome 9 and 0) which have clain				er since (Mon		
individuals known to have a repre									S and outer o	- gameauon	3 and
10a. Name	10b. A	ddress				1	0c. Tel. No).	10d. Cell No		
				10e. Fa			0e, Fax No	. Fax No. 10f. E-Mail Address			
····											
11. Election Details: If the NLRB co	nducts and electior	in this ma	atter, stat	e your posit	ion with respect to	any such	election:	11a. Election Manua		☐ Mived	Manual/Mail
To be determined 11b. Election Date(s):	1110 =	lection Tim	no(e):				1d Electio	n Location(s	=	IVIIXEG	- Iviai iuai/iviaii
ASAP	ASA		10(3).					oom if a			
12a. Full Name of Petitioner (include					12b. Address (str						
Federal Contract Guards		·			445 Park Av						
12c. Full name of national or internat NONE	ional labor organiz	ation of wh	ich Petiti	oner is an a	ffiliate or constitue	ent (if none	e, so state):				
12d. Tel. No.	12e, Cell No.			12f. Fax No			12g. E-Mail				
212-541-3753			- 10	917-32					@fcgoa.c	om	
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Title:					-			-			
Kim Nguyen - Vice President/Legal Counsel					•		nber, city, State and ZIP code): Tork, NY 10022				
13c. Tel. No.	13d, Cell No.			13e. Fax N		1	13f. E-Mail Address				
212-541-3753	917-747-83			917-32				YEN@F	CGOA.C	UM	
I declare that I have read the above Name (Print)	e petition and tha			re true to th	ie best of my kno	owledge a	nd belief.				Date
KIM NGUYEN		Signature	L	àh.	· c		e Presid	lent/Leo:	al Counse	:l	11/7/2019
			<u>~~</u>	\sim	==>						

RC Petition - Quality Protection Services, Inc.

5b. Description of Unit Involved:

Included:

1

All full-time and regular part-time Security Officers performing guard duties who work for the Employer on site located at 110 William Street, New York, NY.

Excluded:

All other employees, including administrative, clerical, and non-guards, as defined by the National Labor Relations Act.

Name (Print) Benjamin N. Dictor

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
02-RC-251594	11-12-19							

NATIONAL LABOR F		ARD	Case No.		Date Fi	i				
RC PE				C-251594	 	12-19				
INSTRUCTIONS: Unless e-Filed us										
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 s	erved on the	employer or any	other party.	•	_					
PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de requests that the National Labor Relat	RTIFICATION OF esires to be certifi	REPRESENTATIV	/E - A substantial number e of the employees. The f	Petitioner alleges tha	t the following	circumstances exist and				
2a. Name of Employer			ress(es) of Establishment							
NBCUniversal Media, LLC		30 Ro	ckefeller Plaza, Roo	m 4750E, New Y	ork, New Yo	ork, 10112				
3a. Employer Representative – Name and			3b. Address (If same as	2b - state same)						
Jason Laks, Sr. Vice President - L	.abor Relatio	ns	Same		-					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addre					
(212) 664-3291					Jason.Laks@	nbcuni.com				
4a. Type of Establishment (Factory, mine, w	/holesaler, etc.)	4b. Principal prod			5a. City a	nd State where unit is located:				
Digital News and Media Publisher		News and Me	dia		Nationw					
5b. Description of Unit Involved				··		6a. No. of Employees in Unit:				
Included: See rider, attached	d					Approximately 150				
Excluded: See rider, attached					ļ	6b: Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No				
			income and an (Date) A	0/00/40						
10/30/19	(Date)	(If no reply received	•			ned recognition on or about				
			presentative and desires of	certification under the	Act.					
8a. Name of Recognized or Certified Barg None	gaining Agent (#	r none, so state).	8b. Address			}				
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addre	ess				
8g. Affiliation, if any			8h. Date of Recognition or			ate of Current or Most Recent (Month, Day, Year)				
9. Is there now a strike or picketing at the El	molover's establis	shment(s) involved?	No If so, approx	imately how many emi	plovees are part	icipating?				
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)	<u></u>					
Organizations or individuals other than I known to have a representative Interest in a None					esentatives and	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 you	r position with respect to	11a. Election Type:	Manual	Mail / Mixed Manual/Mail				
11b. Election Date(s): See rider, attached,		lection Time(s): ler, attached.		11d. Election Location See rider, attached.						
12a. Full Name of Petitioner (including to The NewsGuild of New York Local 31003				12b. Address (stree	t and number, c	ity, state, and ZIP code)				
12c. Full name of national or international la The NewsGuild, Communications Workers			is an affiliate or constituen	t (if none, so state)						
12d. Tel No. (212) 575-1580	12e. Cell No.		12f. Fax No.		12g. E-Mail Add	iress				
13. Representative of the Petitioner who	will accept serv	ice of all papers fo	r purposes of the repres	entation proceeding						
13a, Name and Tille Benjamin N			13b. Address (street and Eisner & Dictor, P.C., 39 Bro	d number, city, state, a	and ZIP code)	006				
13c. Tel No. (212) 473-8700	13d. Cell No.	 	13e. Fax No. (212) 473-8705		13f. E-Mail Add ben@eisnerdic	ress				

Signature

Benjamin V. Dictor

Counsel

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

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

PRIVACY ACT STATEMENT

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

Rider to National Labor Relations Board RC – Petition

5b. Description of Unit Involved

INCLUDED: All full-time and regular part-time editorial employees employed by NBC News Digital to create editorial content for initial distribution on NBC News Digital platforms (currently nbcnews.com, TODAY.com, msnbc.com, NBC News Now, and Stay Tuned), including editors, reporters, producers, writers, production assistants, editorial designers, animators, and graphic artists.

EXCLUDED: All other employees, including employees based outside the United States, independent contractors, confidential employees, managerial employees, temporary employees, guards and supervisors under the National Labor Relations Act.

11. Election Details:

The Petitioner proposes a mixed manual and mail ballot election. Any employee whose normal physical work locations are the Employer's office listed below shall vote at the polling location and times set forth below. Employees who are eligible to vote, and whose normal physical work locations are not the Employer's office listed below shall vote by secret ballot carried out through the U.S. mail under the supervision of the Regional Director of the National Labor Relations Board (NLRB), Region 2. Any employee, the Petitioner, or the Employer may request a mail ballot be mailed to any eligible employee who is authorized or directed by their editorial managers of the Employer to be away from their normal physical work locations for a work assignment on the day of the election, provided that such request is received by the Region no later than the close of business on December 6, 2019.

11c. Election Time(s):

The Petitioner proposes that manual balloting be conducted at the following times in the Employer's offices as follows:

Locations / Polls	Date(s) and Time(s)
30 Rockefeller Plaza, New York, NY	Wednesday Dec. 4, 2019
[Conference room TBD]	10:00 a.m. EST – 8:00 p.m. EST

The Petitioner proposes that mail ballots be mailed on November 22, 2019 to eligible voters from the National Labor Relations Board, Region 2, 26 Federal Plaza, Room 3614, New York, New York 10278-0104.

The Petitioner proposes that all mail ballots must be received at the Region 2 office located at 26 Federal Plaza, Room 3614, New York, New York 10278-0104 by the close of business on December 12, 2019

The Petitioner proposes that ballots will be mingled and counted at 10:00 a.m. on December 13, 2019 at the Region 2 office located at 26 Federal Plaza, Room 3614, New York, New York 10278-0104.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
02-RC-251667	11-13-19							

INSTRUCTIONS: Unless o-filed using the Agency's website; [WWW.tlife.gov/.], submit an original of this Patition to an NLRB office in the Region in which the employer concerned is located. The patition 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 patition of: (1) the patition; (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 amployees wish to be represented for purposes of collective bargaining by Palitioner and Petitioner desires to be certified as representative of the employees. The Politioner 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): 241 Route 100, Somers, NY 10589 Somers Sanitation, Inc. 3a, Employer Representative - Name and Title: 3b. Address (if same as 2b - state came): Daniel Balboni, General Manager 8 Viaduct Road, P.O. Box 17250, Stamford, CT 06907 31. E-Mell Address customerservice@citycart.net 3d. Cell No. (203) 327-4880 (203) 324-4090 dbalboni@citycart.net 4b. Principal Product or Service 5a. City and State where unit is located: Somers, New York 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Solid Waste Collection Waste Collection 6a. Number of Employees in Unit. 6b. Description of Unit Involved: included: All full-time and part-time drivers and driver helpers 6b. Do a substantial number (30% or more)
of the employees in the unit wish to be
represented by the Petitioner? | Yes | No All other employees, managers, supervisors, and guards as defined by the Act Check One: 78. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition (if no reply received, so state). on or about (Date) ☐ 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 Bc. Tel. No. Ad Cell No 8e Fex No. BI. E-Mail Address Bl. Expiration Date of Current or Most 8h. Date of Recognition or Certification 8g. Affiliation, if any: Recent Contract, If any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have dalmed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10d. Cel] No. 10b. Address 10a. Name 10/. E-Mail Address 10s, Fax No. 11. Election Octalis: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s) 11b. Election Date(s): 11c. Election Time(s) Somers, NY facility breakroom November 26, 2019 6:00 a.m. - 8:00 a.m. 12b. Address (street and number, city, State and ZIP code): 12s. Full Name of Petitioner (including local name and number): Local 456, International Brotherhood of Teamsters 160 South Central Avenue Elmsford, NY 10523 NOV 13 2019 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12g. E-Mail Address 12d, Tel, No. 12e. Cell No. 121, Fax No. 914-592-9500 914-592-4266 Domcassanelli@teamsterslocal456.com 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: Bryan T. Amault, Esq., Blitman & King LLP 443 North Franklin Street, Suite 300 Syracuse, NY 13204-5412 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13/. E-Mail Address (315) 378-3289 (315) 471-2623 btarnault@bklawyers.com (315) 422-7111 I declare that I have read the above petition and that the statements are true to the best of my knowledge and bolisf. Oate Name (Print) Signature 11/13/19 Bryan T. Amault Attorney

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
02-RC-251742	11-14-19							

	4.		•					02-RC-251	1742		11-1	4-19
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition named in (must be accom the petition of: (panied by	y boti tition	h a sh ; (2) S	owing of inte tatement of P	est (see osition fo	6b below) and orm (Form NL	l a certificat RB-505); an	e of service sh d (3) Descriptio	owing so in of Rep	ervice on Presentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboration	ioner desire:	s to be certified a	is represe under its	ntativ s proj	e of th per au	e employees. thority pursu	The Petit ant to Se	tioner alleges ction 9 of the	that the foli National La	owing circums bor Relations A	tances e	
2a. Name of Employer: C & W Services	-							ed (Street and) Plains N		, State, ZIP code	e):	
3a. Employer Representative - Name and Title: Gerald Spencer Operations Manager N.E.Region 3b. Address (if same as 2b - state same): 101 Federal Street, Suite 700, Boston, MA								A 02110				
3c. Tel. No. 1-617-428-2774	3d. Cell No 1-617-5	93-9669		1-6		51-0505		3f. E-Mail A Jerry.Sp		wservices.	com	
4a. Type of Establishment (Factory, r Office Building	nine, whole:	saler, etc.)				al Product or S g Mainten				d State where un Plains NY	nit is loce	ted:
5b. Description of Unit Involved: Included:									6a. Numbe 2	r of Employees	in Unit:	
Allfull and part time Chie Excluded: All office and professiona				ıper	viso	rs under th	e act.		of the e	ubstantial number imployees in the ented by the Peti	unit wist	to be
Check One: 7a. Request for reconnection on about (Date) 7b. Petitioner is cui	no n	eply (If r	no reply re	ceive	id, so s	state).	11/13/			leclined recognit		
8a. Name of Recognized or Certific				_	Bb. Ad							
8c. Tel. No.	8d. Cell No			8e. F	ax No			8f. E-Mail A	ddress		·	
8g. Affiliation, if any:	<u> </u>		8h					8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing a	t the Employ	rer's establishme	ent(s) invo	lved?		If so	approxim	· · · · · · · · · · · · · · · · · · ·		s are participatir		
(Name of Labor Organization) 10. Organizations or individuals other	than Petitic	oper and those n	amed in it	ems 8	and f	9. which have	claimed re			er since (Month, es and other org		
individuals known to have a repre	sentative in	terest in any em	ployees in	the u	init de:	scribed in item	5b above	s. (If none, so s	tate)	· -		
10a. Name		10b. Address						10c. Tel. N	D.	10d. Cell No.		
			, , N	0V	14	2019		10e. Fax N	0.	10f. E-Mail Add	Iress	
11. Election Details: If the NLRB ∞	nducts and	election in this m	atter, stat	e you	r posit	ion with respe	t to any s	such election:	11a. Election		Mixed	Manual/Mail
11b. Election Date(s): 12/5/2019		11c. Election Ti 10:00 to 10				- 43 A 44 E			on Location(s			
12a. Full Name of Petitioner (include International Union of Op	ing local na erating l	me and number) Engineers L	ocal 30)		12b. Address 16-16 WI	(street er nitestor	nd number, city ne Express	way, Wh	ZIP code): itestone N	Y 1135	7
12c. Full name of national or internat International Union of Op	ional labor o erating l	organization of w Engineers	hich Petiti	oner i	is an a	iffiliate or cons	tituent <i>(if i</i>	none, so state)	:			
12d. Tel. No. 718-847-8484 ext 209	12e. Cell N 917-680			12f. 718	Fax N 3-80:	o. 5-2172		12g. E-Mai vincent	Address iorentino	o@iuoeloca	130.or	g
13. Representative of the Petitioner who will accept service of all paper 13a. Name and Title: Vincent Fiorentino Organizer					Addre	ess (street and	number,	ation proceed city, State and way, White	ZIP code):	11357		
13c. Tel. No. 718-847-8484 ext 209	13d. Cell N 917-68	0-4291		718		5-2172		·	Address fiorentine	o@iuoeloca	130.or	g
I declare that I have read the above Name (Print)	e petition a	nd that the state		re tru	e to th	he best of my	knowled	ge and bellef. Title				Date
Vincent Fiorentino		Joignatui	1/2	M	7	Mac		Organizer				11-13-19

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WR	TE IN THIS SPACE
Case No.	Date Filed
02-RC-251847	11-15-19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/s, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: American Minuteman Sewer & Drain 307 S. Main Street, New City, New York 10956 Service 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Joseph A. Simonetti, Owner 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. 845-634-1050 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Sewer/Drain service & maintenan New City, New York Sewer and Drain Service 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full time and regular part-time sewer technicians and helpers. Excluded: All other employees including office clerical, managers, supervisors and 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No guards 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 NOV 15 2019 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8f. E-Mail Address 8c Tel No 8d. Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c Tel No 10d. Cell No. 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Time clock room - Employers facility 7:00 a.m. - 8:30 a.m. 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Specialty Trades Union Local 741 400 Columbus Avenue, Suite 145S, Valhalla, NY 10595 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Association Specialty Trades Union 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12d. Tel. No. 914-367-0277 914-574-5566 aflocal741@vahoo.com 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: Rothman Rocco LaRuffa, LLP, 3 West Main St, Ste 200, Elmsford, NY 10523 Gary Rothman, Esq. 13f. E-Mail Address 13c. Tel. No. 13d, Cell No. 13e. Fax No. 914-478-2913 grothman@rothmanrocco.com 914-478-2801 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature 11/15/19 Gary Rothman, Esq. Attorney for Local 741

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

FORM	NLRB-502	(RC
	(2-18)	

UNITED STATES OF AMERICA	DO NOT WRITE IN THIS SPACE						
ATIONAL LABOR RELATIONS BOARD	Case No.	Date Filed					
RC PETITION	02-RC-252055	11-19-19					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 bargeining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a, Name of Employer: Please see the attached document Please see the attached document 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): 52 Prince Street, New York, NY 10012 Sarah McNally 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. 212-274-1160 917-509-9924 sarah@mcnallyjackson.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Bookseller Books and events New York, NY 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: approx. 86 Please see the attached document 6b. Do a substantial number (30% or more) Excluded: of the employees in the unit wish to be represented by the Petitioner? 🗵 Yes Please see the attached document Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 11/19/2019 and Employer declined recognition (If no reply received, so state). on or about (Date) No reply 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None None 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. None None None None 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) None None None If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. Cell No. 10c. Tel. No. 10a. Name 10b. Address NOV 1 9 2019 None None None L None 10f. E-Mail Address 10e. Fax No. None None 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Manual Mail Mixed Manual/Mail 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s). 1:00PM - 4:00PM Please see the attached document December 3, 2019 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 370 Seventh Avenue, 14th Floor, New York, NY 10001 Retail, Wholesale, and Department Store Union, UFCW 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food and Commercial Workers 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 12d, Tel. No. diimenez@rwdsu.org 212-684-5300 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: Cary Kane LLP, 1350 Broadway, Suite 1400, New York, NY 10018 Christopher S. Baluzy, counsel 13f. E-Mail Address 13d, Cell No. 13e. Fax No. 13c. Tel. No. 646-599-9575 cbaluzy@carykane.com 212-871-0535 are true to the best of my knowledge and belief. I declare that I have read the above petition and that the statements Date **Fitte** Signature Name (Print) 11/19/19 Counsel Christopher S. Baluzy

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 may cause the NLRB to decline to invoke its processes.

Addendum to RC Petition Retail, Wholesale, and Department Store Union, UFCW

Question 2a.

McNally Jackson Books d/b/a McNally Robinson Booksellers LLC; McNally Jackson Seaport LLC; McNally Jackson Fayaway LLC; Goods for the Study LLC; Goods for the Study in SoHo LLC

Question 2b.

McNally Robinson Booksellers LLC, located at 52 Prince Street, New York, NY 10012

McNally Jackson Seaport LLC, located at 4 Fulton Street, New York, NY 10038

McNally Jackson Fayaway LLC, located at 76 N. 4th Street, Unit A, Brooklyn, New York 11249

Goods for the Study LLC, located at 50 W. 8th Street, New York, NY 10011

Goods for the Study in SoHo LLC, located at 234 Mulberry Street, New York, NY 10012

Question 5b.

Included: All employees, including all full-time and regular part-time

- Booksellers;
- Designated Booksellers;
- Baristas;
- Sales Floor Employees;
- Events Coordinators;
- Events Hosts:
- Kids Events Planners;
- Receiving Managers;
- Receivers:
- Returns Managers;
- Kids Managers
- Warehouse Employees;
- Spanish Language Managers;
- Bargain Books Managers;
- Merchandisers;
- Inventory Managers; and
- Buyers

Excluded: Store managers, temporary employees, and the following titles as defined by the Act: guards, supervisors, and confidential employees.

Question 11d.

The Union requests a manual ballot election to be held at each location identified in Question 2b. on December 3, 2019 between the hours of 1:00PM and 4:00PM.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
02-RC-252178	11-21-19						

INSTRUCTIONS: Unless e-Filed of employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 40	The petition is named in	must be accom the petition of: (panied b 1) the pe	y both a si tition; (2) :	howing of interest (s Statement of Positio	see 6b on form	below) an ı (Form NL	d a certifica .RB-505); ar	te of service Id (3) Descrip	showing : otion of Re	service on epresentation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desire	es to be certified a	s represe	entative of t	he employees. The P	etition	ner alleges	that the fol	lowing circu	mstances		
2a. Name of Employer:			2b. Add	ress(es) of	Establishment(s) inve	olved (Street and	number, City	, State, ZIP c	ode):		
Ames Early Childhood L	earning	Center	c/o R	o Rising Ground, 463 Hawthorne Ave, Yonkers NY 10705								
3a. Employer Representative - Na	me and Title	e:	3b. Add	ress (if san	ne as 2b - slate same) :						
Alan Mucatel, Executive	Director	r	SAM	AME								
3c. Tel. No. (914) 375-8700	3d. Cell N	0.		3e. Fax N	o. 963-6585		3f. E-Mail A		gground.c)rg		
4a. Type of Establishment (Factory,	mine, whole	esaler, etc.)			pal Product or Service				nd State wher		cated:	
Daycare	,				are/Education			Yonkers	, NY			
5b. Description of Unit Involved: Included:				-				6a. Numbe	er of Employe	es in Unit:		
See Attached								~24				
Excluded:									ubstantial nui			
See Attached								represe	employees in ented by the f	Petitioner?		
Check One: X 7a. Request for re- on or about (Date)	_			e was made eceived, so		20/.20	19 an	d Employer	declined reco	gnilion		
					and desires certification	on und	er the Act.					
8a. Name of Recognized or Certifi	ed Bargain	ing Agent (If none	e, so state	e) 8b. Ad	idress:							
NONE ~ ~ Z												
144 50 0	Tod Call N			9a Fay Ne			Of E Mail (ddross				
	8d. Cell No. 8e. Fax No.							8f. E-Mail Address				
8g. Affiliation, if an N	J		8h	h. Date of Recognition or Certification 8i. Expiration Date of Current Recent Contract, if any (Mon								
	A Ab - Coople	do ootoblish	-1/a\ ia.ua	1	Man appro				s are participa			
985 there now a strike or picketing a (Name of Labor Organization)	at the Emplo	yer's establishme	nu(s) invo	140	If so, appro		•		er since (Mon	· —		
10. Organizations or individuals other	r than Petiti	oper and those na	med in it	ame 8 and	9 which have claimed		 		<u> </u>		<u> </u>	
individuals known to have a repre										5. gu2010		
10a. Name		10b. Address					10c. Tel. N	0.	10d. Cell No.			
NONE							·· <u>·</u>	·				
	i			10				10e. Fax No. 10f. E-Mail Address				
11. Election Details: If the NLRB co	nducts and	election in this ma	itter, state	your posit	ion with respect to an	ny such	election:					
									I Mail	Mixed	Manual/Mail	
11b. Election Date(s):		11c. Election Tim		1 10 20				on Location(s): Middle/High School Gym				
11/26/2019			Uam ai	na 12:30	0pm-1:30pm	1.				oi Gym		
12a. Full Name of Petitioner (includ Ames Center Essential St	-	me ana number):			12b. Address (street 520 White Pla					11		
Ames Center Essential St	all				SZO WHITE I IA	11115 T	Coau, 1	arrytown	141 1055	1		
12c. Full name of national or internat			ich Petitic	ner is an a	ffiliate or constituent ((if none	e, so state)					
New York State United T												
12d, Tel. No. 914-592-4411	12e. Cell N	lo.		12f. Fax No 201-22		1	I2g. E-Mail	Address				
13. Representative of the Petitione	r who will a	ccent service of				ntation	n proceedi	ng.				
13a. Name and Title:					ss (street and numbe						}	
Julie Berman, Organizer		1			ains Rd., Suite 400, Tarrytown, NY 10591				91			
13c. Tel. No.	13d. Cell N	0.		13e. Fax N	0.	1	3f. E-Mail	Address				
914-592-4411	646-76			201-22	*		jberman@nysutmail.orgJu					
declare that I have read the above												
Name (Print)		Signature	0.15	, ,		Title					Date	
JULIE BERMAN		1 :	NUŪ	15_		Org	ganizer				11/20/19	

2A.

Please note full name of employer is: Marion & George Ames Early Childhood Learning Center of Rising Ground.

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Included: All regularly employed full time, "per diem," and part-time teachers, assistant teachers, assistants to the administrator, IEP/Curriculum Coordinators, and clinicians.

Excluded: All other employees.

UNITED STATES GOVERNMENT.
NATIONAL LABOR RELATIONS BOARD
PC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
02-RC-252326	11-22-19

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of Interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Relitioner and Petitioner desires to be certified as representative of the employees. The Potitioner 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 Eye and Ear Infirmary of Mount Sinai 310 E. 14th Street, New York, NY 10003 3a. Employor Representativo - Name and Title 3b. Address (if same as 2b - state same) Jeff Cohen, System VP Labor Relations and Human Resources 19 E. 98th Street, Suite 2H, New York, NY 10029 3c. Tel. No. 3d, Cell No. 3e. Fax No. 3f. E-Mail Address 212-241-8381 646-352-1798 212-876-7344 jeff.cohen@mountsinai.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: New York, NY Hospital **Acute Care** 5b. Description of Unit involved 6a. No, of Employees in Unit: @32 Included: All full-time and regular part-time business office clerical employees employed at 310 E. 14th Street and 160 6b. Do a substantial number (30% Water Street. or more) of the employees in the Excluded: unit wish to be represented by the All other employees, including security guards and supervisors defined by the act. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Dale) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO ______If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year). 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e Fax No 11. Election Datails: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual]Mail _ Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): December 11, 2019 at both sites E. 14th St: 5-7 pm. Water St: 12-2 pm E. 14th St. Room 314. Water St. Room 2433 or 2408 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city; state; and ZIP code) 1199SEIU United Healthcare Workers East 310 West 43rd Street, 5th Floor, New York, NY 10036 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employee International Union 12d. Tel No 12e. Cell No. 12g. E-Mail Address 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Tille Pamela Jeffrey 13b. Address (street and number, city, state, and ZIP code) 60 8th Avenue, 8th Floor, New York, NY 10011 13c, Tel No. 13d Cell No 13e Fax No 131 F-Mail Address 212-627-8100 917-363-3015 212-627-8182 Pjeffrey@levyratner.com I declare that I have read the above petition and that the statements are Mue to the best of my knowledge and belief. Date Pamela Jeffrey Attomey 11/21/2019

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

PRIVACY ACT STATEMENT

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

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BY:_.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
02-RC-252350	11/25/19

		RC PETITIC	ON			02	-RC-25	2350		-11/2	25/19		
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition named in	must be accom the petition of: (panied by (1) the peti	both a si tion; (2) S	howing of interest (Statement of Position	see 6b on form	below) and n (Form NLI	l a certificat RB-505); an	e of service s d (3) Descript	howing ion of F	, service (Represent	on lation	
PURPOSE OF THIS PETITION: For bargaining by Petitioner and Petitioner and Laboratory Application of the Petition of the	oner desire	s to be certified a	as represen	tative of t	he employees. The	Petitio	ner alleges (that the foli	owing circum	stance			
2a. Name of Employer: The Paley Center for Med	ia		25 We	2b. Address(es) of Establishment(s) involved (Street and number, City; State, ZIP code): 25 West 52nd Street New York, NY 10019									
Ba. Employer Representative - Nam	d Tid-				·	-1.							
Maureen J. Reidy, Preside			Same	555 (II S a II	ne as 2b - state sam	e):							
c. Tel. No. 212) 621-6600	3d. Celi No	Э,		3e. Fax No	o.		3f. E-Mail A MReidy		enter.org		.,		
a. Type of Establishment <i>(Factory, n</i> Museum	nine, whole	saler, etc.)		4b. Princip Museui	pal Product or Service m	;e			d State where ork, NY	unit is l	ocated:		
b. Description of Unit Involved: ncluded: Cechnicians, Audio Technicians, Se Media Content Coordinators emplo							and Digital	6a. Numbe 7	r of Employee	s in Uni	t:		
All other employees.	, oc at the 1			on send		•••		of the e	ibstantial num mployees in the inted by the Pe	ne unit v	vish to be	,	
Check One: (x) 7a. Request for reconnection or about (Date)			esentative v			1/15/1	9 and	Employer o	leclined recog	nition			
☐ 7b. Petitioner is cur a. Name of Recognized or Certifie None					and desires certificat ddress:	ion und	der the Act						
ic. Tel. No.	8d. Cell No	o,	8	Be. Fax No	0.		8f. E-Mail Address						
g. Affiliation, If any:	8h.						rrent or Most (Month, Day,)	(ear)	· · · · · · · · · · · · · · · · · · ·	. — .,			
. Is there now a strike or picketing a	t the Emplo	yer's establishme	ent(s) involv	ved? No	If so, appr	oximat	ely how man	y employee:	are participal	ting?			
(Name of Labor Organization) 0. Organizations or individuals other individuals known to have a repre						ed reco	ognition as re	presentative	er since (Mont es and other or				
0a. Name		10b. Address		·····	 		10c. Tel. No).	10d. Cell No.				
						10e. Fax No	No. 10f. E-Mail Address						
1. Election Details: If the NLRB co	nducts and	election in this m	atter, state	your posi	ition with respect to a	any suc	ch election:	11a. Election			ed Manua	al/Mail	
1b. Election Date(s): ASAP		11c. Election Th	me(s):				11d. Election Location(s):						
2a. Full Name of Petitioner (includ Theatrical Protective Unic CIO, CLC				AFL-	12b. Address (stre 320 West 46 New York, N	th Str	eet	, State and 2	IP code):			-	
2c. Full name of national or internat nternational Alliance of Theatrical									Territories an	id <u>C</u> ana	da, 🕰 L-0	CIO	
2d. Tel. No. 212) 333-2500	12e. Cell I	10 .		12f. Fax N (212) 3	io. 199-6691		12g. E-Mail	Address		m ≤		79	
Representative of the Petitione As Name and Title: Nicholas J. Johnson, Counse		accept service o	11	13b. Addr	poses of the repretess (street and num Lipton LLP, 17	ber. cit	v. State and	ZIP code):	, New Yor	<u>-<</u>	N 18019	0107	
3c. Tel. No. (212) 765-2100	13d. Cell I	No.		13e. Fax I (212) 7	No. 165-8954	13f. E-Mail njohnso		klipton.co		-⊒- 	<i>V</i>)		
declare that I have read the above Name (Print)	petition a	nd that the state	27.5	true to t	he best of my know	viedge				<u> </u>	Jate		
Nicholas I. Johnson		Signatur	1///	(1/2 -		ninsel				11/2	5/19	

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS S	PACE
1	Case No.	Date Filed
	02-RC-252542	11-26-19

	•	<u> </u>			02-NC-2	JZJ4Z	11-20-19				
INSTRUCTIONS: Unless e-filed u employer concerned is located. I the employer and all other parties Case Procedures (Form NLRB 48	he petition mus named in the p	t be accompanie elition of: (1) the	d by both a si petition; (2) :	howing of interest Statement of Positi	(see 6b below) ion form (Form	and a certifica NLRB-505); as	ite of service showing service on id (3) Description of Representation				
PURPOSE OF THIS PETTION: bargaining by Petitioner and Petitioner and Petitional Laboratory requests that the National Laboratory	tioner desires to b	e certified as repr	esentative of C	he employees. The	Petitioner alle	ges that the fol	lowing circumstances exist and				
2a. Name of Employer:		2b. /	Address(os) of	Establishment(s) in	volved (Street a	und number, Cit	y, State, ZIP code):				
Prestige Management		Ple	ease see attached.								
3a. Employer Representative - Nar	ne and Title:	3b. /	Address (if san	ne as 2b - stalo san	ne):		· · · · · · · · · · · · · ·				
Horace Henry		120	00 Zerega	Ave., Bronx,	N.Y. 1046	2					
3c, Tel. Nó.	3d, Cell No.		3e. Fax N	0.	31. E-M	all Address					
(718) 822-7377		e i a Salar de la companya de la co	(718) 8	322-7471	hhen	ry@prestig	emgt.com				
4a. Type of Establishment (Factory,	mine, wholesaler,	etc.)		al Product or Servi	ce		nd State where unit is located:				
Residential Apartments			Mainte	nance			rk, N.Y.				
5b, Description of Unit Involved: Included:		2				6a Numb	er of Employees in Unit:				
Superintendents, Handyn	ien, Porters					نہ سا	substantial number (30% or more)				
Supervisors and office en	inlovees as	defined in the	e Act			of the	employees in the unit wish to be ented by the Petitioner? Yes No				
Check One: [x] 7a, Request for rec				on (Date)	 		declined recognition				
on or about (Date)		(If no repl	y received, 60	state).		<u>എ</u>	ECEI				
7b. Petitioner Is cu Ba. Name of Recognized or Certific				and desires certifica Idress:	tion under the P	id.]]					
ba. Name of Recognized of Certific	to pargaming A	gent (ii <i>none</i> , so a	18(C) 00. A	juresa.			NOV 2 6 2019				
8c. Tel. No.	8d. Cell No.		Be, Fax No		RI F.M	Bf, E-Mail Address					
ou let wo.	ou. Centro.		00.700.11			BY:					
8g. Affiliation, if any:			8h. Date of R	h. Date of Recognition or Certification 81. Expirati			on Date of Current or Most nbrect If any (Month, Day, Year)				
9, Is there now a strike or picketing a	t the Employer's	establishment(s) i	nvolved? No	If so, app	roximately how	many employee	s are participating?				
(Name of Labor Organization)		•	2.10	100	, has pick	eled the Employ	er since (Month, Day, Year)				
10 Organizations or individuals other	r than Petitioner	and those named	n items 8 and	9, which have claim	ned recognition	as representativ	es and other organizations and				
Individuals known to have a repri	esentative Interes	t in any employee	s in the unit de	escribed in item 5b a	above. (If none,	so state)					
10a, Name	10b.	Address			10c. Te	I. No.	10d. Cell No.				
	1	*			10e. Fa	x No.	101, E-Mail Address				
11. Election Details: If the NLRB co		and the state of the state of		tion with respect to	any such alach	in Tip Florile	on Tyrne				
11. Election Details: If the NLRB Co	uonch aug elecu	on in this matter, :	state your posi	apri ma respect to	ony sour clock	X Manu					
11b. Election Date(s):	Ti1c	Election Time(s):			11d, El	ection Location(
Tro, Elodon Jone(a).	1	,,									
12a. Full Name of Petitioner (included	ling local name a	nd number):		12b. Address (stre	eet and number,	city, State and	ZIP code):				
L.I.F.E. Local 1032				325 73rd St	reet, Brook	yn, N.Y. 1	1209				
12c, Full name of national or interna League of International	lional labor organ	ization of which P	na ei renoilte	affiliate or constitue	nt (if none, so s	ale):					
12d, Tel, No.	12e. Cell No.	Tibioles	12f. Fax N	10.	120. E	Mali Address	the state of the s				
(718) 238-2399	;		(718)	580-0842	dspa	daro@lifeu	nion.com				
13. Representative of the Petition	er wno will acce	pt service of all p	apers for pur 13b. Addr	ess (street and num	nber, city, State	and ZIP code):	•				
Larry M. Cole, Esq.	_		Star	r, Gern, D	Davison (vison & Rubin, P.C., 105 Eisenhows 101, Roseland, N.J. 07068					
13c. Tel. No.	1 13d, Cell No.		13e. Fax		131. E	Mail Address					
(973) 226-0031 lcole@starrgern.com							i.cóm				
I declare that I have read the above	e petition and th	nat the statement	s are true to t	he best of my kno	wledge and be	lef.					
Name (Print)		Signature			Title		Date				
Larry M. Cole, Esq.		1 Lan	w. M.	Cole	Attorne	У	11112212017				

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 (NLRA) in processing representation and related proceedings or filigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the Information may cause the NLRB to decline to Invoke its processes.

Prestige Management Inc. -

Locations for representation.

117 West 138th Street

115 West 138th Street

111 West 138th Street

101 West 138th Street

170 West 136th Street

174 West 136th Street

2283 Adam Clayton Powell Jr. Blvd.

36 West 131st Street

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE										
Case No.	Date Filed									
02-RC-252592	11-27-19									

والمستحدد		and the same					UZ	2-RC-25	2592	. أند كنين تريين	.11-2	7-19
INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer end all other perue. Case Procedures (Form NLRB 48	The petition i s nemed in t	nust be accom he petition of: (panied b	y both titlon;	a showl (2) State	ng of interest (so ment of Position	ee 6b n form	below) and (Form NLI	l a certifica RB-605); an	e of service sho d (3) Description	wing s of Re	ervice on presentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioner and Petitional Laboratory requests that the National Laboratory	tioner desires	to be certified a	is represe	entative	e of the e	mployees. The Po	etition	ter alleges	that the foll	owing circumsta	nces e	
2a. Name of Employer: Hearst Magazines Media	, ,	•	300 V	Address(es) of Establishment(s) involved (Street and number, City, State, 2IP code): West 57th Street WYORK, NY 10019								
3a, Employer Representative - Na	me and Title:		1			·) .		····			
Troy Young, President			Same	ddress (if seme as 2b - state same). IC								
3c. Tel. No. 212-649-2000	3d. Cell No.				ex No.			3f. E-Mail A troy@he	arst.com			
4a. Type of Establishment (Factory, Publisher	mine, wholes	aler, etc.)			rincipal Pi gazines	roduct or Service			Sa. City at New Y	d State where un ork, NY	it is loc	ated:
5b. Description of Unit Involved:	4	101	EC.			 				r of Employees in) Unit	
Included: See attached rider.		N.		_					550			
Excluded: See attached rider.			NOV	2 1	2019				of the e	ibstantial number mployees in the i inted by the Petiti	unit wis	h to be
Check One: 2 7a. Request for recon on or about (Date)			esentative				14/1	9 and		lectined recognition		
7b. Petitloner is cu	rrently recogn	ized as Bargair	ing Repr	esenta	tive and c	lesires certificatio	n und	er the Act				
8a. Name of Recognized or Certific None	ed Bargainin	g Agent (if non	e, so sien	e) 6	b, Addres	sș:						
8c. Tel. No.	8d. Cell No.			Be. F	ax No.	- , , , - , , , , , , , , , , , , , , ,	8f. E-Mail Address					
8g. Affiliation, if any:	<u> </u>	4 	8h	n. 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 a	at the Employ	er's establishme	nt(s) invo	lved?	No	If so, approx	ximate	ly how man	y employee	are participating	12	
(Name of Labor Organization)			<u> </u>							er since (Month, L		
 Organizations or individuals othe individuals known to have a repn None 										es and other orga	nization	ns and
10a. Name		10b. Address					T	10c. Tel. No).	10d. Cell No.		
,								10e. Fax No.		101. E-Mail Address		
11. Election Details: If the NLRB co	nducts and e	lection in this m	atter, stat	e yaur	position v	vith respect to an	y suci	n election:	11a. Electio	Type:		
			<u> </u>	<u>. </u>	· · · · · ·	· <u>· · · · · · · · · · · · · · · · · · </u>	- 10-	· · · · · · · · · · · · · · · · · · ·	Manua Manua		Mixed	Manual/Mail
11b. Election Date(s): ASAP		11c. Election Th TBD	me(s):					TBD	n Location(s);		
12a. Full Name of Petitioner (include Writers Guild of America			•		25	Address (street 0 Hudson S	treet	, Suite 7	State and 2	IP code):		
**************************************	 				4	w York, N	17.7t.bess					
12c. Full name of national or internat None			nich Petiti			te or constituent (- 74.7;		
12d. Tel. No. 212-767-7808	12e. Cell No 203-207	-1622		212	ax No. -582-1			12g. E-Mail jmolito@	g)wgaeas	t.org		
13. Representative of the Patitions 13s. Name and Title: Eric R. Greene, Counsel	er who will a	ccept service o	fall pape	ers for purposes of the representation 13b. Address (street end number, ch) Spivak Lipton LLP, 1700 Br			er. city	. State and .	ZIP code):	, New York,	NY 1	0019
13c. Tel. No. 212-765-2100	13d. Cell No 917-650	-7894		13e. Fax No. 212-765-8954				13f. E-Mell Address egreene@spivaklipton.com				
I declare that I have read the abov	ë petition an			e true	to the b	est of my knowle	edge i					Date
Name (Print) Eric R. Greene		Signatur	V	25	لاسك	سعفرو		unsel			į	11/27/19

RIDER

Included: All full-time and regular part-time editorial, video, design, photo, and social staff employed at the Employer's Best Products, Bicycling, Car and Driver, Cosmopolitan, Country Living, Delish, ELLE, ELLE Decor, Esquire, Food Network Magazine, Good Housekeeping Magazine, Harper's Bazaar, HGTV Magazine, House Beautiful, Marie Claire, Men's Health, O The Oprah Magazine, The Pioneer Woman Magazine, Popular Mechanics, Prevention, Road & Track, Runner's World, Seventeen, Town & Country, Veranda, Woman's Day, and Women's Health brands.

Į.

Excluded: All other employees.