UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

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

							03-10	C-2313	11 1	1/0/2019
INSTRUCTIONS: Unless e-Filed using the Agency's website, WWW.filtb.gow , 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 flied with the NLRB and should not be served on the employer or any other party.										
bargaining by Petitioner and Petiti	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 - Nan Ed Palcak, Manager	ne and Title;		3b. Add same	ress (il sam	e øs 2b - state same	e):	 			
3c, Tel. No. 804-585-3069	3d. Cell No.			3e. Fax No 804-585		3	f, E-Mail A	ddress		
4a. Type of Establishment (Factory, r wholesaler	nine, wholesel	er, etc.)			al Product or Service & building sup		3	5a. City and Richmon	d State where unit is li d, VA	ocated:
5b. Description of Unit Involved: Included: drivers and warehouseme	n employe	d at the Sa	ndstor	n facility			·	4	r of Employees in Uni	
Excluded: supervisors, managers, clerica Check One: 7a. Request for rec						NA	anc	of the e represe	ibstantial number (30° mployees in the unit volted by the Petitioner eclined recognition	ish to be
on or about (Date) 7b. Petitioner is cur		ed as Bargaini	ng Repr		nd desires certification	ion unde	r the Act.			
8a. Name of Recognized or Certifle	d Bargaining	Agent (If none	, so stat	e) 8b. Ad	dress:					
8c. Tel. No.	8d. Cell No.			8e. Fax No		8	f. E-Mail A	ddress		
8g. Affiliation, if any:			81	. Date of Ro	ecognilion or Certifica				rrent or Most Month, Day, Year)	
is there now a strike or picketing a (Name of Labor Organization)	t the Employer	's establishmer	it(s) invo	lved? No	If so, appro		•		are participating? er since (Month, Day,	Year)
10. Organizations or individuals other individuals known to have a repre						ed recog	nition as re	presentative		
10a. Name	10	b. Address				1	Oc. Tel. No).	10d. Cell No.	
						1	0e. Fax No) .	10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and ele	ction in this ma	tler, stat	e your positi	ion with respect to an	ny such	election:			ed Manual/Mail
11b. Election Date(s): December 5, 2019		c. Election Tim 1:00 a.m) p.m.			1d. Electio unch ro	n Location(s OIII):	
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. 804-387-31		i	12f. Fax No 804-321-	4074	ı		local592@	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. 202-365-16			13e. Fax N 202-328-	7030	j	_	Address beinsaxel	rod.com	
I declare that I have read the above	petition and			re true to th	e best of my knowl		nd belief.			Date
Name (Print) Jonathan Axelrod		Signature	et.	sand &	Selved	Title atto	rney			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.

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

Case No. 5-RC-251314 Date Filed 11/6/19

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.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 or

the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-506); 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: Best Distribution				Establishment(s) involve Drive, Sandston,			, State, ZIP code):	
3a. Employer Representative - Nar Dwight Galbraith. Manag		3b. A Sair		ne as 2b - state same):				
3c. Tel. No. 804-328-5082	3d. Cell No.		3e. Fax No 804-32		3f E-Mail A	ddress		
4a. Type of Establishment (Factory, wholesaler	mine, wholesaler, e	tc.)		g material	-	5a City an Richmon	d State where unit is locand, VA	aled
5b. Description of Unit Involved: Included: drivers, warehousemen, a	nd boom opei	rators emplo	oyed at the	e Sandston facility	y	6a. Numbe 5	er of Employees in Unit	
Excluded: supervisors, managers, derications	al employees an	d guards as o	defined by the	he NLRA		of the e	ubstantial number (30% omployees in the unit wis ented by the Petitioner?	h to be
Check One: 7a, Request for recon or about (Date)		(If no repl	y received, so		2507	d Employer o	declined recognition	
8a. Name of Recognized or Certific			-	ddress:		-	***************************************	
8c. Tel. No.	8d. Cell No.		8e. Fax No	0.	8f. E-Mail A	ddress	7/4-79	
8g. Affiliation, if any:		-	8h. Date of R	Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
 Is there now a strike or picketing a (Name of Labor Organization) 	at the Employer's es	tablishment(s) in	nvolved? No	If so, approxim	•		s are participating? er since (Month, Day, Ye	ear)
Organizations or individuals other individuals known to have a representation.					ecognition as re	epresentativ		
10a. Name	10b. A	ddress		10	10c. Tel. No	D.	10d. Cell No.	
					10e. Fax N	0.	10f. E-Mail Address	
11. Election Details: If the NLRB co	enducts and election	in this matter, s	ate your posi	tion with respect to any s	such election:	11a. Electio	**	Manuai/Mail
11b. Election Date(s): December 5, 2019		lection Time(s): 0 a.m 12:	00 p.m.		break ro	n Location(s	3):	
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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 804-329-9530 804 387 3111 804-321-4074 teamsterslocal592@comcast.net								
13. Representative of the Petitioner who will accept service of all pages 13a. Name and Title: Jonathan Axelrod, attorney			papers for purposes of the representation proceeding. 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	700000	13e. Fax 1 202-328		13f. E-Mail jaxelrod@	Address Obeinsaxe	lrod.com	
I declare that I have read the abov	e petition and that		s are true to t			10		Dete
Name (<i>Print</i>) Jonathan Axelrod		Signature	thank	D - 7 U B	itle 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 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or fligation. 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**

Case No. 5-RC-251324

DO NOT WRITE IN THIS SPACE

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

the employer and all other parties Case Procedures (Form NLRB 48:	named in the peti	tion of: (1) the p	etition; (2) S	tatement of Position	form (Form N.	LRB-505); an	d (3) Description of Rep	presentation
PURPOSE OF THIS PETITION: E bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be	certified as repres	entative of th	e employees. The Pet	titioner allege:	that the foll	owing circumstances e	
2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Praxair 1637 Commerce Road, Richmond, VA 23224								
3a. Employer Representative - Nan James Williams, Manager		3b. Add Same		e as 2b - state same):				
3c. Tel. No. 804-231-1191	3d. Cell No.	L	3e, Fax No 804-230		3f. E-Mail James_		@praxair.com	
4a. Type of Establishment (Factory, r wholesale	nine, wholesaler, e	'c.)		al Product or Service g gas and suppli	es	5a. City an Richmor	d State where unit is loca id, VA	ited [.]
5b. Description of Unit Involved: Included: Drivers, driver/fillers, processe Excluded: supervisors, managers, clerica				ne NLRA		8 6b. Do a s	er of Employees in Unit: ubstantial number (30% c employees in the unit wist ented by the Petitioner? [n to be
Check One: 7a. Request for reconnection or about (Date) 7b. Petitioner is cur	ognition as Bargain	ing Representativ	e was made received, so	on (Date) N state).	· · · · · · · · · · · · · · · · · · ·	nd Employer	declined recognition	<u> </u>
8a. Name of Recognized or Certific								
8c. Tel. No.	8d. Cell No.		8e, Fax No).	8f. E-Mail	Address		
8g. Affiliation, if any:		8	Sh. Date of R	ecognition or Certificat			arrent or Most (Month, Day, Year)	
9, is there now a strike or picketing a	t the Employer's es	tablishment(s) inv	olved? No	If so, approx	imately how m	any employee	s are participating?	
(Name of Labor Organization)							er since (Month, Day, Ye	
Organizations or individuals other individuals known to have a repre-							es and other organization	s and
10a. Name	10b. A	ddress			10c. Tel. (Np.	19d. Cell No.	
					10e. Fax :	10e. Fax No. 10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and election	in this matter, sta	ete your posit	ion with respect to any		Manua	u	Manual/Mail
11b. Election Date(s): December 5, 2019	11:0	lection Time(s): 0 a.m 12:0	00 p.m.		break r		.'	
12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local 592 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. 12e, Cell No. 12f, Fax No. 804-329-9530 804-387-3111 804-321-4074				1 -	iil Address rslocal592(Dcomcast.net		
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Title: Jonathan Axelrod, attorney				papers for purposes of the representation proceeding. 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 N 202-328		i	il Address @beinsaxe	lrod.com	
I declare that I have read the above	e petition and that	the statements	are true to t	ne best of my knowle		f,		D-1-
Name (Print) Jonathan Axelrod		Signature Lovatu	an a	feling	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.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

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

				<u> </u>				112017
INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nirb.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 flied with the NLRB and should not be served on the employer or any other party.								
bargaining by Petitioner and Petit	 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:				Establishment(s) Invol	•	, ,	·	
Southern Poverty Law Co	enter	400) Washing	gton Avenue, M	ontgomery,	AL 3610	04	į
3a. Employer Representative - Nam	ne and Title:	3b. Ac	dress (il sam	ne as 2b - stete same):				<u> </u>
Karen Baynes-Dunning,	Interim Pres (CEO (sa	ame)	·				
3c. Tel. No. 334-956-8200	3d. Cell No.		3e. Fax No 334-95		31, E-Mail A karen.b		nning@splcente	r.org
4a. Type of Establishment (Factory, in non-profit legal advoca				al Product or Service		5a, City an Nation	d State where unit is to	cated:
5b. Description of Unit Involved:	icy organizati	1011	ісда	ii advocacy			er of Employees in Unit:	
Included:				•		1	a of Employees in Orin.	
[see attached]						263		
Excluded:						of the e	ubstantial number (30% employees in the unit wi ented by the Petitioner?	sh to be
Check One: 🗵 7a. Request for rec	ognition as Bargair				7/19 an	d Employer o	declined recognition	
on or about (Date) 7b. Petitioner is cui	rently recognized a		received, so : presentative a		n under the Act.			
8a. Name of Recognized or Certific				The state of the s	1011001 010 7101			•
_							•	•
Bc. Tel.:No.	8d. Cell No.		8e, Fax No		8f, E-Mail A			
8g. Affiliation, if any;			8h. Date of R	ecognition or Certificat	Recent Co	on Date of Contract, if any	urrent or Most (Month, Day, Year)	
9. Is there now a strike or picketing a	t the Employer's es	tablishment(s) in	volved? No	If so, approx	mately how ma	ny employee	s are participating?	
(Name of Labor Organization)					, has picketed	the Employ	er since (Manth, Day, Y	ear)
Organizations or individuals other individuals known to have a repre-	r than Petitioner an esentative interest i	d those named in n any employees	items 8 and in the unit de	9, which have claimed scribed in item 5b abo	recognition as r ve. (If none, so	epresentativi state)	es and other organization	ons and
None								
10a. Name	10b. A	ddress			10c. Tel. N	0.	10d. Cell No.	
					10e. Fax N	o.	10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and election	in this matter, st	ate your posit	tion with respect to any	such election:	11a. Election		d Manual/Mail
11b. Election Date(s);	11c. E	lection Time(s);			11d. Election	on Location(s		
November 25, 2019	1.13/					•	•	
12a. Full Name of Petitioner (includ	ing local name and	number) ·		12b. Address (street	and number, city	, State and	ZIP code):	
Washington-Baltimore Newspaper Guild, Local 32035 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, AFL-CIO, CLC								
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 202-785-3650 x15 202-785-3659 itsnotthatbad@comcast.net								
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.								
13a. Name and Title: 13b. Address (street and number, city, State and ZIP code):								
Robert E. Paul, Attorney				onnecticut Avenu			OC 20036	
13c, Tel, No.	13d. Cell No.		13e. Fax N		13f, E-Mail			
202-857-5000	<u> </u>			23-8417)zwerdli	ng.com	*****
I declare that I have read the above Name (Print)	e petition and that	Clanatura		7 4	dge and belief.			Date
Robert E. Paul		Signatupe 7	ma. Si	ál	Attorney			11/7/19
RODOIL M. 1 dul	i	, , ,			1 TELOTION			1

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.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Forest Haven Nursing & Rehabilitation Center 701 Edmondson Ave. Catonsville, MD 21228 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Ronnie Colbert, Administrator Same 3c, Tel, No. 3d, Cell No. 3e. Fax No. 3f. E-Mail Address 410-747-4339 Ronnie.colbert@fundltc.com 410-747-7425 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal Product or Service Health Care Baltimore MD Nursing Home 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 112 See page attached. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes All other Employees, guards, and supervisors as defined by the act Check One: | x | 7a. Request for recognition as Bargaining Representative was made on (Date) 11/7/2019 and Employer declined recognition 11/7/2019 (If no reply received, so state). on or about (Date) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 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? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c, Tel, No. 10d. Cell No. 10e. Fax No. 10f, E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12/3/2019 6:15am-8:00am, 1:30pm-4:00pm The Chapel 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 1199SEIU United Healthcare Workers East 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. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 443-562-9890 443-562-9890 443-332-1291 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: 13b. Address (street and number, city, State and ZIP code): 611 N Eutaw Street, Baltimore, Maryland 21201 Brian Owens- Regional Coordinator 13c, Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 443-562-9890 443-562-9890 443-332-1291 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. Signature Name (Print) Date 11/7/2019 **Brian Owens** Regional Coordinator

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.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 representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4041 Powder Mill Rd Triple Canopy Beltsville 2070: 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7121 Fairway Dr Suite 201 FL Palm Beach Gardens 33418 Mike Goodwin 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (757) 560-8773 mike.goowin@constellis.com (561) 406-7971 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Security Systems & Services Security services @ federal site Beltsville, MD 6a. No. of Employees in Unit: 5b. Description of Unit Involved 24 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): November 18 & 19, 2019 11c. Election Time(s): 11d. Election Loca ion(s): Mobile voting at or near worksite 5-8AM (both days), 1-4PM (both days) 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) n/a 12g. E-Mail Address chrissandrajones@psosunited.com 12d. Tel No. 12e, Cell No. 12f. Fax No. (202) 262-1047 (202) 262-1047 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Justin P Kea ing Beins, Axelrod, P.C 1717 K St. NW Suite 1120 DC Washington 20006-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address jkeating@beinsaxelrod.com (703) 966-3193 (202) 328-7030 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 Justin P. Keating Justin P Keating 10/18/2019 12:19:28

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 11/7/19				
5-RC-251428	11///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.	Date Filed				
05-RC-251469	11/7/19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): SecTek, Inc. USPTO - 600 Dulany Street, Alexandria, VA 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): 1930 Isaac Newton Square, Suite 100, Reston, VA 20190 Leslie M. Howard-Watts 3c Tel No 3d Cell No 3f. E-Mail Address 3e. Fax No. 703-435-0970 571-234-4660 703-834-0124 lhoward-watts@sectek.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Security Security Alexandria, VA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 121 See attached page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Peti ioner? ☒ Yes Excluded: See attached page 2 for additional details Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) International Union Security, Police, and Fire 25510 Kelly Road, Roseville, MI 48066 Professio 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 586-772-7250 roman@spfpa.org 586-335-7669 586-772-9644 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 12/31/2020 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_0 If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Union Rights for Security Officers (URSO) 5166 7th Street, NE Washington, DC 20011 12c. Full name of national or international labor organiza ion of which Petitioner is an affiliate or constituent (if none, so state): Union Rights for Security Officers (URSO) 12g. E-Mail Address 12d. Tel. No. 12e. Cell No. 12f. Fax No. 202-306-0060 202-306-0060 301-505-3656 stanhutch1228@yahoo.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Stanley E. Hutchins, President 5166 7th Street, NE, Washington, DC 20011 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 202-306-0060 202-306-0060 301-505-3656 tanhutch1228@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. Date Name (Print) Signature 11/18/19 Stanley E. Hutchins President

Attachment

DO NOT WRITE IN THIS SPACE					
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.

UNITED STATES OF AMERICA AMENDE RC PETITION

DO	NOT	WRITE	IN	THIS	SP	A

5-RC-251469

11/18/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): SecTek, Inc. USPTO - 600 Dulany Street, Alexandria, VA 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) Leslie M. Howard-Watts 1930 Issa Newton Square, Suite 100. Reston, VA 20190 3d. Cell No. 3e. Fax No 3f F.Mail Address 703-435-0970 Direct 571-234-4660 703-834-0124 lhoward-watts@sectek.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Alexandria, VA **5b.** Description of Unit Involved: All full-time and part-time and armed and unarmed Included: Security officers and reserve officers performing duties as defined in section 9(B)(3) of 6a. Number of Employees in Unit: the NLRBA employed by SecTex at USPTO located in 207 S. Houston St. Dallas TX. 1961 Stout St. Excluded: 206 Dallas TX. 1961 Stout St. Excluded: 206 Dallas TX. 1961 Stout St. All officer clerical employees, professional employees and sup. as defined by the act. 105 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes 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) On or about (Date) (If no repry received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. To Petitioner is currently recognized as pargaining 4.80 and Fire | Bb. Address: | Bb. Address: | Bb. Address: | 25510 Kelly Road, Roserville, MI 48066 Professionals of America (SPFPA) 8c. Tel. No. 586-772-7250 8e. Fax No Rf F-Mail Address 586-335-7668 586-772-9644 roman@spfpa.org Bg. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2019 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. Union Rights for Security Officers (URSO) 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 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s) 12a. Full Name of Petitioner (including local name and n 2b. Address (street and number, city, State and ZIP code): Union Rights for Security Officers (URSO) 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) 12e Cel No. 202-306-0060 2f. Fax No 12g. E-Mail Addre 12d Tel No. stanhutch1228@yahoo.com 301-505-3656 202-306-0060 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): 5166 7th Street, NE Stanley E. Hutchins Washington, DC 20011 13d. Cell No. 202-306-006 13c. Tel. No. 301-505-3656 stanhutch1228@yahoo.com 202-306-0060 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Holy Hatchen. President 11/18/19 Stanley E. Hutchins

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 Solicitation of the information on this form is authorized by the National Labor Relations Board (NLRB) in processing representation and related proceedings or intigation. 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 (NLRB) in processing representation and related proceedings of impact. 13, 2006). The information and related proceedings of impact. 13, 2006). The information in the number of the num

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	5-RC-251495	Date Filed	11/12/19			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1881 Campus Commons Dr #105, VA Reston 20191-American Security Programs 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1881 Campus Commons Dr #105, Mark Phinney 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (703) 834-8900 mphinney@securamericallc com (703) 898-1723 (703) 834-8947 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Security Systems & Services Security Washington, DC 5b. Description of Unit Involved 6a. No. of Employees in Unit: 40 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): November 25, 2019 500 D street SW, Washington DC Mail Ballot 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Steve Maritas
Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA 1155 F Street 1050 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 12g. E-Mail Address LEOSUDC@GMAIL.COM 12d. Tel No. 12e, Cell No. 12f. Fax No. (202) 486-8558 (202) 595-3510 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address 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 Organizing Director Steve Maritas 11/11/2019 11:49:00 Steve Maritas

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	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 R C PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 05-RC-251653	Date Filed 11/13/19						

110111001101101 0111000 0 1 1100	using the Agent	y s website, <u>wy</u>	<u>vw.nlrb.gov</u> , submit a	an original of this	Petition to a	n 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 b				,	ŭ	•				
1. PURPOSE OF THIS PETITION: RC-				of employees wish to	be represented	for purposes of collective				
bargaining by Petitioner and Petitions										
	requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)									
Akima, LLC 27410 Hot Patch Road, Quantico VA 22134										
3a. Employer Representative - Name	and Title		3b. Address (If same as							
Chris Hansen, Senior Director			13873 Park Center	,	N Herndo	ο VA 20171				
3c. Tel. No.	3d. Cell No.		3e. Fax No.	Tiodo, Obne occ	3f. E-Mail Add					
571-353-7054	703-967-935	57	Je. Pax No.	1		n@akima.com				
4a. Type of Establishment (Factory, min		4b. Principal prod	duct or conice	<u></u>		and State where unit is located:				
Federal Office Building	e, wholesaler, etc.)	Custodial	ancrot Service		Quantic					
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included: All Fullatile and Regular	part-time Custour	aris employed by	rule employer at 274 K	THUI FAIGH NU.Qua	aniico, va	6b. Do a substantial number (30%				
Excluded:						or more) of the employees in the				
All clerical employ	ees,all manag	ers, all guard	ls and supervisors	s as defined by	the Act.	unit wish to be represented by the				
						Petitioner? Yes / No				
			tive was made on (Date)	11/13/19 and	d Employer dec	lined recognition on or about				
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8a. Name of Recognized or Certified I			epresentative and desires 8b. Address	certification under the	Act.					
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8c. Tel No.	8d Cell No.		8e, Fax No.		8f. E-Mail Add	ress				
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8g. Affiliation, if any			8h. Date of Recognition of	r Certification	8i. Expiration D	Date of Current or Most Recent				
		j			Contract, if any (Month, Day, Year)					
		l	Contract, it any (Month, Day, Tolar)							
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No										
9. Is there now a surke or picketing at th	e Employer's establis	hment(s) involved	? No if so, approx	imately how many em	ployees are par	ticipating?				
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(Name of labor organization) 10. Organizations or individuals other th known to have a representative interest None	an Petitioner and tho in any employees in t	, has pick se named in items the unit described i	eted the Employer since (I	Month, Day, Year) ed recognition as repr so state) 10c. Tel. No.		other organizations and individuals				
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(Name of labor organization) 10. Organizations or individuals other th known to have a representative interest None	an Petitioner and tho in any employees in t	, has pick se named in items the unit described i dress	eted the Employer since (i 8 and 9, which have claim n item 5b above. (If nane,	Month, Day, Year)ed recognition as repr so state)10c. Tel. No10e. Fax No.	esentatives and	other organizations and individuals 10d. Cell No. 10f. E-Mail Address				
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(Name of labor organization) 10. Organizations or individuals other th known to have a representative interest None 10a. Name 11. Election Details: If the NLRB condiany such election. 11b. Election Date(s):	an Petitioner and thosin any employees in 1 10b. Add ucts an election in thi	, has plck se named in items the unit described in dress s matter, state you ection Time(s):	eted the Employer since (i 8 and 9, which have claim n item 5b above. (If nane,	Month, Day, Year) ed recognition as repr so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type: 11d. Election Locati	esentatives and	other organizations and individuals 10d. Cell No. 10f. E-Mail Address				
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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.	Date Filed				
05-RC-251749	11/14/19				

					A2-VC-7	231/47	1 1 1/ 2	L'#/ 17	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition must b named in the pet	e accompanied bition of: (1) the p	y both a etition; (2)	showing of interest (see) Statement of Position	e 6b below) and form (Form NL	l a certificat RB-505); an	e of service showing : d (3) Description of Re	service on opresentation	
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires to be	certified as repres	entative of	f the employees. The Pet	titioner alleges	that the foll	owing circumstances		
2a. Name of Employer:		2b. Add	ress(es)	of Establishment(s) involve	ved (Street and	number, City,	State, ZIP code):		
Ameresco,Inc.			eetNW, Washingto	•		ŕ			
Ba. Employer Representative - Nam	e and Title:	3b Add	tress (if s	ame as 2b - state same):					
Keith Tyler, Project Mana		•	ution Ave. NW.#		ngton D(20001			
Bc. Tel. No. 703-785-9905)5	3e. Fax	No.	3f. E-Mail A	Address ameresc	o.com			
la. Type of Establishment (Factory, r			4b. Prine	cipal Product or Service	1		d State where unit is to	cated:	
Federal Office Building			Facili	ites Maintenance		Washing	ton, DC	•	
5b. Description of Unit Involved:						6a. Numbe	er of Employees in Unit:		
ncluded: See Attached:						12			
See Attached: Excluded:						6b. Do a s	ubstantial number (30%	or more)	
See Attached:						of the e	mployees in the unit wented by the Petitioner?	sh to be	
Check One: 🗐 7a. Request for rec	ognition as Bargais	ning Representativ	e was ma	de on (Date) 11-	13-19 an		declined recognition	N tes L III	
on or about (Date)	Pending	(If no reply i	eceived, s	so state).			•		
				e and desires certification	n under the Act.	 			
Ba. Name of Recognized or Certifie	o Bargaining Age	ent (ir none, so sta	(e) 6D.	Address:					
none									
8c. Tel. No.	8d. Cell No.		8e. Fax	No.	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:		16				on Date of Current or Most ontract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employer's es	tablishment(s) inv	olved? N	Io if so, approx	imately how ma	ny employee	s are participating?		
(Name of Labor Organization)	·				, has picketed	the Employ	er since (Month, Day, Y	'ear)	
Organizations or individuals other individuals known to have a repre							es and other organization	ons and	
none									
IDa. Name	10b. A	ddress			10c. Tel. N	10c. Tel. No. 10d. Cell N		0.	
					10e. Fax N	No. 10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and election	in this matter, sta	te your po	osition with respect to any	y such election:	11a. Electio Manua		ed Manual/Mail	
11b. Election Date(s):	11c. E	lection Time(s):			1	on Location(s	-		
12-06-19	Uni	ted States Ma	uil		United	States Mail			
12a. Full Name of Petitioner <i>(includ</i> International Union of Op			99	12b. Address (street 9315 Largo Dr	-		ZIP code): per Marlboro, M	D 20774	
12c. Full name of national or internat	ional labor organiz	ation of which Peti	tioner is a	n affiliate or constituent (i	if none, so state):			
International Union of Op	erating Engi	neers							
12d. Tel. No.	12e. Cell No.		12f. Fax		12g. E-Ma				
202-337-0099-128	202-253-54			716-3956			ocal99.org		
13. Representative of the Petitione	r who will accept	service of all par	ers for p	urposes of the represen	ntation proceed	ing.			
13a. Name and Title: Eamon Clifford, Lead Orgar	nizer			dress (street and number Largo Drive West,			, MD 20774		
13c. Tel. No.	13d. Cell No.		13e. Fa:	x No	13f F-Mail	Address			
202-337 - 0099	202-253-54	10		716-3956	13f. E-Mail Address eclifford@iuoelocal99.org				
declare that I have read the above									
Name (Print)		Signature			Title			Date	
Eamon M. Clifford		San	_M.(C	Lead Orga	nizer		11-14-19	

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. 5-RC-251797	Date Filed	11/13/19					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7000 Harbour View Boulevard Sysco Hampton Roads, Inc 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7000 Harbour View Boulevard VA Suffolk 23435-Scott Thibodeau 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (757) 673-4000 (757) 673-4148 thibodeau scott@shr.sysco.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Food Suffolk, VA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 75 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V 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 curren ly 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 8q. 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 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): Dec. 5 2019 4:30-8:30am & 3:00-7:00pm Sysco 7000 Harbour Boulevard, Suffolk, VA. Operations Conference roor 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Vernon E Schaal Jr. Teamster Local 822 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 12g. E-Mail Address hanley3280@yahoo.com 12d Tel No 12e, Cell No. 12f. Fax No. (586) 489-7940 (757) 459-2570 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address 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 Vernon E Schaal Jr. Organizer 11/13/2019 15:37:17 Vernon E Schaal Jr.

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
Casa No. 5 - AC - 252336	Date Filed

		- NO 1	EIIIIO						2-146	<u>. ಇ</u>	926	11	199/114
INSTRUCTIONS: Unless e-Filed u employer concerned is located. 1 the employer and all other partie Case Procedures (Form NLRB 48	The petition s named in	must l	e accomp lition of: (1	anied b) the pe	y bot tition	h a sh ; (2) S	nowing of interest (s itatement of Position	ee ê n foi	ib below) and rm (Form NLI	l a certifica RB-505); an	te of service sho d (3) Description	wing s n of Re	service on presentation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Laboraterian	tioner desire	s to be	certified as	represe	entativ	re of ti	he employees. The P	etiti	oner alleges	that the foli	lowing circumst	ances	
2a. Name of Employer:				2b. Add	ress(es) of	Establishment(s) invo	ived	(Street and r	umber, City	, State, ZIP code	j:	
Lyles Cleaning Services				3819	Big	Wo	ods Rd. Ijamsv	/ille	e, MD 217	754			
3a. Employer Representative - Na	me and Title	:	1	3b. Add	ress (if sam	ie as 2b - state same,):			, , -, -, -, -, -, -, -, -, -, -, -, -,		
Floyd . Lyles, Owner				Same	;								
3c. Tel. No.	3d. Cell No	0.				ax No).		3f. E-Mail A		ly	इटि	ening ICS
240-459-9874	N/A				N/A		-10-1-0-1-0		leselean			gm	
4a. Type of Establishment (Factory, Cleaning Service	mine, whole	saier, e	etc.)			anir	al Product or Service		·	Baltimore, N	d State where understand	it is loc	cated:
6b. Description of Unit Involved:		•								6a. Numbe	er of Employees i	n Unit:	
See attached - Exhibit "A	11									9			
Excluded:	•									6b. Do a s	ubstantial numbe	г (30%	or more)
See attached - Exhibit "A	."									of the	employees in the ented by the Petit	unit wis	h to be
Check One: 7a. Request for re-							• •	2/2	.019 and		declined recogniti		
on or about (Date) 7b. Petitioner is cu		Reply		reply re			•	.nr	nder the Act				
8a. Name of Recognized or Certifi							idress:		inder the Free.				
None						N/A							
8c. Tel. No.	8d. Cell No				00 5	ov Na			8f. E-Mail A	ddroes			
N/A	N/A	J.			1			N/A	Voticas				
8g. Affiliation, if any:	114/24			18	th. Date of Recognition or Certification 8i, Expiration Date of Current or Most								
N/A					N/A Recent Contract, if any (Month, Day, Year) N/A								
9. Is there now a strike or picketing a	t the Emplo	yer's es	tablishmen	t(s) invo	lved?	No	If so, appro	xima	ately how man	y employee	s are participating	?	0
(Name of Labor Organization)	•	•		N/A		110			has picketed	the Employ	er since (Month, i	Day, Yo	ear) N/A
10. Organizations or individuals othe individuals known to have a representation.				ned in it							es and other orga	nizatio	
None		_											
10a. Name		10b. A	ddress		1.25			10c. Tel. No.		10d. Cell No.			
					l		N/A		N/A				
N/A		N/A							10e. Fax No.		10f, E-Mail Address		\$
11. Election Details; If the NLRB co	nducts and	election	in this mat	ter, stat	e you	r posit	ion with respect to an	y su		11a. Electio			
11b. Election Date(s):		110 6	lection Tim	2(2):			 	_			Mail _	Mixed	Manual/Mail
12/13/2019		4-51		e(8).					1	Baltimore St. 5th floor break room			
12a. Full Name of Petitioner (include	ding local na						12b. Address (street	eno				<u> </u>	
United Food & Commerc							21 West Rd. S				Maryland, 2	1204	
12c. Full name of national or internal N/A	tional labor o	organiza	ation of whi	ch Petiti	oner i	s an a	ffiliate or constituent	(if no	one, so state):				
12d, Tel. No.	12e. Çell N	10.			12f, I	Fax No	o.		12g. E-Mail	2g. E-Mail Address			
N/A	N/A				N/A	4			N/A				
13. Representative of the Petitione 13a. Name and Title:	r who will a	ccept	service of	all pape			oses of the represe						
Nelson L. Hill, Assistant to	the Presid	lent					Rd. Suite 200, 7		-	•			
13c. Tel. No.	13d. Cell N	ło.			13e.	Fax N	lo. `		13f. E-Mail	Address			·
410-337-2700	302-63						7-1799		n.hill@u	ifcw27.c	org		
i declare that I have read the above	e petition a	nd that		nents a	e tru	e to th	e best of my knowle						
Name (Print)	,**		Signature	11.0		1.1	V:ll	Titl	le .ssistant to	the De-	nidant		Date 11/22/19
Nelson L. Hill		- 1	I	704	~~~		-	ıΑ	SSISLADI IO	ine rre	SIGERI		1 11/22/19 (

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Board (NLR8) 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 NLR8 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.

FORM NURB-602 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

5-RD-251440

11-7-19

INSTRUCTIONS: Unless a-Flied using the Agency's website, <u>www.nirb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the apployer concerned is located. The patition 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 Proceduras (Form NLRB-511). The showing of interest should only be filed with the biLRB and should not be served on the employer or any other party.

Case Procedures (Form NLRB 4812). The	showing of interest	should only be file	d with the NLi	RB and sho	uld <u>not</u> be served t	in the employer or	ony other party.
PURPOSE OF THIS PETITION: RD- DECE recognized bargatoing representative is no in Labor Relations Board proceed under its	onger their representa	tive. The Petitioner revant to Section 9	alleges that to of the Nation	he followin al Labor Re	g circumstances e: elations Act.	xist and requests t	hat the National
MA. BUIT'S INC	AUE	(Street and number,	EAKE, UI	4.23324			
3a. Employer Representative - Name and Title TONU SCHMID T	name)	BURHHAM	1.Il.60	0633			
3c. Tel. No. 3e. Call No. 3e. Call No. 768-868-0059					Address	, January 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	" "
4a, Type of Establishment (Factory, mine, whole	esalar, etc.)			+b. Princip TRU 0	al product or service	WTE	
Sa. Description of Unit Involved					•	I⊃D, Lity and	State where unit
Included: DNOENS AND MECHA Excluded:	HIES AT	THE CHE	ESAPEI	AILE ,	LOCATION	c HES	APEAKE, UM
	a substantial number ogoized bargaining o			the unit no	olonger wish to be n	apresented by the or	edified or currently
8a. Name of Recognized or Certified Bargaining		apropositional 2			8b. Affiliation, if any		
8c. Address			8d, Tal. No.		8e, Çell No.		12.1
5718 BANTEE STREE	/		757 -46/ Bf. Fax No.	-1110		. =	
MONFOCK, UA - 235	02		757-459				
9. Date of Recognition or Certification 6.5 ~2/-/8		10. Expiration Date	of Current or I	Jost Recen	t Contract, if any (Mo	onth, Day, Year)	
11a. Is there now a strike or picketing at the Em	ployer's establishmen	at(s) finvolved? 🔲 Y	es 🔀 No	11b. If so,	approximately how r	папу стрюувсь вт	participating?
11c. The Employer has been picketed by or on t	oshelf of (Insert Nan	re)					a labor organization, of
(Insert Address)					ஷ்க	св (Month, Day, Yea	ır)
 Organizations or individuals other those nen and individuals known to have a representat 						anization≴	
12a. Name 12b. Ad		ibioAges at the citt's	reduction its vo	12c. Tel. N		12d. Fax No.	
						İ	i
				12e. Celt N	lo.	12f. E-Mail Addres	9
13. Eleption Details: If the NLRB conducts an metter, state your position with respect to an				13a, Electi	оп Туре: 💢 Малив	Mail	Mixed Manual/Mail
13b. Election Date(s)	13c, Election Tim	1e(8)		13d, Electi	on Location(s)		
	l .						
(b) (6), (b) (7)(C)		-					
14a. Address (Sireet and number, city, state, Zir	P code)			14b. Tel. N	lo.	14c. Fax No.	
(b) (6), (b) (7)(C)			(b) (6),	(b) (7)(C)	(b) (6), (b) (7)(C)
14f. Affiliation, if any							
15. Representative of the Petitioner who will	sccept service of all	papers for purpos-	es of the repr	esentation	proceeding.		
15a. Name				15b.Title		····	
15c. Address (Street and number, city, state, Zif	≥ code)			15d Tel. N	la,	15c. Fax No.	
				465 SPER 21		ASA CIV-U AMA	
				15f. Cell N	O _v	15g. E-Mail A c dres	56
declare that I have road the above petition a	nd that the statemen	nts are true to the b	est of my kn	wledgo an	d belief.		
Name (Print)	Signature			Title			Date Filed
	I			1			1 1

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