

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-238717	Date Filed 4/1/2019

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

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

2a. Name of Employer
Stanley Access Technologies

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
8301 B Patuxent Range Road, Jessup, Maryland 20794

3a. Employer Representative - Name and Title
James Tallaksen

3b. Address (if same as 2b - state same)
700 Stanley Drive, New Britain CT 06053

3c. Tel. No. 860-827-3528 **3d. Cell No.**

3e. Fax No. 860-983-0715 **3f. E-Mail Address** jim.tallaksen@sbdinc.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Installation and Service of Automatic Doors

4b. Principal product or service Automatic Commercial Entry Doors

5a. City and State where unit is located Jessup, Maryland

5b. Description of Unit Involved

Included: Automatic door operated equipment installers, servicemen and shopmen employed by the Employer throughout Maryland, the District of Columbia, Northern Virginia and West Virginia from its Jessup, Maryland facility.

Excluded: Draftsmen, salesmen, office clerical employees, professional employees, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit: 45

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

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). Keystone Mountain Lakes Regional Council of Carpenters

8b. Address 3300 S. White Horse Pike, Hammonton, NJ 08037

8c. Tel No. 609-567-0400 **8d. Cell No.**

8e. Fax No.

8f. E-Mail Address Robert Tarby <rtarby@kmlcarpenters.org>

8g. Affiliation, if any

8h. Date of Recognition or Certification Unknown

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 7/1/2020

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

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

10a. Name **10b. Address** **10c. Tel. No.** **10d. Cell No.**

10e. Fax No. **10f. E-Mail Address**

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

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): April 19, 2019

11c. Election Time(s):

11d. Election Location(s): Jessup, Maryland

12a. Full Name of Petitioner (including local name and number) Keystone Mountain Lakes Regional Council of Carpenters

12b. Address (street and number, city, state, and ZIP code) 3300 S. White Horse Pike, Hammonton, NJ 08037

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

12d. Tel No. 609-567-0400 **12e. Cell No.**

12f. Fax No.

12g. E-Mail Address

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

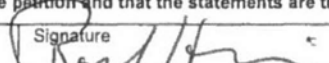
13a. Name and Title Raymond G. Heineman, Esq.

13b. Address (street and number, city, state, and ZIP code) 99 Wood Ave., South, Suite 307, Iselin, NJ, 08830

13c. Tel No. 732-491-2104 **13d. Cell No.** 732-266-8287

13e. Fax No. 732-491-2120 **13f. E-Mail Address** rheineman@krollfirm.com

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

Name (Print) Raymond G. Heineman Signature  Title Attorney Date April 1, 2019

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-AC-238797	Date Filed 4/1/19

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

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

2a. Name of Employer: Baltimore Marriott Waterfront	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 700 Aliceanna Street Baltimore, Maryland 21202 USA
---	--

3a. Employer Representative - Name and Title: Terry Worden	3b. Address (if same as 2b - state same): same
--	--

3c. Tel. No. 410-385-3000	3d. Cell No.	3e. Fax No. 410-895-1900	3f. E-Mail Address
-------------------------------------	---------------------	------------------------------------	---------------------------

4a. Type of Establishment (Factory, mine, wholesaler, etc.) hotel	4b. Principal Product or Service lodging, food & beverage	5a. City and State where unit is located: Baltimore, MD
---	---	---

5b. Description of Unit Involved: Included: See Attachment "A" Excluded:	6a. Number of Employees in Unit: Approx. 145
--	--

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 04/01/19 and Employer declined recognition on or about (Date) No Response (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

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

11b. Election Date(s): To be negotiated	11c. Election Time(s): To be negotiated	11d. Election Location(s): Hotel
---	---	--

12a. Full Name of Petitioner (including local name and number): UNITE HERE Local 7	12b. Address (street and number, city, State and ZIP code): 1800 N. Charles St., Suite 906 Baltimore, MD 21201
--	---

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


12d. Tel. No. 443-438-5607	12e. Cell No. -	12f. Fax No. 443-438-5702	12g. E-Mail Address -
--------------------------------------	---------------------------	-------------------------------------	---------------------------------

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

13a. Name and Title: Kristin L. Martin, Attorney	13b. Address (street and number, city, State and ZIP code): McCracken, Stemerma & Holsberry, LLP 595 Market Street, Suite 800 / San Francisco, CA 94105
--	--

13c. Tel. No. 415-597-7200	13d. Cell No.	13e. Fax No. 415-597-7201	13f. E-Mail Address klm@msh.law
--------------------------------------	----------------------	-------------------------------------	---

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

Name (Print) Kristin L. Martin	Signature 	Title Attorney	Date 04/01/19
-----------------------------------	--	-------------------	------------------

**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.

Attachment A to Form 502 (RC Petition)
Baltimore Marriott Waterfront

All regular full time and regular part time employees in the Food and Beverage Department, including but not limited to banquet servers, banquet bartenders, stewards, event services employees, event services public areas cleaners, EGC employees (aka "red coats"), hosts, restaurant servers, barbacks, server assistants (aka "dining room attendants"), bussers, runners, expeditors, Fresh Bites runners, grab-and-go attendants, bake shop employees, cooks, pastry cooks, bakers, garde manger, food prep, employee cafeteria attendants, purchasing employees, stewards and utility employees employed by the Employer at its operations at the Baltimore Marriott Waterfront, 700 Aliceanna Street, Baltimore, Maryland; but excluding all other employees, office clerical employees, professional employees, guards, managers and supervisors as defined in the National Labor Relations Act.

FORM NLRB-502 (RC)
(2-18)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **5-AC-238808** Date Filed **4/2/19**

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

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

2a. Name of Employer:
OMNIPLEX

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
7121 Fairway Drive suite 201 Palm Beach FL 33418

3a. Employer Representative - Name and Title:
Mike Goodwin Director Labor Relations

3b. Address (if same as 2b - state same):

3c. Tel. No. (561) 406-7971 **3d. Cell No.** (757) 560-8773 **3e. Fax No.** **3f. E-Mail Address** mike.goodwin@constellis.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Government Building

4b. Principal Product or Service
Security

5a. City and State where unit is located:
Washington D.C. FCC Building

5b. Description of Unit involved:
Included:
All armed and unarmed officers and Sergeants

6a. Number of Employees in Unit:
40

Excluded:
All office personal, managers Captains, Project Manager

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

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
spfpa

8b. Address:
25510 Kelly Road, Roseville Michigan 48066

8c. Tel. No. (586) 772-7250 **8d. Cell No.** **8e. Fax No.** (586) 772-9644 **8f. E-Mail Address** www.spfpa.org

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.** **10e. Fax No.** **10f. E-Mail Address**

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

11b. Election Date(s): 4/18/2019 **11c. Election Time(s):** ALL DAY **11d. Election Location(s):** NLRB Region 5

12a. Full Name of Petitioner (including local name and number):
Governed United Security Professionals

12b. Address (street and number, city, State and ZIP code):
5602 Baltimore National Pike Suite 607
Balt. MD 21228

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Governed United Security Professionals

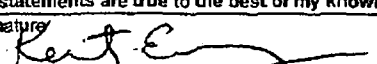
12d. Tel. No. (443) 304-2018 **12e. Cell No.** (443) 562-3230 **12f. Fax No.** (443) 304-2855 **12g. E-Mail Address** kleme@yahoo.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Kent Emery/ President

13b. Address (street and number, city, State and ZIP code):
5602 Baltimore National Pike Suite 607
Balt. MD 21228

13c. Tel. No. (443) 304-2018 **13d. Cell No.** (443) 562-3230 **13e. Fax No.** (443) 304-2855 **13f. E-Mail Address** kleme@yahoo.com

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

Name (Print) Kent Emery **Signature**  **Title** President **Date** 04/02/19

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-238975	Date Filed 4/3/19

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

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

2a. Name of Employer
Stanley Access Technologies

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
8301 B Patuxent Range Road, Jessup, Maryland 20794

3a. Employer Representative - Name and Title
James Prozzi, Esq./Attorney

3b. Address (If same as 2b - state same)
Jackson Lewis, 1001 Liberty Avenue, Suite 1000, Pittsburgh, PA 15222

3c. Tel. No. (412) 338-5185 **3d. Cell No.**

3e. Fax No. (412) 232-3441 **3f. E-Mail Address** James.Prozzi@jacksonlewis.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Installation and Service of Automatic Doors

4b. Principal product or service
Automatic Commercial Entry Doors

5a. City and State where unit is located:
Jessup, Maryland

5b. Description of Unit Involved

Included: Automatic door operated equipment installers, servicemen and shopmen employed by the Employer throughout Maryland, the District of Columbia, Northern Virginia and West Virginia from its Jessup, Maryland facility, who are not currently recognized as included in the contractually recognized bargaining unit.

Excluded: Draftsmen, salesmen, office clerical employees, professional employees, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:
8

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

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
Keystone Mountain Lakes Regional Council of Carpenters

8b. Address
3300 S. White Horse Pike, Hammonton, NJ 08037

8c. Tel No. 609-567-0400 **8d. Cell No.**

8e. Fax No.

8f. E-Mail Address Robert Tarby <rtarby@kmlcarpenters.org>

8g. Affiliation, if any

8h. Date of Recognition or Certification
Unknown

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
7/1/2020

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

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

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

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

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): April 25, 2019 **11c. Election Time(s):**

11d. Election Location(s):
Jessup, Maryland

12a. Full Name of Petitioner (including local name and number)
Keystone Mountain Lakes Regional Council of Carpenters

12b. Address (street and number, city, state, and ZIP code)
3300 S. White Horse Pike, Hammonton, NJ 08037

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

12d. Tel No. 609-567-0400 **12e. Cell No.**

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title Raymond G. Heineman, Esq.

13b. Address (street and number, city, state, and ZIP code)
99 Wood Ave., South, Suite 307, Iselin, NJ, 08830

13c. Tel No. 732-491-2104 **13d. Cell No.** 732-266-8287

13e. Fax No. 732-491-2120 **13f. E-Mail Address** rheineman@krollfirm.com

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

Name (Print) Raymond G. Heineman	Signature 	Title Attorney	Date April 3, 2019
--	----------------------	--------------------------	------------------------------

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 5-RC-239159	Date Filed 4/7/19
--------------------------------	-----------------------------

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

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

2a. Name of Employer Hana Industries Inc	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 485 Devon Park Drive, Suite 109, PA Wayne 19087-
--	---

3a. Employer Representative - Name and Title Bradley H.K. Cooper	3b. Address (If same as 2b - state same) 485 Devon Park Drive, Suite 109, PA Wayne 19087-
--	--

3c. Tel. No. (610) 225-2626	3d. Cell No.	3e. Fax No. (610) 225-2626	3f. E-Mail Address bcooper@thehanagroup.com
---------------------------------------	---------------------	--------------------------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services	4b. Principal product or service Security	5a. City and State where unit is located: Quantico, VA
---	---	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 55	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--	---

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). International Union Security, Police and Fire Professionals of America sp/pa Dave Hickey	8b. Address 25510 Kelly Road MI Roseville 48066-
--	---

8c. Tel No. (586) 772-7250	8d. Cell No. (586) 709-9563	8e. Fax No. (586) 772-9644	8f. E-Mail Address DLHICKEY01@AOL.COM
--------------------------------------	---------------------------------------	--------------------------------------	---

8g. Affiliation, if any	8h. Date of Recognition or Certification 06/20/2016	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 09/30/2019
--------------------------------	---	--

9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: Manual Mail Mixed Manual/Mail

11b. Election Date(s): April 26, 2019	11c. Election Time(s): 6:30 am to 7:30 am & 2:30 to 3:30 pm	11d. Election Location(s): Russell Knox Building 27130 Telegraph Rd Quantico VA 22134
---	---	---

12a. Full Name of Petitioner (including local name and number) Steve Maritas Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA	12b. Address (street and number, city, state, and ZIP code) 1155 F STREET NW #1050 DC Washington DC 20004-
---	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

12d. Tel No. (202) 595-3510	12e. Cell No. (202) 486-8558	12f. Fax No. (202) 595-3510	12g. E-Mail Address LEOSUDC@GMAIL.COM
---------------------------------------	--	---------------------------------------	---

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

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
----------------------------	--

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
---------------------	----------------------	---------------------	----------------------------

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

Name (Print) Steve Maritas	Signature Steve Maritas	Title Organizing Director	Date 04/5/2019 16:22:02
--------------------------------------	-----------------------------------	-------------------------------------	-----------------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time & regular part-time armed & unarmed security specialists, monitors and escorts performing guard duties as defined in Section 9(b)(3) of the Act, employed by Hana Industries Inc as noted in 11d

Employees Excluded

All office clerical employees, managerial employees, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 5-RC-239218	Date Filed 4/8/19
-------------------------	----------------------

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

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

2a. Name of Employer XCEL Protective Services Inc	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6747 Academy Rd N/E STE A NM Albuquerque 87109-3374
---	--

3a. Employer Representative - Name and Title Michael Filibeck	3b. Address (If same as 2b - state same) 6747 Academy Rd N/E STE A NM Albuquerque 87109-3374
---	---

3c. Tel. No. (855) 923-5732	3d. Cell No. (310) 498-9827	3e. Fax No.	3f. E-Mail Address michael.filibeck@xcelprotective.com
---------------------------------------	---------------------------------------	--------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services	4b. Principal product or service Government Security Services	5a. City and State where unit is located: Washington, DC
---	---	--

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 6 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 04/03/2019 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). Yes
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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? _____ 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)
USPOA

10a. Name Ishun Richards VP	10b. Address	10c. Tel. No. (301) 377-9860	10d. Cell No.
--	---------------------	--	----------------------

10e. Fax No.	10f. E-Mail Address ishun.richards.uspoa@gmail.com
---------------------	--

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

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

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

12a. Full Name of Petitioner (including local name and number) Ronald A. Mikell National League of Justice and Security Professionals	12b. Address (street and number, city, state, and ZIP code) 305 Mt Zion RD PA Dillsburg 17019-
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National League of Justice and Security Professionals

12d. Tel No. (503) 544-3257	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address President@nljsp.us
---------------------------------------	---	---------------------	--

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

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
----------------------------	--

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
---------------------	----------------------	---------------------	----------------------------

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

Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 04/5/2019 21:35:29
--	---	-------------------------------------	-----------------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All Regular part-time and full time Security Employees engaged in providing Security Services at 1800 M St NW Washington DC @civilian Contract Appeals Board

Employees Excluded

All Clerical, Managers and Supervisors as defined in the National Labor Relations Act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-239414	Date Filed 4/11/19

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

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

2a. Name of Employer BTI Security	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1700 Rockville Pike #200 MD Rockville 20852-
---	---

3a. Employer Representative - Name and Title Angela Bradley	3b. Address (If same as 2b - state same) 1700 Rockville Pike #200 MD Rockville 20852-
---	--

3c. Tel. No. (301) 562-9201	3d. Cell No.	3e. Fax No. (301) 562-9202	3f. E-Mail Address angelabradley@btisecurity.com
---------------------------------------	---------------------	--------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc) Security Systems & Services	4b. Principal product or service vide armed and unarmed officers to local, regional and national custom	5a. City and State where unit is located: Rockville, MD
--	---	---

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 55	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--	---

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).	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? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

11b. Election Date(s): May 2, 2018	11c. Election Time(s): 10 days	11d. Election Location(s): Mail
--	--	---

12a. Full Name of Petitioner (including local name and number) Raymun Lee United Food and Commercial Workers Union Local 1994	12b. Address (street and number, city, state, and ZIP code) 600 S Frederick Ave Suite 200 MD Gaithersburg 20877-
--	---

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 International Union

12d. Tel No. (202) 207-5787	12e. Cell No.	12f. Fax No. (301) 977-6752	12g. E-Mail Address rlee@mcgeo.org
---------------------------------------	----------------------	---------------------------------------	--

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

13a. Name and Title Blaine Taylor Attorney Butsavagé & Durkalski	13b. Address (street and number, city, state, and ZIP code) 1920 L St. NW Suite 301 DC Washington
---	--

13c. Tel No. (202) 861-9700	13d. Cell No.	13e. Fax No. (202) 861-9711	13f. E-Mail Address btaylor@butsavage.com
---------------------------------------	----------------------	---------------------------------------	---

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

Name (Print) Blaine Taylor	Signature Blaine Taylor	Title Attorney	Date 04/11/2019 10:54:52
--------------------------------------	-----------------------------------	--------------------------	------------------------------------

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

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

DO NOT WRITE IN THIS SPACE

Case
5-RC-239414

Date Filed 4/11/19

Attachment

Employees Included

All regular full time and regular part time security officers employed to service locations in Montgomery County, Maryland.

Employees Excluded

All other employees as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-239837	Date Filed 04/17/2019

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

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

2a. Name of Employer: Greater Baltimore Medical Center (GBMC)	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 6701 N Charles Street, Towson, MD 21204
---	--

3a. Employer Representative - Name and Title: Sunday Jones - HR Director	3b. Address (if same as 2b - state same): Same
--	--

3c. Tel. No. 443-849-6832	3d. Cell No.	3e. Fax No.	3f. E-Mail Address sjones@gbmc.org
-------------------------------------	---------------------	--------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facilities	4b. Principal Product or Service Healthcare	5a. City and State where unit is located: Towson, MD
---	---	--

6b. Description of Unit Involved: Included: See attached page 2 for additional details Excluded: See attached page 2 for additional details	6a. Number of Employees in Unit: 8	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 1199 SEIU United Healthcare Workers East Molly Porter	8b. Address: 611 N Eutaw Street, Baltimore, MD 21201
--	--

8c. Tel. No. 443-610-6885	8d. Cell No.	8e. Fax No.	8f. E-Mail Address molly.porter@1199.org
-------------------------------------	---------------------	--------------------	--

8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 7-6-21
---------------------------------	---	---

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

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

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

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

11b. Election Date(s): 5-8-19	11c. Election Time(s): 11am-1:15p and 2p-3p	11d. Election Location(s): Civilieti Conference Room
---	---	--

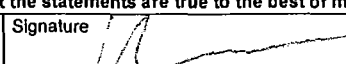
12a. Full Name of Petitioner (including local name and number): 1199 United Healthcare Workers East	12b. Address (street and number, city, State and ZIP code): 611 N Eutaw Street, Baltimore, MD 21201
---	---

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

12d. Tel. No. 443-610-6885	12e. Cell No.	12f. Fax No.	12g. E-Mail Address molly.porter@1199.org
--------------------------------------	----------------------	---------------------	---

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Molly Porter - Organizer	13b. Address (street and number, city, State and ZIP code): 611 N Eutaw Street, Baltimore, MD, 21201
---	--

13c. Tel. No. 443-610-6885	13d. Cell No. 443-610-6885	13e. Fax No.	13f. E-Mail Address molly.porter@1199.org
--------------------------------------	--------------------------------------	---------------------	---

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Molly Porter	Signature 	Title Organizer	Date 4-17-19

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.

Attachment

Employees Included:

All full-time and regular part-time Service Response Center Specialists of the Greater Baltimore Medical Center (GBMC) employed at 6701 N Charles St, Towson, MD 21204, as a residual title to the existing unit of service and maintenance employees currently represented by 1199 SEIU United Healthcare Workers East.

Employees Excluded:

All other employees, guards, and supervisors as defined by the act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-239933	Date Filed 04-19-2019

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

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

2a. Name of Employer
BTI Security, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1700 Rockville Pike, Suite 200
MD Rockville 20852-

3a. Employer Representative - Name and Title
Angela Bradley

3b. Address (If same as 2b - state same)
1700 Rockville Pike, Suite 200
MD Rockville 20852-

3c. Tel. No. (301) 562-9201 **3d. Cell No.**

3e. Fax No. (301) 562-9202 **3f. E-Mail Address** angelabradley@btisecurity.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Services **4b. Principal product or service** Security / Concierge **5a. City and State where unit is located:** Rockville, MD

5b. Description of Unit Involved
Included: See Attached Page 2 for additional details
Excluded: See Attached Page 2 for additional details

6a. No. of Employees in Unit: 55
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). **8b. Address**

8c. Tel No. **8d. Cell No.** **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? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11b. Election Date(s): May 2, 2019 **11c. Election Time(s):** 10 days **11d. Election Location(s):** Mail Ballots

12a. Full Name of Petitioner (including local name and number)
Raymune Lee
United Food and Commercial Workers Union Local 1994

12b. Address (street and number, city, state, and ZIP code)
600 S Frederick Ave
MD Gaithersburg 20877-

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 International Union

12d. Tel No. (301) 977-2447 **12e. Cell No.** **12f. Fax No.** **12g. E-Mail Address** lee@mcgeo.org

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

13a. Name and Title
Blaine Taylor Attorney
Butsavage & Durkalski

13b. Address (street and number, city, state, and ZIP code)
1920 L St. NW Suite 301
DC Washington 20036-

13c. Tel No. (202) 861-9700 **13d. Cell No.** **13e. Fax No.** (202) 861-9711 **13f. E-Mail Address** btaylor@butsavage.com

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

Name (Print) Blaine Taylor **Signature** Blaine Taylor **Title** Attorney **Date** 04/19/2019 11:30:08

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

PRIVACY ACT STATEMENT

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

DO NOT WRITE IN THIS SPACE

Attachment

Case	05-RC-239933	Date Filed	04-19-2019
------	--------------	------------	------------

Employees Included

All full-time and part time guest screeners working under Montgomery County Contract number 1064900

Employees Excluded

Security guards as defined by the Act, supervisors, and office and clerical employees

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-240126	Date Filed 04-23-2019

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

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

2a. Name of Employer: KIMCO SERVICES, LLC	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1133 19th St NW and 16 other sites serviced from this location
---	---

3a. Employer Representative - Name and Title: Jaime Tapia	3b. Address (if same as 2b - state same): 3445 Peachtree Rd., Suite 1275, Atlanta, GA 30326
---	---

3c. Tel. No. 855-254-7137	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
-------------------------------------	---------------------	--------------------	---------------------------

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Office buildings	4b. Principal Product or Service Cleaning Services	5a. City and State where unit is located: Washington DC
--	--	---

5b. Description of Unit Involved: Included: See attachment Excluded: Office clericals, management employees, guards, and supervisors	6a. Number of Employees in Unit: 12
	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) NONE	8b. Address:
---	---------------------

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

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

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

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

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

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

11b. Election Date(s): May 17, 2019	11c. Election Time(s): n/a	11d. Election Location(s): n/a
---	--------------------------------------	--

12a. Full Name of Petitioner (including local name and number): Public Service Employees Local Union 572	12b. Address (street and number, city, State and ZIP code): 5627 Allentown Road, Ste. 206, Camp Springs, MD 20746
--	---

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

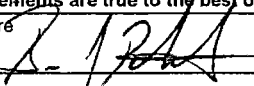
12d. Tel. No. 301-316-4888	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
--------------------------------------	----------------------	---------------------	----------------------------

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

13a. Name and Title: Brian Petruska, Counsel	13b. Address (street and number, city, State and ZIP code): 11951 Freedom Dr., Rm. 310, Reston, VA 20190
--	--

13c. Tel. No. 703-860-4194	13d. Cell No.	13e. Fax No. 703-860-1865	13f. E-Mail Address bepetruska@maliuma.org
--------------------------------------	----------------------	-------------------------------------	--

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

Name (Print) Brian Petruska	Signature 	Title Counsel	Date 4/23/19
--------------------------------	--	------------------	-----------------

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

Description of Unit Involved:

Included:

All full-time and regular part-time cleaners employed at the following locations and managed from 1133 19th St NW, Washington DC:

1133 19 St. NW, Washington, DC
2055 L St. NE, Washington, DC
4268 Wisconsin Ave. NW, Washington, DC
1045 Wisconsin Ave. NW, Washington, DC
926 Gallatin St. NW, Washington, DC
1700 14 St. NW, Washington, DC
1039 Lawrence St. NE, Washington, DC
980 V St. NE, Washington, DC
935 V St. NE, Washington, DC
120 Ingraham St. NE, Washington, DC
1420 Columbia Rd. NW, Washington, DC
30 E St. SE, Washington, DC
2600 Barry Rd. SE, Washington, DC
3726 Martin Luther King Ave. SE, Washington, DC
1325 Good Hope Rd. SE, Washington, DC
2815 N St. SE, Washington, DC
580 23rd Pl. SE, Washington, DC

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-240221	Date Filed 04-24-2019

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

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

2a. Name of Employer: Mister Kleen Maintenance Company, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7500 GEOINT Drive Springfield, Virginia 22150-7500
--	--

3a. Employer Representative - Name and Title: Susan Gabriel, Human Resources Manager	3b. Address (if same as 2b - state same): 7302 Beulah Street, Alexandria, VA 22315
--	--

3c. Tel. No. 703-719-6900	3d. Cell No.	3e. Fax No. 703-719-5597	3f. E-Mail Address susan.gabriel@misterkleen.com
-------------------------------------	---------------------	------------------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Office Building	4b. Principal Product or Service Cleaning Services	5a. City and State where unit is located: Springfield, Va
---	--	---

5b. Description of Unit Involved: Included: All Fulltime and Regular part-time Cleaners employed by the employer at NGA, VA. Excluded: All clerical employees, all managers, all guards and supervisors as defined by the act.	6a. Number of Employees in Unit: 87
---	---

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 04-24-19 and Employer declined recognition on or about (Date) no reply (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

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

11b. Election Date(s): 05-23-2019	11c. Election Time(s): US Mail	11d. Election Location(s): US Mail
---	--	--

12a. Full Name of Petitioner (including local name and number): International Union of Operatng Engineers, Local 99	12b. Address (street and number, city, State and ZIP code): 9315 Largo Drive West, Suite 200 Largo, MD 20774
---	--


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

12d. Tel. No. 202-337-0099 Ext. 128	12e. Cell No. 202-253-5440	12f. Fax No. 240-716-3956	12g. E-Mail Address eclifford@iuoelocal99.org
---	--------------------------------------	-------------------------------------	---

13a. Name and Title: Eamon Clifford, Lead Organizer	13b. Address (street and number, city, State and ZIP code): 9315 Largo Drive West, Suite 200 Largo, MD 20774
---	--

13c. Tel. No. 202-337-0099	13d. Cell No. 202-253-5440	13e. Fax No. 240-716-3956	13f. E-Mail Address eclifford@iuoelocal99.org
--------------------------------------	--------------------------------------	-------------------------------------	---

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

Name (Print) Eamon Clifford	Signature 	Title Lead Organizer	Date 4-24-2019
--------------------------------	--	-------------------------	-------------------

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-240237	Date Filed 04-24-2019

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

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

2a. Name of Employer The Hana Group		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 501 3rd St., Washington, DC 20001	
3a. Employer Representative - Name and Title Brad Cooper, Chief Operating Officer		3b. Address (If same as 2b - state same) 485 Devon Park Drive, Suite 109, Wayne, PA 19087	
3c. Tel. No. 610-225-2626	3d. Cell No.	3e. Fax No.	3f. E-Mail Address bcooper@thehanagroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY AGENCY		4b. Principal product or service SECURITY	5a. City and State where unit is located: Washington, DC

5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY THE HANA GROUP @ 501 3RD ST., WASHINGTON, DC 20001 Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.		6a. No. of Employees in Unit 4
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **NO**
 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). leosou		8b. Address 1155 F Street, NW, Suite 1050, Washington, DC 20004-1329	
8c. Tel No.	8d. Cell No.	8e. Fax No. 202-595-3510	8f. E-Mail Address leosudc@gmail.com
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail

11b. Election Date(s): 5/14/19	11c. Election Time(s): 6:00 - 9:00 A.M.	11d. Election Location(s): Breakroom
-----------------------------------	--	---

12a. Full Name of Petitioner (Including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA)	12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066
---	--

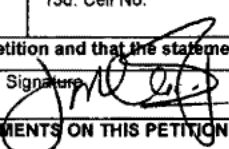
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.org
-----------------------------------	-------------------------------	------------------------------	---

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

13a. Name and Title Gordon Gregory, General Counsel		13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226	
13c. Tel No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net

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

Name (Print) Joe McCray	Signature 	Title International Rep. Region 4 Vice President	Date 4/23/19
----------------------------	--	---	-----------------

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

PRIVACY ACT STATEMENT

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

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

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

2a. Name of Employer: Mundo Verde Bilingual Public Charter School	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 30 P Street NW, Washington, DC 20001 4401 8th Street NE, Washington, DC 20017
---	---

3a. Employer Representative - Name and Title: Kristin Scotchmer, Executive Director	3b. Address (if same as 2b - state same): 30 P Street NW, Washington, DC 20001
---	--

3c. Tel. No. 202-750-7033	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kscotchmer@mundoverdepcs.org
-------------------------------------	---------------------	--------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) charter school	4b. Principal Product or Service education	5a. City and State where unit is located: Washington, DC
--	--	--

5b. Description of Unit Involved: Included: See attached Excluded: See attached	6a. Number of Employees in Unit: 115	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) April 12, 2019 and Employer declined recognition on or about (Date) No reply (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

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

11b. Election Date(s): May 8, 2019	11c. Election Time(s): 7am-9am and 1:30pm-6:00pm	11d. Election Location(s): Library
--	--	--

12a. Full Name of Petitioner (including local name and number): District of Columbia Alliance of Charter Teachers and Staff, Local 1927, AFT, AFL-CIO	12b. Address (street and number, city, State and ZIP code): 555 New Jersey Avenue NW, Washington, DC 20001
---	--

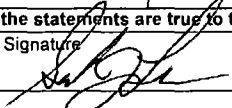
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
American Federation of Teachers, AFL-CIO

12d. Tel. No. 202-879-4400	12e. Cell No.	12f. Fax No.	12g. E-Mail Address elundeen@aft.org
--------------------------------------	----------------------	---------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Sam Lieberman, Attorney	13b. Address (street and number, city, State and ZIP code): AFT Legal Department 555 New Jersey Avenue NW, Washington, DC 20001

13c. Tel. No. 202-393-7471	13d. Cell No. 202-368-4596	13e. Fax No.	13f. E-Mail Address sam.lieberman@aft.org
--------------------------------------	--------------------------------------	---------------------	---

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

Name (Print) Sam Lieberman	Signature 	Title Attorney	Date 04/26/19
-------------------------------	--	-------------------	------------------

**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.

Question 5b:

EMPLOYEES INCLUDED:

- Group A: All full-time and regular part-time professional employees, including: Teachers, Lead Teachers, Inclusion Teachers, Fellow Teachers, Intervention Teachers, Special Educators, Bilingual Teaching Fellows, Instructional Coaches in Residence, Student and Family Support Coordinators, Restorative Practice Coordinators, Restorative Practice Assistants, Psychologists, Special Ed Teaching Fellows, Social Workers, Speech and Language Pathologists, Directors of Data in Residence, Data and Assessment Coordinators, Operations Associates, School Garden Coordinators, Project Associates, Nutritionists, and Nurses employed by the employer.
- Group B: All full-time and regular part-time Associate Teachers, Recess Coordinators, Classroom Associates (before and after care), Dedicated Aides, Recess Assistants, Substitute Teachers/Support Staff, Classroom Assistants, Before Care Coordinators, Extended Day Staff, Kitchen Staff, Facility Managers, Food Service, and Receptionists employed by the employer

EMPLOYEES EXCLUDED:

- Group A: Associate Teachers, Recess Coordinators, Classroom Associates (before and after care), Dedicated Aides, Recess Assistants, Substitute Teachers/Support Staff, Classroom Assistants, Before Care Coordinators, Extended Day Staff, Kitchen Staff, Facility Managers, Food Service, Receptionists, and all managerial employees, guards, and supervisors as defined in the Act.
- Group B: All professional employees and all managerial employees, guards and supervisors as defined in the Act.

Voting Groups to be polled in accordance with *Sonotone Corporation*, 90 NLRB 1236 (1950).

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-240349	Date Filed 04-26-2019

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

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

2a. Name of Employer Payne Inc. - Trucking	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 10411 Hall Industries Drive, Fredericksburg, VA 22408
--	---

3a. Employer Representative - Name and Title Wilson Bradley, Chief Operations Manager	3b. Address (If same as 2b - state same) same
---	---

3c. Tel. No. 540-898-0045	3d. Cell No.	3e. Fax No. 540-898-0193	3f. E-Mail Address safety@paynetrucking.com
-------------------------------------	---------------------	------------------------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) transportation	4b. Principal product or service transportation	5a. City and State where unit is located: Fredericksburg, VA
--	---	--

5b. Description of Unit Involved Included: All full-time and part-time mechanics, body shop/paint technicians, and parts clerks employed at the Employer's Fredericksburg, Virginia location Excluded: All other employees, including drivers, clerical employees, guards, and supervisors as defined in the Act.	6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	--

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

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

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

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

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

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

11b. Election Date(s): May 20-21, 28	11c. Election Time(s): 11:30 a.m. - 12:30 p.m.	11d. Election Location(s): employee break room
--	--	--

12a. Full Name of Petitioner (including local name and number) Teamsters Local 592	12b. Address (street and number, city, state, and ZIP code) 3705 Carolina Avenue, Richmond, VA 23222
--	--

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

12d. Tel No. 804-329-9530	12e. Cell No. 804-387-3111 (Jim Smith)	12f. Fax No. 804-321-4074	12g. E-Mail Address teamsterslocal592@comcast.net
-------------------------------------	--	-------------------------------------	---

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

13a. Name and Title Jonathan Axelrod, attorney	13b. Address (street and number, city, state, and ZIP code) Beins, Axelrod, P.C., 1717 K Street N.W., Washington, DC 20006
--	--

13c. Tel No. 202-328-7222	13d. Cell No. 202-365-1610	13e. Fax No. 202-328-7030	13f. E-Mail Address jaxelrod@beinsaxelrod.com
-------------------------------------	--------------------------------------	-------------------------------------	---

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

Name (Print) Jonathan Axelrod	Signature 	Title attorney	Date 4/26/19
---	----------------------	--------------------------	------------------------

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 05-RC-240458	Date Filed 04-29-2019
--------------------------	--------------------------

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

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

2a. Name of Employer: Sodexo		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 9801 Washingtonian Blvd., Gaithersburg, MD 20878	
3a. Employer Representative - Name and Title: Sean Knight		3b. Address (if same as 2b - state same):	

3c. Tel. No. 925-899-3005	3d. Cell No.	3e. Fax No.	3f. E-Mail Address sean.knight@sodexo.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) food service provider		4b. Principal Product or Service food service	5a. City and State where unit is located: Fairfax, Arlington, and Manassas, Va
5b. Description of Unit Involved: Included: See attached. Excluded:		6a. Number of Employees in Unit: 220	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

11b. Election Date(s): May 15, 2019	11c. Election Time(s): 5:30 - 6:30 am; 1-3 pm; 9:30 -10:30 pm	11d. Election Location(s): Johnson Center, Fairfax campus
--	--	--

12a. Full Name of Petitioner (including local name and number): Service Employees International Union, Local 32BJ	12b. Address (street and number, city, State and ZIP code): 1025 Vermont Ave. NW, 7th flr. Washington, DC 20005
--	--

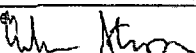
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Service Employees International Union

12d. Tel. No.	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
---------------	---------------	--------------	---------------------

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Andrew Strom		13b. Address (street and number, city, State and ZIP code): SEIU Local 32BJ, 25 West 18th Street, New York, NY 10011	

13c. Tel. No. 212-388-3025	13d. Cell No.	13e. Fax No.	13f. E-Mail Address astrom@seiu32bj.org
-------------------------------	---------------	--------------	--

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

Name (Print) Andrew Strom	Signature 	Title Associate General Counsel	Date 4/29/2019
------------------------------	--	------------------------------------	-------------------

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

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

Attachment to RC Petition

5 b. Description of Unit Involved:

Included: All full-time and regular part-time food service workers employed by the Employer the George Mason University campuses located in Arlington, Fairfax, and Manassas, Virginia.

Excluded: Student employees, clerical employees, managers, and supervisors as defined in the Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
5-RD-239061

Date Filed
4/5/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer AVI		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2 College Hilldrive, Westminster MD 21157	
3a. Employer Representative - Name and Title Kevin Laster - Director		3b. Address (if same as 2b - state same) 2 College Hilldrive, Westminster MD 21157	
3c. Tel. No. 410-857-2742	3d. Fax No. 410-857-2486	3e. Cell No. 914-475-3898	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food service		4b. Principal product or service Food service	
5a. Description of Unit Involved Included: See attachment. Excluded:			5b. City and State where unit is located: Westminster, MD

6. No. of Employees in Unit 48	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------------------	--

8a. Name of Recognized or Certified Bargaining Agent UNITE HERE Local 7		8b. Affiliation, if any	
8c. Address 1800 North Charles Street, Baltimore MD 21201		8d. Tel. No. 443-438-5607	8e. Cell No.
		8f. Fax No. 443-438-5702	8g. E-Mail Address

9. Date of Recognition or Certification	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) February 19, 2019
---	--

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)

12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) ASAP	13c. Election Time(s) 7-10am and 2-5pm	13d. Election Location(s) 1st floor meeting room	

14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition (b) (6), (b) (7)(C) my knowledge and belief.		Date Filed 4-2-19
--	--	----------------------

WILLFUL FALSE STATEMENTS... AND IMPRISONMENT (U.S. CODE, TITLE 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 may cause the NLRB to decline to invoke its processes.

ATTACHMENT TO RD PETITION FOR AVI

INCLUDED: All full-time and regular part-time employees employed by the Employer in the following departments: dining services, the Pub, the Coffee Shop and C-Store.

EXCLUDED: All students, special needs employees, office clerical employees, professional employees, managers and supervisors as defined by the Act.