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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RC PETITION

| DO NOT WRITE IN THIS SPACE | Case No. | Date Filed | 3/3/20 |

			-			J-K	(C-25/	300			775720
INSTRUCTIONS: Unless e-Filed a employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 48	The petition s named in	n must be accomp the petition of: (panied I 1) the p	by both a s etition; (2)	showing of interest (so Statement of Position	ee 6b be n form (i	elow) and Form NLF	a certifica RB-505); ar	te of service nd (3) Descrip	showing otion of	g service on Representation
 PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab 	tioner desir	es to be certified a	s repres	entative of	the employees. The Pe	etitioner	r alleges t	hat the fol	lowing circu	mstance	
2a. Name of Employer:			2b. Add	dress(es) o	f Establishment(s) invo	lved (St	reet and n	umber, City	, State, ZIP o	ode):	
Signature Theatre			4200	Campb	ell Avenue, Arli	ington	n, VA 2	2206			
3a. Employer Representative - Na	me and Title	e:	3b. Add	dress <i>(if sa</i>	me as 2b state same).):					
Jim Gross, Production Ma	anager		Same	е							
3c. Tel. No. (571) 527-1860	3d. Cell N	0.		3e. Fax N	√o.	3f.	E-Mail Ad	ddress			
4a. Type of Establishment (Factory, Theater	mine, whole	esaler, etc.)			ipal Product or Service mances				nd State where	e unit is I	ocated:
5b. Description of Unit Involved: Included: See attached.								6a. Number 50	er of Employe	es in Uni	t:
Excluded: See attached.								of the e	ubstantial nur employees in ented by the F	the unit v Petitioner	vish to be
Check One: 7a. Request for red on or about (Date)	N	I/A (If no	o reply re	eceived, so	state).	V/A		Employer	declined recog	gnition	
7b. Petitioner is cui 8a. Name of Recognized or Certific					and desires certification ddress:	n under	the Act.				
None.	eu Daigain	ing Agent (ii noine	, 30 3121	N/A							
8c. Tel. No.	8d. Cell No	0.	711-0	8e. Fax N	No. 8f. E-Mail Address						
8g. Affiliation, if any:			18	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 a	t the Emplo	yer's establishmer		olved? No	If so, approx	imately I	how many	employees	are participa	iting?	
(Name of Labor Organization) 10. Organizations or individuals othe	sthan Datiti	anar and those no	N/A	loma 9 and	O which have daimed	_			er since (Mon		
individuals known to have a repre None.									s and other c	nganizat	ions and
10a. Name N/A		10b. Address N/A		-	-	100	c. Tel. No.	3	10d. Cell No		
							10e. Fax No. 10		10f. E-Mail A	10f. E-Mail Address	
11. Election Details: If the NLRB con	nducts and	L election in this mat	tter, state	e your posi	tion with respect to any	such el		1a. Election Manua		☐ Mive	ed Manual/Mail
11b. Election Date(s):		11c. Election Tim	e(s):	-1 '0			d. Election	Location(s):		, mandamman
March 26, 2020 I2a. Full Name of Petitioner <i>(includi</i>	ina logal na	Before and/o	or afte	er shift.	12b. Address (street a			r's facili			
International Alliance of Tocal 22	Theatrica	al and Stage I	Emplo	yees,	1810 Hamlin S Washington, D	treet,	NE	state and 2	ir code).		
2c. Full name of national or internati International Alliance of T						f none, s	so state):				
2d. Tel. No. 202) 269-0212	12e. Cell N	0.		12f. Fax N	0.	12g	ı. E-Mail A	ddress			
3. Representative of the Petitioner who will accept service of all pap 3a. Name and Title: Keith R. Bolek, Attorney				pers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave., NW, Suite 800, Washington, D.C. 20015				nite 800,			
3c. Tel. No. 202) 362-0041	13d. Cell N			13e. Fax N		kb			nuelaw.co	m	
declare that I have read the above	petition ar		nents ar	e true to th			belief.				I Data
Keith Bolek		Signature	le	L	_	Title At	Horne	4			3-3-20
		and the same of th					-				

ATTACHMENT

Included: All regular full-time, regular part-time and casual production employees including

stagehand employees, costume employees, wardrobe employees and carpentry shop employees employed by the Employer at its facilities currently located at

4200 Campbell Avenue, Arlington, VA 22206;

Excluded: All other employees, office clerical employees, guards, managers and supervisors

as defined by the Act.

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

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

DO NOT WRITE IN THIS SPACE						
Case No. 5-RC-257825	Date Filed 3/11/20					

INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4	The petition must be as named in the peti	e accompanied tion of: (1) the p	by both a sh etition; (2) S	owing of interest (se tatement of Position	e 6b below) and form (Form NLI	l a certificat RB-505); an	e of service showing d (3) Description of R	service on epresentation	
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	titioner desires to be	certified as repres	sentative of the	ne employees. The Pe	titioner alleges	that the foll	owing circumstances		
2a. Name of Employer:		2b. Ad	dress(es) of	Establishment(s) invol	ved (Street and r	number, City	, State, ZIP code):		
Alliance for Justice			194 50 00	Circle NW, Suite					
3a. Employer Representative - Na	ame and Title:	3b. Ad	dress (if sam	ne as 2b - state same):					
Nan Aron, President	(sa	me)							
3c. Tel. No.	TOWNS CO.					ddress			
(202) 822-6070					Nan.A	ron@afi			
4a. Type of Establishment (Factory	, mine, wholesaler, e	tc.)		oal Product or Service			d State where unit is lo	2004236410747974	
non-profit 5b. Description of Unit Involved:			advo	ocacy			ton, DC and Califor er of Employees in Unit		
Included: All full- and part-time et						22	a of Employees in Unit		
Excluded: supervisors, managerial		nfidential en	nlovees	and ouards defi	ned in Act	of the	ubstantial number (30%	ish to be	
Check One: 7a. Request for n							ented by the Petitioner' declined recognition	Yes No	
on or about (Date	2)	(If no reply	received, so	state).					
7b. Petitioner is of Recognized or Certi				and desires certificatio	n under the Act.				
8a. Name of Recognized or Certi	fied Bargaining Age	nt (ir none, so st	ate) 8b. A	ddress:					
8c. Tel. No.	8d. Cell No.		8e. Fax N	0.	8f. E-Mail A	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 es	tablishment(s) in	volved? No	If so, approx	ximately how mar	ny employee	s are participating?		
(Name of Labor Organization)				instance.	, has picketed	the Employ	er since (Month, Day,	Year)	
Organizations or individuals off individuals known to have a rep	ner than Petitioner an presentative interest i	d those named in n any employees	items 8 and in the unit de	9, which have claimed escribed in item 5b about	d recognition as rove. (If none, so	epresentativ state)	es and other organizat	ions and	
10a. Name	10b. A	ddress			10c. Tel. N	0.	10d. Cell No.		
					10e. Fax N	o. 10f. E-Mail Address			
11. Election Details: If the NLRB								William Balanci G	
Manual election in Was			for emplo	oyees in Californ		Manu		ed Manual/Mail	
11b. Election Date(s):		lection Time(s):			The state of the s	on Location(s):			
March 26, 2020	The second secon	:00am - No	on	Large Conference Room 12b. Address (street and number, city, State and ZIP code):					
12a. Full Name of Petitioner (incl Washington-Baltimore	The state of the s			1225 Eye Str					
12c. Full name of national or interr	national labor organiz	ation of which Pe	titioner is an	affiliate or constituent	(if none, so state):			
The News Guild - Con	nmunications V	Vorkers of A	merica					4	
12d. Tel. No.	12e. Cell No.		12f. Fax N		12g. E-Ma				
(202) 785-3650 x15				785-3659		wbng.org		بوالة والمسال	
13. Representative of the Petitio	ner who will accept	service of all pa		poses of the represe ress (street and number					
13a. Name and Title: Robert E. Paul, Attorney			100000000000000000000000000000000000000	MUSES AND ADMINISTRATION OF A PARTICIPATION OF A PA	The second state of the second	Contractor on Treat	ashington, DC 20	0036	
13c. Tel. No.	13d. Cell No.		13e. Fax	No.	13f. E-Mai	Address			
(202) 857-5000			The second second second	327-5499			paul.com		
I declare that I have read the abo	ove petition and tha	Principal Control of the Control of			edge and belief.			-	
Name (Print)		Signature /	2/ 11	(20	Title			Date 2/11/20	
Robert E. Paul		150	oh M.	Vanc	Attorne	У		3/11/20	

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 05-RC-257868	Date Filed 03/11/2020					

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. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Akima, LLC 27410 Hot Patch Road, Quantico, VA 22134 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2553 Dulles View Dr. Suite 700, Herndon, VA 20171 Chris Hansen, Senior Director of Labor Relations 3f. E-Mail Address 3d. Cell No. 3c. Tel. No. 3e. Fax No. 703-967-9357 chris.hansen@akima.com 571-353-7054 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Quantico, VA Federal Office Building Custodial 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Full-time and regular part-time Custodians employed by the employer at 27410 Hot Patch Rd, Quantico, VA 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All clerical employees, all managers, all guards and supervisors as defined by the Act. Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 3/11/20 and Employer declined recognition on or about Check One: No Reply __(Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 4/13/20 US Mail US Mail 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774 International Union of Operating Engineers, Local 99 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 202-337-0099 Ext.123 202-744-9519 240-716-3956 kgraham@iuoelocal99.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Keith J. Graham/ Organizer 13b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suit 200 Upper Marlboro, MD 20774 13d. Cell No. 13c. Tel No. 13e. Fax No. 13f. E-Mail Address 202-337-0099 Ext.123 202-744-959 240-716-3956 kgraham@iuoelocal99.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Keith J. Graham Organizer 3/11/20

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

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No. 5-RC-257876	Date Filed 3/11/20						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) General Accounting Office 441 Gst. N.W. Washington, DC 20226 **EMCOR Government Services** 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2800 Crystal Drive, Suite 600 Arlington, VA 22202 Paul Garcia- Sr. Manager, Industrial Relations 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 571-882-4694 571-403-8890 866-422-9847 pgarcia@emcor.net 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Washington, D.C. Federal Office Building Facilities Office of Logistics 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All Full-time and Regular part-time Office of Logistics employees, to include furniture handlers. Employed by the 6b. Do a substantial number (30% employer at GAO, Washington, D.C. or more) of the employees in the Excluded: unit wish to be represented by the All clerical employees, all mangers, all guards and supervisors as defined by the Act. Petitioner? Yes ✓ No Check One: Request for recognition as Bargaining Representative was made on (Date) 3/11/20 and Employer declined recognition on or about No Reply _(Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 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 11a. Election Type: ✓ Manual Mail [Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 4/16/20 Employee Break Room SB45P 11:00 AM- 12 Noon 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union of Operating Engineers, Local 99 9315 Largo Drive West, Suite 200 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 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 202-744-9519 202-337-0099 Ext.123 240-716-3956 kgraham@iuoelocal99.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Keith J. Graham / Organizer 13b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 202-337-0099 Ext.123 202-744-9519 240-716-3956 kgraham@iuoelocal99.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. anature Name (Print) Date Keith J. Graham Organizer 3/11/20

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

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WE	RITE IN THIS SPAC	E	
Case No.	5-RC-257895	Date Filed	3/11/20	

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, 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 NLBB 505), and (2) Description of Bongscentation Case Procedures (Form NLBB 4812). The showing of interest should only be filed.

(Form NLRB-505); and (3) Descript							
with the NLRB and should not be s				,		,	
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner do requests that the National Labor Relat	RTIFICATION OF esires to be certification	REPRESENTAT	IVE - A substantial number ve of the employees. The	Petitioner alleges that	t the followin	g circumstances exist and	
2a. Name of Employer	none Board proc		ddress(es) of Establishmen				
Akima, LLC		Libert	Crossing,1500 Tysons	McLean Dr., McLean	, VA 22192 (Follin Lane South East Campus)	
3a. Employer Representative - Name and	Title		3b. Address (If same as				
Chris Hansen - Senior Director of	Labor Relation	ons	2553 Dulles View [Dr. Suite 700, Her	ndon, VA 2	20171	
3c. Tel. No.	3d. Cell No.	3475	3e. Fax No.		3f. E-Mail Add	Iress	
571-353-7054	703-967-935	57		C	hris.hanse	en@akima.com	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Federal Office Building Facilities Maintenance					5a. City McLea	and State where unit is located: n, VA	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: All Full-time and Regular p					Crossing,	8	
1500Tysons McLean, Dr., I Excluded: All clerical employee					he Act.	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) 3/11/20 and Employer declined recognition on or about No Reply (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.							
8a. Name of Recognized or Certified Bar			8b. Address				
None							
8c. Tel No.	8d Cell No.	64.64	8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any						Date of Current or Most Recent y (Month, Day, Year)	
9. Is there now a strike or picketing at the E						rticipating?	
(Name of labor organization)		, has pic	keted the Employer since (Month, Day, Year)		·	
10. Organizations or individuals other than I known to have a representative interest in a					sentatives an	d other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.	NV - FT - (A100-14)	10d. Cell No.	
				10e. Fax No.	-	10f. E-Mail Address	
11. Election Details: If the NLRB conducts any such election.	an election in thi	s matter, state you	ur position with respect to	11a. Election Type:	Manual	✓ Mail Mixed Manual/Mail	
11b. Election Date(s): 4/16/20	11c. El US Mai	ection Time(s):		11d. Election Location US Mail	on(s):		
12a. Full Name of Petitioner (including lo International Union of Operating Engineer				city, state, and ZIP code)) Upper Marlboro, MD 20774			
12c. Full name of national or international la International Union of Operating Engineers		of which Petitioner	is an affiliate or constituen	it (if none, so state)			
12d. Tel No. 202-337-0099 Ext.123	12e. Cell No. 202-744-9519		12f. Fax No. 240-716-3956		12g. E-Mail Ao graham@iuo		
13. Representative of the Petitioner who	will accept servi	ce of all papers f	or purposes of the repres	sentation proceeding.			
13a. Name and Title Keith J. Gra	13b. Address (street and 9315 Largo Drive West, Suit						
13c. Tel No. 202-337-0099 Ext.123	13d. Cell No. 202-744-9519		13e. Fax No.				
I declare that I have read the above petiti	Deliver the second of the seco	statements are tr			grananiwiuo	Global 33.01g	
	nature / n	Λ.0.	Title		Date		
Keith J. Graham	1 John	www	Organizer		3/11/20		

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

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN T	HIS SPACE .
Case No.		Date Filed
	05-RC-257910	03/12/2020

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. 2b. Address(es) of Establishment(s) involved (Street and number, City. State, ZIP code): 2a. Name of Employer: 2317 Kansas Ave Silver Spring, MD 20910 Flynn Architectural Finishes LLC 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Charles Parker - Business Representative 4700 Boston Way Lanham, MD 20706 3f E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. csparker77@verizon.net 301-918-3177 301-918-0182 x116 301-440-6667 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Metal/Wood/Stone Refinishing Silver Spring, MD Metal/Wood/Stone Refinishing Company 6a. Number of Employees in Unit: 5b. Description of Unit Involved: Included: Metal/Wood/Stone/Marble Refinishing Foreman, Technician, Helper 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Pelitioner? X Yes No Superivisor/Managment Office Staff 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: 8f. E-Mail Address 8c. Tel. No. 8d Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b Address 10a. Name 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: 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 12b. Address (street and number, city. State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 4700 Boston Way Lanham, MD 20706 Charles Stephen Parker - IUPAT DC51 / LOCAL 890 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Painters & Allied Trades - District Council 51 12g. E-Mail Address 12e, Cell No. csparker77@verizon.net 301-918-3177 301-440-6667 301-918-0182 x116 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: 4700 Boston Way Lanham, MD 20706 Charles Parker - Business Representative 13f. E-Mail Address 13e. Fax No. 13d. Cell No. csparker77@verizon.net 301-440-3177 301-440-6667 301-918-0182 x116 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) 3/10/2020 Business Representative Charles Parker

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 05-RC-258064	Date Filed 3/16/2020						

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region								
in which the employer concerned	is located. Th	e petition must	be accompanied by b	ooth 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) Descrip	tion of Repres	entation Case I	Procedures (Form NLI	RB 4812). The sho	wing of inte	rest should only be filed		
with the NLRB and should not be	served on the	employer or an	y other party.					
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of	desires to be certif	ied as representati	ve of the employees. The I	Petitioner alleges that	the following	circumstances exist and		
requests that the National Labor Rela	ations Board prod	ceed under its pro	per authority pursuant to dress(es) of Establishment	Section 9 of the Nati	onal Labor Re	State 7/P code)		
2a. Name of Employer Flynn Architectural Finishes L	I C		Kansas Ave., Silve			State, 211 code)		
3a. Employer Representative – Name an		2017	3b. Address (If same as		70.10			
Chris Flynn	4 1100		Same					
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addre			
(301) 558-5700			(301) 585-7726	ır	0,	nishes.com		
4a. Type of Establishment (Factory, mine, Metal/Wood/Stone Refinishing		4b. Principal pro Metal/Wood	Stone Refinishing			nd State where unit is located: pring, MD		
5b. Description of Unit Involved Included: All metal, wood, ston	e and marbl	e refinishers	including all forem	an technicians		6a. No. of Employees in Unit: 28		
	e, and marbi	e remisiters,	including an lorein	ari, tecrimicians,	and	6b. Do a substantial number (30%		
helpers.		II (C				or more) of the employees in the		
Excluded: All other employe	es, includi	ng all office	starr, superviso	ors, and mana	gers.	unit wish to be represented by the Petitioner? Yes V No		
Object Community of Table Properties	ition on Don	- sising Department	ativo was made on (Data)	and	Employer decli	ned recognition on or about		
Check One: 7a. Request for r		gaining Representa (If no reply receive		and	Employer decil	ned recognition on or about		
7h Petitioner is		CONTRACTOR OF THE PROPERTY OF	epresentative and desires	certification under the A	Act.			
8a. Name of Recognized or Certified Ba None			8b. Address					
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addre	ess		
8g. Affiliation, if any			8h. Date of Recognition or			ate of Current or Most Recent (Month, Day, Year)		
9. Is there now a strike or picketing at the	Employer's establi	shment(s) involved	2 No. If so, approx	imately how many emi	olovees are par	ticipating?		
(Name of labor organization)								
Organizations or individuals other than								
known to have a representative interest in None	any employees in	the unit described	in item 5b above. (If none,	so state)	Sentauves and	outer organizations and marvidude		
10a. Name	10b. Ac	ddress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11 Election Detaile: If the All DD and de	te on election in th	nie matter state vo	ir position with respect to	44 - Flage - T - F	Manual	Moil Mixed Meanal/Meil		
 Election Details: If the NLRB conductions any such election. 	its an election in tr	ns matter, state you	ar position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail		
11b. Election Date(s): April 8	11c. E 2-4	Election Time(s):		11d. Election Location	on(s):			
12a. Full Name of Petitioner (including local name and number) International Union of Painters and Allied Trades District Council 51, Local 890 12b. Address (street and number, city, state, and ZIP code) 4700 Boston Way, Lanham, MD 20706								
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Painters and Allied Trades, AFL-CIO								
12d. Tel No. (301) 918-0182 ext. 116	12e. Cell No. (301) 440-666		12f. Fax No. (301) 918-3177		12g. E-Mail Add sparker77@v			
13. Representative of the Petitioner who				sentation proceeding.				
13a. Name and Title Michael M			13b. Address (street and 1025 Connecticut Ave. Suite	d number, city, state, a	The Control of the Co			
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address mmelick@barrcamens.com								
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.								
3010-12-12-12-12-12-12-12-12-12-12-12-12-12-	Signature /	11/1/1	Title	100	Date			
Michael Melick	ally	null	Attorney		3/16/20202	2		

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

PRIVACY ACT STATEMENT

Amanda Lively

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No 3/25/20 5-RC-258395

March 24, 2020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Elite Protective Services 11331 Amherst Ave., Silver Spring, MD 20902 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Elaine Pruitt 3c. Tel. No. 3d. Cell No. 3f E-Mail Address 3e Fax No. 301.949.9716 x 21 epruit@elite.protective.com 4a Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Security Protection Hyattsville, MD Security 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part time security officers performing work at FEMA, 6511 American Blvd., Hyattsville, 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, including office clericals, corporals and sergeants, lieutenants, captains, and any other supervisors unit wish to be represented by the Petitioner? Yes / No Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). Security Police and Fire Professionals of America 25510 Kelly Road, Roseville, MI 48066 8c. Tel No 8e Fax No 8f E-Mail Address 586.772.7250 586.772.9644 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. 10f E-Mail Address 10e Fax No. 11 Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual / Mail Mixed Manual/Mail 11a Election Type any such election. 11b. Election Date(s) 11d Election Location(s): 11c. Election Time(s): April 17, 2020 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Guards Union of America (IGUA) P.O. Box 6633, Oak Ridge, TN 37831 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12f Fax No. 12d Tel No. 12e Cell No (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Amanda Lively, Attorney 13b Address (street and number, city, state, and ZIP code) 16501 Ventura Blvd., Suite 304, Encino, CA 91436 Cel No 13f E-Mail Address 818-501-8030 x 326 **818-501-5306** allvely@wkclegal.com e to the best of my knowledge and belief. I declare that I have read the above petition and that the statements and Name (Print) Date

WILLFUL FALSE STANDARTS ON THIS Attorney for IGUA PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)