

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**First Amended RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
05-RC-245597

Date Filed  
08/02/2019

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

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

2a. Name of Employer Sysco Hampton Roads, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7000 Harbour View Boulevard, Suffolk, VA 23435	
3a. Employer Representative - Name and Title Scott Thibodeau President		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (757) 673-4000	3d. Cell No.	3e. Fax No. (757) 673-4148	3f. E-Mail Address thibodeau.scott@shr.sysco.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) food service delivery		4b. Principal product or service food	5a. City and State where unit is located: Suffolk, VA

**5b. Description of Unit Involved**

**Included:** Included: All route drivers, shuttle drivers, van drivers, ship drivers, night drivers, and all drivers employed at by the Employer at its Suffolk facility and at the following satellite yards: 1) Richmond VA, 5436 Jefferson Davis Hwy.; 2) Virginia Beach VA, 2044 Landstown Center Way; 3) Williamsburg VA, 1570 Penniman Road; 4) Manteo N.C., 1013 Driftwood Dr.; 5) Maple (Currituck) N.C., 264 Airport Road; and 6) Elizabeth City N.C., 660 Old U.S. Hwy 17-S

**Excluded:** All other employees and security guards as defined by the Act

6a. No. of Employees in Unit: 86	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
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**Check One:** \_\_\_\_\_ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ 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?  None 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 None	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): Thursday August 15 <sup>th</sup> 2019	11c. Election Time(s): Suffolk facility 2am to 6am, 6pm to 9pm / satellite yards 1:30am to 5:30am, 3pm to 6pm	11d. Election Location(s): Suffolk Main Site, 7000 Harbour View Blvd, Suffolk, VA 23435, All satellite yards, (1) Richmond VA, 5436 Jefferson Davis Hwy, (2) Virginia Beach VA, 2044 Landstown Centre Way; (3) Williamsburg VA, 1570 Penniman Road; (4) Manteo N.C, 1013 Driftwood Dr; (5) Maple ( Currituck) N.C 264 Airport Road; (6)Elizabeth City N.C, 660 Old U.S Hwy 17-S
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12a. Full Name of Petitioner (including local name and number) Teamsters Local 822	12b. Address (street and number, city, state, and ZIP code) 5718 Bartee Street, Norfolk, VA 23502
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Teamsters

12d. Tel No. (630) 202-3688	12e. Cell No.	12f. Fax No.	12g. E-Mail Address raul_05@comcast.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Raul Alfaro		13b. Address (street and number, city, state, and ZIP code) 5718 Bartee Street, Norfolk, VA 23502	
13c. Tel No. (630) 202-3688	13d. Cell No. 757-647-8351	13e. Fax No. 757-459-2570	13f. E-Mail Address raul_05@comcast.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) Raul Alfaro	Signature	Title	Date
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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-246021	Date Filed 08-05-2019

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

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

**2a. Name of Employer:** Raytheon  
**2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):** NSA Northwest Annex, Building 344, Relay Road, Chesapeake VA 23322

**3a. Employer Representative - Name and Title:** Tim Dotson, Project Manager  
**3b. Address (if same as 2b - state same):** NSA Northwest Annex, Building 310, 1298 Olympic Avenue, Chesapeake VA 23322

**3c. Tel. No.:** (757) 421-8428  
**3d. Cell No.:**  
**3e. Fax No.:**  
**3f. E-Mail Address:** Dotson@Raytheon.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):** military contractor  
**4b. Principal Product or Service:** technical services  
**5a. City and State where unit is located:** Chesapeake, VA

**5b. Description of Unit Involved:**  
**Included:** All Engineering Technicians and Electronic Technicians  
**Excluded:** All others, including managers, supervisors, professionals, office clericals, and guards  
**6a. Number of Employees in Unit:** 60  
**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) pet. serves as req. and Employer declined recognition on or about (Date) pet. serves as req. (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? \_\_\_\_\_ 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):** August 20, 2019  
**11c. Election Time(s):** 5:30am-6:30am & 5:30pm-6:30pm  
**11d. Election Location(s):** Building 344 Conference Room

**12a. Full Name of Petitioner (including local name and number):** International Association of Machinists and Aerospace Workers  
**12b. Address (street and number, city, State and ZIP code):** 9000 Machinists Place, Upper Marlboro, MD 20772

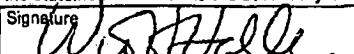
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):** International Association of Machinists and Aerospace Workers

**12d. Tel. No.:** (301) 967-4510  
**12e. Cell No.:**  
**12f. Fax No.:**  
**12g. E-Mail Address:** whaller@iamaw.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:** William H. Haller, Associate General Counsel  
**13b. Address (street and number, city, State and ZIP code):** 9000 Machinists Place, Upper Marlboro, MD 20772

**13c. Tel. No.:** (301) 967-4510  
**13d. Cell No.:**  
**13e. Fax No.:**  
**13f. E-Mail Address:** whaller@iamaw.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):** William H. Haller  
**Signature:**   
**Title:** Associate General Counsel  
**Date:** 8/5/2019

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.

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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>05-RC-246277</b>	Date Filed <b>08-09-2019</b>

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

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

<b>2a. Name of Employer</b> Transdev Services, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 42031 Loudoun Center Place VA Leesburg 20175-	
<b>3a. Employer Representative - Name and Title</b> Brian Van Hine		<b>3b. Address (If same as 2b - state same)</b> 42031 Loudoun Center Place VA Leesburg 20175-	
<b>3c. Tel. No.</b> (571) 258-3809	<b>3d. Cell No.</b> (571) 581-4095	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> brian.vanhine@transdev.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation		<b>4b. Principal product or service</b> Passenger Transportation	
<b>5a. City and State where unit is located:</b> Leesburg, VA			<b>6a. No. of Employees in Unit:</b> 12
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details			
<b>Check One:</b> <input type="checkbox"/> <b>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).</b>			
<input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>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) _____.</b>			
<b>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)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.</b>		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> August 30, 2019		<b>11c. Election Time(s):</b> 11:00 a.m. to 2:00 p.m.	
<b>11d. Election Location(s):</b> Training Room			
<b>12a. Full Name of Petitioner (including local name and number)</b> Javier M. Perez Jr. Amalgamated Transit Union Local 1764		<b>12b. Address (street and number, city, state, and ZIP code)</b> 10000 New Hampshire Avenue MD Silver Spring 20903-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Amalgamated Transit Union			
<b>12d. Tel No.</b> (301) 431-7100	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> j.perez@atu.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Daniel B. Smith Assistant General Counsel Amalgamated Transit Union		<b>13b. Address (street and number, city, state, and ZIP code)</b> 10000 New Hampshire Avenue MD Silver Spring 20903-	
<b>13c. Tel No.</b> (301) 431-7100	<b>13d. Cell No.</b> (202) 714-4219	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> dsmith@atu.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Daniel B. Smith	<b>Signature</b> Daniel B. Smith	<b>Title</b> Assistant General Counsel	<b>Date</b> 08/9/2019 08:18:34

**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-246277

Date Filed

08-09-2019

**Employees Included**

All full-time and regular part-time dispatch/supervisors, road supervisors, lead mechanics, foremen and parts clerks employed by the Employer at its facility currently located in Leesburg, Virginia. The Petitioner is seeking an Armour-Globe election.

**Employees Excluded**

All other employees, office clerical employees, guards, managers and supervisors as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. 05-246531	Date Filed 8/14/2019
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**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

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

<b>2a. Name of Employer</b> Hilton Management, LLC d/b/a Hilton Baltimore	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 401 West Pratt Street MD Baltimore 21201-
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<b>3a. Employer Representative - Name and Title</b> Trudy Bauer	<b>3b. Address (If same as 2b - state same)</b> 401 West Pratt Street MD Baltimore 21201-
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<b>3c. Tel. No.</b> (443) 573-8709	<b>3d. Cell No.</b> (410) 365-9588	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Trudy.Bauer@Hilton.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hotels & Motels	<b>4b. Principal product or service</b> Food, Beverage, and Lodging	<b>5a. City and State where unit is located:</b> Baltimore, MD
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 8	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
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**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> August 28th	<b>11c. Election Time(s):</b> 7:30am-8:30am	<b>11d. Election Location(s):</b> Hilton Baltimore
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<b>12a. Full Name of Petitioner (including local name and number)</b> Alberta Elizabeth Palmer Unite Here Local 7 and IUOE Local 37 (together jointly the Union)	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1800 N. Charles Street Suite 500 MD Baltimore 21201-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Unite Here International Union, AFL-CIO and International Union of Operating Engineers

<b>12d. Tel No.</b> (860) 338-9437	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (443) 438-5702	<b>12g. E-Mail Address</b> Apalmer@unitehere.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

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

<b>Name (Print)</b> Alberta Elizabeth Palmer	<b>Signature</b> Alberta E. Palmer	<b>Title</b> Union Organizer	<b>Date</b> 08/13/2019 13:12:15
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

**Employees Included**

All Full-time and regular Part-time housekeeping Leads, room coordinators and Inspectors/Inspectresses employed by the Employer at the Hilton Baltimore

**Employees Excluded**

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

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

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-246684	Date Filed August 16, 2019

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

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

<b>2a. Name of Employer</b> Prosecur Command Security Corporation (CSC)	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 512 Herndon Parkway VA Herndon 20170-
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<b>3a. Employer Representative - Name and Title</b> Richard Klein	<b>3b. Address (if same as 2b - state same)</b> 512 Herndon Parkway suite A VA Herndon 20170-
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<b>3c. Tel. No.</b> (703) 464-4735	<b>3d. Cell No.</b> (678) 463-5485	<b>3e. Fax No.</b> (703) 543-0631	<b>3f. E-Mail Address</b> rklein@commandsecurity.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services	<b>4b. Principal product or service</b> Contract Security	<b>5a. City and State where unit is located:</b> Baltimore, MD
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 10	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
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**Check One:**  7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> none	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ 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)**

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

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

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> Mail	<b>11c. Election Time(s):</b> Mail	<b>11d. Election Location(s):</b> Mail
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<b>12a. Full Name of Petitioner (including local name and number)</b> Ronald A. Mikell Ronald A. Mikell	<b>12b. Address (street and number, city, state, and ZIP code)</b> 305 Mt Zion Rd PA Dillsburg 17019-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
PA

<b>12d. Tel No.</b> (503) 544-3257	<b>12e. Cell No.</b> (503) 544-3257	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> President@nljps.us
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

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

<b>Name (Print)</b> Ronald A. Mikell	<b>Signature</b> Ronald A. Mikell	<b>Title</b> President	<b>Date</b> 08/14/2019 18:57:35
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

**Employees Included**

All regular part-time and fulltime Security employees providing Security Services on Employer's USPS contract in the City of Baltimore MD

**Employees Excluded**

all managerial ,confidential, clerical and Supervisory employees 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-246747	Date Filed 8/16/19

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

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

<b>2a. Name of Employer</b> BTI Security	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1700 Rockville Pike Suite 200 MD Rockville 20852-
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<b>3a. Employer Representative - Name and Title</b> Donna Wesley	<b>3b. Address (If same as 2b - state same)</b> 1700 Rockville Pike Suite 200 MD Rockville 20852-
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<b>3c. Tel. No.</b> (301) 562-9201	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> dwesley@btisecurity.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services	<b>4b. Principal product or service</b> Security	<b>5a. City and State where unit is located:</b> Arrington, VA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 6 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
---	--

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

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> International Union, Security, Police & Fire Professionals of America SPFPA David L Hick	<b>8b. Address</b> 25510 Kelly Road MI Roseville 48066-
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<b>8c. Tel No.</b> (586) 709-9563	<b>8d Cell No.</b> (586) 709-9563	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> dlhickey01@aol.com
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ 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)**

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

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 9/12/19	<b>11c. Election Time(s):</b> 5:45 am to 6:15 am	<b>11d. Election Location(s):</b> 251 18th Street South, Arlington, VA
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<b>12a. Full Name of Petitioner (including local name and number)</b> Steve Maritas Law Enforcement Officers Security Unions LEOSU-DC	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1155 F STREET NW #1050 DC Washington DC 20004-
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<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA			
<b>12d. Tel No.</b> (202) 595-3510	<b>12e. Cell No.</b> (202) 486-8558	<b>12f. Fax No.</b> (202) 595-3510	<b>12g. E-Mail Address</b> LEOSUDC@GMAIL.COM

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	

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

<b>Name (Print)</b> Steve Maritas	<b>Signature</b> Steve Maritas	<b>Title</b>	<b>Date</b> 08/16/2019 13:16:52
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case 5-RC-246747	Date Filed 8/16/19

**Employees Included**

All full-time and regular part-time Armed security officers performing guard duties as defined in Section 9(b)(3) of the Act @ its location noted in 11d

**Employees Excluded**

All professional employees, managers, and supervisors as defined in the Act, and all other employees.

Case No.

5-RC-246766

Date Filed

8/19/19

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

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

**2a. Name of Employer:**  
United for Respect

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
3578 Grand Avenue, Oakland, CA 94610

**3a. Employer Representative - Name and Title:**  
Evelyn Rangel-Medina, Mging Director

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

**3c. Tel. No.**  
702-534-9115

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
evelyn@united4respect.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
non-profit advocacy organization

**4b. Principal Product or Service**  
advocacy on worker rights

**5a. City and State where unit is located:**  
(nationwide)

**5b. Description of Unit Involved:**  
Included:  
[See Attached]

**6a. Number of Employees in Unit:**  
16

Excluded:  
[See Attached]

**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) 8/19/2019 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)**

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
September 18, 2019

**11c. Election Time(s):**  
(mail ballot nationwide)

**11d. Election Location(s):**  
(mail ballot nationwide)

**12a. Full Name of Petitioner (including local name and number):**  
Washington-Baltimore Newspaper Guild, Local 32035

**12b. Address (street and number, city, State and ZIP code):**  
1225 Eye Street NW, Suite 300, Washington, DC 20005

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
The News Guild - Communications Workers of America, AFL-CIO, CLC

**12d. Tel. No.**  
202-785-3650 x(b)(6)

**12e. Cell No.**

**12f. Fax No.**  
202-785-3659

**12g. E-Mail Address**  
(b) (6), (b) (7)(C)

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

**13a. Name and Title:**  
Robert E. Paul, Attorney

**13b. Address (street and number, city, State and ZIP code):**  
1025 Connecticut Avenue NW, Suite 712, Washington, DC 20036

**13c. Tel. No.**  
202-857-5000

**13d. Cell No.**

**13e. Fax No.**  
202-223-8417

**13f. E-Mail Address**  
rpaul@zwerdilling.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)**  
Robert E. Paul

**Signature**  
*Robert E. Paul*

**Title**  
Attorney

**Date**  
8/19/19

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 FOR RESPECT**

**Unit Description**

**Included:**

All employees in the Field, Digital & Communications, Workit/020, Infrastructure, Operations, and Corporate Accountability & Policy Campaign departments

**Excluded:**

Managerial employees, confidential employees, guards and supervisors as defined by the National Labor Relations Act

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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>5-RC-247244</b>	Date Filed <b>8/27/19</b>

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

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

**2a. Name of Employer** Action Facilities Management, Inc  
**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** 115 Malone Drive, Morgantown, West Virginia 26501

**3a. Employer Representative - Name and Title** Diana Lewis Jackson, President & CEO  
**3b. Address (If same as 2b - state same)** 115 Malone Drive, Morgantown, West Virginia 26501

**3c. Tel. No.** 304-599-6850  
**3d. Cell No.** 304-685-6892  
**3e. Fax No.** 304-599-6853  
**3f. E-Mail Address** dlewis@actionfacilities.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Federal Office Building  
**4b. Principal product or service** Facilities Maintenance  
**5a. City and State where unit is located:** Andrews Air Force Base, MD

**5b. Description of Unit Involved**  
**Included:** All Fulltime and Regular part-time Maintenance workers employed by the employer at 4475 Virginia Ave. Andrews Air Force Base, MD  
**Excluded:** All clerical employees, all managers, all guards and supervisors as defined by the Act.  
**6a. No. of Employees in Unit:** 3  
**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) 8/27/19 and Employer declined recognition on or about** No Reply (Date) (If no reply received, so state).  
 **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)** 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):** 9/30/19  
**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 Operating 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 Operating Engineers, Local 99


**12d. Tel No.** 202-337-0099 Ext. 123  
**12e. Cell No.** 202-744-9519  
**12f. Fax No.** 240-716-3956  
**12g. E-Mail Address** kgraham@iuoelocal99.org

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

**13a. Name and Title** Keith J. Graham, 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 Ext. 123  
**13d. Cell No.** 202-744-9519  
**13e. Fax No.** 240-716-3956  
**13f. E-Mail Address** kgraham@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)** Keith J. Graham  
**Signature**   
**Title** Organizer  
**Date** 8/27/19

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.