Name (Print)

Daniel B. Smith

Signature Daniel B. Smith

## UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
05-RC-252753	112/3/19				

12/3/2019 10:34:42

RC PETITION

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and 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

First Transit

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

761 C Elkridge Landing Road
MD Lithicum Heights 21090
3b. Address (ff same as 2b - state same)

7063 Friendship Road, BWI Airport
MD Baltimore 21240
3c. Tel. No.

3f. E-Mail Address

(A10) 684-3346

Michael Stinson			7063 Friendship R MD Baltimore 212	oad, BWI Airport		
3c. Tel. No.	3d. Cell No.		3e, Fax No.		3f. E-Mail Address	
(410) 684-3346		(410) 684-3349			michael.stinson@firstgroup.com	
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)	4b. Principal prod	duct or service	•	5a. City	and State where unit is located:
Transportation			Passenger Transporta	ation		Baltimore, MD
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	nal details					13
						6b. Do a substantial number (30% or more) of the employees in the
Excluded: See Attached Page 2 for addition	nal details					unit wish to be represented by the
						Petitioner? Yes 🖸 No 🛄
Check One: 7a. Request for re	cognition as Barg	jaining Representat	tive was made on (Date)	and	Employer dec	lined recognition on or about
		(If no reply received		<u> </u>		
			presentative and desires of	certification under the	Act.	
8a. Name of Recognized or Certified Barg	gaining Agent (II	none, so state).	8b. Address			
0- 7-11-						<del> </del>
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any			l 8h. Date of Recognition or	Certification	8i Expiration (	Date of Current or Most Recent
og. / umaton, ii dily			on. Data of recognition of	oeranoanori		y (Month, Day, Year)
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	If so, approx	imately how many em	ployees are pa	rticipating?
(Name of labor organization)		, has pick	eted the Employer since (f	Month, Day, Year)		
10. Organizations or individuals other than f	etitioner and tho	se named in items	8 and 9, which have claime	ed recognition as repri	esentatives and	d other organizations and individuals
known to have a representative interest in a						<b>.</b>
,						
10a. Name	10b. Ad	dress	10c. Tel. No.			10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
				IUE. FAX NO.		Tot. E-Mail Address
11. Election Details: If the NLRB conducts	an election in thi	is matter, state you	r position with respect to	11a Election Type:	Manual C	Mail Mixed Manual/Mail
any such election.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
11b. Election Date(s): December 20, 2019	l l	lection Time(s):		11d. Election Location(s):		
12a. Full Name of Petitioner (Including local name and number)			pm	Break Room  12b. Address (street and number, city, state, and ZIP code)		
Javier M. Perez Jr. Amalgamated Transit Union Local 1764				10000 New Hampshi MD Silver Spring 209	re Ave	city, state, and zir code;
12c. Full name of national or international la	bor organization	of which Petitioner	is an affiliate or constituent	t <i>(if none. so state)</i>	03-1/90	
Amalgamated Transit Union				,		
12d. Tel No.	12e. Cell No.		1 1 :		12g. E-Mail Address	
(301) 431-7100			(301) 431-7116		jperez@atu.or	g
13. Representative of the Petitioner who	will accept servi	ice of all papers fo		• •		
13a. Name and Title Daniel B. Smith Assistant General Counsel			13b. Address (street and		ind ZIP code)	
AMALGAMATED TRANSIT UNION			10000 New Hampshire A MD Silver Spring 20903	-1790		
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad dsmith@atu.or	
(301) 431-7100	(202) 714-4219		(301) 431-7116	dadas and halist		
I declare that I have read the above petiti	on and that the	statements are tru	e to the best of my know	neage and belief.		

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

Assistant General Counsel

#### **PRIVACY ACT STATEMENT**

Attachment

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
05-RC-252753	12/3/19	

### Employees Included

All full-time and regular part-time road supervisors/dispatchers employed by the Employer at its facilities currently located at 761 C Elkridge Landing Road, Lithicum Heights, and 7063 Friendship Road, BWI Airport in Maryland.

### **Employees Excluded**

All other employees, office clericals, managerial employees, guards and supervisors as defined in the Act.

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 5-AC-252765	Date Filed			

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INSTRUCTIONS: Unless e-filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be named in the pet	e accompanied ition of: (1) the p	by both a si etition; (2) :	howing of interest (se Statement of Position	ee 6b below n form (Form	) and a certificat n NLRB-505); an	e of service showing s d (3) Description of Re	ervice on presentation
PURPOSE OF THIS PETITION:     bargaining by Petitioner and Petitioner and Petitioner and Petitioner that the National Laboratory	lioner desires to be	certified as repre	sentative of t	he employees. The Pe	titioner alle	ges that the foll	owing circumstances	
2a. Name of Employer: Paragon Systems		Peac	dress(es) of the Corps	Establishment(s) invo - 1275 First Stro	ect, NE,	and number, City Washington	, State, ZIP code): , DC 20002	
3a. Employer Representative - Ner Laura M. Hagan	ne and Tille:			ne as 2b - state same) In Park Drive, S		Herndon, V	A 20171	
3c. Tel. No. 703-263-7176	3d: Cell No.		3e. Fax N 703-26	3-9527		Mail Address an@parasys	.com	
4a. Type of Establishment (Factory, Security	mine, wholesaler, e	tc.)	4b, Princi	oal Product or Service			d State where unit is loon gton, DC	ated:
56. Description of Unit Involved: A Included: Security officers and the NLRBA, employed by	l reserve office:	s performing	duties as	defined in section	1 9(B)(3) c	of 5	er of Employees in Unit	
All officer clerical employ				•	by the ac	of the c	ubstantial number (30% employees in the unit wis ented by the Pétitioner?	h to be
Check One: 7a. Request for reconnection or about (Date) 7b. Petitioner is cu		(If no reply	received, so	state).	on under the		declined recognition	•
8a. Name of Recognized or Certific				ddress:	an under the	<u> </u>	<del></del>	· <u> </u>
					<del></del> .			
8c. Tel. No.	8d. Cell No.		8e. Fax N	8e. Fax No.		8f. E-Mail Address		
Bg. Affiliation, if any:  Bh. Date of Recognition or Certification Bi. 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)  10. Organizations or individuals othe individuals known to have a representation.					d recognition	as representativ	er since (Month, Day, Ye es and other organization	
10a. Name	10b. A	ddress		<del></del>	10c. T	el No	10d, Cell No.	
				·		ax No.	10f. E-Mail Address	
11. Election Details: If the NLRB co			ate your pos	ition with respect to an		☐ Manua	ol [☑ Mail ☐ Mixed	l Manual/Mail
11b. Election Date(s): 12h6/19	11c. E	lection Time(s): 8.130 a	i.m.	- 5:30pr		lection Location(	5):	
12a. Full Name of Petitioner fincluding local name and number): Union Rights for Security Officers (URSO)  12b. Address (street and number, city, State and ZIP code): 5166 7th Street, NE Washington, DC 20011								
12c. Full name of national or Internat Union Rights for Security			itioner is an	affiliate or constituent	(if none, so s	tete):	- <del> </del>	
12d. Tel. No. 202-306-0060 12e. Cell No. 202-306-0060			1	5-3656	stanl	-Mail Address 1utch 1228@	yahoo.com	
13. Representative of the Petitioner who will accept service of all paper 13a. Name and Title:				ess (street and numbe	er, city, State			
Veary Kin, Consultant	<u> </u>			Stratford Garden I pring, MD 20904				
13c. Tel. No. 202-306-0060	13d, Cell No. 202-306-006		1 1	5-3656	stanl	Mail Address tutch 1228@	yahoo.com	
I declare that I have read the above Name (Print)	e petition and that			^		lief.		Inete
Stanley E. Hutchins		Signature //	e Hite	renis	Preside	nt		Date 12/02/19

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

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Case	No. 25	201	1	
<b>-</b>	KC-Z3	201	4	

DO NOT WRITE IN THIS SPACE Date Filed 12/4/19

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 Employe 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Whitestone Group, Inc. 100 Bureau Dr., Gaithersburg, MD 20899 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Leff LaRe, VP 6422 E Main St, Suite 100, Reynoldsburg, OH 43068 3f. E-Mail Address 3c. Tel. No. 3d Cell No 614-269-1078 ilare@whitestonegroup.us 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: SECURITY AGENCY SECURITY Gaithersburg, MD 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, PSO'S, CONSOLE 6b. Do a substantial number (30% OPERATORS AND DISPATCHERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY WHITESTONE GROUP, INC @ 100 BUREAU DR., GAITHÉRSBURG, MD 20899 or more) of the employees in the unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (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). uspoa 1501 Manchester St, Toms River, NJ 08757 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No 732-408-5762 assaneba@aol.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) 9/30/22 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 10b Address 10c Tel No 10d Cell No 10a Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11d, Election Location(s): 11c. Election Time(s): 5:00-7:30 am & 1:00-3:00 pm Break Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 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) 12g. E-Mail Address 12d Tel No 12e. Cell No. 12f Fax No 586-772-7250 X111 586-872-5634 586-772-9644 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. 13d. Cell No. 13e. Fax No. 13f, E-Mail Address 313-964-5600 313-964-2125 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. Signature Name (Print) Organizing Director 12-3-19 Dwayne Phillips uce

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 OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS S	SPACE
Case No. 5-RC-252845	Date Tiled 5/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.govf, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: American Security Programs US Customs and Border Protection 5900 Auth Road, Camp Springs, MD 20746 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Mark Phinney 1881 Campus Commons Drive, Suite 10, Reston, VA 20191 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. (703) 834-8900 (703) 898-1723 mphinney@securamericallc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Maryland Security 5b. Description of Unit Involved: All full-time and part-time and armed and unarmed Included: security officers and reserve officers performing duties as defined in section 9(B)(3) of 6a. Number of Employees in Unit: the NLRBA, employed by American Security at US Customs located in Maryland. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes All officer clerical employees, professional employees and sup, as defined by the act. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 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?  $N_0$ 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 Election Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s) 12/27/19 0700-1500 Site 12b. Address (street and number, city, State and ZIP code): 5166 7th Street, NE 12a. Full Name of Petitioner (including local name and number): Union Rights for Security Officers (URSO) Washington, DC 20011 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Union Rights for Security Officers (URSO) 12d Tel No. 12e. Cell No. 12f Fax No 12g. E-Mail Address 202-306-0060 202-306-0060 301-505-3656 stanhutch1228@yahoo.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): Veary Kin, Consultant 12603 Stratford Garden Drive Silver Spring, MD 20904 13c. Tel. No 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (240) 882-9198 veary@vearyenterprises.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) Signature Date Stanley E. Hutchins 12/05/19 President

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT V	WRITE IN THIS SPACE	
Case No.	Date Filed	
05-RC-252847	12/5/19	

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

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2345 Crystal Dr., Suite 103, Arlington, VA 22202 Allied Universal 3a, Employer Representative - Name and Title 3b. Address (If same as 2b - state same) David Chapla, VP Labor Relations 161 Washington St., Suite 600, Conshohocken, PA 19428 484-351-1419 484-351-1418 david.chapla@aus.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: SECURITY AGENCY SECURITY Arlington, VA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD 6b. Do a substantial number (30% DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ALLIED or more) of the employees in the UNIVERSAL @ 2345 CRYSTAL DR., SUITE 103, ARLINGTON, VA 22202 unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No Check One: and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) (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 NONE 8c Tel No 8d Cell No. 8e. Fax No. 8f F-Mail Address 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 6g. Affiliation, if any 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) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10c. Tel. No. 10d. Cell No. 10b. Address 10a Name 10e. Fax No. 10f F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail [ Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 6:00-8:00 am & 2:00-4:00 pm Team Room 12/20/19 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 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) 12f. Fax No. 12g E-Mail Address 12e Cell No 12d. Tel No. 586-772-7250 X111 586-872-5634 586-772-9644 organize@spfpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) <sup>13a, Name and Title</sup> Gordon Gregory, General Counsel 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13f. E-Mail Address 13e Fax No. 13d. Cell No. Gordon@UnionLaw.net 313-964-5600 313-964-2125 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Title Author Organizing Director 12-3-19 **Dwayne Phillips** 

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 OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
5-RC-253025	2/6/19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: ARBAN & CAROSI, INC 13800 Dawson Beach Rd., Woodbridge, VA 22191 3a, Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Nick Carosi SAME 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 703-491-5121 703-490-9425 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Woodbridge, VA Plant and supply yard pre-cast concrete 5b. Description of Unit Involved: 6a. Number of Employees in Unit: 140 All plant production, yard, and field installation-crew employees 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes Excluded: Office clericals, management, and confidential employees, guards, and supervisors Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: NONE 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b. Address 10c, Tel. No. 10d. Cell No. NONE 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): 11c. Election Time(s): 11d. Election Location(s): December 20, 2019 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Laborers' Local Union 202R 11951 Freedom Dr., Suite 310. Reston, VA 20190 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. 12e. Cell No. 12f. Fax No. 12q. E-Mail Address 703-860-4194 703-860-1865 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): 11951 Freedom Dr., Ste. 310, Reston VA 20190 Gabriele Ulbig, Counsel 13c, Tel, No. 13d, Cell No. 13e, Fax No. 13f, E-Mail Address 703-860-4194 703-860-4194 gulbig@maliuna.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) Signature Date Gabriele Ulbig Associate Counsel

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. 5-RC-253095

Date F. 12/

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): The Logistic Company/Caelum Research Aberdeen Test Center (ATC) Corporation (DCSS) Bldg 402, Room 101, Aberdeen Proving Ground, MD 21005 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Michael Gross, Program Manager Same 3c. Tel. No 3d. Cell No. 3e. Fax No 3f. E-Mail Address Unknown (910) 482-8083 (410) 278-5004 michael.s.gross.ctr@mail.mil 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Aberdeen Proving Grounds, Maryland Military Base Data Compilation 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 25 All technical writers and editorial technicians 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 

✓ Yes ✓ No Excluded: All other employees Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 11/22/19 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) 8b. Address None 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?  $N_{
m O}$ 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 and election in this matter, state your position with respect to any such election: 11a. Election Type 11b. Election Date(s) 11c. Election Time(s) 11d. Election Location(s): January 6, 2019 1:00 PM - 3:00 PM Building 402 conference room 12a. Full Name of Petitioner (including local name and number): International Association of Machinists and Aerospace 12b. Address (street and number, city, State and ZIP code): P.O. Box 638, Somers Point, NJ 08244 Workers, District Lodge 1, AFL-CIO 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, AFL-CIO 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address N/A (443) 553-3046 N/A colemanb2424@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): Nicholas A. Scotto, Special Representative 26 Court St, Ste 1710, Brooklyn, NY 11242 13d. Cell No. 13f. E-Mail Address 13c, Tel, No 13e. Fax No (631) 219-4116 (646) 902-5720 (929) 226-1724 nscotto@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) Signature Date Nicholas A. Scotto Special Representative 12/10/19

#### UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

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DO NOT WRITE IN THIS SPACE				
Case No.	5-RC-253108	Date Filed 12/10/19		

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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 158-12 Rockaway Boulevard, Suite 200, Queens, NY 11434 ISS Action 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Linda Hodge SAME 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 718-978-3000 x 107 718-978-3001 lhodge@issaction.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Security Contractor Security Services Queens, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 30 Included: All full time and regular part time security officers employed by Employer and assigned to the the Consumer 6b. Do a substantial number (30% Financial Protection Bureau facility located at 1700 G St. NW, Washington, DC 20552 or more) of the employees in he Excluded: All clerical empoloyees, professional employees, managerial employees and supervisors as defined in the Act. 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 curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. 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 Manual ✓ Mail Mixed Manual/Mail 11a. Election Type: any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 12/26/2019 - 12/30/2019 N/A N/A 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Security & Police Officers of America 5620 St. Barnabas Rd. Suite 390, Oxon Hill, MD 20745 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) None 12d. Tel No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 301-377-9860 301-377-9860 ishun.richards.uspoa@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. <sup>13a. Name and Title</sup> Ishun Richards, National Vice President 13b. Address (street and number, city, state, and ZIP code) 5620 St. Barnabas Rd. Suite 314, Oxon Hill, MD 20745 13c. Tel No 13d. Cell No. 13e. Fax No. 13f. F-Mail Address 301-377-9860 301-377-9860 ishun.richards.uspoa@gmail.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) Signature Date Ishun J. Richards USPOA National Vice President 12/10/2019

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. 5-RC-253183	Date Filed 12/11/19			

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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7900 Auth Rd MD Camp Springs 20746-ASP (American Security Programs) 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7900 Auth Rd MD Camp Springs 20746-Cassandra Jones 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (202) 271-4706 cassandralston@yahoo com (202) 271-4706 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Security Systems & Services Armed security services @ federal government site Clinton, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: 13 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 Mail \_\_\_\_ Mixed Manual/Mail 11a. Election Type: Manual any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): December 18, 2019 5-8AM, 1-4PM At worksite 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 8004 Neville Pl 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) n/a 12g. E-Mail Address chrissandrajones@psosunited.com 12d. Tel No. 12e, Cell No. 12f. Fax No. (202) 502-8438 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) Justin P Kea ing Attorney for Petitioner Beins, Axelrod, P.C. 1717 K St. NW Suite 1120 DC Washington 20006-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address jkeating@beinsaxelrod.com (703) 966-3193 (202) 328-7030 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) Signature Title Date Attorney for Petitioner Justin P. Keating Justin P Keating 12/2/2019 15:27:03

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

#### PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE				
Case 5-RC-253183	Date Filed 12/11/19			

Employees Included

All Full & Part-Time Guards employed by the Employer at the USCIS facility

**Employees Excluded** 

Office clericals, professional employees, managers, and other supervisors as defined by the Act

From:1-609-607-0679

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

# UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No. 5-RC-253302	Date Filed 12/13/19			

	R	C PETITI	IÓN		1	5-1	(C-23330.	٤	12/	13/19
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Th the employer and all other perties Case Procedures (Form NLRB 481	e petition maned in the 2). The show	ust be acco petition of ing of inter	mpanied b : (1) the pe est should	y both a she tition: (2) St only be file	owing of interest (se latement of Position d with the NLRB and	e 6b below) form (Form I should not	and a certifica NLRB-505); an be served on t	e of service ahd d (3) Descriptio he employer or	owing set n of Rept any other	rvice on resentation r party.
PURPOSE OF THIS PETITION Residence and Patitle requests that the National Labor	oner desires t	o be certified	i as represe	intative of the	e employees. The Pe	titioner aller	es that the follows	owing circumst	ances ex	active Ist and
2a. Name of Employer:			2b Add	ress(es) of E	stablishment(s) invol	ved (Street a	nd number. City	State. ZIP code	j:	
Maryland American Water Co			21014	ļ	Pike, Bel Air, MC		nd 212 Arch	er Street, Bel	Air Mai	ryland
3a. Employer Representative - Nam Barry Suits, President	e and ride.				e as 26 - state same): Irive, Bel Air, MD					
3c. Tel. No. 410-838-8404	1			3e. Fax No	36. Fex No. 31. C-Mail Address Barry.Sults@armwater.com					
4s. Type of Establishment (Factory, mine, wholesaler, etc.) Public Utility				46. Principa Water	al Product or Service		· ·	id State where u Maryland	nit is local	ied:
5b. Description of Unit Involved:	· ····					· · · · · · · · · · · · · · · · · · ·	6a. Number of Employees in Unit			
Included: All full-time and regular part-tim	na producti	on and dist	ribution o	malaucac			9			
Excluded:	ia biognetic	on and disi	mouton e	mployees			6b Doas	6b Do a substantial number (30% or more)		
All confidential secretaries, gua	ards, execu	tives and	supervisa	rs as defin	ed by the NLRA.		of the	employees in the ented by the Pet	: unit wish	to be
Check One 🔲 7a. Request for rec	ognition as Ba							declined recogni		1 : 4-2
on or about (Date) 7b. Petitioner is cur	rantiv cacean			eceived, so s		n under the A	.rt			
83. Name of Recognized or Certifie						il dilati				
Utility Workers United Associ				535	Smithfield St, Sui					
				8e. Fax No	8f. E-Mail Address 412-261-6221 sjp@sgkpc.com					
					ecognition or Certifica					
9 Is there now a strike or picketing at	the Employe	r's astablish	ment(a) inv	olved? No	If so, approx	cimately how	many employee	s are participatir	ng?	
(Name of Labor Organization)					<del></del>	, has pick	sted the Employ	er since (Month.	Day, Yes	<u> </u>
Organizations or individuals other individuals known to have a repre None	than Petition sentative inte	er and those rest in any e	named in i	tems 8 and ! In the Unit de	9, which have claimed acribed in Item 5b abo	recognition eve. (If nano,	as representativ so stato)	es and other org	anizations	s and
10a Name		0b. Address			111.00005	10c. Te		10d. Cell No.		
Utility Workers Union of Ame AFL-CIO	nca,	42 Raven	Mood RIA	d, Børneg	at, NJ 08005	100. F	43-8982	609-618-3176 10f, E-Mail Address		
AI 1-010							07-0679	bobhouser@uwua.net		
11. Election Details: If the Ni RB co.	nducts and el	ection in this	matter, sta	te your posit	ion with respect to an	y euch electi	on: 11a. Electio		Mixed	Manual/Mail
11b. Election Date(s): January 23, 2020		1c Election 6:00-8:30						ion Location(s): altimore Pike, Bel Air, MD 21014		
12a. Full Name of Petitioner (includ	ling local nam	e and numb	er).		12b Address (street					
Utility Workers Union of Ame	rica, AFL-	CIO			42 Ravenwood	Blvd, Ban	egat, NJ 08	005		
12c. Full name of national or internat Utility Workers Union of Ameri			which Peti	lioner is an a	Miliate or constituent (	(if none, so s	late):			
12d Tel No. 888-843-8962	12e. Cell No 609-618-3			12f. Fex No. 12g. E-Mall Address 609-607-0679 bobhouser@uwua.net						
13. Representative of the Petitione			e of all pap			ntation proc	eeding.			MI. 4
13a Name and Title: Riobert A. Houser, Director of				13b. Addre	ess (street and numbe enwood Blvd, Bar	er, city, State	and ZIP code):			
13c. Tel. No. 888-843-8982	13d. Cell No 609-618-3			13e. Fax N 609-607			13f. E-Mail Address bobhouser@uwua.net			
I declare that I have read the above			atements :					.,		
Name (Print)	- peasen att	Signa		1	//	Title		······································		Date
Robert A Houser			ert A. Hou	ıser 🕊	Well	Director	of Organizing			12-13-19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U S C § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
V5-RC-253533	12/18/19			

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INSTRUCTIONS: Unless e-Filed us employer concerned is located. Th the employer and all other parties Case Procedures (Form NLRB 481	ne petition mus named in the p	t be accomp etition of: (1	panied by 1) the pet	both a sho ition; (2) St	owing of interest (see atement of Position (	e 6b below) an form (Form NL	d a certificat .RB-505); and	e of service showing se d (3) Description of Rep	rvice on resentation	
PURPOSE OF THIS PETITION: R     bargaining by Petitioner and Petitioner requests that the National Laboratory	oner desires to t	e certified a	s represe	ntative of the	e employees. The Pet	ltioner alleges	that the foli	owing circumstances e		
2a. Name of Employer: Maryland American Water				Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  04 Baltimore Pike, Bel Air, MD 21014 and 212 Archer Street, Bel Air Maryland  014						
3a. Employer Representative - Nam Barry Suits, President	ne and Title:				e as 2b - state same): rrive, Bel Air, MD	21014				
3c. Tel. No. 3d. Cell No. 410-838-8404				,		1	Mail Address y.Suits@amwater.com			
4a. Type of Establishment (Factory, re Public Utility	nine, wholesaler	, etc.)		4b. Principa Water	al Product or Service		Bel Air, I	d State where unit is loca Maryland	nted:	
5b. Description of Unit Involved:							6a. Numbe	er of Employees in Unit:		
Included: All full-time and regular part-tim	ne production	and distrib	nution er	nolovees			9			
Excluded:	no production	and distill	JUNUIT 61	hiolees				ubstantial number (30% o		
All confidential secretaries, guards, executives and supervisor					rs as defined by the NLRA.			of the employees in the unit wish to be represented by the Petitioner? X Yes No		
Check One: 7a. Request for rec	ognition as Barg					aı		declined recognition		
on or about (Date) 7b. Petitioner is cur	rently recognize			ceived, so s esentative a		under the Act				
8a. Name of Recognized or Certifie	d Bargaining A	gent (If non		e) 8b. Ad	dress:					
Utility Workers United Assoc	iation, Local	537		535 \$	Smithfield St, Suit					
8c. Tel. No. 8d. Cell No. 412-355-0200 412-608-2041			8e. Fax No 412-261-		1	8f. E-Mail Address sjp@sgkpc.com				
8g. Affiliation, if any:  8h. Date of R 10-19-2018					ecognition or Certificat	ion 8i. Expirat Recent Co	Recent Contract, if any (Month, Day, Year) 10-31-19			
9. Is there now a strike or picketing a	t the Employer's	establishme	ent(s) invo	Ived? No	If so, approx	imately how ma	any employee	s are participating?		
(Name of Labor Organization)								er since (Month, Day, Ye		
Organizations or individuals other individuals known to have a repression.								es and other organization	es and	
10a. Name	1	. Address				10c. Tel. 1				
Utility Workers Union of Ame	erica,   42	Ravenwo	ood Blv	.,			-8982 609-618-3176			
AFL-CIO					10e. Fax N 609-607			10f. E-Mail Address bobhouser@uwua.	net	
11. Election Details: If the NLRB co				e your posil	ion with respect to any			al Mail Mixed	l Manual/Mail	
11b. Election Date(s): January 30, 2020	1	: Election Ti B:30 AM ai	• •					on Location(s): timore Pike, Bel Air, MD 21014		
12a. Full Name of Petitioner (includ	-	-	):		12b. Address (street	•	•	•		
Utility Workers Union of America, AFL-CIO 42 Ravenwood Blvd, Barnegat, NJ 08005										
12c. Full name of national or internat Utility Workers Union of Ameri			hich Petit	ioner is an a	ffiliate or constituent (	if none, so state	e):			
12d. Tel. No. 888-843-8982	12e. Cell No. 609-618-31	76					12g. E-Mail Address bobhouser@uwua.net			
13. Representative of the Petitione			of all pap					<del></del>	<del></del>	
13a. Name and Title: Robert A. Houser, Director of				13b. Addre	ess (street and numbe enwood Blvd, Bar	r, city, State an	d ZIP code):			
13c Tel No	13d, Cell No.			13e. Fax	\ <u>\</u>	13f E-Ma	il Address			
1				609-607		1	ser@uwua.	.net		
I declare that I have read the abov	e petition and	hat the stat	ements a	re true to t	he best of my knowle		1.		<del></del>	
Name (Print)		Signatu	/ /L	11		Title	Organizina	-	Date 12-18-19	
Robert A. Houser			.11	// /		Director of	organizing		[ 12-10-19	

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

DO NOT WRITE IN THIS SPACE					
Case No. 5 - PC - 253544	Date Filed .12/18/19				

KC PE				. 14 0672		
INSTRUCTIONS: Unless e-Filed us	ing the Agenc	y's website, <u>w</u>	<u>ww.nlrb.gov</u> , submit a	n original of this	Petition to a	n 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.						
2s. Name of Employer		2b. Ac	idress(es) of Establishmen	t(s) involved (Street e		
Whitestone Group, Inc.		100 E	Bureau Dr., Gaithersb			· · · · · · · · · · · · · · · · · · ·
3a. Employer Representative – Name and Leff LaRe, VP			3b. Address (If same as 6422 E Main St, Su			
3c. Tel. No. 614-269-1078	3d. Cell No.		3e. Fax No.			stonegroup.us
4a. Type of Establishment (Factory, mine, v SECURITY AGENCY	rholesaler, etc.)	4b. Principal pro SECURITY	duct or service			and State where unit is located: sburg, MD
5b. Description of Unit Involved	<del></del>	<del></del>				6a. No. of Employees in Unit:
Included: ALL FULL-TIME AND PART						40
OPERATORS AND DISPATCHERS PI LABOR RELATIONS ACT, EMPLOYEI	BY WHITEST	ONE GROUP, IN	IC @ 100 BUREAU DR.	, GAITHERSBURG	, MD 20899	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the
Excluded: ALL OFFICE CLERICAL EMPL						Petitioner? Yes ✓ No
	(Date)	(If no reply receive	e was made on (Date) d, so state). NO			ined recognition on or about
7b. Petitioner is co			epresentative and desires	certification under the	Act	
uspoa		none, so state).	5620 St. Barna	abus Rd., Suite 314,		
8c. Tel No. 301-377-9860	8d Cell No.		8e. Fax No.		8f. E-Mail Add	
8g. Affiliation, if any	8g. Affiliation, if any  8h. Date of Recognition or Certification  8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  9/30/22					
9. Is there now a strike or picketing at the E						
(Name of labor organization)		, has pict	eted the Employer since (/	Month, Day, Year)		
Organizations or individuals other than in known to have a representative interest in a NONE					resentatives and	other organizations and individuals
10a. Name	10b. Ad	dress				
				10c. Tel. No.		10d. Cell No.
				10c. Tel. No.		10d. Cell No.
11. Election Datails: If the NLRB conducts any such election.	an election in thi		or position with respect to	10e. Fax No.		
	11c, El			10e. Fax No.  11a. Election Type: 11d. Election Locat Break Room	ion(s):	10f. E-Mail Address Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c. El 5:00-7:	s matter, state you ection Time(s): 30 am & 1:00-3:0 imber)	0 pm	10e. Fax No.  11a. Election Type: 11d. Election Locat Break Room	ion(s):	10f. E-Mail Address  Mail Mixed Manual/Mail  City, state, and ZIP code)
any such election.  11b. Election Date(s): 1/23/20  12a. Full Name of Petitioner (including to	11c. El 5:00-7: cal name and no Fire Professional bor organization	s matter, state you ection Time(s): 30 am & 1:00-3:0 umber) is of America (SP of which Petitioner	0 pm FPA) is an affiliate or constituen	10e. Fax No.  11a. Election Type:  11d. Election Locat Break Room  12b. Address (stree 25510 Kelly Road,	ion(s):	10f. E-Mail Address  Mail Mixed Manual/Mail  City, state, and ZIP code)
any such election.  11b. Election Date(s): 1/23/20  12a. Full Name of Petitioner (including la International Union, Security, Police and F 12c. Full name of national or international la	11c. El 5:00-7: cal name and no Fire Professional bor organization	s matter, state you ection Time(s): 30 am & 1:00-3:0 umber) is of America (SP of which Petitioner	0 pm FPA) is an affiliate or constituen	10e. Fax No.  11a. Election Type: 11d. Election Locat Break Room 12b. Address (street 25510 Kelly Road, t (if none, so state)	ion(s):	10f. E-Mail Address  Mail Mixed Manual/Mail  Alty, state, and ZIP code)  8066
any such election.  11b. Election Date(s): 1/23/20  12a. Full Name of Petitioner (Including lot International Union, Security, Police and Factorial No.	11c. El 5:00-7: cal name and no fire Professional bor organization ire Professionals 12e. Cell No. 586-872-5634	s matter, state you ection Time(s): 30 am & 1:00-3:0i imber) is of America (SP of which Petitioner s of America (SPF	PA) is an affiliate or constituen PA) 12f. Fax No. 586-772-9644	10e. Fax No.  11a. Election Type: 11d. Election Locat Break Room 12b. Address (stree 25510 Kelly Road, 1 (if none, so state)	ion(s): et and number, Roseville, MI 4 12g. E-Mail Ac organize@spf	10f. E-Mail Address  Mail Mixed Manual/Mail  Alty, state, and ZIP code)  8066
any such election.  11b. Election Date(s): 1/23/20  12a. Full Name of Petitioner ( <i>including la</i> International Union, Security, Police and Factorial Inc.  12d. Tel No. 586-772-7250 X111	11c. El 5:00-7: cal name and no reference Professional per Professionals 12e. Cell No. 586-872-5634 will accept servi	s matter, state you ection Time(s): 30 am & 1:00-3:0: umber) s of America (SP) of which Petitioners of America (SP)	PA) is an affiliate or constituen PA) 12f. Fax No. 586-772-9644	10e. Fax No.  11a. Election Type: 11d. Election Locat Break Room 12b. Address (stree 25510 Kelly Road, 1 (if none, so state) entation proceeding	ion(s): et and number, Roseville, MI 4 12g. E-Mail Ac organize@spfi	10f. E-Mail Address  Mail Mixed Manual/Mail  Alty, state, and ZIP code)  8066
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any such election.  11b. Election Date(s): 1/23/20  12a. Full Name of Petitioner ( <i>including la</i> International Union, Security, Police and F 12c. Full name of national or international is International Union, Security, Police and F 12d. Tel No. 586-772-7250 X111  13. Representative of the Petitioner who 13a. Name and Title Gordon Gregotian. Tel No.	11c. El 5:00-7: cal name and inception organization ire Professionals 12e. Cell No. 586-872-5634 will accept servicity, General 13d. Cell No.	s matter, state you ection Time(s): 30 am & 1:00-3:0i imber) is of America (SP of which Petitioner s of America (SPF ce of all papers for	FPA) is an affiliate or constituen is an affiliate or constituent is an af	10e. Fax No.  11a. Election Type: 11d. Election Locat Break Room 12b. Address (stree 25510 Kelly Road, t (if none, so state) entation proceeding d number, city, state, 27, Detroit, MI 48226	ion(s):  at and number, Roseville, MI 4  12g. E-Mail Ac organize@spfi J.  and ZIP code)  13f. E-Mail Ad	10f. E-Mail Address  Mail Mixed Manual/Mail  dity, state, and ZIP code) 8066  dress a.org
any such election.  11b. Election Date(s): 1/23/20  12a. Full Name of Petitioner (Including lot International Union, Security, Police and Fourth International Inte	11c. El 5:00-7: cal name and inception organization ire Professionals 12e. Cell No. 586-872-5634 will accept servicity, General 13d. Cell No.	s matter, state you ection Time(s): 30 am & 1:00-3:0i imber) is of America (SP of which Petitioner s of America (SPF ce of all papers for	FPA) is an affiliate or constituen PA) 12f. Fax No. 586-772-9644 or purposes of the repres 13b. Address (street and 65 Cadillac Square, Suite 37 13e. Fax No. 313-964-2125 ue to the best of my know	10e. Fax No.  11a. Election Type: 11d. Election Locat Break Room 12b. Address (stree 25510 Kelly Road, t (if none, so state) entation proceeding d number, city, state, 27, Detroit, MI 48226	ion(s):  at and number, Roseville, MI 4  12g. E-Mail Ac organize@spfi J.  and ZIP code)  13f. E-Mail Ad	10f. E-Mail Address  Mail Mixed Manual/Mail  Alty, state, and ZIP code)  8066  Idress ba.org  dress nLaw.net
any such election.  11b. Election Date(s):  1/23/20  12a. Full Name of Petitioner (Including lot International Union, Security, Police and Factorial Union, Security, Police and Factorial Union, Security, Police and Factorial International International Union, Security, Police and Factorial International Internation	11c. El 5:00-7: cal name and no reprofessional bor organization ire Professionals 12e. Cell No. 586-872-5634 will accept servicity, General 13d. Cell No. on and that the plature	s matter, state you ection Time(s): 30 am & 1:00-3:0i imber) Is of America (SP) of which Petitioner of America (SP) Ice of all papers for the counsel  Statements are tree	FPA) is an affiliate or constituen PA) 12f. Fax No. 586-772-9644 or purposes of the repres 13b. Address (street end 65 Cadillac Square, Suite 37 13e. Fax No. 313-964-2125 ue to the best of my know Title Organizing Director	10e. Fax No.  11a. Election Type: 11d. Election Locat Break Room 12b. Address (stree 25510 Kelly Road, t (if none, so state)  entation proceeding d number, city, state, 27, Detroit, MI 48226	ion(s): at and number, Roseville, MI 4  12g. E-Mail Ac organize@spfi and ZIP code)  13f. E-Mail Ad Gordon@Unio	10f. E-Mail Address  Mail Mixed Manual/Mail  Ally, state, and ZIP code) 8066  dress ba.org  dress nLaw.net

PRIVACY ACT STATEMENT