

DO NOT WRITE IN THIS SPACE

Case No.
5-RC-230274

Date Filed
11/1/18

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: Concrete Pipe and Precast, LLC | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3801 Cook Blvd., Chesapeake, VA 23323 |
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|--|--|
| 3a. Employer Representative - Name and Title: John Brabble | 3b. Address (if same as 2b - state same): |
|--|--|

| | | | |
|-------------------------------------|---------------------|------------------------------------|---------------------------|
| 3c. Tel. No. 800-999-2278 | 3d. Cell No. | 3e. Fax No. 757-487-2992 | 3f. E-Mail Address |
|-------------------------------------|---------------------|------------------------------------|---------------------------|

| | | |
|---|---|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Batch Plant | 4b. Principal Product or Service Pre-cast concrete products | 5a. City and State where unit is located: Chesapeake, VA |
|---|---|--|

| | | |
|---|---|---|
| 5b. Description of Unit Involved: Included: Full- and regular part-time operators, foreman, quality control & production employees Excluded: Office clericals, managers, guards, and supervisors | 6a. Number of Employees in Unit: 20 | 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) _____ 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? 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 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): November 30, 2018 | 11c. Election Time(s): 11:30 a.m. to 2:00 pm | 11d. Election Location(s): Break room |
|--|--|---|

| | |
|--|--|
| 12a. Full Name of Petitioner (including local name and number): Public Service Employees Local Union 572 | 12b. Address (street and number, city, State and ZIP code): 5627 Allentown Rd., Ste. 206, Camp Springs, MD 20746 |
|--|--|

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

| | | | |
|--------------------------------------|----------------------|---------------------|----------------------------|
| 12d. Tel. No. 301.316.4888 | 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: Brian Petruska, Counsel | 13b. Address (street and number, city, State and ZIP code): 11951 Freedom Drive., Rm. 310, Reston, VA 20190 |
|--|---|

| | | | |
|--------------------------------------|----------------------|-------------------------------------|---|
| 13c. Tel. No. 703-860-4194 | 13d. Cell No. | 13e. Fax No. 703-860-1865 | 13f. E-Mail Address bpetruska@maliuna.org |
|--------------------------------------|----------------------|-------------------------------------|---|

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

| | | | |
|--------------------------------|-----------------------------------|------------------|-----------------|
| Name (Print) Brian Petruska | Signature /s/Brian J. Petruska | Title Counsel | Date 11/1/18 |
|--------------------------------|-----------------------------------|------------------|-----------------|

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

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

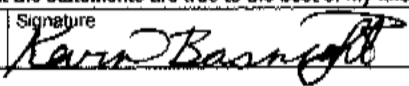
5-RC-230425

Date Filed

11/5/18

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 4012). 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: ITS Technology & Logistics, LLC d/b/a ITS ConGlobal | | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1710 Atlantic Ave., Chesapeake, VA 23324 | |
| 3a. Employer Representative - Name and Title: Anthony Lee, Terminal Manager | | 3b. Address (if same as 2b - state same): (same as above) | |
| 3c. Tel. No. 757-275-1274 | 3d. Cell No. | 3e. Fax No. 708-688-1048 | 3f. E-Mail Address |
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.): railroad terminal | | 4b. Principal Product or Service: load & offload intermodal units | |
| 5a. City and State where unit is located: Chesapeake, Virginia | | 5b. Description of Unit Involved: Included: All terminal operators, gate clerks, and container/chassis mechanics Excluded: All office, watchmen, guards, professional employees & supervisors as defined by Act | |
| 6a. Number of Employees in Unit: 17 | | 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) <u>October 3, 2018</u> and Employer declined recognition on or about (Date) _____ (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: | |
| 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? <u>No</u> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail | | | |
| 11b. Election Date(s): a Monday in November 2018 | | 11c. Election Time(s): 8 a.m. to 10 a.m. | |
| 11d. Election Location(s): men's break room at work site | | | |
| 12a. Full Name of Petitioner (including local name and number): ILA Local 1970 | | 12b. Address (street and number, city, State and ZIP code): 3300 East Princess Anne Road, 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 Longshoremens Association | | | |
| 12d. Tel. No. 757-852-9304 | 12e. Cell No. 757-348-3657 | 12f. Fax No. | 12g. E-Mail Address kevbasnigh@yahoo.com |
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | | | |
| 13a. Name and Title: Kevin Basnight, President, ILA Local 1970 | | 13b. Address (street and number, city, State and ZIP code): 3300 East Princess Anne Road, Norfolk, VA 23502 | |
| 13c. Tel. No. 757-852-9304 | 13d. Cell No. 757-348-3657 | 13e. Fax No. | 13f. E-Mail Address kevbasnigh@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) Kevin Basnight | Signature  | Title President, ILA Local 1970 | Date 10-31-18 |

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. 5-RC-230507 | Date Filed 11/5/18 |

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 Transdev | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7900 Cinder Bed Rd VA Lorton 22079-1005 |
|---|--|

| | |
|---|---|
| 3a. Employer Representative - Name and Title Terence Thompson | 3b. Address (If same as 2b - state same) 7900 Cinder Bed Rd VA Lorton 22079-1005 |
|---|---|

| | | | |
|---------------------|---------------------------------------|--------------------|--|
| 3c. Tel. No. | 3d. Cell No. (804) 305-7458 | 3e. Fax No. | 3f. E-Mail Address terence.thompson@transdev.com |
|---------------------|---------------------------------------|--------------------|--|

| | | |
|--|---|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation | 4b. Principal product or service Public Transit Service | 5a. City and State where unit is located: Lorton, VA |
|--|---|--|

| | | |
|---|--|---|
| 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: 60 | 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 |
|--|--------------------|

| | | | |
|--------------------|--------------------|--------------------|---------------------------|
| 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail |
|--|

| | | |
|--|---|--|
| 11b. Election Date(s): November 28, 2018 | 11c. Election Time(s): 6:00 a.m. to 9:00 a.m. | 11d. Election Location(s): Training Room |
|--|---|--|

| | |
|---|--|
| 12a. Full Name of Petitioner (including local name and number) Daniel B. Smith Amalgamated Transit Union | 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. (202) 714-4219 | 12f. Fax No. (301) 431-7116 | 12g. E-Mail Address dsmith@atu.org |
|---------------------------------------|--|---------------------------------------|--|

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. (301) 431-7116 | 13f. E-Mail Address dsmith@atu.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) Daniel B. Smith | Signature Daniel B. Smith | Title Assistant General Counsel | Date 11/5/2018 15:10:15 |
|--|-------------------------------------|---|-----------------------------------|

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-230507 | Date Filed 11/5/18 |

Employees Included

All full-time and regular part-time operators, safety supervisors, trainers, mechanics, paint and body technicians, utility workers, fuelers, bus washers, janitor/custodians, parts clerks, and dispatchers employed by the Employer at its Lorton, VA facility

Employees Excluded

All other employees, road supervisors, office clerical employees, managers, guards, professional employees and supervisors as defined by the Act.

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: Alutiiq Pacific, LLC. | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 4114 Legato Road, Suite 380, Fairfax, VA 22033 |
|---|---|

| | |
|--|--|
| 3a. Employer Representative - Name and Title: David Hoover, HR Manager | 3b. Address (if same as 2b - state same): 1009 Bankton Circle, Hanahan, SC 29410 |
|--|--|

| | | | |
|-------------------------------------|-------------------------------------|--------------------|--|
| 3c. Tel. No. 843-377-1772 | 3d. Cell No. 843-819-8260 | 3e. Fax No. | 3f. E-Mail Address DHOOVER@ALUTIIQ.COM |
|-------------------------------------|-------------------------------------|--------------------|--|

| | | |
|---|--|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services | 4b. Principal Product or Service Security Protection | 5a. City and State where unit is located: Fort Meade, Maryland |
|---|--|--|

| | | |
|--|---|---|
| 5b. Description of Unit Involved: Included: See attached page 2 for additional details Excluded: See attached page 2 for additional details | 6a. Number of Employees in Unit: 70 | 5b. 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) _____ 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? 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: Manual Mail Mixed Manual/Mail

| | | |
|--------------------------------------|--------------------------------------|---|
| 11b. Election Date(s): TBD | 11c. Election Time(s): TBD | 11d. Election Location(s): Mail Ballots |
|--------------------------------------|--------------------------------------|---|

| | |
|--|--|
| 12a. Full Name of Petitioner (including local name and number): Federal Contract Guards of America | 12b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022 |
|--|--|

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

| | | | |
|--------------------------------------|----------------------|-------------------------------------|----------------------------|
| 12d. Tel. No. 212-541-3753 | 12e. Cell No. | 12f. Fax No. 917-322-2105 | 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: Guy James, President | 13b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022 |
|---|--|

| | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| 13c. Tel. No. 212-541-3753 | 13d. Cell No. 631-983-7972 | 13e. Fax No. 917-322-2105 | 13f. E-Mail Address gfjames@fcgoa.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) GUY JAMES | Signature  | Title President | Date 11/5/2018 |
|----------------------------------|--|---------------------------|--------------------------|

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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RC Petition – Alutiiq Pacific, LLC.

5b.

Included:

All full-time and regular part-time Security Officers performing guard duties, as defined by Section 9(b)(3) of the National Labor Relations Act, as amended, employed by the Employer and assigned to Fort Meade, Maryland, on the Employer's contract with the Defense Information Systems Agency.

Excluded:

All other employees, including administrative, clerical, supervisors, and non-guards, as defined by the National Labor Relations Act.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

| | |
|-------------------------|-----------------------|
| Case No. 5-RC-230666 | Date Filed 11/8/18 |
|-------------------------|-----------------------|

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 8b 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: Center for Public Integrity | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 910 17th Street NW, Suite 700, Washington, DC 20006 |
|---|--|

| | |
|--|--|
| 3a. Employer Representative - Name and Title: Joseph Dunbar, CEO | 3b. Address (if same as 2b - state same): (same) |
|--|--|

| | | | |
|-------------------------------------|---------------------|--------------------|--|
| 3c. Tel. No. 202-466-1240 | 3d. Cell No. | 3e. Fax No. | 3f. E-Mail Address jdunbar@publicintegrity.org |
|-------------------------------------|---------------------|--------------------|--|

| | | |
|---|---|--|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) investigative news organization | 4b. Principal Product or Service news | 5a. City and State where unit is located: Washington, DC |
|---|---|--|

| | |
|---|---|
| 5b. Description of Unit Involved: Included: all full-time and regular part-time employees | 6a. Number of Employees in Unit: 21 |
|---|---|

Excluded:
supervisors, managers and confidential employees as defined in the 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) 11/8/2018 and Employer declined recognition on or about (Date) none (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 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): November 28, 2018 | 11c. Election Time(s): 11:00 am - 1:00 pm | 11d. Election Location(s): large 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, Suite 300 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

| | | | |
|--|----------------------|---------------------|---|
| 12d. Tel. No. 202-785-3650 x. 15 | 12e. Cell No. | 12f. Fax No. | 12g. E-Mail Address b.corneljet@gmail.com |
|--|----------------------|---------------------|---|

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 Ave. 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  | Title Attorney | Date 11/8/2018 |
|---------------------------------------|---|--------------------------|--------------------------|

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

PRIVACY ACT STATEMENT

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|--------------------------------|------------------------------|
| Case No. 5-RC-230817 | Date Filed 11/9/18 |

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: CW Resources, Inc. | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Defense Intelligence Agency, Anacostia Bolling 6000, Washington DC |
|--|---|

| | |
|---|---|
| 3a. Employer Representative - Name and Title: Ronald Buccilli | 3b. Address (if same as 2b - state same): 200 Myrtle St., New Britain, CT 06053 |
|---|---|

| | | | |
|-------------------------------------|---------------------|------------------------------------|---------------------------|
| 3c. Tel. No. 860-229-7700 | 3d. Cell No. | 3e. Fax No. 860-229-6847 | 3f. E-Mail Address |
|-------------------------------------|---------------------|------------------------------------|---------------------------|

| | | |
|--|--|---|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government office building | 4b. Principal Product or Service Cleaning Services | 5a. City and State where unit is located: Washington DC |
|--|--|---|

| | | |
|--|---|---|
| 5b. Description of Unit Involved: Included: All cleaners, including janitors, floor techs, lead and utility workers Excluded: office clericals, managerial employees, guards, and supervisors | 6a. Number of Employees in Unit: 20 | 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) _____ 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? 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): December 7, 2018 | 11c. Election Time(s): 1:30 pm to 3:30 pm | 11d. Election Location(s): Break Room, DIA Building |
|---|---|---|

| | |
|--|--|
| 12a. Full Name of Petitioner (including local name and number): Public Service Employees Local Union 572 | 12b. Address (street and number, city, State and ZIP code): 5627 Allentown Rd., Ste. 206, Camp Springs, MD 20746 |
|--|--|

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

| | | | |
|--------------------------------------|----------------------|---------------------|----------------------------|
| 12d. Tel. No. 301-316-4888 | 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: Brian Petruska, Counsel | 13b. Address (street and number, city, State and ZIP code): 11951 Freedom Dr. Rm. 310, Reston, VA 20190 |

| | | | |
|--------------------------------------|----------------------|-------------------------------------|---|
| 13c. Tel. No. 703-860-4194 | 13d. Cell No. | 13e. Fax No. 703-860-1865 | 13f. E-Mail Address bpetruska@maliuna.org |
|--------------------------------------|----------------------|-------------------------------------|---|

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

| | | | |
|--------------------------------|--|------------------|-----------------|
| Name (Print) Brian Petruska | Signature  | Title Counsel | Date 11-9-18 |
|--------------------------------|--|------------------|-----------------|

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

05-RC-230900

Date Filed

11-13-2018

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: SDAC Facilites Services
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1775 Duke Street, Alexandria, VA 22314-3428

3a. Employer Representative - Name and Title: Ryan O'Shea
3b. Address (if same as 2b - state same): 910 Landline Road, Selma, AL 36701

3c. Tel. No. 571-317-5195
3d. Cell No. same
3e. Fax No.
3f. E-Mail Address roshea@sdacfacilitesservices.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Office Building
4b. Principal Product or Service Facilities Maintenance
5a. City and State where unit is located: Alexandria, VA

5b. Description of Unit Involved:
Included: All full-time and regular part-time employees employed by the employer and engaged in facilities maintenance
6a. Number of Employees in Unit: 3

Excluded: All clerical employees, all managerial employees, all professional employees, all guards and supervisors are defined by the 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) 11-10-2018 and Employer declined recognition on or about (Date) declined (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): 12-10-2018
11c. Election Time(s): 1200-100pm
11d. Election Location(s): Maintenance Break Room

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, 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. 202-253-5440
12e. Cell No. 202-253-5440
12f. Fax No. 240-716-9656
12g. E-Mail Address organizers@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
13b. Address (street and number, city, State and ZIP code): 9315 Largo Drive West, Upper Marlboro, MD 20774

13c. Tel. No. 202-253-5440
13d. Cell No. 202-253-5440
13e. Fax No. 240-716-9656
13f. E-Mail Address organizers@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 Eamon Clifford
Title Lead Organizer
Date 11-13-18

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.

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------|---------------------------------|
| Case No. 05-RC-231041 | Date Filed 11/15/2018 |
|---------------------------------|---------------------------------|

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: First Coast Security | 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 14100 Parke Long Court suite J Chantilly, VA 20151 |
| 3a. Employer Representative - Name and Title: Amy Skyles Regional Manager, NCR | 3b. Address (if same as 2b - state same): SAME |

| | | | |
|--|---------------------|------------------------------------|--|
| 3c. Tel. No. 703-592-6107 ext. 130 | 3d. Cell No. | 3e. Fax No. 703-592-6107 | 3f. E-Mail Address askyles@fcssf.com |
|--|---------------------|------------------------------------|--|

| | | |
|---|---|---|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Government Building | 4b. Principal Product or Service Security | 5a. City and State where unit is located: Beltsville MD |
|---|---|---|

| | |
|---|---|
| 5b. Description of Unit Involved: Included: All armed and unarmed officers and Sergeants Excluded: All managers, office personal, Captains and Project Manager | 6a. Number of Employees in Unit: 10 |
|---|---|

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)** 11/15/2018 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)

| | | | |
|------------------|---------------------|----------------------|----------------------------|
| 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): 11/29/2018 | 11c. Election Time(s): ALL DAY | 11d. Election Location(s): On site |
|---|--|--|

| | |
|--|--|
| 12a. Full Name of Petitioner (including local name and number): Governed United Security Professionals | 12b. Address (street and number, city, State and ZIP code): 5602 Baltimore National Pike suite 607 |
|--|--|

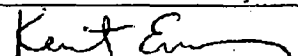
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Governed United Security Professionals

| | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| 12d. Tel. No. 443-304-2018 | 12e. Cell No. 443-562-3230 | 12f. Fax No. 443-304-2855 | 12g. E-Mail Address kleme@yahoo.com |
|--------------------------------------|--------------------------------------|-------------------------------------|---|

| | |
|--|--|
| 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. | 13b. Address (street and number, city, State and ZIP code): |
| 13a. Name and Title: Kent Emery/ President | 5602 Baltimore National Pike suite 607 |

| | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|---|
| 13c. Tel. No. 443-304-2018 | 13d. Cell No. 443-562-3230 | 13e. Fax No. 443-304-2855 | 13f. E-Mail Address kleme@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) Kent Emery | Signature  | Title President | Date 11/15/201 |
|-----------------------------------|---|---------------------------|--------------------------|

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

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | |
|----------------------------|------------------------|
| Case No. 5-RC-231621 | Date Filed 11/26/18 |

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:
Absolute Contracting Services, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
7709 Delano Road, Clinton MD 20735

3a. Employer Representative - Name and Title:
Russell Dunlap, President

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

3c. Tel. No.
301-877-5200

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
construction contracting company

4b. Principal Product or Service
construction

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

5b. Description of Unit Involved:
Included:
All full-time & regular part-time craftsmen, including carpenters, painters, and laborers

Excluded:
Office clericals, management employees, guards, and supervisors

6a. Number of Employees in Unit:
7

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)
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: Manual Mail Mixed Manual/Mail

11b. Election Date(s):
December 21, 2018

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):
Construction Workers United, Local 202

12b. Address (street and number, city, State and ZIP code):
11951 Freedom Drive
Suite 310, Reston, VA 20190

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

12d. Tel. No.
703-860-4194

12e. Cell No.

12f. Fax No.
703-860-1865

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:
Brian Petruska, General Counsel

13b. Address (street and number, city, State and ZIP code):
11951 Freedom Drive
Suite 310, Reston, VA 20190

13c. Tel. No.
703-860-4194


13d. Cell No.

13e. Fax No.
703-860-1865

13f. E-Mail Address
bpetruska@maliuna.org

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

Name (Print)
Brian Petruska

Signature


Title
General Counsel

Date
11/27/18

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. 5-RC-231755 | Date Filed 11/28/18 |
|-------------------------|------------------------|

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 MV Transportation, Inc. | 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3325 Toledo Road MD Hyattsville 20782- |
|--|---|

| | |
|--|--|
| 3a. Employer Representative - Name and Title John Gray | 3b. Address (If same as 2b - state same) 6505 Belcrest Road MD Hyattsville 20782- |
|--|--|

| | | | |
|---------------------------------------|---------------------------------------|--------------------|--|
| 3c. Tel. No. (443) 763-1117 | 3d. Cell No. (443) 763-1117 | 3e. Fax No. | 3f. E-Mail Address john.gray@mvtransit.com |
|---------------------------------------|---------------------------------------|--------------------|--|

| | | |
|--|---|---|
| 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation | 4b. Principal product or service Passenger Transportation | 5a. City and State where unit is located: Hyattsville, MD |
|--|---|---|

| | | |
|---|--|---|
| 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: 80 | 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 |
|--|--------------------|

| | | | |
|--------------------|--------------------|--------------------|---------------------------|
| 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.

| | | |
|---|--------------------------------------|--|
| 11b. Election Date(s): December 28, 2018 (Ballots Mailed Out) | 11c. Election Time(s): N/A | 11d. Election Location(s): N/A |
|---|--------------------------------------|--|

| | |
|---|--|
| 12a. Full Name of Petitioner (including local name and number) Daniel B. Smith Amalgamated Transit Union | 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. (202) 714-4219 | 12f. Fax No. (301) 431-7116 | 12g. E-Mail Address dsmith@atu.org |
|---------------------------------------|--|---------------------------------------|--|

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. (301) 431-7116 | 13f. E-Mail Address dsmith@atu.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) Daniel B. Smith | Signature Daniel B. Smith | Title Assistant General Counsel | Date 11/28/2018 10:56:47 |
|--|-------------------------------------|---|------------------------------------|

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 | Date Filed |

Employees Included

All full-time and regular part-time WAV drivers employed by the Employer at and out of its Hyattsville, MD facility.

Employees Excluded

All other employees, dispatchers, office clerical employees, managers, guards, professional employees and supervisors as defined by the Act.

Case No.
5-RC-231765

Date Filed
11/28/18

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:
101 Delaware Ave. Operations, LLC, DBA
Delmar Nursing & Rehabilitation Center

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
101 Delaware Avenue, Delmar, DE 19940

3a. Employer Representative - Name and Title:
Suzanne Krassler, Administrator

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

3c. Tel. No.
302-846-3077

3d. Cell No.
n/a

3e. Fax No.
n/a

3f. E-Mail Address
skrassler@delmarrehab.com

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

4b. Principal Product or Service
Nursing & Rehabilitation

5a. City and State where unit is located:
Delmar, DE

5b. Description of Unit Involved:
Included: All regularly scheduled full-time and part-time Registered Nurses &
Excluded: Licensed Practical Nurses.
Guards & supervisors as defined by the Act.

6a. Number of Employees in Unit:
12

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) 11/28/18 and Employer declined recognition on or about (Date) No reply received. (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:
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) n/a, has picketed the Employer since (Month, Day, Year) na

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:
 Manual Mail Mixed Manual/Mail

11b. Election Date(s):
12/19/18

11c. Election Time(s):
6:30am - 8:30am

11d. Election Location(s):
Employers location - Activities Room

12a. Full Name of Petitioner (including local name and number):
United Food & Commercial Workers Union, Local 27

12b. Address (street and number, city, State and ZIP code):
21 West Road, Suite 200, Towson, MD 21204

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Food & Commercial Workers International Union

12d. Tel. No.
410-337-3700

12e. Cell No.
302-632-4530

12f. Fax No.
410-307-1799

12g. E-Mail Address
n.hill@ufcw27.org

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

13a. Name and Title:
Nelson L. Hill, Assistant to the President

13b. Address (street and number, city, State and ZIP code):
21 West Road, Suite 200, Towson, MD 21204

13c. Tel. No.
410-337-2700

13d. Cell No.
302-632-4530

13e. Fax No.
410-307-1799

13f. E-Mail Address
n.hill@ufcw27.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)
Nelson L. Hill

Signature


Title
Assistant to the President

Date
11/28/18

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PRIVACY ACT STATEMENT