

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>05-RC-251311</b>	Date Filed <b>11/6/2019</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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:** Roofing Supply Group  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** 10991 Richardson Ave., Ashland, VA 23005

**3a. Employer Representative - Name and Title:** Ed Palcak, Manager  
**3b. Address (if same as 2b - state same):** same

**3c. Tel. No.** 804-585-3069  
**3d. Cell No.**  
**3e. Fax No.** 804-585-3070  
**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** wholesaler  
**4b. Principal Product or Service** roofing & building supplies  
**5a. City and State where unit is located:** Richmond, VA

**5b. Description of Unit Involved:**  
Included: drivers and warehousemen employed at the Sandston facility  
Excluded: supervisors, managers, clerical employees and guards as defined by the NLRA  
**6a. Number of Employees in Unit:** 4  
**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) NA and Employer declined recognition on or about (Date) (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

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

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

**11. Election Details:** If the NLRB conducts 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 5, 2019  
**11c. Election Time(s):** 11:00 a.m. - 12:00 p.m.  
**11d. Election Location(s):** lunch room

**12a. Full Name of Petitioner (including local name and number):** Teamsters Local 592  
**12b. Address (street and number, city, State and ZIP code):** 3705 Carolina Ave., Richmond, VA 23222

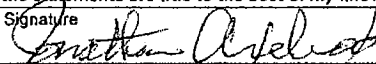
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):** International Brotherhood of Teamsters

**12d. Tel. No.** 804-329-9530  
**12e. Cell No.** 804-387-3111  
**12f. Fax No.** 804-321-4074  
**12g. E-Mail Address** teamsterslocal592@comcast.net

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:** Jonathan Axelrod, attorney  
**13b. Address (street and number, city, State and ZIP code):** 1717 K Street N.W., Washington, DC 20006

**13c. Tel. No.** 202-328-7222  
**13d. Cell No.** 202-365-1610  
**13e. Fax No.** 202-328-7030  
**13f. E-Mail Address** jaxelrod@beinsaxelrod.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)** Jonathan Axelrod  
**Signature**   
**Title** attorney  
**Date** 11/6/19

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

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

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**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.

<b>2a. Name of Employer:</b> Best Distribution	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 100 Lumber Drive, Sandston, VA 23150
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<b>3a. Employer Representative - Name and Title:</b> Dwight Galbraith, Manager	<b>3b. Address (if same as 2b - state same):</b> same
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<b>3c. Tel. No.</b> 804-328-5082	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 804-328-4559	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> wholesaler	<b>4b. Principal Product or Service</b> building material	<b>5a. City and State where unit is located</b> Richmond, VA
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> drivers, warehousemen, and boom operators employed at the Sandston facility <b>Excluded:</b> supervisors, managers, clerical employees and guards as defined by the NLRA	<b>6a. Number of Employees in Unit</b> 5 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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) \_\_\_\_\_ (If no reply received, so state) \_\_\_\_\_ NA and Employer declined recognition  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)**

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

<b>11b. Election Date(s):</b> December 5, 2019	<b>11c. Election Time(s):</b> 11:00 a.m. - 12:00 p.m.	<b>11d. Election Location(s):</b> break room
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<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 592	<b>12b. Address (street and number, city, State and ZIP code):</b> 3705 Carolina Ave., Richmond, VA 23222
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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 Brotherhood of Teamsters

<b>12d. Tel. No.</b> 804-329-9530	<b>12e. Cell No.</b> 804 387 3111	<b>12f. Fax No.</b> 804-321-4074	<b>12g. E-Mail Address</b> teamsterslocal592@comcast.net
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title:</b> Jonathan Axelrod, attorney	<b>13b. Address (street and number, city, State and ZIP code):</b> 1717 K Street N.W., Washington, DC 20006
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<b>13c. Tel. No.</b> 202 328-7222	<b>13d. Cell No.</b> 202-365-1610	<b>13e. Fax No.</b> 202-328-7030	<b>13f. E-Mail Address</b> jaxelrod@beinsaxelrod.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.

<b>Name (Print)</b> Jonathan Axelrod	<b>Signature</b> 	<b>Title</b> attorney	<b>Date</b> 11/6/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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**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.

<b>2a. Name of Employer:</b> Praxair	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1637 Commerce Road, Richmond, VA 23224
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<b>3a. Employer Representative - Name and Title:</b> James Williams, Manager	<b>3b. Address (if same as 2b - state same):</b> same
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<b>3c. Tel. No.</b> 804-231-1191	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 804-230-3617	<b>3f. E-Mail Address</b> James_Williams@praxair.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> wholesale	<b>4b. Principal Product or Service</b> welding gas and supplies	<b>5a. City and State where unit is located</b> Richmond, VA
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> Drivers, driver/fillers, processors employed at the Richmond facility <b>Excluded:</b> supervisors, managers, clerical employees and guards as defined by the NLRA	<b>6a. Number of Employees in Unit:</b> 8
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**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) NA 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)**

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

**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

<b>11b. Election Date(s):</b> December 5, 2019	<b>11c. Election Time(s):</b> 11:00 a.m. - 12:00 p.m.	<b>11d. Election Location(s):</b> break room
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<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 592	<b>12b. Address (street and number, city, State and ZIP code):</b> 3705 Carolina Ave., Richmond, VA 23222
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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 Brotherhood of Teamsters

<b>12d. Tel. No.</b> 804-329-9530	<b>12a. Cell No.</b> 804-387-3111	<b>12f. Fax No.</b> 804-321-4074	<b>12g. E-Mail Address</b> teamsterslocal592@comcast.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:**  
Jonathan Axelrod, attorney

**13b. Address (street and number, city, State and ZIP code):**  
1717 K Street N.W., Washington, DC 20006

<b>13c. Tel. No.</b> 202-328-7222	<b>13d. Cell No.</b> 202-365-1610	<b>13e. Fax No.</b> 202-328-7030	<b>13f. E-Mail Address</b> jaxelrod@beinsaxelrod.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.

<b>Name (Print)</b> Jonathan Axelrod	<b>Signature</b> 	<b>Title</b> attorney	<b>Date</b> 11/6/19
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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-251328	Date Filed 11/7/2019

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> Southern Poverty Law Center	<b>2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):</b> 400 Washington Avenue, Montgomery, AL 36104
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<b>3a. Employer Representative - Name and Title:</b> Karen Baynes-Dunning, Interim Pres CEO	<b>3b. Address (if same as 2b - state same):</b> (same)
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<b>3c. Tel. No.</b> 334-956-8200	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 334-956-8481	<b>3f. E-Mail Address</b> karen.baynes-dunning@spicenter.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> non-profit legal advocacy organization	<b>4b. Principal Product or Service</b> legal advocacy	<b>5a. City and State where unit is located:</b> Nationwide
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<b>5b. Description of Unit Involved:</b> Included: [see attached] Excluded:	<b>6a. Number of Employees in Unit:</b> 263
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<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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) 11/7/19 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.**

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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? \_\_\_\_\_, 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

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

**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

<b>11b. Election Date(s):</b> November 25, 2019	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
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<b>12a. Full Name of Petitioner (including local name and number):</b> Washington-Baltimore Newspaper Guild, Local 32035	<b>12b. Address (street and number, city, State and ZIP code):</b> 1225 Eye Street NW, Suite 300, 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, AFL-CIO, CLC

<b>12d. Tel. No.</b> 202-785-3650 x15	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 202-785-3659	<b>12g. E-Mail Address</b> itsnotthatbad@comcast.net
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Robert E. Paul, Attorney	<b>13b. Address (street and number, city, State and ZIP code):</b> 1025 Connecticut Avenue NW, Washington, DC 20036

<b>13c. Tel. No.</b> 202-857-5000	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 202-223-8417	<b>13f. E-Mail Address</b> rpaul@zverdling.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.

<b>Name (Print)</b> Robert E. Paul	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 11/7/19
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**SOUTHERN POVERTY LAW CENTER**

Unit Description:

**Included:** All employees of the Employer, including but not limited to employees in the Administration/Finance, Communications, Creative, CRMC, Development, Digital, Donor Services, Information Technology, Intelligence Project, Legal, Marketing, and Teaching Tolerance Departments

**Excluded:** Human Resource department employees, managerial employees, confidential employees, guards and supervisors as defined in the Act



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-251352	Date Filed 11/7/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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:**  
Forest Haven Nursing & Rehabilitation Center

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
701 Edmondson Ave. Catonsville, MD 21228

**3a. Employer Representative - Name and Title:**  
Ronnie Colbert, Administrator

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

**3c. Tel. No.**  
410-747-7425

**3d. Cell No.**

**3e. Fax No.**  
410-747-4339

**3f. E-Mail Address**  
Ronnie.colbert@fundlrc.com

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

**4b. Principal Product or Service**  
Health Care

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

**6b. Description of Unit Involved:**  
Included:  
See page attached.  
Excluded:  
All other Employees, guards, and supervisors as defined by the act

**6a. Number of Employees in Unit:**  
112

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

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 11/7/2019 and Employer declined recognition on or about (Date) 11/7/2019 (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

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

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

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
12/3/2019

**11c. Election Time(s):**  
6:15am-8:00am, 1:30pm-4:00pm

**11d. Election Location(s):**  
The Chapel

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

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

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

**12d. Tel. No.**  
443-562-9890

**12e. Cell No.**  
443-562-9890

**12f. Fax No.**  
443-332-1291

**12g. E-Mail Address**  
brian.owens@1199.org

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

**13a. Name and Title:**  
Brian Owens- Regional Coordinator

**13b. Address (street and number, city, State and ZIP code):**  
611 N Eutaw Street, Baltimore, Maryland 21201

**13c. Tel. No.**  
443-562-9890

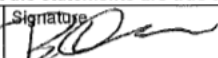
**13d. Cell No.**  
443-562-9890

**13e. Fax No.**  
443-332-1291

**13f. E-Mail Address**  
brian.owens@1199.org

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

Name (Print)  
Brian Owens

Signature  


Title  
Regional Coordinator

Date  
11/7/2019

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

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

**5b.** - All full time, part time, and per diem:

- CMA
- GNA
- Unit Clerk
- Social work/Activities
- Activities Assistant
- Supply Aide
- Cook
- Dietary Aide
- Porter
- Maintenance

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-251428	Date Filed 11/7/19

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Triple Canopy	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 4041 Powder Mill Rd MD Beltsville 20705-
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<b>3a. Employer Representative - Name and Title</b> Mike Goodwin	<b>3b. Address (If same as 2b - state same)</b> 7121 Fairway Dr Suite 201 FL Palm Beach Gardens 33418-
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<b>3c. Tel. No.</b> (561) 406-7971	<b>3d. Cell No.</b> (757) 560-8773	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mike.goowin@constellis.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services	<b>4b. Principal product or service</b> Security services @ federal site	<b>5a. City and State where unit is located:</b> Beltsville, MD
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 24	<b>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"/></b>
---	--	---

**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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)**

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

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> November 18 & 19, 2019	<b>11c. Election Time(s):</b> 5-8AM (both days), 1-4PM (both days)	<b>11d. Election Location(s):</b> Mobile voting at or near worksite
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<b>12a. Full Name of Petitioner (including local name and number)</b> Chrissandra Jones Protective Service Officers United	<b>12b. Address (street and number, city, state, and ZIP code)</b> 8004 Neville Pl MD Ft. Washington 20744-
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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)**  
n/a

<b>12d. Tel No.</b> (202) 262-1047	<b>12e. Cell No.</b> (202) 262-1047	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> chrissandrajones@psosunited.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Justin P Keating Beins, Axelrod, P.C.	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1717 K St. NW Suite 1120 DC Washington 20006-
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<b>13c. Tel No.</b> (202) 595-1941	<b>13d. Cell No.</b> (703) 966-3193	<b>13e. Fax No.</b> (202) 328-7030	<b>13f. E-Mail Address</b> jkeating@beinsaxelrod.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.**

<b>Name (Print)</b> Justin P Keating	<b>Signature</b> Justin P. Keating	<b>Title</b>	<b>Date</b> 10/18/2019 12:19:28
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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.



Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case 5-RC-251428	Date Filed 11/7/19

**Employees Included**

All full & part-time guards employed by Triple Canopy at the Powder Mill Rd site

**Employees Excluded**

Office clericals, professional employees, managers, other supervisors as defined by the Act

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

**DO NOT WRITE IN THIS SPACE**

Case No.  
05-RC-251469

Date Filed  
11/7/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.**

<b>2a. Name of Employer:</b> SecTek, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> USPTO - 600 Dulany Street, Alexandria, VA
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<b>3a. Employer Representative - Name and Title:</b> Leslie M. Howard-Watts	<b>3b. Address (if same as 2b - state same):</b> 1930 Isaac Newton Square, Suite 100, Reston, VA 20190
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<b>3c. Tel. No.</b> 703-435-0970	<b>3d. Cell No.</b> 571-234-4660	<b>3e. Fax No.</b> 703-834-0124	<b>3f. E-Mail Address</b> lhoward-watts@sectek.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security	<b>4b. Principal Product or Service</b> Security	<b>5a. City and State where unit is located:</b> Alexandria, VA
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached page 2 for additional details <b>Excluded:</b> See attached page 2 for additional details	<b>6a. Number of Employees in Unit:</b> 121	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> International Union Security, Police, and Fire Professio	<b>8b. Address:</b> 25510 Kelly Road, Roseville, MI 48066
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<b>8c. Tel. No.</b> 586-772-7250	<b>8d. Cell No.</b> 586-335-7669	<b>8e. Fax No.</b> 586-772-9644	<b>8f. E-Mail Address</b> roman@spfpa.org
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 12/31/2020
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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)

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

**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

<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
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<b>12a. Full Name of Petitioner (including local name and number):</b> Union Rights for Security Officers (URSO)	<b>12b. Address (street and number, city, State and ZIP code):</b> 5166 7th Street, NE Washington, DC 20011
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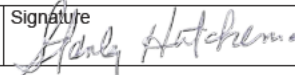
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Union Rights for Security Officers (URSO)

<b>12d. Tel. No.</b> 202-306-0060	<b>12e. Cell No.</b> 202-306-0060	<b>12f. Fax No.</b> 301-505-3656	<b>12g. E-Mail Address</b> stanhutch1228@yahoo.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title:</b> Stanley E. Hutchins, President	<b>13b. Address (street and number, city, State and ZIP code):</b> 5166 7th Street, NE, Washington, DC 20011
---	---

<b>13c. Tel. No.</b> 202-306-0060	<b>13d. Cell No.</b> 202-306-0060	<b>13e. Fax No.</b> 301-505-3656	<b>13f. E-Mail Address</b> tanhutch1228@yahoo.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) Stanley E. Hutchins	Signature 	Title President	Date 11/18/19
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

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

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
05-RC-251469	11/7/19

**Employees Included**

All full-time and regular part-time security officers employed by the Employer at the following locations: 207 South Houston Street, Dallas, TX, Bryon Roger Federal Building, 1961 Stout Street, Denver, CO, 300 River Place, Detroit, MI 200 East Santa Clara Street, San Jose, CA 600 Dulany Street, Alexandria, VA 2800 South Randolph Street, Arlington, VA

**Employees Excluded**

All officer clerical employees, professional employees and supervisors as defined by the Act.



**Amended RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-251469	Date Filed 11/18/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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.

<b>2a. Name of Employer:</b> SecTek, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> USPTO - 600 Dulany Street, Alexandria, VA
<b>3a. Employer Representative - Name and Title:</b> Leslie M. Howard-Watts	<b>3b. Address (if same as 2b - state same):</b> 1930 Issa Newton Square, Suite 100, Reston, VA 20190

<b>3c. Tel. No.</b> 703-435-0970	<b>3d. Cell No.</b> Direct 571-234-4660	<b>3e. Fax No.</b> 703-834-0124	<b>3f. E-Mail Address</b> lhoward-watts@sectek.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security	<b>4b. Principal Product or Service</b>	<b>5a. City and State where unit is located:</b> Alexandria, VA
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<b>5b. Description of Unit Involved:</b> All full-time and part-time and armed and unarmed security officers and reserve officers performing duties as defined in section 9(B)(3) of the NLRBA, employed by SecTek at USPTO located in 207 S. Houston St. Dallas TX, 1961 Stout St. Denver, CO, 30 River St. Detroit MI, 200 East Santa Clara St. San Jose, CA, 606 Dulany St. Alexandria, VA and 2800 S. Randolph St. Arlington, VA. All officer clerical employees, professional employees and sup. as defined by the act.	<b>6a. Number of Employees in Unit:</b> 105	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

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

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state):</b> International Union Security, Police, and Fire Professionals of America (SPFPA)	<b>8b. Address:</b> 25510 Kelly Road, Roserville, MI 48066
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<b>8c. Tel. No.</b> 586-772-7250	<b>8d. Cell No.</b> 586-335-7668	<b>8e. Fax No.</b> 586-772-9644	<b>8f. E-Mail Address</b> roman@spfpa.org
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<b>8g. Affiliation, if any.</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 12/31/2019
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No  If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

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

<b>10a. Name</b> Union Rights for Security Officers (URSO)	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**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

<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
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<b>12a. Full Name of Petitioner (including local name and number):</b> Union Rights for Security Officers (URSO)	<b>12b. Address (street and number, city, State and ZIP code):</b> 5166 7th Street, NE Washington, DC 20011
---	---

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Union Rights for Security Officers (URSO)

<b>12d. Tel. No.</b> 202-306-0060	<b>12e. Cell No.</b> 202-306-0060	<b>12f. Fax No.</b> 301-505-3656	<b>12g. E-Mail Address</b> stanhutch1228@yahoo.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	<b>13b. Address (street and number, city, State and ZIP code):</b> 5166 7th Street, NE Washington, DC 20011
--	---

<b>13a. Name and Title:</b> Stanley E. Hutchins	<b>13c. Tel. No.</b> 202-306-0060	<b>13d. Cell No.</b> 202-306-006	<b>13e. Fax No.</b> 301-505-3656	<b>13f. E-Mail Address</b> stanhutch1228@yahoo.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) Stanley E. Hutchins	Signature <i>Stanley Hutchins</i>	Title President	Date 11/18/19
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

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. <b>5-RC-251495</b>	Date Filed <b>11/12/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> American Security Programs	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1881 Campus Commons Dr #105, VA Reston 20191-
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<b>3a. Employer Representative - Name and Title</b> Mark Phinney	<b>3b. Address (If same as 2b - state same)</b> 1881 Campus Commons Dr #105, VA Reston 20191-
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<b>3c. Tel. No.</b> (703) 834-8900	<b>3d. Cell No.</b> (703) 898-1723	<b>3e. Fax No.</b> (703) 834-8947	<b>3f. E-Mail Address</b> mphinney@securamericallc.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services	<b>4b. Principal product or service</b> Security	<b>5a. City and State where unit is located:</b> Washington, DC
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<b>5b. Description of Unit Involved</b>	<b>6a. No. of Employees in Unit:</b> 40
<b>Included:</b> See Attached Page 2 for additional details	<b>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"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details	

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

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)**

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

**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

<b>11b. Election Date(s):</b> November 25, 2019	<b>11c. Election Time(s):</b> Mail Ballot	<b>11d. Election Location(s):</b> 500 D street SW, Washington DC
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<b>12a. Full Name of Petitioner (including local name and number)</b> Steve Maritas Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1155 F Street 1050 DC Washington 20004-
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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)**  
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

<b>12d. Tel No.</b> (202) 595-3510	<b>12e. Cell No.</b> (202) 486-8558	<b>12f. Fax No.</b> (202) 595-3510	<b>12g. E-Mail Address</b> LEOSUDC@GMAIL.COM
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>

<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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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.**

<b>Name (Print)</b> Steve Maritas	<b>Signature</b> Steve Maritas	<b>Title</b> Organizing Director	<b>Date</b> 11/11/2019 11:49:00
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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.



Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed

**Employees Included**

All regular full-time and part-time security officers, performing guard duties as defined in Section 9(b)(3) of the Act, assigned by the Employer at its location noted in 11d

**Employees Excluded**

Office clerical employees, professional employees, project managers, and associate project managers

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 05-RC-251653	Date Filed 11/13/19
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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
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3a. Employer Representative - Name and Title Chris Hansen, Senior Director Labor Relations	3b. Address (If same as 2b - state same) 13873 Park Center Road, Suite 300 N, 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 Building	4b. Principal product or service Custodial	5a. City and State where unit is located: Quantico, VA
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5b. Description of Unit Involved Included: All Fulltime and Regular part-time Custodians employed by the employer at 27410 Hot Patch Rd. Quantico, VA  Excluded: All clerical employees, all managers, all guards and supervisors as defined by the Act.	6a. No. of Employees in Unit: 4	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) 11/13/19 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)  
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
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10e. Fax No.	10f. E-Mail Address
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11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 12/13/19	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, Local 99

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 11/13/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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-251749	Date Filed 11/14/19
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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.

<b>2a. Name of Employer:</b> Ameresco, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1849 C StreetNW, Washington, DC 20240
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<b>3a. Employer Representative - Name and Title:</b> Keith Tyler, Project Manager	<b>3b. Address (if same as 2b - state same):</b> 101 Constitution Ave. NW.# 202 Washington DC ,20001
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<b>3c. Tel. No.</b> 703-785-9905	<b>3d. Cell No.</b> 703-785-9905	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ktyler@ameresco.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Federal Office Building	<b>4b. Principal Product or Service</b> Facilities Maintenance	<b>5a. City and State where unit is located:</b> Washington, DC
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<b>5b. Description of Unit Involved:</b> Included: See Attached: Excluded: See Attached:	<b>6a. Number of Employees in Unit:</b> 12
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<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <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) 11-13-19 and Employer declined recognition on or about (Date) Pending (If no reply received, so state).  
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> none	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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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)  
none

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

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

<b>11b. Election Date(s):</b> 12-06-19	<b>11c. Election Time(s):</b> United States Mail	<b>11d. Election Location(s):</b> United States Mail
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<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers, Local 99	<b>12b. Address (street and number, city, State and ZIP code):</b> 9315 Largo Drive West, #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

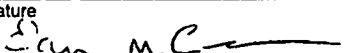
<b>12d. Tel. No.</b> 202-337-0099-128	<b>12e. Cell No.</b> 202-253-5440	<b>12f. Fax No.</b> 240-716-3956	<b>12g. E-Mail Address</b> eclifford@iuoelocal99.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

<b>13a. Name and Title:</b> Eamon Clifford, Lead Organizer	<b>13b. Address (street and number, city, State and ZIP code):</b> 9315 Largo Drive West, #200, Upper Marlboro, MD 20774
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<b>13c. Tel. No.</b> 202-337-0099	<b>13d. Cell No.</b> 202-253-5440	<b>13e. Fax No.</b> 240-716-3956	<b>13f. E-Mail Address</b> eclifford@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) Eamon M. Clifford	Signature 	Title Lead Organizer	Date 11-14-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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.

**Ameresco @ the United States Department of Interior Unit Description.**

**Included:**

All full-time and regular part-time employees employed by the Employer engaged in maintenance and operations at the United States Department of the Interior in Washington, D.C.

**Excluded:**

All professional employees, clerical employees, including the senior facility administrator, managerial employees, including Quality Control Inspectors, guards, and supervisors, including facilities and assistant facilities managers, as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-251797</b>	Date Filed <b>11/13/19</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Sysco Hampton Roads, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 7000 Harbour View Boulevard VA Suffolk 23435-
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<b>3a. Employer Representative - Name and Title</b> Scott Thibodeau	<b>3b. Address (If same as 2b - state same)</b> 7000 Harbour View Boulevard VA Suffolk 23435-
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<b>3c. Tel. No.</b> (757) 673-4000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (757) 673-4148	<b>3f. E-Mail Address</b> thibodeau.scott@shr.sysco.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Others	<b>4b. Principal product or service</b> Food	<b>5a. City and State where unit is located:</b> Suffolk, VA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 75 <b>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"/></b>
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**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
 **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> Dec. 5 2019	<b>11c. Election Time(s):</b> 4:30-8:30am & 3:00-7:00pm	<b>11d. Election Location(s):</b> Sysco 7000 Harbour Boulevard, Suffolk, VA. Operations Conference room
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<b>12a. Full Name of Petitioner (including local name and number)</b> Vernon E Schaal Jr. Teamster Local 822	<b>12b. Address (street and number, city, state, and ZIP code)</b> 5718 Barte Street VA Norfolk 23512-
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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 Brotherhood of Teamsters

<b>12d. Tel No.</b> (757) 461-7172	<b>12e. Cell No.</b> (586) 489-7940	<b>12f. Fax No.</b> (757) 459-2570	<b>12g. E-Mail Address</b> hanley3280@yahoo.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b>
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<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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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.**

<b>Name (Print)</b> Vernon E Schaal Jr.	<b>Signature</b> Vernon E Schaal Jr.	<b>Title</b> Organizer	<b>Date</b> 11/13/2019 15:37:17
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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.



Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-251797	Date Filed 11/13/19

**Employees Included**

All full-time warehouse selectors, loaders, forklift operators and clerk

**Employees Excluded**

All others and security guards as defined in the act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-AC-252336	Date Filed 11/22/19

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

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

2a. Name of Employer: Lyles Cleaning Services		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3819 Big Woods Rd. Ijamsville, MD 21754	
3a. Employer Representative - Name and Title: Floyd Lyles, Owner		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 240-459-9874	3d. Cell No. N/A	3e. Fax No. N/A	3f. E-Mail Address lylescleaninglcs@icseleaserservicesmd.com @gmail.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Cleaning Service		4b. Principal Product or Service Cleaning	5a. City and State where unit is located: Baltimore, Maryland
6b. Description of Unit Involved: Included: See attached - Exhibit "A" Excluded: See attached - Exhibit "A"		6a. Number of Employees in Unit: 9	
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) 11/22/2019 and Employer declined recognition on or about (Date) No Reply (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address: N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? <u>0</u> (Name of Labor Organization) <u>N/A</u> , has picketed the Employer since (Month, Day, Year) <u>N/A</u>			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) None			
10a. Name N/A		10b. Address N/A	
10c. Tel. No. N/A		10d. Cell No. N/A	
10e. Fax No. N/A		10f. E-Mail Address N/A	
11. Election Details: if the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): 12/13/2019		11c. Election Time(s): 4-5pm	
11d. Election Location(s): 200 W. Baltimore St. 5th floor break 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 Rd. Suite 200, Baltimore, Maryland, 21204	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): N/A			
12d. Tel. No. N/A	12e. Cell No. N/A	12f. Fax No. N/A	12g. E-Mail Address N/A
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 Rd. Suite 200, Towson, Maryland	
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 Nelson L. Hill	Title Assistant to the President	Date 11/22/19

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

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

## EXHIBIT "A"

### Description of Unit:

Included: All full-time and part-time cleaning and janitorial employees employed by Lyles Cleaning Services at 200 West Baltimore Street, Baltimore, MD 21201

Excluded: All other employees, including but not limited to administrative personnel, owners, guards, and supervisors as defined in the Act.

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 7 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:** RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 <b>MA. BUILT'S INC.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>807 SEABOARD AVE. CHESAPEAKE, VA. 23324</b>	
3a. Employer Representative - Name and Title <b>TONY SCHMIDT</b>		3b. Address (if same as 2b - state name) <b>2627 E. 139TH ST. BURNHAM, IL. 60633</b>	
3c. Tel. No. <b>708-868-0059</b>	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>TRUCKING COMPANY</b>		4b. Principal product or service <b>TRUCKING WASTE</b>	
5a. Description of Unit Involved Included: <b>DIVERS AND MECHANICS AT THE CHESAPEAKE LOCATION</b> Excluded:			5b. City and State where unit is located: <b>CHESAPEAKE, VA</b>

6. No. of Employees in Unit <b>14</b>	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8a. Name of Recognized or Certified Bargaining Agent <b>822</b>	8b. Affiliation, if any
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8c. Address <b>5718 BANTEE STREET NOAFOUK, VA. 23502</b>	8d. Tel. No. <b>757-461-7170</b>	8e. Cell No.
	8f. Fax No. <b>757-459-2570</b>	8g. E-Mail Address

9. Date of Recognition or Certification <b>05-21-18</b>	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
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11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
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12. Organizations or individuals other than those named in items 3 and 11c, 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 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)
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(b) (6), (b) (7)(C)		
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14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No. (b) (6), (b) (7)(C)
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14d. Affiliation, if any
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15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name	15b. Title
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15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.	15e. Fax No.
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	15f. Cell No.	15g. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)	Signature	Title	Date Filed
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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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