FORM NLRB-502 (RC)	UNITED STA	TES OF AMERICA	<b>\</b>				DO NOT W	RITE I	N THIS	SPACE	
(2-18)	NATIONAL LABO	R RELATIONS BC			Case No	).			Date F	iled	
	RC P	ETITION				5-RC-2	244319			7/3/1	9
INSTRUCTIONS: Unless e-Filed u. employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48:	he petition must b named in the peti	e accomp <mark>anied b</mark> tion of: (1) the pe	y both a sh tition; (2) S	owing of interest (s tatement of Positio	see 6b be on form (F	low) and Form NLF	a certificat RB-505); and	e of se d (3) D	ervice s escript	showing s tion of Re	service on presentation
1. PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Labo	ioner desires to be	certified as represe	entative of th	ne employees. The P	Petitioner	alleges (	that the foll	owing	circum	stances	
2a. Name of Employer: VSP A/W Sinai Hospital a Li Center	fe Bridge Healt		2b. Address(es) of Establishment(s) involved ( <i>Street and number, City, State, ZIP code):</i> 6201 Security BIvd. Baltimore Maryland 21235								
3a. Employer Representative - Nan Robinita Michelle Edmonds ·			•	e as 2b - state same . Baltimore Mary		215					
3c. Tel. No.	3d, Cell No.		3e, Fax No		3f	E-Mail A	ddraes				
410-944-0888	410-800-5850		410-944				s@lifebridgehealth.org				
4a. Type of Establishment (Factory, I				al Product or Service		unonua	5a. City an	•			atad
Federal building	nine, wholesaler, e		Janitoria		6		Baltimore				aleu.
5b. Description of Unit Involved:			ounitoria	•			6a. Numbe		,	e in Llnit:	
Included: Please see attached							43		ployee	o in Onic.	
Excluded:							6b. Do a su	ubstant	ial num	ber (30%	or more)
All other employees, guards, a	and supervisors	as defined by th	ne Act							he unit wis etitioner?	
Check One: x 7a. Request for rec		ing Representative	e was made	on (Date) 7	7/3/19	and	Employer d				
on or about (Date)		(If no reply re									
7b. Petitioner is cui 8a. Name of Recognized or Certifie	, ,	<u> </u>			on under	the Act.					
None											
8c. Tel. No.	8d. Cell No.		8e. Fax No	).	8f.	E-Mail A	ddress				
8g. Affiliation, if any:				ecognition or Certifica			n Date of Cu tract, if any (				
9. Is there now a strike or picketing a	t the Employer's es	ablishment(s) invo	lved? No	If so, appro	oximately	how man	y employees	s are p	articipa	ting?	
(Name of Labor Organization)					, has	picketed	the Employe	er since	e (Mont	h. Dav. Y	ear)
10. Organizations or individuals other	r than Petitioner and	d those named in i	ems 8 and	9. which have claime		·			•		
individuals known to have a repre										0	
10a. Name	10b. A	ddress			10	c. Tel. No	).	10d. C	Cell No.		
					10	e. Fax No	).	10f. E	-Mail A	ddress	
11. Election Details: If the NLRB co	nducts and election	in this matter, stat	te your posit	tion with respect to a	ny such e	election:	11a. Election	n Type:	:		
							🗙 Manua	I 🗌	Mail	Mixe	d Manual/Mail
11b. Election Date(s):		ection Time(s):					n Location(s				
July 24th 2019		8:30am / 3pm-4	:30pm				iference R				
12a. Full Name of Petitioner <i>(includ</i> 1199 SEIU United Healthcar				12b. Address (stree 611 N Eutaw S							
12c. Full name of national or internat Service Employees Internation	•	tion of which Petit	ioner is an a	ffiliate or constituent	t (if none,	so state):					
12d. Tel. No.	12e, Cell No,		12f. Fax N	0	112	g. E-Mail	Address				
443-845-6101	443-845-6101		443-332			-	/son@119	9.org			
13. Representative of the Petitione	r who will accept :	service of all pap	ers for purp	oses of the represe	entation p	proceedi	ng.				
13a. Name and Title: Shiara Coney - Organizer				ess (street and numb Eutaw St. Baltimo			ZIP code):				
13c. Tel. No.	13d. Cell No.		13e, Fax N	lo	12	f. E-Mail /	Address				
443-845-6101	443-845-6101		443-332				son@119	9.0ra			
I declare that I have read the above		the statements a			- 1			2.019			
Name (Print)		Signature.	~	n n	Title						Date
Shiara Coney		Shinn	Cones	2	Orgar	nizer					7-3-19
-		an MAUL	,	1							1
WILLFUL FALSE STA	TEMENTS ON THI	S PETITION CAN	BE PUNISH	HED BY FINE AND I	MPRISO	NMENT (	U.S. CODE,	TITLE	18, SE	CTION 1	001)

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

Attachment 1

All full time regular and part time janitors and housekeepers employed by the employer at the Social Security Administration Complex in Woodlawn

(2-18]         NATIONAL LABOR RELATIONS BOARD RC PETITION         Case No.         5-RC-244591         Delt/jit/j19           INSTRUCTIONS: Unless e-Filed using the Agency's website, employee and all other paties amade in the patient on () this patients of () this patient () [3 Statemant of Petition for more MARB-001; and () Description of Agencyse on the amployee and all other paties amade in the patient of () this patient () [3 Statemant of Petition for more MARB-003; and () Description of Agencyse on the amployee and all other paties are showing of minerast should only be filed with the VLRB and should not be services and the patient of composed on and the amployee with to be representated of composed on and the patient of composed on and the patient of composed on and the patient of composed on the patient of composed on the the majoresen to Stechor and patient of composed on the transment (s) functional number of molecular state of the majoresen to Stechor and number. City, State, ZIP cade; Washington, DC 20006           3a. Employee Prepresentative - Name and Tile: James Crowley         3b. Address (f same as 2b state same); 2001 K Street, NW Washington, DC 20006         31. E.Mail Address jcrowley@Bakingurp.com icom of abuilding in number (Marcing).         31. E.Mail Address jcrowley@Bakingurp.com ide and state where unit is located: 27           See Attached.         27         Sc. Other address in Unit: 270. 34 and State where unit is located: 27         27           See Attached.         27         Sc. Other address in Unit: 27         27           See												
RC PETITION         Cart No.         PC7/9719           MSTRUCTIONS: Unless - Affed using the Agency's weaking, [www.rbit.gov], submit an original of this Petition to an NLR8 affects the the Section in the Agency's weaking, [www.rbit.gov], submit an original of this Petition to an NLR8 affects the the Section in the Agency's weaking, [www.rbit.gov], submit an original of this Petition is an NLR8 affect the the Section in the Agency's weaking, [www.rbit.gov], submit an original of this Petition is an NLR8 affect the the Section is an NLR8 affect the the Section in the Agency's weaking, [www.rbit.gov], submit an original of this Petition is an NLR8 and Should not be served on the engloyees in the Section and Section and the Agency's weaking in the Section is a served on the engloyees that the Section is a prost and use or any other party.           Valenting by Petitione detection to exercise on the engloyees. The Petitioner alloges that the Section is a prost and use is a prost and user regression and the agency is a prost and other party.           3. Tampore Representative - Name and Tile:         3b. Access (Section at a base as a base as and agency).           2014 K Street, NW         Valenting(on, DC 20005           3c Tile No.         3c Cell No.           3c Tile No.         3c Cell No.           3c Add Street, NW         3c Cell No.           3c Tile No.         3c Cell No.           3c Tile No.         3c Cell No.           3c Add Street, NW         3c Cell No.           3c Add Street, NW         3c Cell No.           3c Tile Constant, and No.         3c Cell No.	FORM NLRB-502 (RC)	UNITE	ED STATES OF	AMERIC	A	1	l		DO NOT W	RITE IN THIS	SPACE	
dirploty:         Constant         Section         Section           1:         Section         Section         Section         Section         Section           1:         Section         Section<	(2-18)	NATIONAI			DARD		Case	<sup>No.</sup> 5-	RC-244	591	Date Fi 7/	9719
baselinging by Pellioner and Petiloner data desires to be certified as a special multiply growth of Section 9 of the Attinoni Laber Relations Board proceed under the spore antiboty growth of Section 9 of the Attinoni Laber Relations Action           28. Name of Employer:         20. Attino Attinis         20. Attino Attinis         20. Attino Attinis         20. Attino Attinis           20. The Name and Title:         20. Addresseties of Exabilishment(s) involved (Street and number. City, Sate. 2P code);         20. Attino Attinis         20. Attino Attinis           20. The Name and Title:         20. Address of the Attinis         20. Attino Attinis         20. Attino Attinis           20. The Name and Title:         20. Address of the Attinis         20. Attino Attinis         20. Attino Attinis           20. Address of the Attinis         20. Address of the Attinis         20. Attinis Attinis         20. Attinis Attinis           20. Address of the Attinis         20. Address of the Attinis         20. Attinis Attinis         20. Attinis Attinis           20. Address of the Attinis         20. Attinis Attinis         20. Attinis Attinis         20. Attinis Attinis           20. Address of the Attinis         20. Attinis Attinis         20. Attinis Attinis         20. Attinis Attinis           20. Address of the Attinis         20. Attinis Attinis         20. Attinis Attinis         20. Attinis Attinis           20. Address of the Attinis         20. Attinis Attinis	employer concerned is located. T the employer and all other parties	he petition named in :	must be accon the petition of:	ipanied b (1) the pe	by both a sh etition: (2) S	nowing of Interest (s Statement of Positio	see 6b l In form	below) and (Form NLI	l a certificat RB-505): an	e of service si d (3) Descripti	howing so Ion of Rec	ervice on presentation
Widshington Lawyers' Committee for Civil Rights       T00 14th St, NW, Suite 400         Washington, DC 20005         3a. Emptyser Representative - Name and Title:       3b. Address (rame as 2) - state same):         2001 K Street, NW         Washington, DC 20006         3c. Tel, No.       3d. Cell No.         202, 487-4579       3d. Cell No.         202, 487-4579       3d. Cell No.         202, 487-4579       3d. Cell No.         3c. Tel, No.       3d. Cell No.         202, 487-4579       3d. Cell No.         3c. Tel, No.       3d. Cell No.         3c. Tel, No.       3d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Tell No.       N/A       N/A	bargaining by Petitioner and Petit	ioner desire	s to be certified	as repres	entative of th	he employees. The P	Petition	er alleges t	that the foll	owing circum	stances e	llective xist and
Widshington Lawyers' Committee for Civil Rights       T00 14th St, NW, Suite 400         Washington, DC 20005         3a. Emptyser Representative - Name and Title:       3b. Address (rame as 2) - state same):         2001 K Street, NW         Washington, DC 20006         3c. Tel, No.       3d. Cell No.         202, 487-4579       3d. Cell No.         202, 487-4579       3d. Cell No.         202, 487-4579       3d. Cell No.         3c. Tel, No.       3d. Cell No.         202, 487-4579       3d. Cell No.         3c. Tel, No.       3d. Cell No.         3c. Tel, No.       3d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Representative - Number of Encloyees in Unit       2d. Cell No.         3c. Tell No.       N/A       N/A	2a. Name of Employer:			2b. Add	tress(es) of	Establishment(s) invo	olved (S	Street and n	umber City	State ZIP co	de):	
James Crowley         2001 K Street, NW           35. Tél, No.         202-867-4259         34. Fax No.         35. Fáx No.         35. EAdai Address           202-867-4259         35. Clay and State where unit is located: Law Firm         10: provide/g@akingurpp.com         36. Scily and State where unit is located: Law Firm         10: provide/g@akingurpp.com           36. Tel, No.         36. Tel No.         10: Dasarbitation of Unit Involved: Included: See Attached.         68. Number of Employees in Unit.         27           56. Attached.         573119         and Employee declined recognition and banging recognition as Bargahing Representative was made on (Date)         573119         and Employee declined recognition regresented by the Pellioner's (DV) or more regresented by th	and Urban Affairs		•	700 1	4th St., N	IW, Suite 400	(-				,.	
202-87-4289       jcrowtey@akingt.com         4a. Type of Establishment (Pactoy, mine, wholesaler, etc.)       4b. Principal Product of Service       Sa. City and State where unit is located:         4a. Type of Establishment (Pactoy, mine, wholesaler, etc.)       Legal Services       Sa. City and State where unit is located:         5b. Description of Unit Involved:       Involved:       Sa. City and State where unit is located:         5b. Description of Unit Involved:       Sa. Advanced Composition as Barganing Representative was made on (Date)       533.119       and Employee sin Unit:         See Attached.       The Dia of about (Date)       715.191       (If no reply received, so state)       So. Address.         None       If a Request for recognition as Barganing Agent (If none, so ster)       So. Address.       N/A         See Attached.       N/A       N/A       N/A         See Tel. No.       Sd. Cell No.       N/A       N/A         NA       N/A       N/A       N/A         See Atta Construct (If Address and the Employer's establishment(g) involve? No       (If so. approximately now maint engloyees are participating?         N/A       N/A       N/A       N/A       N/A         See Atta No       St. Cell No.       N/A       St. Cell No.         N/A       N/A       N/A       N/A       N/A      <		ne and Title	<u>.</u>	2001	K Street,	NW	<u></u>	<u> </u>				
4a. Type of Etablishment ( <i>Pscorg, mine, wholesaler, etc.</i> )         ib. Principal Product or Service         Is. Principal Product or Service         Is. City and State where unit is located:           Sb. Description of Unit Involved: Included:         Included:         Sc. Name, wholesaler, etc.)         Is. Principal Product or Service         Is. Secretary           Sc. Rescription of Unit Involved: Included:         Sc. Name, of Rescription of Unit Involved: Involved:         Sc. Name, of Rescription of Unit Involved: Involved:         Sc. Name, of Rescription of Unit Involved: Involved:         Sc. Name, of Rescription of Certification Involved:         Sc. Name, of Rescription of Rescription Involved:         Sc. Name, of Rescription of Rescrip		3d. Cell No	),	J						.com		
Bit Description of Unit Involved:       Involved:       Ba. Number of Employees in Unit:         See Attached.       Z7         Excluded:       See Attached.         Check One:       [7 a. Request for recognition as Bargaining Representative was made on (Date)       5/3/1/9       and Employer declined recognition         One abold (Date)       7/6/19       (ff no reply received, so state)       5/3/1/9       and Employer declined recognition         Box Name of Recognitied or Certified Bargaining Agent (if none, so state)       N/A       N/A       N/A         So a sublating agent (if none, so state)       N/A       N/A       N/A         So a state of certified Bargaining Agent (if none, so state)       N/A       N/A         So a state of certified Bargaining Agent (if none, so state)       N/A       N/A         So a state of certified Bargaining Agent (if none, so state)       N/A       N/A         So a bard recognition or Certification and the certification and	4a. Type of Establishment (Factory, I	mine, whole	saler, etc.)		4b. Principal Product or Service						unit is loca	ated:
Included: See Attached. See Attach	Law Firm				Legal Services				Washing	ton, DC		
See Attached.       27         Excluded:       50 a passparal number (50k or month) oc of the analytic parameter is in the unit web (10k or month) of the analytic parameter is the unit web (10k or month) of the analytic parameter is the unit web (10k or month) of the analytic parameter is the unit web (10k or month) oc of the analytic parameter is the unit web (10k or month) oc of the analytic parameter is the unit web (10k or month) oc of the analytic parameter is the unit web (10k or month) oc or about (20k or month) oc or about (20	Sb. Description of Unit Involved:	- <u> </u>			6a. Number of Employees in Unit:							
Excluded: <ul> <li>Bob a substantial number (00% or more) or or about (03%)</li> <li>Check One:</li> <li>To a represented by the Petitioner's City esclude, so state).</li> <li>Check One:</li> <li>To represented by the Petitioner's City esclude, so state).</li> <li>To represented by the Petitioner's City esclude, so state).</li> <li>To represented by the Petitioner's City esclude, so state).</li> <li>To represented by the Petitioner's City esclude, so state).</li> <li>To represented by the Petitioner's City esclude, so state).</li> <li>N/A</li> <li>N/A<!--</td--><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>27</td><td>• -</td><td></td><td></td></li></ul>									27	• -		
See Attached.       If the employees in the unit with to be?       In the employees in the unit with to be?       In the employees and the employees in the unit with to be?       In the employees and the employees and the employees and the employees are particulated as a standing and the employees are particulated as and the employees are particulated and the employees are partin the antinter employees are particulated an									Bb Do a si	(hetantial num)	her /30% /	
Check One:           Check One:          78. Request for recognition as Brgaining Representative was made on (Date)        5/31/19        and Employer declined recognition             or about (Date)             7/5.719        and Employer declined recognition             or about (Date)          Check One:              0.7 20. Petitioner is currently recognitized as Bargaining Representative and desires certification under the Act.        8. Name of Recognitized or Certified Bargaining Agent (// none, so slete)        NA         So. Tet. No.              8d. Cell No.             N/A               8d. Fax No.             N/A               N/A               N/A          96. Tet. No.              MA               Sit. Endoction Date of Current or Most               N/A               N/A          96. Tet. No.              MA               NA               NA               N/A									of the e	mployees in th	e unit wisi	h to be
☐ 75. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.         Ba. Name of Recognized or Certified Bargaining Agent (// none, so slate)       Bb. Address:         NOne       N/A         Bc. Tel. No.       N/A         N/A       N/A         Bg. Affiliation, if any:       N/A         N/A       Bb. Date of Recognition or Certification 8i. Explaidion Date of Current or Most Recent Contract, if any (Month, Day, Year)         N/A       N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved? No       If so, approximately how many employees are participating?         NMA       NA         10. Organizations or individuals other than Petitioner and those named in items 5 and 9, which have cleaned 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. (// none, so state)         NOA       N/A         N/A       N/A <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>/31/19</td> <td>апо</td> <td></td> <td></td> <td></td> <td></td>							/31/19	апо				
Ba. Name of Recognized or Certified Bargaining Agent (// none. so state)       bb. Address:         NA       N/A         Bc. Tet. No.       bd. Cell No.         N/A       N/A         Ba. Date of Recognized or Certified Bargaining Agent (// none. so state)       N/A         Bc. Tet. No.       N/A         N/A       N/A         B. Date of Recognizion (XA       Bi. Date of Recognizion or Certification (XA         N/A       N/A         B. Is there now a strike or picketing at the Employer's establishment(s) involved? No       If is a approximately how many employees are participating?         (Name of Labor Organization)       .nas picketed the Employer issee (Month, Day, Year)         10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognize are participating?         N/A       .nas picketed the Employer issee (Month, Day, Year)         10. Organization or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognize 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)         N/A       N/A         N/A       N/A         N/A       N/A         N/A       N/A         N/A       N/A         N/A       N/A         Ito. Election		-					on unde	er the Act				
Bc. Tel. No.       Bd. Cell No.       N/A       N/A       N/A       N/A         N/A       N/A       N/A       N/A       N/A       N/A         B., Affiliation, if any:       Bh. Dale of Recognition or Certification       Bf. Explainton Date of Current or Most Recent Contract, it any (Month, Day, Year)       N/A         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 Organizations or individuals other than Petitioner and those named in items 8 and 9, which have cleared the Employer since (Month, Day, Year)       N/A         10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have cleared the Employer since (Month, Day, Year)       N/A         None       10b. Address       N/A       N/A         N/A       N/A       N/A       N/A         11. Election Date(s):       11 Election Time(s):       11 Election Time(s):												<u> </u>
N/A       N/A       N/A       N/A         8g. Affiliation, if any: N/A       Bh. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)       N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved?       Mo       If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year)       N/A         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 from to have a representative interest in any employees in the unit described in item 5b above. (If none, so stafe)       10d. Cell No.         N/A       N/A       N/A       N/A       N/A         N/A       N/A       N/A       N/A       N/A         10b. Address       N/A       N/A       N/A       N/A         N/A       N/A       N/A       N/A       N/A         11b. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election.       11a. Election Type: [X] Manual [] Mixed Manual/Mall         11b. Election Date(s):       11c. Election Time(s): 3.30pm to 5:30pm       11d. Charlence fractures (State and ZIP code): 256 W. 38th St., Suite 705         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Automobile, Aerospace a	None	•			N/A							
8g. Affiliation, if any: N/A       Bb. Date of Recognition or Certification N/A       8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)       N/A         9. Is there now a strike or picketing at the Employer's establishment(s) involved? Nome of Labor 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)       100. Crel. No. N/A       100. Crel. No. N/A       100. Cell No. N/A         10a. Name N/A       10b. Address N/A       10b. Address N/A       10c. Tel. No. N/A       10d. Cell No. N/A       10d. Cell No. N/A         11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: Triday, July 26, 2019       11c. Election Time(s): 3:30pm to 5:30pm       11d. Election contentors): Office Conference Room       11d. Election free/ce Room         12a. Full Name of Petitioner (including local name and number; National Organization of Legal Services Workers, UAW Local       12b. Address (street and number, city, State and ZIP code): New York, NY 10018       12c. Cell No. 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Automobile, Aerospace and Agricultural Implement Workers of America       12b. Address pemithnolsw@@gmail.com         13a. Rame and number;       13b. Address strike and number; Chy State and ZIP code); 225 W. 38th Stl, Suite and ZIP code); 225 W. 38th Stl, Suite 7			).	<u></u>	1 -	р.			ddress			
N/A       Recent Contract, if any (Month, Day, Year)       N/A         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)      has picketed the Employer since (Month, Day, Year)         10. Organizations or individuals toher than Petitioner and those named in litems 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)       10d. Cell No.       N/A         N/A       N/A       N/A       N/A       N/A       N/A         N/A       N/A       N/A       N/A       N/A       N/A         N/A       N/A       N/A       N/A       N/A         N/A       N/A       N/A       N/A       N/A         N/A       N/A       N/A       N/A       N/A         115. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type:       Image: No         I2b. Editioner (including local name and number):       NIA       N/A       N/A       N/A         National Organization of Legal Services Workers, UAW Local       256 W. 38th St, St, Site 705       New		N/A		·					- Data at O			
(Name of Labor Organization)						ecognition or Certifica		Recent Con	tract, if any	Month, Day, Y	'ear) N/	A
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         N/A       N/A         N/A       N/A         11. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type:         It. Election Date(s):       11c. Election Time(s):       11d. Election to coation(s):         Friday, July 26, 2019       3:30pm to 5:30pm       Office Conference Room         12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         2320       2320       256 W.38th St., Suite 705         12a. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):       12g. E-Mail Address         United Automobile, Aerospace and Agricultural Implement Workers of America       12g. E-Mail Address         13a. Representative of the Petitioner who will accept service of all apapers for purposes of the representation proceeding.       13g. Fax No.         13a. Representative of the Petitioner who will accept service of all apapers for purposes of the representation proceeding.       13g. Fax No.         13a. Representative of the Petitioner who will	9. Is there now a strike or picketing a	t the Employ	yer's establishm	ent(s) invo	olved? No	If so, appro		•		• •		<u></u>
Individuals known to have a representative interest in any employees in the unit described in item 5b above. ( <i>If none, so state</i> )         None         10a. Name       10b. Address         N/A       N/A         11b. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type:         I1b. Election Date(s):       11c. Election Time(s):       11d. Election Location(s):         Friday, July 26, 2019       3.30pm to 5.30pm       0ffice Conference Room         12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         National Organization of Legal Services Workers, UAWV Local       226 W. 38th St., Suite 705         2320       12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):         United Automobile, Aerospace and Agricultural Implement Workers of Armerica         12a. Tell No.       12f. Fax No.         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.         13a. Address       13b. Address         13a. Cell No.       13c. Fax No.         13c. Tel. No.       13d. Cell No.         13a. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.         <	(Name of Labor Organization)						, ha	as picketed	the Employ	er since (Month	h, Day, Ye	ar)
10a. Name N/A       10b. Address N/A       10c. Tel. No. N/A       10d. Cell No. N/A         11. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election: The Election Date(s): Friday, July 26, 2019       11a. Election Type: Manual Mail Mail Mixed Manual/Mail         11b. Election Date(s): Friday, July 26, 2019       11c. Election Time(s): 3:30pm to 5:30pm       11d. Election Location(s): Office Conference Room         12a. Full Name of Petitioner (including local name and number): National Organization of Legal Services Workers, UAW Local 2320       12b. Address (street and number, city, State and ZIP code): 256 W. 38th St., Suite 705 New York, NY 10018         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none. so state): United Automobile, Aerospace and Agricultural Implement Workers of Armerica         12d. Tel. No.       12e. Cell No.         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Pamela L. Smith, President, NOLSW, UAW Local 2320       13d. Cell No. 410-858-7780       13e. Fax No. 13b. Address (street and number, city, State and ZIP code): Pamela L. Smith, President, NOLSW, UAW Local 2320         13c. Tel. No. 212-228-0992       13d. Cell No. 410-858-7780       13e. Fax No. 877-712-4742       13f. E-Mail Address 877-712-4742         13c. Tel. No. 212-628-0992       13d. Cell No. 410-858-7780       13e. Fax No. 877-712-4742       13f. E-Mail Address 877-712-4742 <td>individuals known to have a repre</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>es and other or</td> <td>ganization</td> <td>is and</td>	individuals known to have a repre									es and other or	ganization	is and
N/A       N/A       N/A       N/A         10e. Fax No.       10f. E-Mail Address         N/A       10f. E-Mail Address         N/A       10f. E-Mail Address         N/A       N/A         11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type:         I1. Election Date(s):       11c. Election Time(s):       11d. Election Location(s):         Friday, July 26, 2019       3:30pm to 5:30pm       Office Conference Room         12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         National Organization of Legal Services Workers, UAW Local       256 W. 38th St., Suite 705         2320       New York, NY 10018         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none. so state):         United Automobile, Aerospace and Agricultural Implement Workers of America         12d. Tel. No.       12e. Cell No.         13a. Name and Title:       11a Address (street and number, city, State and ZIP code):         Pamela L. Smith, President, NOLSW, UAW Local 2320       256 W. 38th St., Suite 705         New York, NY 10018       13e. Fax No.         13c. Tel. No.       13d. Cell No.         13d. Cell No. <td< td=""><td></td><td></td><td>10h Address</td><td></td><td></td><td></td><td></td><td>Do Tol No</td><td></td><td>10d Coll No</td><td></td><td></td></td<>			10h Address					Do Tol No		10d Coll No		
N/A       N/A       N/A         11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type:         I1. Election Date(s):       11c. Election Time(s):       I1d. Election Location(s):         Friday, July 26, 2019       3:30pm to 5:30pm       Office Conference Room         12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         National Organization of Legal Services Workers, UAW Local       256 W. 38th St., Suite 705         2320       12e. Cell No.       12f. Fax No.         12a. Tel. No.       12e. Cell No.       12f. Fax No.         877-712-4742       psmithnolsw@gmail.com         13a. Name and Title:       13b. Address (street and number, ify, State and ZIP code):         Pamela L. Smith, President, NOLSW, UAW Local 2320       12f. Fax No.       12g. E-Mail Address         13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):       256 W. 38th St., Suite 705         New York, NY 10018       13c. Tel. No.       13f. E-Mail Address         13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):       256 W. 38th St., Suite 705         New York, NY 10018       13c. Tel. No.       13f. E-Mail Address       256 W. 38th St., Suite 705												
11. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election:       11a. Election Type: X Manual Mail Mixed Manual/Mail         11b. Election Date(s):       11c. Election Time(s):       11d. Election Location(s):         Friday, July 26, 2019       3:30pm to 5:30pm       Office Conference Room         12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, Stele and ZIP code):         2320       2320       256 W. 38th St., Suite 705         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none. so stale):       12g. E-Mail Address         12d. Tel. No.       12e. Cell No.       12f. Fax No.         13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):         Pamela L. Smith, President, NOLSW, UAW Local 2320       256 W. 38th St., Suite 705         New York, NY 10018       256 W. 38th St., Suite 705         13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):         Pamela L. Smith, President, NOLSW, UAW Local 2320       256 W. 38th St., Suite 705         13c. Tel. No.       13d. Cell No.       13e. Fax No.         13c. Tel. No.       13d. Cell No.       13e. Fax No.         13c. Tel. No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address												
International Content (Including local name and number):       11c. Election Time(s):       11d. Election Location(s):       Office Conference Room         12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, Stale and ZIP code):       2320         12b. Cruit name of national or international labor organization of which Petitioner is an affiliate or constituent (in none, so stale):       12b. Address (street and number, city, Stale and ZIP code):       256 W. 38th St., Suite 705         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so stale):       12b. Address (street and number, city, Stale and ZIP code):       256 W. 38th St., Suite 705         12d. Tel. No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, Stale and ZIP code):         2320       13b. Address (street and number, city, Stale and ZIP code):       256 W. 38th St., Suite 705         12d. Tel. No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         13a. Name and Title:       13b. Address (street and number, city, Stale and ZIP code):       256 W. 38th St., Suite 705         Pamela L. Smith, President, NOLSW, UAW Local 2320       13b. Address (street and number, city, Stale and ZIP code):       256 W. 38th St., Suite 705 <td< td=""><td>11 Election Details: If the NI RB co</td><td>nducts and</td><td>election in this n</td><td>natter sta</td><td>te vour posi</td><td>tion with respect to an</td><td></td><td></td><td>11a, Electio</td><td>•</td><td></td><td></td></td<>	11 Election Details: If the NI RB co	nducts and	election in this n	natter sta	te vour posi	tion with respect to an			11a, Electio	•		
Friday, July 26, 2019       3:30pm to 5:30pm       Office Conference Room         12a. Full Name of Petitioner (including local name and number): National Organization of Legal Services Workers, UAW Local 2320       12b. Address (street and number, city, State and ZIP code): 256 W. 38th St., Suite 705 New York, NY 10018         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Automobile, Aerospace and Agricultural Implement Workers of America       12g. E-Mail Address psmithnolsw@gmail.com         12d. Tel. No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address psmithnolsw@gmail.com         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, State and ZIP code):         13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):       256 W. 38th St., Suite 705 New York, NY 10018         13c. Tel. No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address psmithnolsw@gmail.com         13c. Tel. No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address psmithnolsw@gmail.com         13c. Tel. No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address psmithnolsw@gmail.com         13c. Tel. No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address psmithnolsw@gmail.com         13c. Tel. No.       13d. Cell No.       13e. Fax No. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>.,</td> <td></td> <td></td> <td></td> <td>Mixed</td> <td>Manual/Mail</td>							.,				Mixed	Manual/Mail
12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):         2320       2320         12b. Address (street and number, city, State and ZIP code):         2320       256 W. 38th St., Suite 705         New York, NY 10018         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):         United Automobile, Aerospace and Agricultural Implement Workers of America         12d. Tel. No.       12e. Cell No.         410-858-7780       121. Fax No.         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):         Pamela L. Smith, President, NOLSW, UAW Local 2320       256 W. 38th St., Suite 705         New York, NY 10018       13c. Fax No.         13c. Tel. No.       13d. Cell No.         212-228-0992       13d. Cell No.         13e. Fax No.       13f. E-Mail Address         212-228-0992       410-858-7780         877-712-4742       psmithnolsw@gmail.com         14clare that I have read the above petition and that the statements are true to the best of my knowledge and belief.         Name (Print)       Signaturg	11b. Election Date(s): Eriday July 26, 2019			• •			•					<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
National Organization of Legal Services Workers, UAW Local       256 W. 38th St., Suite 705 New York, NY 10018         12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent ( <i>if none. so state</i> ): United Automobile, Aerospace and Agricultural Implement Workers of America         12d. Tel. No.       12e. Cell No.         12d. Tel. No.       12e. Cell No.         12d. Tel. No.       12e. Cell No.         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.         13a. Name and Title:         Pamela L. Smith, President, NOLSW, UAW Local 2320         13d. Cell No.         13e. Fax No.         2256 W. 38th St., Suite 705         New York, NY 10018         13c. Tel. No.         13d. Cell No.         13d. Cell No.         13e. Fax No.         212-228-0992         410-858-7780         13d. Cell No.         13e. Fax No.         212-228-0992         410-858-7780         877-712-4742         95         95         13d. Cell No.         13e. Fax No.         212-228-0992         410-858-7780         877-712-4742         95         92		ling local na		•		12h Address (stree						<u> </u>
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent ( <i>if none, so state</i> ):         United Automobile, Aerospace and Agricultural Implement Workers of America         12d. Tel. No.       12e. Cell No.         410-858-7780       12f. Fax No.         877-712-4742       psmithnolsw@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):         Pamela L. Smith, President, NOLSW, UAW Local 2320       256 W. 38th St., Suite 705         New York, NY 10018       13f. E-Mail Address         13c. Tet. No.       13d. Cell No.       13e. Fax No.         212-228-0992       410-858-7780       877-712-4742         I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.       Date         Name (Print)       Signature       Title	National Organization of Leg				ocal	256 W. 38th St	t., Suit	te 705				
United Automobile, Aerospace and Agricultural Implement Workers of America         12d. Tel. No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address         410-858-7780       410-858-7780       877-712-4742       psmithnolsw@gmail.com         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, State and ZIP code):         13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):       256 W. 38th St., Suite 705         Pamela L. Smith, President, NOLSW, UAW Local 2320       13e. Fax No.       13f. E-Mail Address         13c. Tel. No.       13d. Cell No.       13e. Fax No.       13f. E-Mail Address         212-228-0992       410-858-7780       877-712-4742       psmithnolsw@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.       Date         Name (Print)       Signature       Title       Title	2320					New York, NY	10018	3				
410-858-7780       410-858-7780       877-712-4742       psmithnolsw@gmail.com         13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.       13b. Address (street and number, city, State and ZIP code):         13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):         Pamela L. Smith, President, NOLSW, UAW Local 2320       256 W. 38th St., Suite 705         New York, NY 10018       13d. Cell No.         13e. Fax No.       13f. E-Mail Address         212-228-0992       410-858-7780         140-858-7780       877-712-4742         13e. Fax No.       13f. E-Mail Address         psmithnolsw@gmail.com       212-228-0992         140-858-7780       877-712-4742         13e. Fax No.       13f. E-Mail Address         psmithnolsw@gmail.com       212-228-0992         140-858-7780       877-712-4742         150. Rem (Print)       Signature         Name (Print)       Signature         13ite       Title         13ite       120-014 HAW/Local 2320							l (if non	e, so state).	:			
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):         Pamela L. Smith, President, NOLSW, UAW Local 2320       256 W. 38th St., Suite 705         New York, NY 10018       13d. Cell No.         13c. Tet. No.       13d. Cell No.         212-228-0992       410-858-7780         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         Signature       11the	f	4 ·										·
13a. Name and Title:       13b. Address (street and number, city, State and ZIP code):         Pamela L. Smith, President, NOLSW, UAW Local 2320       256 W. 38th St., Suite 705         New York, NY 10018       13d. Cell No.         13c. Tel. No.       13d. Cell No.         212-228-0992       410-858-7780         1 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         Signature       Title         Title       Title								•		l.com		
Pamela L. Smith, President, NOLSW, UAW Local 2320     256 W. 38th St., Suite 705 New York, NY 10018       13c. Tel. No.     13d. Cell No.       212-228-0992     410-858-7780       1 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       Name (Print)     Signature		er who will a	accept service	of all pap	ers for pur	poses of the represe ess (street and numb	entation per city	State and	ng. ZiP code):			
13c. Tel. No.     13d. Cell No.     13e. Fax No.     13f. E-Mail Address       212-228-0992     410-858-7780     877-712-4742     psmithnolsw@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.     Date       Name (Print)     Signature     Title		NOLSW,	UAW Local	2320	256 W.	38th St., Suite 7	-	Claic and	2			
212-228-0992     410-858-7780     877-712-4742     psmithnolsw@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.     Date       Name (Print)     Signature     Title	13c. Tel. No.	13d. Cell N	10.			and a second	1	13f. E-Mail	Address			
Name (Print) Signature CM Title Date 7/0/10	212-228-0992							•	lsw@gmai	I.com		
		e petition a			are true to t	he best of my know		and belief.				Data
Famela L. Smith Foundation Fresident, NOLSVV, ORVV Local 2320 119/13	1		Signatu		1.11	M		eident N		W long 22	20	
			/	am	lla(A)							

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 *el 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.

### **RC** Petition

### **5b. Description of Unit Involved:**

### **INCLUDES:**

Associate Counsel **Bilingual Paralegal** Chief Financial Officer **Communications Associate** Counsel **Development Associate** Director, Public Education Fellow Grants Associate Leadership and Development Support Paralegal Parent Engagement Program Coordinator Prisoners' Rights Advocacy Director Receptionist and Facilities Supervisor Senior Counsel Workers' Rights Clinic Coordinator

ı.

### **EXCLUDES:**

Executive Director Legal Director Deputy Legal Director Chief Operating Officer

UNITED ST	ATES GOVERNMENT			DO NOT WRITE IN THIS SPACE			
	OR RELATIONS BOA	RD	С	Case No.		Date	<sup>e Filed</sup> 7/12/19
	ETITION				244797		
INSTRUCTIONS: Unless e-Filed							
in which the employer concern							
of service showing service on a							
(Form NLRB-505); and (3) Desc					RB 4812). The sh	nowing of ir	nterest should only be filed
with the NLRB and should <u>not</u>	be served on the e	employer or an	y other par	rty.			
1. PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor F	er desires to be certifi	ed as representativ	ve of the emp	oloyees. The l	Petitioner alleges th	at the followi	ng circumstances exist and
2a. Name of Employer		2b. Ad	dress(es) of E	Establishment	t(s) involved (Street a	nd number, ci	ity, State, ZIP code)
First Transit			600 Sisson St ID Baltimore 2				
3a. Employer Representative - Name	and Title		3b. Addres	ss (If same as	2b – state same)		
Antonio Hamlin			2600 MD E	) Sisson Stree Baltimore 212	t 11-		
3c. Tel. No.	3d. Cell No.		3e. Fax No			3f. E-Mail Ad	Idress
(410) 951-5339	(410) 622-5653					antonio.hamlir	n@firstgroup.com
4a. Type of Establishment (Factory, mi	ne, wholesaler, etc.)	4b. Principal proc				5a. Cit	y and State where unit is located:
Transportation			Passeng	ger Transporta	ation		Baltimore, MD
5b. Description of Unit Involved							6a. No. of Employees in Unit: 19
Included: See Attached Page 2 for ac	Iditional details						6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ac	Iditional details						or more) of the employees in the unit wish to be represented by the Petitioner? Yes [] No []]
Check One: 🔲 7a. Request f	or recognition as Barg	aining Representa	ative was mad	te on (Date)	an	d Employer de	eclined recognition on or about
		(If no reply received				a 2p.o.jo. ac	
7b. Petitioner	is currently recognize	d as Bargaining Re	epresentative	e and desires o	certification under the	Act.	
8a. Name of Recognized or Certified				3b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No	Э.		8f. E-Mail Ad	Idress
8g. Affiliation, if any			8h Date of F	Recognition or	Certification	8i Expiration	Date of Current or Most Recent
og. / tillation, il any			on. Date of t	Coognition of	Certification		iny (Month, Day, Year)
9. Is there now a strike or picketing at the							
(Name of labor organization)		, has pick	keted the Emp	ployer since (A	Month, Day, Year)		
10. Organizations or individuals other the							
known to have a representative interest	t in any employees in t	the unit described i	in item 5b abo	ove. (If none,	so state)		
10a. Name	10b. Add	dross			10c. Tel. No.		10d. Cell No.
iua. Name	105. Au	1622			100. Tel. 110.		Tou. Cen No.
					10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB cond any such election.</li> </ol>	ducts an election in thi	s matter, state you	ur position with	h respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. El	ection Time(s):			11d. Election Locat	ion(s):	
August 2, 2019		St. at 7:00-7:45 AM	M and 2:00-2:4	:45 PM; Lomb		. ,	bard St. in the trailer.
<b>12a. Full Name of Petitioner (includii</b> Javier M. Perez Jr. Amalgamated Transit Union Local 1764	5	,			10000 New Hampsh MD Silver Spring 20	et and number iire Ave 903-1790	r, city, state, and ZIP code)
12c. Full name of national or internation Amalgamated Transit Union	nal labor organization	of which Petitioner	is an affiliate	or constituent	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No	0.		12g. E-Mail A jperez@atu.o	
(301) 431-7100 13. Representative of the Petitioner v	who will accent servi	ce of all naners fo	or nurnoses (	of the renres	entation proceeding		
13a. Name and Title			• •	•	l number, city, state,		)
Daniel B. Smith AMALGAMATED TRANSIT UNION				w Hampshire A Spring 20903-		0000)	
13c. Tel No.	13d. Cell No.		13e. Fax N		-1790	13f. E-Mail A	
(301) 431-7100	(301) 431-7100					dsmith@atu.	
I declare that I have read the above p	petition and that the s	statements are tru	ue to the bes	st of my know	ledge and belief.		
Name (Print)	Signature		Title			Date	
Daniel B. Smith	Daniel B. Smith						19 11:59:41
WILLFUL FALSE STATI	-MENTS ON THIS PE	ITTION CAN BE F	PUNISHED B	SY FINE AND	IMPRISONMENT (U.	S. CODE, TIT	LE 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 Cas	<sup>ase</sup> 5-RC-244797	Date Filed	7/12/19	

# Employees Included

All full-time and regular part-time gate attendants, lot attendants, lot supervisors, HR clerks, payroll clerks, safety supervisors, safety classroom instructors, lead dispatchers, and operations supervisors working for the Employer at its Sisson Street and Lombard Street facilities located in Baltimore, MD. The Petitioner is seeking an Armour-Globe election to include the petitioned-for employees within an existing unit.

# **Employees Excluded**

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

UNITED STA	TES GOVERNMENT		DO NOT WRITE IN THIS SPACE			
	OR RELATIONS BOA	RD	Case No.		Date	
	ETITION			-244804		7/15/19
INSTRUCTIONS: Unless e-Filed	using the Agenc	y's website, <mark>ww</mark>	<u>w.nlrb.gov</u> , submit a	n original of this P	etition to a	n NLRB office in the Region
in which the employer concerne	ed is located. Th	e petition must l	be accompanied by l	both a showing of I	interest (se	e 6b below) and a certificate
of service showing service on the	he employer and	all other parties	named in the petitic	on of: (1) the petitic	on; (2) State	ement of Position form
(Form NLRB-505); and (3) Desci						
with the NLRB and should not b						·····, ·····
1. PURPOSE OF THIS PETITION: RC-				of employees wish to b	e represented	d for purposes of collective
bargaining by Petitioner and Petitione	er desires to be certifi	ed as representative	e of the employees. The	Petitioner alleges that	the followin	g circumstances exist and
requests that the National Labor R	elations Board proc		er authority pursuant to Iress(es) of Establishmen			
2a. Name of Employer		260	00 Sisson Street	(Sireer and	a number, city	, State, ZIP code)
Thrifty Transportation Inc. <b>3a. Employer Representative</b> – Name	and Titla	MC	Baltimore 21211- 3b. Address (If same as	2h atata aama)		
Bobby Troitino 3c. Tel. No.	3d. Cell No.		2600 Sisson Stree MD Baltimore 212 3e. Fax No.		Bf. E-Mail Add	r000
	Su. Cell NO.					
(443) 992-9559 4a. Type of Establishment (Factory, min	no wholosolor ata )	4b. Principal prod	(410) 243-2400	,		
Transportation	ie, wholesaler, etc.)	4b. Filicipai piou	Passenger Transporta	ation	Ja. Ony	and State where unit is located: Baltimore, MD
5b. Description of Unit Involved			Passenger Hansporta			6a. No. of Employees in Unit:
						61
Included: See Attached Page 2 for add	ditional details					6b. Do a substantial number (30%
						or more) of the employees in the
Excluded: See Attached Page 2 for add	ditional details					unit wish to be represented by the Petitioner? Yes [ ] No [ ]
			(Deta)			lined recognition on or about
Check One: 7a. Request fo		aning Representati (If no reply received		and	Employer dec	lined recognition on or about
The Detitioner			<i>, so state).</i> presentative and desires (	portification under the A	ot	
8a. Name of Recognized or Certified I			8b. Address			
	24. 949 / .96 (		0.0171001000			
8c. Tel No.	8d Cell No.		8e. Fax No.	8	Bf. E-Mail Add	ress
8g. Affiliation, if any			3h. Date of Recognition or	r Cortification	i Expiration (	Date of Current or Most Recent
og. Annation, ir any			on. Date of Recognition of			y (Month, Day, Year)
9. Is there now a strike or picketing at th	e Employer's establis	hment(s) involved?	If so, approx	imately how many emp	loyees are pa	rticipating?
(Name of labor organization)		has picke	ted the Employer since (	Month Day Year)		
10. Organizations or individuals other th						
known to have a representative interest						
				-		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				40a Faulta		
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond	ucts an election in thi	s matter state your	position with respect to	11a Election Type:	K Manual	Mail Mixed Manual/Mail
any such election.		e matter, etate yea				
11b. Election Date(s): August 5, 2019		ection Time(s):		11d. Election Locatio	n(s):	
<b>0</b>		6:30 AM, 3:00 to 5:0	00 PM	Training Room		
12a. Full Name of Petitioner (includin Javier M. Perez Jr. Amalgamated Transit Union Local 1764	-	-		10000 New Hampshire MD Silver Spring 2090	and number, Ave 3-1790	city, state, and ZIP code)
12c. Full name of national or internation Amalgamated Transit Union	al labor organization	of which Petitioner is	s an affiliate or constituen	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.		2g. E-Mail Ac	
(301) 431-7100					perez@atu.or	g
13. Representative of the Petitioner w	ho will accept servi	ce of all papers for		• •		
13a. Name and Title Daniel B. Smith Assistant General Couns	sel		13b. Address (street and 10000 New Hampshire)		ia ZIP coae)	
AMALGAMATED TRANSIT UNION			10000 New Hampshire A MD Silver Spring 20903	-1790		4
13c. Tel No. (301) 431-7100	13d. Cell No. (202) 714-4219		13e. Fax No.		13f. E-Mail Ad Ismith@atu.or	
I declare that I have read the above p	( )	statements are true	e to the best of mv know		<b>.</b>	-
Name (Print)	Signature	I	Title	•	Date	
Daniel B. Smith	Daniel B. Smith		Assistant General Couns	sel	07/15/2019	0 10 11 01
WILLFUL FALSE STATE		TITION CAN BE P				

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.

### Employees Included

All full-time and regular part-time operators and dispatchers working for the Employer at its 2600 Sisson Street, Baltimore, MD facility.

# Employees Excluded

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

Attachment

	•										
FORM NLRB-502 (RC)		D STATES OF AN				DO NOT WRITE IN THIS SPACE					
(2-18)		LABOR RELATION		ARD		Case N 5-	lo. RC-'	2448	82	Date Filed	9
INSTRUCTIONS: Unless e-Filed employer concerned is located, the employer and all other parti Case Procedures (Form NLRB	. The petition n les named in th	nust be accompa ne petition of: (1)	anied by the pet	both a sl ition: (2) S	howing of interest (se Statement of Position	ee 6b b 1 form (	elow) and (Form NLI	l a certificat RB-505): an	e of service s d (3) Descript	showing service or tion of Representa	n tion
1. PURPOSE OF THIS PETITION bargaining by Petitioner and Pe requests that the National La	etitioner desires	to be certified as	represe	ntative of the	he employees. The Pe	etitione	er alleges i	that the foli	owing circum	nstances exist and	
2a. Name of Employer:				· · ·	Establishment(s) invo						
Jones Lang LaSalle					my Navy Dr, A	•			·		
3a. Employer Representative - N	lame and Title:		3b. Addr	ess (if san	ne as 2b - state same)	:					
Michelle Kerns			same								
3c. Tel. No.	3d. Cell No.		T	3e. Fax No	D.	3	f. E-Mail A	ddress			
443-286-2922	443-286	-2922				n	nichelle	le.kerns@am.jll.com			
4a. Type of Establishment (Factor)	y, mine, wholesa	aler, etc.)			al Product or Service			5a. City an	d State where	unit is located:	
Office Building		·		Faciliit	es Maintenance	<u> </u>		Arlington			
5b. Description of Unit Involved: Included:	:								r of Employee	es in Unit:	
See attached								5			
Excluded:										ber (30% or more)	
See attached										he unit wish to be etitioner? × Yes	
Check One: X 7a. Request for a on or about (Date				was made ceived, so		15-19	and	Employer of	leclined recog	nition	
					and desires certificatio	n under	r the Act.				
8a. Name of Recognized or Cert	ified Bargaining	g Agent (If none,	so state	) 8b. Ac	Idress:						
none											
Bc. Tel. No.	8d. Cell No.			8e. Fax No	D.	8	f. E-Mail A	ddress			
8g. Affiliation, if any:			8h.	Date of R	ecognition or Certifica				Irrent or Most (Month, Day, 1		
9. Is there now a strike or picketing	at the Employe	er's establishment	l(s) invol	ved? No	If so, approx	kimately	y how man	y employee	s are participal	ting?	
(Name of Labor Organization)						, ha:	s picketed	the Employ	er since (Mont	h, Day, Year)	
10. Organizations or individuals of individuals known to have a rep									es and other of	rganizations and	
none											
10a, Name	1	10b. Address	_			10	0c. Tel. No	).	10d. Cell No.		
						10	0e. Fax No	),	10f. E-Mail Ad	ddress	
11. Election Details: If the NLRB	conducts and el	ection in this mat	ter, state	your posi	tion with respect to an	y such (	election:	11a. Election		Mixed Manual	/Mail
11b. Election Date(s): 08-13-2019		11c. Election Time			·······			n Location(s thouse ei	): ngineer br	eakroom	
12a, Full Name of Petitioner (incl	-	•			12b. Address (street						
International Union of C	Operating E	ngineers, Lo	ocal 99	•	9315 Largo Di	r W, 1	Upper I	Marlboro	, MD 207	74	
12c. Full name of national or interm International Union of C			ch Petitio	ner is an a	ffiliate or constituent (	if none,	, so state):				
12d. Tel. No.	12e. Cell No		<u> </u>	12f. Fax N	0.	12	2g. E-Mail	Address			
202-337-0099-28	202-253			240-71		e	clifford	l@iuoelc	cal99.org		
13. Representative of the Petition	ner who will ac	cept service of a									
13a. Name and Title: Eamon Clifford, Lead Org	anizer				ess (street and numbe irgo Dr W, Upper						
13c. Tel. No.	13d. Cell No			13e. Fax N	lo.	13	3f. E-Mail /	Address			
202-337-0099-28	202-253	-5440		240-71	6-3956	e	clifford	Minnela	cal99 org		

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

Title

Lead Organzier

Date

7-15-2019

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)

Eamon Clifford

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.

#### International Union of Operating Engineers, Local 99

#### RC petition for Jones Lang LaSalle, Lincoln Place, Arlington VA.

#### Included:

All fulltime and regular part-time maintenance employees employed by the employer at Lincoln Place, 600-700 Army Navy Drive, Arlington, VA including all Assistant Chief Engineers, Mechanics and Operating Engineers.

#### **Excluded:**

All managerial employees, all clerical employees, all professional employees, all guards and supervisors as defined by the act.

UNITED STATES					WRITE IN THI	S SDACE
NATIONAL LABOR			Case No.		Date	Filed
RC PE			5-	-RC-245137	Duie	7/19/19
INSTRUCTIONS: Unless e-Filed us	ina the Aaenc	v's website. ww	w.nlrb.gov. submit a	n original of this	Petition to a	an NLRB office in the Region
in which the employer concerned i						
of service showing service on the						
(Form NLRB-505); and (3) Descript						
with the NLRB and should not be s				$\mathbf{AD}$ 4012). The Sh	lowing of in	lerest should only be med
1. PURPOSE OF THIS PETITION: RC-CE		EIIIDIOYEI OF AIIY	<b>Ollier party.</b>	of omployees wish to	bo roproconto	d for purposes of collective
bargaining by Petitioner and Petitioner de requests that the National Labor Relat	esires to be certifi	ed as representative	e of the employees. The I	Petitioner alleges th	at the followin	g circumstances exist and
2a. Name of Employer			Iress(es) of Establishment			
North America Security Inc			E. Carson Plaza Drive Carson 90746-			
3a. Employer Representative - Name and	I Title		3b. Address (If same as	s 2b – state same)		
Art Lopez			550 E. Carson Pla CA Carson 90746-	za Drive		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	Iress
(323) 643-1911	(181) 880-8601				a.lopez@nasec	urityinc.com
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)	4b. Principal produ	uct or service		5a. City	and State where unit is located:
Security Systems & Services			Physical security/guard s	ervices		College Park, MD
5b. Description of Unit Involved					•	6a. No. of Employees in Unit:
Included: See Attached Page 2 for addition	nal details					32
						6b. Do a substantial number (30% or more) of the employees in the
<b>Excluded:</b> See Attached Page 2 for addition	nal details					unit wish to be represented by the
						Petitioner? Yes [
Check One: 7a. Request for re	cognition as Barg	aining Representati	ve was made on (Date)	and	d Employer deo	lined recognition on or about
	<u>(</u> Date)	(If no reply received,	, so state).			
			presentative and desires of	certification under the	Act.	
8a. Name of Recognized or Certified Barg Security, Police and fire Professionals of Am			8b. Address 25510 Kell MI Rosevill	y Road		
8c. Tel No.	8d Cell No.		8e. Fax No.	e 480pp	8f. E-Mail Add	Iress
(586) 772-7250	(191) 650-1317	,			jmccray@spfpa.org	
8g. Affiliation, if any		8	3h. Date of Recognition or	Certification	8i. Expiration	Date of Current or Most Recent
					Contract, if an	y (Month, Day, Year) 09/18/2019
9. Is there now a strike or picketing at the E	mplovor's ostablis	hmont(s) involved?		imately how many or	nolovoos aro na	
(Name of labor organization)						
10. Organizations or individuals other than I known to have a representative interest in a					resentatives an	d other organizations and individuals
known to have a representative interest in a	iny employees in			SU SIALE)		
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
<ol> <li>Election Details: If the NLRB conducts any such election.</li> </ol>	s an election in thi	s matter, state your	position with respect to	11a. Election Type:	: Manual _	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. El	ection Time(s):		11d. Election Locat	tion(s):	
NA	NA			NA		
12a. Full Name of Petitioner (including lo Charles Omoregbee Charles Omoregbee	ocal name and nu	ımber)		12b. Address (stree 14903 Dennington D MD Bowie 20721-	et and number, )r	city, state, and ZIP code)
12c. Full name of national or international la Fraternity of American Protective Officers	bor organization	of which Petitioner is	s an affiliate or constituent	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail A	
(301) 335-3934	(301) 335-3934				fapounion@gi	mail.com
13. Representative of the Petitioner who	will accept servi	ce of all papers for		• •	-	
13a. Name and Title			13b. Address (street and	d number, city, state, a	and ZIP code)	
	404 0 "					
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ac	laress
I declare that I have read the above petiti	on and that the s	statements are true	e to the best of my know	ledge and belief.		
Name (Print) Sig	gnature		Title		Date	
	Jilature		1100		2010	
Charles Omoregbee Ch	arles Omoregbee	9	International President			9 11:55:46

PRIVACY ACT STATEMENT

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DO NOT	WRITE IN THIS SPACE
--------	---------------------

Date Filed

# Employees Included

All full time and part time security officers and sergeants at 5830 University Research Court, College Park, MD 20740

Employees Excluded

Mangement staff, Directors of employer, project manager, non-guard employees and clerical staff.

Attachment

		TATES OF AMERIC	• •	ſ	DO NOT WRITE IN THIS SPACE				
FORM NLRB-502 (RĈ) (2-18)		BOR RELATIONS B			Case No.		Date Filed		
(* -)	RC	PETITION			5-RC.	245	591	7126119	
		·····							
INSTRUCTIONS: Unless e-Filed u employer concerned is located. 7	ising the Agenc The optition mus	y's website, [ www t be accommanied	hy both a st	submit en original o xueine al Interest (s.	t this Petition 1 an 6h balan) a	o en NLRB o nd a cartilica	mce in the Reg te af service sh	non in which the awing service on	
the employer and all other parties	s named in the p	etition of: (1) the p	etition; (2) S	Statement of Position	n form (Form N	LRB-505); #	d (3) Descriptio	on of Representation	
Case Procedures (Form NLRB 48	12). The showin	g of interest shoul	d only be file	ed with the NLRB an	nd should not b	e served on :	the employer o	any other party.	
1. PURPOSE OF THIS PETITION:	RC-CERTIFICAT	ION OF REPRESE	NTATIVE - A	substantial number of	n employees wi	uh to be repre	eented for purpo	ses of collective	
bargaining by Petitioner and Petit									
requests that the National Labo	or Relations Bo					ىر			
2a. Name of Employer:				Establishment(a) invo			, State, ZIP cod	e):	
Sysco Hampton Rds. Inc.		7000	) Harbour	View Blvd. Suffo	ik, va 23435	ľ			
1		1							
3a. Employer Representative - Nat	me and Title:	3b. Ac	idress (il sen	e es 2b - state same	):				
Scott Thibodeau, President		Sam	e						
		1							
3c. Tel. No.	3d. Call No.	I	Se. Fex No		3r. E-Mail	Address		• • • • • • • • • • • • • • • • • • • •	
757-673-4000	Unk		757-673		1 1 1 1	-	shr.sysco.com	1	
4a. Type of Establishment (Factory,		·		al Product or Service			nd State where u		
Food service delivery		, 0.0.)	Food			Suffolk,			
5b. Description of Unit Involved:	···· · · · · · · · · · · · · · · · · ·						er of Employees	in Linit	
included:									
See attachment A						86			
Excluded:						6b. Do a s	ubstantial numb	er (30% or more)	
All others and security guards	as defined by	r the act.						unit wish to be itioner? 🔀 Yes [] No	
Check One: 78. Request for red			ve was mode	on (Date)			declined recogni	The second state of the se	
on or about (Date)			received, so						
7b. Petitioner is cu					on under the Ac	•			
5a. Name of Recognized or Certifi	ed Bargatning A	gent (If none, so st	<i>ate)</i>   85. Ad	idress:					
8c. Tel. No.	8d. Cell No.		Be. Fax No	3.	81. E-Mai	Address			
8g. Affiliation, if any:	•		8h. Date of R	ecognition or Certifica			urrent or Most		
1					Recent C	ontract, if any	(Month, Day, Ye	er)	
9. Is there now a strike or picketing a	at the Employer's	establishment(s) in	volved?	orges, oe h	ximately how m	any employee	are participation	Ng?	
(Name of Labor Organization)					has picket	d the Employ	er since (Month)	Day Yeari	
10. Organizations or individuals othe	r than Datitionar	and those as mad in	tomo 8 and	0 which have claime					
individuals known to have a repr									
10a. Name	101	Address			10c, Tel.	No.	10d. Cell No.		
					10e. Fax	No.	10f. E-Mail Ack	1ress	
	1								
11. Election Details: If the NLRB co	inducts and elect	ion in this matter, st	ate your poer	tion with respect to an	Ty such election	11a. Electio	n Type:		
				• • • -		1	Manual Mail Mixed Manual/Mail		
11b. Election Date(s):	110	Election Time(s):	,·		11d. Elec	tion Location(		······	
12a. Full Name of Petitioner (includ	ting local name a	nd number):	•••	12b. Address (stree	t and number, c	ty, State and	ZIP code):		
Teamsters Local 822	•	······,		5718 Bartee St					
12c. Full name of national or internal	ional labor	inntion of up in P-	tinner le	fileto or oppetitionat	11 0000 00 000	N1/			
International Brotherhood of T	-	IZEBOTI OF WITKET FIER			(* *******; 50 stat	<del>.</del>			
	129. Cell No.				10				
12d. Tel. No.	1.29. Cell NO.		121. Fax N	o.,	129. 2-10	ail Address			
	1	nt name of -11							
<ol> <li>Representative of the Petitioner who will accept service of all pape 13a, Name and Title;</li> </ol>				oses of the represe iss (street and numb	•	•			
Steve Jacobs, Business age	tere			artee St., Norfolk					
COTE DECODO, DUDITIDOS AYO					,				
13c. Tel. No.	13d, Cell No.		136. Fax N	10	134 F.M.	il Address	· · · ·		
757-461-7172	757-647-835	1	757-459		1	82276@ya	hoa.com		
I declare that I have read the abov									
Name (Print)		Signature		The second of the strates	Title	•		Dete	
Steve Jacobs		electronic sig	nature		Business a	ent		7/26/19	
		1				· · · · · ·			

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 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

#### ATTACHMENT

"A"

All route drivers, shuttle drivers, van drivers ship drivers, night drivers and all drivers at the following satellite yards:

Richmond, VA

5436 Jefferson Davis Hwy.

Va. Beach VA.

2044 Landstown Ctr. Way

Williamsburg VA.

1570 Penniman, Rd.

Manteo, N.C.

1013 Driftwood Dr.

Maple (Currituck) N.C.

264 Airport Rd.

Elizabeth City, N.C.

660 Old U.S. Hwy 17-S

FORM NLR9-502 (RC) (4-15)

UNITED STATES GOV	CONMENT		00 101	WRITE IN THIS	SPACE
	TIONS BOARD	Case No.	RC-2457	Date	
INSTRUCTIONS: Unless e-Filed using th					
in which the employer concerned is loc					
of service showing service on the empl					
(Form NLRB-505); and (3) Description of					
with the NLRB and should not be serve	•			5	
1. PURPOSE OF THIS PETITION: RC-CERTIFIC bargaining by Petitioner and Petitioner desires requests that the National Labor Relations I	CATION OF REPRESENTATI to be certified as representation	IVE - A substantial number ve of the employees. The	Petitioner alleges ti	nat the following	g circumstances exist and
2a. Name of Employer		dress(es) of Establishmen			
URS/AECOM	105 E	3 Ave. Solomons, M	MD 20688		
3a. Employer Representative – Name and Title Charles Moran, Site Manager		3b. Address (If same as Same	s 2b - state same)		
	Cell No.	3e. Fax No.		3f. E-Mail Add	
	nown	410-326-6986		charles ?	morantronay.mi
4a. Type of Establishment (Factory, mine, wholes Aviation Support Maintenance/Over	aler, etc.) 4b. Principal pro haul Service/Rep			5a, City i	and State where unit is located:
5b. Description of Unit Involved	A-shading Librarian	Delatera Overlu	Tashaisiana (		6a. No. of Employees in Unit: 112
Included: Aircraft Mechanics, Auto M Assurance, and Productio	nechanics, Librarians	, Painters, Suppry	Technicians, C	Juany	6b. Do a substantial number (30%
Excluded: All Crew Leads, Office Cleric		anaria) amployees G	uards and Succ		or more) of the employees in the
All Clew Leads, Onice Clenc	al, Fiolessionais, Marie	genal employees, o	ualus, and oupe	113013	unit wish to be represented by the Petitioner? Yes V No
Check One: 7a. Request for recognit	ion as Bargaining Representa	live was made on (Date)	ar	d Employer déc	
Check One. The Reduest for recognit	(Date) (If no reply receive				ince recognition on or about
7b. Petitioner is current	recognized as Bargaining R	epresentative and desires	certification under the	ernanu e Ad.	
8a, Name of Recognized or Certified Bargainin None	g Agent (If none, so state).	8b. Address			
8c. Tel No. 8d C	Cell No.	8e. Fax No.		81. E-Mail Add	ress
Bg. Affiliation, if any		8h. Date of Recognition of	r Certification		Date of Current or Most Recent y (Month, Day, Year)
	J			L	
9. Is there now a strike or picketing at the Employ	er's establishment(s) involved			•	rticlpating?
(Name of labor organization)					d olhos pressizations and individual
known to have a representative interest in any em				nesentauves-and	a onier organizatious-sud-(uaivibilais-
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 el any such election.	-	r position with respect to	11a. Election Type		Mail Mixed Manual/Mail
11b. Election Date(s): August 16, 2019	11c. Election Time(s): 9 AM - 12 PM		11d. Election Loca Conference Roor	n	
12a. Full Name of Petitioner (Including local na International Association of Machinists and A	erospace Workers, Distric		2600 Cabover Dr		cily, state, and ZIP code) Hanover, MD 21076
12c. Full name of national or international labor or International Association of Machinists and A	erospace Workers, AFL-C	is an affiliate or constituen	t (il none, so state)		
	Cell No. ) 624-2026	12f, Fax No. (410) 487-6930		12g. E-Mail Ad bryan.stymac	ddress ks.ll4@gmail.com
13. Representative of the Petitioner who will a		or purposes of the repres	sentation proceedin		
13a. Name and Title Nicholas A. Scotto. Esq.,	Special Representative	13b. Address (street and 26 Court St, Ste 1710, Brook		and ZIP code)	
	Cell No.	13e. Fax No. (646) 902-5720		13f. E-Mail Ad	
(929) 226-1724 (631 I declare that I have read the above petition an	219-4116 d that the statements are tru		viedge and belief.	Insconomian	<u></u>
Name (Print) Signature		Title		Date	
Nicholas A. Scotto, Esq.		Special Representativ		July 31, 2	
WILLFUL FALSE STATEMENTS		PUNISHED BY FINE AND	IMPRISONMENT (U	I.S. CODE, TITL	E 18, SECTION 1001)

PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 el seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or fitigation. 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.

FORM NRE-802 (RC) (2-16)       UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD       Do to find the in the 3 state (ase No. 5-RC-245779)       Delty Filed (7/31/11)         INSTRUCTIONS: Unless e-Filed using the Agancy's website, www.nihtp.gow/, insplayer conserved is located. The petition must be accompanied by both as howing of interest (see B below) and a certificate of service a showing of interest state the employer and all other parties named in the petition of (1) the petition; (2) Statement of Pesition form Form NLRB-505; and (2) Description of Represent the employer conserved is located. The petition of (1) the petition; (2) Statement of Pesition form Form NLRB-505; and (2) Description of Represent the employer conservation box certificat a representative of the employers. The Petitioner and pesitoner dense exist a 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: League of Conservation Voters & LCV Ed Fund       Zb. Address(e) of Establishment(s) involved (Street and number, City, State, ZP code): 740 15th Street NW, 7th Floor, Washington, DC 20005         3a. Employer Representative - Name and Title: Gone Karpinski, President       3b. Address (d same as 2b - state same): (same)       Sa. City and State where unit is located: Advocacy organization         3b. Description of Unit Involved: Included: (SEE ATTACHED)       (f on reply received, so state). (f on or about (Date) (f on ore) preserved as Bargaining Representative was made on (Oate) (f on ore) preserved as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Representative was made on (Cate) (f on reployrecex is a unitwe). (b in represented by the Petitonereri	DO NOT WRITE IN THIS SPACE					
imployer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing services         Case Procedures (Form NLR-6 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other para the analy by Petitioner and Petitioner desires to be certified as a representative of the employees. The Petitioners alleges that the following circumstances exist a 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):         2a. Name of Employer:       2b. Address(if same as 2b - state same):         Gene Karpinski, President       3b. Address (if same as 2b - state same):         3c. Tel. No.       3d. Cell No.         3b. Park of Examplication of Unit Involved:       State was made on (Oate)         Advocacary organization       4b. Principal Product or Service         3c. Tel. No.       3d. Cell No.         3c. Tel. No.       3d. Cell No.      3c. Tel. No.       3f. E-Mail Address         Advocacary organization       3d. Cell No.       3f. Family Principal Product or Service         Advocacary organization       4b. Principal Product or Service       Sc. Park No.         State Attract Precentities and Bargaining Representative was made on (Oate)       July 31, 2019       and Employer declined recog	)					
by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist a 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):         1. League of Conservation Voters & LCV Ed       740 15th Street NW, 7th Floor, Washington, DC 20005         Fum.       3b. Address(if same as 2b - state same):         Gene Karpinski, President       3b. Address (if same as 2b - state same):         3c. Tel. No.       3d. Cell No.         3c. Tel. No.       3d. Cell No.         3d. Tel. No.       3d. Cell No.         3b. Description of Unit Involved:       Advocate on environment         Matrix (SEE ATTACHED)       8a. Name of Conservation recognition as Bargaining Representative was made on (Date)         Check One:       X 7a. Request for recognition as Bargaining Representative was made on (Date)       July 31, 2019       and Employer declined recognition         Check One:       X 7a. Request for recognized as Bargaining Representative and desires certification under the Act.       8a. Name of Recognized or Certified Bargaining Representative and desires certification under the Act.         8a. Name of Recognized or Certified Bargaining Representative and desires certification under the Act.       8d. Cell No.       8e. Fax No.       8f. E-Mail Addre	on ntation					
2a. Name of Employer:       2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):         League of Conservation Voters & LCV Ed       740 15th Street NW, 7th Floor, Washington, DC 20005         Fum       3b. Address (if same as 2b - state same):         Gene Karpinski, President       3b. Address (if same as 2b - state same):         3c. Tel. No.       3d. Cell No.         3c. Tel. No.       202-835-0491         4b. Principal Product or Service       Sa. City and State where unit is located:         Advocacy organization       advocate on environment         Sb. Description of Unit Involved:       washington, DC and nationwide         Included:       (SEE ATTACHED)         Excluded:       (If no reply received, so state).         To. Patitioner is currently recognized as Bargaining Representative and desires certification under the Act.         8a. Name of Recognized or Certified Bargaining Agent (if none, so state)         To. Patitioner is currently recognized as Bargaining Representative and desires certification under the Act.         8a. Name of Recognized or Certified Bargalning Agent (if none, so state) <td>e nd</td>	e nd					
League of Conservation Voters & LCV Ed       740 15th Street NW, 7th Floor, Washington, DC 20005         Ja. Employer Representative - Name and Title:       3b. Address (if same as 2b - state same): (same)         Ja. Employer Representative - Name and Title:       3b. Address (if same as 2b - state same): (same)         Ja. Employer Representative - Name and Title:       3b. Address (if same as 2b - state same): (same)         Ja. Employer Representative - Name and Title:       3b. Address (if same as 2b - state same): (same)         Ja. Tops of Establishment (Factory, mine, wholesaler, etc.)       Ab. Principal Product or Service Advocacy organization       3f. E-Mail Address gkarpinski(@]lcv.org         4a. Type of Establishment (Factory, mine, wholesaler, etc.)       4b. Principal Product or Service Advocacy organization       5a. City and State where unit is located: Washington, DC and nationwide         Sb. Description of Unit Involved: Included:       (SEE ATTACHED)       5a. Number of Employees in Unit: (SEE ATTACHED)         Excluded:       (SEE ATTACHED)       60         Check One:       [X] 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date)       July 31, 2019       and Employer declined recognition represented by the Petitioner' [X] Ye         Check One:       [X] 7a. Request for recognitized as Bargaining Representative and desires certification under the Act.       Ba. Name of Recognized or Certified Bargaining Agent (if none, so state)       Bb. Address:         Ba. Tel. No.						
Gene Karpinski, President       (same)         3c. Tel. No.       3d. Cell No.         202-454-4591       3d. Cell No.         4a. Type of Establishment (Factory, mine, wholeseler, etc.)       4b. Principal Product or Service         Advocacy organization       4b. Principal Product or Service         Sb. Description of Unit Involved:       5a. City and State where unit is located:         Included:       (SEE ATTACHED)         Excluded:       60         6b. Do a substantial number (30% or mor of the employees in Unit:         60.       6b. Do a substantial number (30% or mor of the employees in the unit wish to be represented by the Petitioner? Xi Ye         Check One:       X 7a. Request for recognition as Bargaining Representative was made on (Date)       July 31, 2019       and Employer declined recognition or ar about (Date)         Imployee of Recognized or Certified Bargaining Representative and desires certification under the Act.       Ba. Name of Recognized or Certified Bargaining Agent (if none, so state)       Bb. Address:         8c. Tel. No.       8d. Cell No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any:       8h. 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 participat						
3c. Tel. No.       3d. Cell No.       3e. Fax No.       3f. E-Mail Address         202-454-4591       202-835-0491       gkarpinski@lcv.org         4a. Type of Establishment (Factory, mine, wholesaler, etc.)       4b. Principal Product or Service advocate on environment       5a. City and State where unit is located: Washington, DC and nationwide         5b. Description of Unit Involved: Included: (SEE ATTACHED)       6a. Number of Employees in Unit: Included: (SEE ATTACHED)       60         Excluded: (Deck One:       7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) (If no reply received, so state).       July 31, 2019 and Employee declined recognition on or about (Date) (If no reply received, so state).       and Employer declined recognition as Bargaining Representative and desires certification under the Act.         8a. Name of Recognized or Certified Bargaining Agent (If none, so state)       8b. Address:       8f. E-Mail Address         8c. Tel. No.       8d. Cell No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any:       8h. Date of Recognition or Certification (If so, approximately how many employees are participating?         9. Is there now a strike or picketing at the Employer's establishment(s) involved?       No       If so, approximately how many employees are participating?						
202-454-4591       202-835-0491       gkarpinski@lcv.org         4a. Type of Establishment (Factory, mine, wholesaler, etc.) Advocacy organization       4b. Principal Product or Service advocate on environment       5a. City and State where unit is located: Washington, DC and nationwide         5b. Description of Unit Involved: Included: (SEE ATTACHED)       6a. Number of Employees in Unit: 60         Excluded:       60         Check One:       X 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date)       July 31, 2019       and Employee declined recognition of the employees in the unit wish to be represented by the Petitioner? X Yee         Check One:       X 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date)       July 31, 2019       and Employer declined recognition         Ba. Name of Recognized or Certified Bargaining Agent (if none, so state)       8b. Address:       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?						
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Advocacy organization       4b. Principal Product or Service advocate on environment       5a. City and State where unit is located: Washington, DC and nationwide         5b. Description of Unit Involved: Included: (SEE ATTACHED)       6a. Number of Employees in Unit: 60         Excluded: on or about (Date) on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.       5a. City and State where unit is located: Washington, DC and nationwide         8a. Name of Recognized or Certified Bargaining Agent (If none, so state)       July 31, 2019       and Employer declined recognition         8c. Tel. No.       8d. Cell No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any:       8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)         9. Is there now a strike or picketing at the Employer's establishment(s) Involved? No       Mo       If so, approximately how many employees are participating?						
Advocacy organization       advocate on environment       Washington, DC and nationwide         Sb. Description of Unit Involved: Included: (SEE ATTACHED)       6a. Number of Employees in Unit: 60         Excluded:       6b. Do a substantial number (30% or mor of the employees in the unit wish to be represented by the Petitioner? X Yee         Check One:       X 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) Tb. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.       and Employer declined recognition represented by the Petitioner? X Yee         8a. Name of Recognized or Certified Bargaining Agent (If none, so state)       8b. Address:       8f. E-Mail Address         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. Is there now a strike or picketing at the Employer's establishment(s) involved? No       If so, approximately how many employees are participating?						
Sb. Description of Unit Involved: Included: (SEE ATTACHED)       6a. Number of Employees in Unit: 60         Excluded: Check One: I 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) I 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.       6a. Number of Employees in Unit: 60         Ba. Name of Recognized or Certified Bargaining Agent (If none, so state)       July 31, 2019       and Employer declined recognition         Bc. Tel. No.       Bd. Cell No.       Be. Fax No.       8f. E-Mail Address         Bg. Affiliation, if any:       8h. 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?						
Included:       60         Excluded:       60         Excluded:       60         Check One:       X 7a. Request for recognition as Bargaining Representative was made on (Date)       July 31, 2019       and Employees in the unit wish to be represented by the Petitioner? X Ye         Check One:       X 7a. Request for recognition as Bargaining Representative was made on (Date)       July 31, 2019       and Employer declined recognition         Check One:       X 7a. Request for recognized as Bargaining Representative and desires certification under the Act.       and Employer declined recognition         Ba. Name of Recognized or Certified Bargaining Agent (if none, so state)       Bb. Address:       Bb. Address:         Bc. Tel. No.       Bd. Cell No.       Be. Fax No.       Bf. 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?	-					
Excluded:       6b. Do a substantial number (30% or mor of the employees in the unit wish to be represented by the Petitioner? X Ye         Check One:       X 7a. Request for recognition as Bargaining Representative was made on (Date) (If no reply received, so state).       July 31, 2019 and Employer declined recognition on or about (Date) (If no reply received, so state).         Tb. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.       and Employer declined recognition         8a. Name of Recognized or Certified Bargaining Agent (If none, so state)       8b. Address;         8c. Tel. No.       8d. Ceti No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any:       8h. Date of Recognition or Certification 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?						
represented by the Petitioner? Yee         Check One: Ya. Request for recognition as Bargaining Representative was made on (Date)       July 31, 2019       and Employer declined recognition         on or about (Date)       (If no reply received, so state).       July 31, 2019       and Employer declined recognition         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. Ceti No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any:       8h. 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?						
on or about (Date)       (if no reply received, so state).         7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.         8a. Name of Recognized or Certified Bargaining Agent (if none, so state)       8b. Address:         8c. Tel. No.       8d. Cetl No.       8e. Fax No.       8f. E-Mail Address         8g. Affiliation, if any:       8h. Date of Recognizion 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       No       If so, approximately how many employees are participating?						
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)       8b. Address;         8c. Tel. No.       8d. Ceti No.       8e. Fax No.       8f. E-Mail Address;         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. Is there now a strike or picketing at the Employer's establishment(s) involved?       No       If so, approximately how many employees are participating?						
8c. Tel. No.       8d. Ceti 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       No       If so, approximately how many employees are participating?						
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. Is there now a strike or picketing at the Employer's establishment(s) involved?       No       If so, approximately how many employees are participating?						
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. Is there now a strike or picketing at the Employer's establishment(s) involved?       No       If so, approximately how many employees are participating?						
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No       If so, approximately how many employees are participating?						
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)	_					
<ol> <li>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)</li> </ol>						
10a. Name 10b. Address 10c. Tel. No. 10d. Čell 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 Mait X Mixed Manual	lal/Mail					
11b. Election Date(s):     11c. Election Time(s):     11d. Election Location(s):						
September 9, 2019 Noon-2pm Left Conference Room						
12a. Full Name of Petitioner (including local name and number):       12b. Address (street and number, city, State and ZIP code):						
Washington-Baltimore Newspaper Guild, Local 32035 1225 Eye Street NW, Washington, DC 20005						
12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent ( <i>if none, so state</i> ):						
The News Guild - Communications Workers of America, AFL-CIO, CLC         12d. Tel. No.       12e. Cell No.       12f. Fax No.       12g. E-Mail Address						
202-785-3650x15 202-785-3659 itsnotthatbad@comcast.net						
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):         Robert E. Paul, Attorney       1025 Connecticut Avenue NW, Suite 712, Washington, DC 20036						
13c. Tel. No.         13d. Cell No.         13e. Fax No.         13f. E-Mail Address						
202-857-5000 202-223-8417 rpaul@zwerdling.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. PaulSignature Robert E. PaulTitle AttorneyDate 7/3						
Robert E. Paul / Devil 2. Vaul Attorney 7/3	1/19					

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

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.

#### LEAGUE OF CONSERVATION VOTERS BARGAINING UNIT

#### Included:

All full-time and regular part-time employees employed by the Employer

#### Excluded:

President, Special Assistant to the President & Board Liaison, Senior Vice Presidents, Vice Presidents, Director of Online Systems, Director of Digital Strategy, Director of Member Programs, Chispa National Director, Deputy National Chispa Director, Chispa Program Director, National Campaign Director, State Electoral Campaign Director, National Organizing Director, Deputy Field Director Member Mobilization, New Hampshire State Director, Conservation Program Director, Senior Director for State Advocacy and Policy, PAC and Advocacy Partnerships Director, Congressional Champions Project Director, Legislative Director, General Counsel, Assistant General Counsel, Controller, Director of Local and Bipartisan Strategies, Senior Director of Institutional Giving, Director of Prospect Research, Senior Director of Development Partnerships, Managing Director Donor Advocacy and Events, Senior Director of Donor Advocacy and Events, Deputy Director Donor Advocacy and Events, Senior Director of Development Marketing, employees covered by any other petition for certification, managerial employees, confidential employees, guards and supervisors as defined by the National Labor Relations Act.