

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-244319	Date Filed 7/3/19

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

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

2a. Name of Employer:
VSP AWW Sinai Hospital a Life Bridge Health Center

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
6201 Security Blvd. Baltimore Maryland 21235

3a. Employer Representative - Name and Title:
Robinita Michelle Edmonds - Project Manager

3b. Address (if same as 2b - state same):
5607 Metro Dr. Baltimore Maryland 21215

3c. Tel. No. 410-944-0888 **3d. Cell No.** 410-800-5850 **3e. Fax No.** 410-944-0186 **3f. E-Mail Address** redmonds@lifebridgehealth.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Federal building

4b. Principal Product or Service
Janitorial

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

5b. Description of Unit Involved:
Included:
Please see attached
Excluded:
All other employees, guards, and supervisors as defined by the Act

6a. Number of Employees in Unit:
43

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

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 7/3/19 and Employer declined recognition on or about (Date) 7/3/19 (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address:

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

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

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

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

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

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

11b. Election Date(s): July 24th 2019 **11c. Election Time(s):** 7am-8:30am / 3pm-4:30pm **11d. Election Location(s):** Front Conference Room G-03

12a. Full Name of Petitioner (including local name and number):
1199 SEIU United Healthcare Workers East

12b. Address (street and number, city, State and ZIP code):
611 N Eutaw St. Baltimore Maryland. 21201

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

12d. Tel. No. 443-845-6101 **12e. Cell No.** 443-845-6101 **12f. Fax No.** 443-332-1291 **12g. E-Mail Address** Shiara.fayson@1199.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Shiara Coney - Organizer

13b. Address (street and number, city, State and ZIP code):
611 N Eutaw St. Baltimore Maryland

13c. Tel. No. 443-845-6101 **13d. Cell No.** 443-845-6101 **13e. Fax No.** 443-332-1291 **13f. E-Mail Address** Shiara.fayson@1199.org

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

Name (Print) Shiara Coney	Signature 	Title Organizer	Date 7-3-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Attachment 1

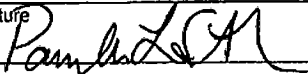
All full time regular and part time janitors and housekeepers employed by the employer at the Social Security Administration Complex in Woodlawn

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-244591	Date Filed 7/9/19

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

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

2a. Name of Employer: Washington Lawyers' Committee for Civil Rights and Urban Affairs		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 700 14th St., NW, Suite 400 Washington, DC 20005	
3a. Employer Representative - Name and Title: James Crowley		3b. Address (if same as 2b - state same): 2001 K Street, NW Washington, DC 20006	
3c. Tel. No. 202-887-4579	3d. Cell No.	3e. Fax No. 202-887-4288	3f. E-Mail Address jcrowley@akingump.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Law Firm		4b. Principal Product or Service Legal Services	
5b. Description of Unit Involved: Included: See Attached. Excluded: See Attached.		5a. City and State where unit is located: Washington, DC	
		6a. Number of Employees in Unit: 27	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 5/31/19 and Employer declined recognition on or about (Date) 7/5/19 (If no reply received, so state).			
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address: N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any: N/A		8h. 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? No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name N/A		10b. Address N/A	
		10c. Tel. No. N/A	
		10d. Cell No. N/A	
		10e. Fax No. N/A	
		10f. E-Mail Address N/A	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type:
			<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 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 America			
12d. Tel. No. 410-858-7780	12e. Cell No. 410-858-7780	12f. Fax No. 877-712-4742	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.			
13a. Name and Title: Pamela L. Smith, President, NOLSW, UAW Local 2320		13b. Address (street and number, city, State and ZIP code): 256 W. 38th St., Suite 705 New York, NY 10018	
13c. Tel. No. 212-228-0992	13d. Cell No. 410-858-7780	13e. Fax No. 877-712-4742	13f. E-Mail Address 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.			
Name (Print) Pamela L. Smith	Signature 		Title President, NOLSW, UAW Local 2320
			Date 7/9/19

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

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

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

EXCLUDES:

Executive Director
Legal Director
Deputy Legal Director
Chief Operating Officer

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-244797	Date Filed 7/12/19

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

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

2a. Name of Employer First Transit	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2600 Sisson Street MD Baltimore 21211-
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3a. Employer Representative - Name and Title Antonio Hamlin	3b. Address (If same as 2b - state same) 2600 Sisson Street MD Baltimore 21211-
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3c. Tel. No. (410) 951-5339	3d. Cell No. (410) 622-5653	3e. Fax No.	3f. E-Mail Address antonio.hamlin@firstgroup.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Passenger Transportation	5a. City and State where unit is located: Baltimore, MD
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 19
Excluded: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).	8b. Address
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8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): August 2, 2019	11c. Election Time(s): Sisson St. at 7:00-7:45 AM and 2:00-2:45 PM; Lomb	11d. Election Location(s): Sisson St. in the classroom; Lombard St. in the trailer.
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12a. Full Name of Petitioner (including local name and number) Javier M. Perez Jr. Amalgamated Transit Union Local 1764	12b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790
--	--

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

12d. Tel No. (301) 431-7100	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jperez@atu.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Daniel B. Smith AMALGAMATED TRANSIT UNION	13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790
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13c. Tel No. (301) 431-7100	13d. Cell No. (301) 431-7100	13e. Fax No.	13f. E-Mail Address dsmith@atu.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Daniel B. Smith	Signature Daniel B. Smith	Title	Date 07/12/2019 11:59:41
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 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 STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-244804	Date Filed 7/15/19

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

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

2a. Name of Employer Thrifty Transportation Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2600 Sisson Street MD Baltimore 21211-
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3a. Employer Representative - Name and Title Bobby Troitino	3b. Address (If same as 2b - state same) 2600 Sisson Street MD Baltimore 21211-
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3c. Tel. No. (443) 992-9559	3d. Cell No.	3e. Fax No. (410) 243-2400	3f. E-Mail Address thriftytrans.bobby@gmail.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation	4b. Principal product or service Passenger Transportation	5a. City and State where unit is located: Baltimore, MD
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 61	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): August 5, 2019	11c. Election Time(s): 4:00 to 6:30 AM, 3:00 to 5:00 PM	11d. Election Location(s): Training Room
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12a. Full Name of Petitioner (including local name and number) Javier M. Perez Jr. Amalgamated Transit Union Local 1764	12b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790
--	--

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

12d. Tel No. (301) 431-7100	12e. Cell No.	12f. Fax No.	12g. E-Mail Address jperez@atu.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION	13b. Address (street and number, city, state, and ZIP code) 10000 New Hampshire Ave MD Silver Spring 20903-1790

13c. Tel No. (301) 431-7100	13d. Cell No. (202) 714-4219	13e. Fax No.	13f. E-Mail Address dsmith@atu.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Daniel B. Smith	Signature Daniel B. Smith	Title Assistant General Counsel	Date 07/15/2019 10:11:01
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE

Attachment

Case
5-RC-244804

Date Filed
7/15/19

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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 5-AC-244882 Date Filed 7/15/19

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

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2a. Name of Employer:
Jones Lang LaSalle

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
600 - 700 Army Navy Dr, Arlington, VA 22202

3a. Employer Representative - Name and Title:
Michelle Kerns

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

3c. Tel. No. **443-286-2922** 3d. Cell No. **443-286-2922** 3e. Fax No. 3f. E-Mail Address **michelle.kerns@am.jll.com**

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

4b. Principal Product or Service
Facilities Maintenance

5a. City and State where unit is located:
Arlington, VA

5b. Description of Unit Involved:
Included:
See attached
Excluded:
See attached

6a. Number of Employees in Unit:
5

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

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 7-15-19 and Employer declined recognition on or about (Date) no response (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address:

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

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

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

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

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

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

11b. Election Date(s): **08-13-2019** 11c. Election Time(s): **1200-100pm** 11d. Election Location(s): **700 penthouse engineer breakroom**

12a. Full Name of Petitioner (including local name and number):
International Union of Operating Engineers, Local 99

12b. Address (street and number, city, State and ZIP code):
9315 Largo Dr W, Upper Marlboro, MD 20774

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

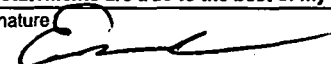
12d. Tel. No. **202-337-0099-28** 12e. Cell No. **202-253-5440** 12f. Fax No. **240-716-3956** 12g. E-Mail Address **eclifford@iuoelocal99.org**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title:
Eamon Clifford, Lead Organizer

13b. Address (street and number, city, State and ZIP code):
9315 Largo Dr W, Upper Marlboro, MD 20774

13c. Tel. No. **202-337-0099-28** 13d. Cell No. **202-253-5440** 13e. Fax No. **240-716-3956** 13f. E-Mail Address **eclifford@iuoelocal99.org**

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

Name (Print) **Eamon Clifford** Signature  Title **Lead Organizer** Date **7-15-2019**

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

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

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 GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-245137	Date Filed 7/19/19

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

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

2a. Name of Employer North America Security Inc	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 550 E. Carson Plaza Drive CA Carson 90746-
---	---

3a. Employer Representative - Name and Title Art Lopez	3b. Address (If same as 2b - state same) 550 E. Carson Plaza Drive CA Carson 90746-
--	--

3c. Tel. No. (323) 643-1911	3d. Cell No. (181) 880-8601	3e. Fax No.	3f. E-Mail Address a.lopez@nasecurityinc.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services	4b. Principal product or service Physical security/guard services	5a. City and State where unit is located: College Park, MD
---	---	--

5b. Description of Unit Involved	6a. No. of Employees in Unit: 32
Included: See Attached Page 2 for additional details	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details	

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

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Security, Police and fire Professionals of America Joe McCray	8b. Address 25510 Kelly Road MI Roseville 48066-
---	---

8c. Tel No. (586) 772-7250	8d Cell No. (191) 650-1317	8e. Fax No.	8f. E-Mail Address jmccray@spfpa.org
--------------------------------------	--------------------------------------	--------------------	--

8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 09/18/2019
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): NA	11c. Election Time(s): NA	11d. Election Location(s): NA
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12a. Full Name of Petitioner (including local name and number) Charles Omoregbee Charles Omoregbee	12b. Address (street and number, city, state, and ZIP code) 14903 Dennington Dr MD Bowie 20721-
---	--

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

12d. Tel No. (301) 335-3934	12e. Cell No. (301) 335-3934	12f. Fax No.	12g. E-Mail Address fapounion@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

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

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

Name (Print) Charles Omoregbee	Signature Charles Omoregbee	Title International President	Date 07/18/2019 11:55:46
--	---------------------------------------	---	------------------------------------

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

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-245137	Date Filed 7/19/19

Employees Included

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

Employees Excluded

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-245597	Date Filed 7/26/19

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

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

2a. Name of Employer:
Sysco Hampton Rds. Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
7000 Harbour View Blvd. Suffolk, VA 23435

3a. Employer Representative - Name and Title:
Scott Thibodeau, President

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

3c. Tel. No.
757-673-4000

3d. Cell No.
Unk

3e. Fax No.
757-673-4148

3f. E-Mail Address
Thibodeau.scott@shr.sysco.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Food service delivery

4b. Principal Product or Service
Food

5a. City and State where unit is located:
Suffolk, VA.

5b. Description of Unit Involved:
Included:
See attachment A
Excluded:
All others and security guards as defined by the act.

6a. Number of Employees in Unit:
86

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

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

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

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
Teamsters Local 822

12b. Address (street and number, city, State and ZIP code):
5718 Barteel St. Norfolk, VA. 23502

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

12d. Tel. No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

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

13a. Name and Title:
Steve Jacobs, Business agent

13b. Address (street and number, city, State and ZIP code):
5718 Barteel St., Norfolk, VA. 23502

13c. Tel. No.
757-461-7172

13d. Cell No.
757-647-8351

13e. Fax No.
757-459-2570

13f. E-Mail Address
sjacobs82276@yahoo.com

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

Name (Print)
Steve Jacobs

Signature
electronic signature

Title
Business agent

Date
7/26/19

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

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

5-RC-245597

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-245777	Date Filed 07/31/2019

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

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

2a. Name of Employer
URS/AECOM

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
105 B Ave. Solomons, MD 20688

3a. Employer Representative - Name and Title
Charles Moran, Site Manager

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

3c. Tel. No. 410-326-7510 **3d. Cell No.** Unknown **3e. Fax No.** 410-326-6986 **3f. E-Mail Address** charles.moran@ny.nrl

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Aviation Support Maintenance/Overhaul **4b. Principal product or service** Service/Repair **5a. City and State where unit is located:** Solomons, MD

5b. Description of Unit Involved
Included: Aircraft Mechanics, Auto Mechanics, Librarians, Painters, Supply Technicians, Quality Assurance, and Production Control
Excluded: All Crew Leads, Office Clerical, Professionals, Managerial employees, Guards, and Supervisors

6a. No. of Employees in Unit: 112

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

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

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

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

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

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

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

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

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

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

11b. Election Date(s): August 16, 2019 **11c. Election Time(s):** 9 AM - 12 PM **11d. Election Location(s):** Conference Room

12a. Full Name of Petitioner (Including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 4, AFL-CIO **12b. Address (street and number, city, state, and ZIP code)** 2600 Cabover Drive, Suite N, Hanover, MD 21076

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


12d. Tel No. (410) 487-6919 **12e. Cell No.** (443) 624-2026 **12f. Fax No.** (410) 487-6930 **12g. E-Mail Address** bryan.stymacks.114@gmail.com

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

13a. Name and Title Nicholas A. Scotto, Esq., Special Representative **13b. Address (street and number, city, state, and ZIP code)** 26 Court St, Ste 1710, Brooklyn, NY 11242

13c. Tel No. (929) 226-1724 **13d. Cell No.** (631) 219-4116 **13e. Fax No.** (646) 902-5720 **13f. E-Mail Address** nscotto@iamaw.org

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

Name (Print) Nicholas A. Scotto, Esq.	Signature 	Title Special Representative	Date July 31, 2019
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Case No. 5-RC-245779

Date Filed 7/31/19

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

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

2a. Name of Employer: League of Conservation Voters & LCV Ed Fund
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 740 15th Street NW, 7th Floor, Washington, DC 20005

3a. Employer Representative - Name and Title: Gene Karpinski, President
3b. Address (if same as 2b - state same): (same)

3c. Tel. No. 202-454-4591
3d. Cell No.
3e. Fax No. 202-835-0491
3f. E-Mail Address 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)
Excluded:

6a. Number of Employees in Unit: 60

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

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) July 31, 2019 and Employer declined recognition on or about (Date) (If no reply received, so state).**
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

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

11b. Election Date(s): September 9, 2019
11c. Election Time(s): Noon-2pm
11d. Election Location(s): Left Conference Room

12a. Full Name of Petitioner (including local name and number): Washington-Baltimore Newspaper Guild, Local 32035
12b. Address (street and number, city, State and ZIP code): 1225 Eye Street NW, Washington, DC 20005

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

12d. Tel. No. 202-785-3650x15
12e. Cell No.
12f. Fax No. 202-785-3659
12g. E-Mail Address 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: Robert E. Paul, Attorney
13b. Address (street and number, city, State and ZIP code): 1025 Connecticut Avenue NW, Suite 712, Washington, DC 20036

13c. Tel. No. 202-857-5000
13d. Cell No.
13e. Fax No. 202-223-8417
13f. E-Mail Address rpaul@zwerdning.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.
Name (Print) Robert E. Paul
Signature Robert E. Paul
Title Attorney
Date 7/31/19

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

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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 of Development Partnerships, 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.