

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-257366	Date Filed 3/3/20

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: Signature Theatre	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4200 Campbell Avenue, Arlington, VA 22206
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3a. Employer Representative - Name and Title: Jim Gross, Production Manager	3b. Address (if same as 2b state same): Same
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3c. Tel. No. (571) 527-1860	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Theater	4b. Principal Product or Service Performances	5a. City and State where unit is located: Arlington, VA
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5b. Description of Unit Involved: Included: See attached. Excluded: See attached.	6a. Number of Employees in Unit: 50	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
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ N/A _____ (If no reply received, so state). and Employer declined recognition
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None.	8b. Address: N/A
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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? No If so, approximately how many employees are participating? _____
(Name of Labor Organization) N/A, 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.	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): March 26, 2020	11c. Election Time(s): Before and/or after shift.	11d. Election Location(s): Employer's facility.
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12a. Full Name of Petitioner (including local name and number): International Alliance of Theatrical and Stage Employees, Local 22	12b. Address (street and number, city, State and ZIP code): 1810 Hamlin Street, NE Washington, D.C. 20018
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Alliance of Theatrical and Stage Employees, AFL-CIO

12d. Tel. No. (202) 269-0212	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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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: Keith R. Bolek, Attorney	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

13c. Tel. No. (202) 362-0041	13d. Cell No.	13e. Fax No.	13f. E-Mail Address kbolek@odonoghuelaw.com
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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) Keith Bolek	Signature 	Title Attorney	Date 3-3-20
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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 may cause the NLRB to decline to invoke its processes.

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.

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

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: Alliance for Justice	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 11 Dupont Circle NW, Suite 500, Washington, DC 20036
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3a. Employer Representative - Name and Title: Nan Aron, President	3b. Address (if same as 2b - state same): (same)
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3c. Tel. No. (202) 822-6070	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Nan.Aron@afj.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) non-profit	4b. Principal Product or Service advocacy	5a. City and State where unit is located: Washington, DC and California
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5b. Description of Unit Involved: Included: All full- and part-time employees Excluded: supervisors, managerial employees, confidential employees and guards defined in Act	6a. Number of Employees in Unit: 22
	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: 7a. Request for recognition as Bargaining Representative was made on (Date) 3/11/20 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
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: **Manual election in Washington, DC; mail ballots for employees in California**

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

11b. Election Date(s): March 26, 2020	11c. Election Time(s): 10:00am - Noon	11d. Election Location(s): Large Conference Room
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12a. Full Name of Petitioner (including local name and number): Washington-Baltimore News Guild, Local 32035	12b. Address (street and number, city, State and ZIP code): 1225 Eye Street NW, Washington, DC 20005
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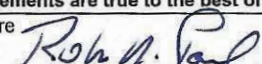
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
The News Guild - Communications Workers of America

12d. Tel. No. (202) 785-3650 x15	12e. Cell No.	12f. Fax No. (202) 785-3659	12g. E-Mail Address bjett@wbng.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: Robert E. Paul, Attorney	13b. Address (street and number, city, State and ZIP code): 1025 Connecticut Avenue NW, Suite 1000, Washington, DC 20036

13c. Tel. No. (202) 857-5000	13d. Cell No.	13e. Fax No. (202) 327-5499	13f. E-Mail Address rpaul@robertepaul.com
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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) Robert E. Paul	Signature 	Title Attorney	Date 3/11/20
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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**

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC 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.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 Akima, LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 27410 Hot Patch Road, Quantico, VA 22134	
3a. Employer Representative - Name and Title Chris Hansen, Senior Director of Labor Relations		3b. Address (If same as 2b - state same) 2553 Dulles View Dr. Suite 700, Herndon, VA 20171	
3c. Tel. No. 571-353-7054	3d. Cell No. 703-967-9357	3e. Fax No.	3f. E-Mail Address chris.hansen@akima.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Office Building		4b. Principal product or service Custodial	5a. City and State where unit is located: Quantico, VA
5b. Description of Unit Involved Included: All Full-time and regular part-time Custodians employed by the employer at 27410 Hot Patch Rd, Quantico, VA 22134 Excluded: All clerical employees, all managers, all guards and supervisors as defined by the Act.			6a. No. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>

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 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)

10a. Name None	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

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

11b. Election Date(s): 4/13/20	11c. Election Time(s): US Mail	11d. Election Location(s): US Mail
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12a. Full Name of Petitioner (including local name and number)
International Union of Operating Engineers, Local 99
12b. Address (street and number, city, state, and ZIP code)
9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774

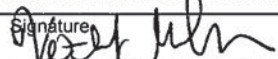
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

12d. Tel No. 202-337-0099 Ext.123	12e. Cell No. 202-744-9519	12f. Fax No. 240-716-3956	12g. E-Mail Address kgraham@iuoelocal99.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 Keith J. Graham/ Organizer		13b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suit 200 Upper Marlboro, MD 20774	
13c. Tel No. 202-337-0099 Ext.123	13d. Cell No. 202-744-959	13e. Fax No. 240-716-3956	13f. E-Mail Address kgraham@iuoelocal99.org

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

Name (Print) Keith J. Graham	Signature 	Title Organizer	Date 3/11/20
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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.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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.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
EMCOR Government Services

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
General Accounting Office 441 Gst. N.W. Washington, DC 20226

3a. Employer Representative - Name and Title
Paul Garcia- Sr. Manager, Industrial Relations

3b. Address (If same as 2b - state same)
2800 Crystal Drive, Suite 600 Arlington, VA 22202

3c. Tel. No.
571-403-8890

3d. Cell No.
571-882-4694

3e. Fax No.
866-422-9847

3f. E-Mail Address
pgarcia@emcor.net

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

4b. Principal product or service
Facilities Office of Logistics

5a. City and State where unit is located:
Washington, D.C.

5b. Description of Unit Involved
Included: All Full-time and Regular part-time Office of Logistics employees, to include furniture handlers. Employed by the employer at GAO, Washington, D.C.
Excluded: All clerical employees, all managers, all guards and supervisors as defined by the Act.

6a. No. 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) 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).
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)

10a. Name
None

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
4/16/20

11c. Election Time(s):
11:00 AM- 12 Noon

11d. Election Location(s):
Employee Break Room SB45P

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

12b. Address (street and number, city, state, and ZIP code)
9315 Largo Drive West, Suite 200 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 Ext.123

12e. Cell No.
202-744-9519

12f. Fax No.
240-716-3956

12g. E-Mail Address
kgraham@iuoelocal99.org

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

13a. Name and Title
Keith J. Graham / Organizer

13b. Address (street and number, city, state, and ZIP code)
9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774

13c. Tel No.
202-337-0099 Ext.123

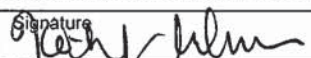
13d. Cell No.
202-744-9519

13e. Fax No.
240-716-3956

13f. E-Mail Address
kgraham@iuoelocal99.org

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

Name (Print)
Keith J. Graham

Signature


Title
Organizer

Date
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

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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-257895	Date Filed 3/11/20

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.

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2a. Name of Employer Akima, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Liberty Crossing, 1500 Tysons McLean Dr., McLean, VA 22192 (Follin Lane South East Campus)
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3a. Employer Representative - Name and Title Chris Hansen - Senior Director of Labor Relations	3b. Address (If same as 2b - state same) 2553 Dulles View Dr. Suite 700, Herndon, VA 20171
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3c. Tel. No. 571-353-7054	3d. Cell No. 703-967-9357	3e. Fax No.	3f. E-Mail Address chris.hansen@akima.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Office Buiding	4b. Principal product or service Facilities Maintenance	5a. City and State where unit is located: McLean, VA
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5b. Description of Unit Involved Included: All Full-time and Regular part-time Critical Facilities Technicians employed by the employer at Liberty Crossing, 1500Tysons McLean, Dr., McLean, VA. 22192 (Follin Lane South East Campus) Excluded: All clerical employees, all managers, all guards and supervisors defined by the Act.	6a. No. of Employees in Unit: 8 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) 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). None	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? 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: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 4/16/20	11c. Election Time(s): US Mail	11d. Election Location(s): US Mail
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12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers, Local 99	12b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Operating Engineers

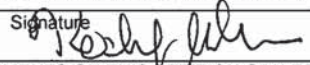
12d. Tel No. 202-337-0099 Ext.123	12e. Cell No. 202-744-9519	12f. Fax No. 240-716-3956	12g. E-Mail Address kgraham@iuoelocal99.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Keith J. Graham/ Organizer	13b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774
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13c. Tel No. 202-337-0099 Ext.123	13d. Cell No. 202-744-9519	13e. Fax No. 240-716-3956	13f. E-Mail Address kgraham@iuoelocal99.org
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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) Keith J. Graham	Signature 	Title Organizer	Date 3/11/20
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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.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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: Flynn Architectural Finishes LLC
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2317 Kansas Ave Silver Spring, MD 20910

3a. Employer Representative - Name and Title: Charles Parker - Business Representative
3b. Address (if same as 2b - state same): 4700 Boston Way Lanham, MD 20706

3c. Tel. No. 301-918-0182 x116 **3d. Cell No.** 301-440-6667 **3e. Fax No.** 301-918-3177 **3f. E-Mail Address** csparker77@verizon.net

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Metal/Wood/Stone Refinishing Company **4b. Principal Product or Service** Metal/Wood/Stone Refinishing **5a. City and State where unit is located:** Silver Spring, MD

5b. Description of Unit Involved:
Included: Metal/Wood/Stone/Marble Refinishing Foreman, Technician, Helper
Excluded: Supervisor/Management Office Staff
6a. Number of Employees in Unit: 28
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? No Yes. 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: 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): Charles Stephen Parker - IUPAT DC51 / LOCAL 890
12b. Address (street and number, city, State and ZIP code): 4700 Boston Way Lanham, MD 20706

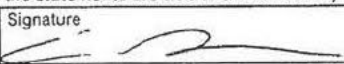
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Painters & Allied Trades - District Council 51

12d. Tel. No. 301-918-0182 x116 **12e. Cell No.** 301-440-6667 **12f. Fax No.** 301-918-3177 **12g. E-Mail Address** csparker77@verizon.net

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Charles Parker - Business Representative **13b. Address (street and number, city, State and ZIP code):** 4700 Boston Way Lanham, MD 20706

13c. Tel. No. 301-918-0182 x116 **13d. Cell No.** 301-440-6667 **13e. Fax No.** 301-440-3177 **13f. E-Mail Address** csparker77@verizon.net

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

Name (Print) Charles Parker **Signature**  **Title** Business Representative **Date** 3/10/2020

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

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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, 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 Flynn Architectural Finishes LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2317 Kansas Ave., Silver Spring, MD 20910	
3a. Employer Representative - Name and Title Chris Flynn		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (301) 558-5700	3d. Cell No.	3e. Fax No. (301) 585-7726	3f. E-Mail Address info@flynnfinishes.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Metal/Wood/Stone Refinishing Company		4b. Principal product or service Metal/Wood/Stone Refinishing	5a. City and State where unit is located: Silver Spring, MD
5b. Description of Unit Involved Included: All metal, wood, stone, and marble refinishers, including all foreman, technicians, and helpers. Excluded: All other employees, including all office staff, supervisors, and managers.			6a. No. of Employees in Unit: 28 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). 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): April 8	11c. Election Time(s): 2-4	11d. Election Location(s):
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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

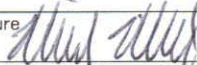
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union of Painters and Allied Trades, AFL-CIO

12d. Tel No. (301) 918-0182 ext. 116	12e. Cell No. (301) 440-6667	12f. Fax No. (301) 918-3177	12g. E-Mail Address csparker77@verizon.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Michael Melick, Attorney		13b. Address (street and number, city, state, and ZIP code) 1025 Connecticut Ave. Suite 1000, Washington, D.C. 20036	
13c. Tel No. (202) 293-9222	13d. Cell No. (443) 682-3867	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.

Name (Print) Michael Melick	Signature 	Title Attorney	Date 3/16/2020
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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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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

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

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
Elite Protective Services

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
11331 Amherst Ave., Silver Spring, MD 20902

3a. Employer Representative - Name and Title
Elaine Pruitt

3b. Address (If same as 2b - state same)

3c. Tel. No.
301.949.9716 x 21

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
ep Pruitt@elite.protective.com

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

4b. Principal product or service
Security Protection

5a. City and State where unit is located:
Hyattsville, MD

5b. Description of Unit Involved
Included: All full time and regular part time security officers performing work at FEMA, 6511 American Blvd., Hyattsville, MD.
Excluded: All other employees, including office clericals, corporals and sergeants, lieutenants, captains, and any other supervisors.

6a. No. of Employees in Unit:
14

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) **N/A** 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

8b. Address
25510 Kelly Road, Roseville, MI 48066

8c. Tel No
586.772.7250

8d. Cell No.

8e. Fax No
586.772.9644

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)
April 17, 2020

11c. Election Time(s)

11d. Election Location(s)

12a. Full Name of Petitioner (Including local name and number)
International Guards Union of America (IGUA)

12b. Address (street and number, city, state, and ZIP code)
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)

12d. Tel No
865.335.6800

12e. Cell No.

12f. Fax No.

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

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

13a. Name and Title
Amanda Lively, Attorney

13b. Address (street and number, city, state, and ZIP code)
16501 Ventura Blvd., Suite 304, Encino, CA 91436

13c. Tel No
818-501-8030 x 326


13d. Cell No.

13e. Fax No
818-501-5306

13f. E-Mail Address
alively@wkclegal.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)
Amanda Lively

Signature


Title
Attorney for IGUA

Date
March 24, 2020

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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