Dwayne Phillips

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE								
Case No. 5-RC-249284	Date Filed	10/2/19						

10/1/19

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 401 F St. NW, Washington, DC 20001 Hana Industries 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Brad Cooper - CEO 485 Devon Park Dr., Suite 109, Wayne, PA 19087 3c Tel No 3d. Cell No. 3f. E-Mail Address 610-225-2626 bcooper@thehanagroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: SECURITY AGENCY SECURITY Washington, DC 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED PROTECTIVE SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, 6b. Do a substantial number (30% or more) of the employees in the EMPLOYED BY HANA INDUSTRIES @ 401 F ST. NW., WASHINGTON, DC 20001 unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). NO 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 National Association of Special Police and Security Officers - NASPO 840 First St NE, Washington, DC 20002 8c. Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 202-487-3438 202-758-3262 frasergabyl@aol.com 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) unknown 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 10b. Address 10a. Name 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 10/24/19 5:00 - 7:00 am & 1:00 - 3:00 pm Conference Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Road, Roseville, MI 48066 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 586-772-7250 X111 586-872-5634 586-772-9644 organize@spfpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 313-964-5600 313-964-2125 Gordon@UnionLaw.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 5-RC-249644	Date Filed	10/9/19			

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) 4201 Patterson Avenue My City Transportation 3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title 4201 Patterson Avenue MD Baltimore 21215-JD Hollingsworth 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (410) 335-0650 Maryland@mycitytransportation.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation **Transit Service** Baltimore, MD 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 the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [] No [Check One: and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) _ (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 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (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 Location(s): October 29, 2019 10:00 a.m. to 9:00 p.m. Break Room 12a, Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Javier M. Perez Jr. Amalgamated Transit Union Local 1764 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Amalgamated Transit Union 12g. E-Mail Address jperez@atu.org 12d. Tel No. 12e. Cell No. 12f. Fax No. 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) Daniel B. Smith AMALGAMATED TRANSIT UNION 10000 New Hampshire Ave MD Silver Spring 20903-1790 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dsmith@atu.org (202) 714-4219 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) Title Date Daniel B. Smith 10/9/2019 07:34:48 Daniel B. Smith

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				
5-RC-249644	10/9/19				

Employees Included

All full-time and regular part-time dispatchers and schedulers working for the Employer at its facility currently located at 4201 Patterson Avenue in Baltimore, Maryland.

Employees Excluded

All other employees, and guards, professional employees 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-249974	Date Filed 10/16/19					

INSTRUCTIONS: Unless e-Filed u employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition must s named in the pe	be accompanied i tition of: (1) the p	by both a si etition; (2) S	nowing of interest (s Statement of Position	ee 6b below) and n form (Form NL	d a certifica RB-505); a	ite of service showing nd (3) Description of R	service on epresentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Lab	tioner desires to be	certified as repres	entative of the	he employees. The Pe	etitioner alleges	that the fo	llowing circumstances	
2a. Name of Employer:		2b. Ad	dress(es) of	Establishment(s) invo	lved (Street and	number, Cit	y, State, ZIP code):	
The Daily Progress		685	West Ri	o Road, Charlo	ttesville, V	22901		
3a. Employer Representative - Na	me and Title:	3b. Ad	dress (if sam	ne as 2b - state same)	12			
Peter Yates, Publisher		(sai	me)				19	
3c. Tel. No.	3d. Cell No.		3e. Fax No	0.	3f. E-Mail A	Address		
434-978-7203					pyates(adailyp:	rogress.com	
4a. Type of Establishment (Factory,	mine, wholesaler, i	etc.)		al Product or Service		5a. City a	nd State where unit is lo	cated:
newspaper			news	s and related in	formation	Charle	ottesville, VA	33
5b. Description of Unit Involved:			25	0.0		6a. Numb	er of Employees in Unit:	8.
Included: All full- and regular part- Excluded:	time news de	partment em	oloyees			17	substantial number (30%	
managerial employees, g	marde and em	nervisors as d	efined by	v the Act	49	of the	employees in the unit wi	s <u>h</u> to be
Check One: 7a. Request for re-					/14/19 an		ented by the Petitioner? declined recognition	× Yes No
on or about (Date)		(If no reply r	eceived, so	state).		a Employer	addition recognition	
7b. Petitioner is cu					n under the Act.			
8a. Name of Recognized or Certifi	ed Bargaining Ag	ent (<i>If none</i> , so sta	te) 8b. Ad	idress:			58	
8c. Tel. No.	8d, Cell No.		8e. Fax No	0.	8f. E-Mail A	ddress		
8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year)								
9. Is there now a strike or picketing a	it the Employer's e	stablishment(s) Inv	olved? No	If so, approx	kimately how mar	ny employee	es are participating?	W
(Name of Labor Organization)					, has picketed	the Employ	er since (Month, Day, Y	ear)
 Organizations or individuals othe individuals known to have a representation. 							es and other organization	ns and
10a. Name	10b. A	Address			10c. Tel. No	D.	10d. Cell No.	
		00 m			10s. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB co	nducts and election	n in this matter, sta	te your posit	tion with respect to an	y such election:	11a. Efection		d Manual/Mail
11b. Election Date(s):	11c. E	lection Time(s):			11d. Election	n Location(s):	
October 30, 2019		2:30pm - 4:3	0pm		Break	eak room		
12a. Full Name of Petitioner (include Washington-Baltimore N)35	12b. Address (street 1225 Eye Stro			ZIP code): Vashington, DC 2	20005
12c. Full name of national or internal	ional labor organiz	ation of which Petit	ioner is an a	l iffiliate or constituent /	if none. so state)		<u> </u>	21 2 2 2
The News Guild - Comm					N ² =			
12d. Tel. No.	12e. Cell No.		12f. Fax No		12g. E-Mail	Address		
202-785-3650 x13			202-78:		preilly	@wbng.	org	
13. Representative of the Petitione	r who will accept	service of all pap						1
13a. Name and Title: Robert E. Paul, Attorney				ess (street and number onnecticut Ave. N			ngton, DC 20036	*
13c. Tel. No.	13d. Cell No.		13e, Fax N	lo.	13f. E-Mail	Address		
202-857-5000	202-374-05	50		23-8417		zwerdli	ng.com	
declare that I have read the above		the statements a	re true to th	e best of my knowle				
Name (Print)	3948	Signature	1. 10 1	21	Title	80		Date
Name (Print) Robert E. Paul Signature Rohun. Paul				Attorney			10/16/19	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 5-AC-250552	Dette Filed 10/25/19				

INSTRUCTIONS: Unless e-Filed w employer concerned is located. To the employer and all other parties Case Procedures (Form NLR8 48	he petition must a named in the pe	l be accompani etition of: (1) th	ied by bo	oth a st on; (2) S	howing of interest (see Statement of Position f	66 below) and form NL.	d a certificat RB-505); an	te of service showing s id (3) Description of Re	service on presentation	
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	ioner desires to be	e certified as rep	presenta	itive of t	the employees. The Peti	itioner alleges	that the foll	lowing circumstances		
2a. Name of Employer: Walden Security					Establishment(s) involving Road suite 159			, State, ZiP code):		
3a. Employer Representative - Nan Mick Sharpe/ Vice Presid	ne and Title: ent	3b.	. Address	; (if sam	ne əs 2b - state same):					
3c. Tel. No. (410) 401-4965	3d. Cell No.			Fax No 123) 7	lo. 702-8204	3f. E-Meil A baltimo		waldensecurity.co)m	
4a. Type of Establishment (Factory, i Government	nine, wholesaler,	elc.)		. Princip Curit	pal Product or Service Y		Woodl	nd State where unit is loo awn, MD	ated;	
5b. Description of Unit Involved: Included: All armed and unarmed of	fficers and S	ergeants	· · · ·				8a. Numbe 216	er of Employees in Unit		
Excluded: All Lieutenants, office per							of the c	ubstantial number (30% employees in the unit wis ented by the Petitioner?	sh to be	
Check One: 7a, Request for reconnection on or about (Date) 7b, Petitioner is cui		(if no re	epty receiv	ved, so				declined recognition		
8a. Name of Recognized or Certified none				_	ddress:	diger		**************************************		
8c. Tel. No.	8d. Cell No.		8e.	. Fax No	o.	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:			8h. Da	ate of R	Recognition or Certification		8i. Expiration Date of Current or Most Recent Contract, If any (Manth, Day, Year)			
Is there now a strike or picketing at (Name of Labor Organization)	t the Employer's e	stablishment(s)) involved	1?	if so, approxim	•		s are participating? er since (Month, Day, Ye	22/1	
10. Organizations or individuals other Individuals known to have a repre none	than Petitioner a sentative interest	nd those named in any employe	d in items ses in the	8 and unit de	9, which have claimed of ascribed in item 5b above	ecognition as n	epresentative			
10a. Name	10b.	Address	***********			10c. Tel. No	5.	10d. Cell No.	— · · · · · · · · · · · · · · · · · · ·	
						10e, Fax No		10f. E-Mail Address		
11. Election Details: If the NLRB cor				ur posit	tion with respect to any t		Manua Manua	al X Mail Mixed	d Manual/Mail	
11b. Election Date(s): 11/12/2019	AL	Election Time(s L DAY	·):			NLRB I	n Location(s Region 5	s):		
12a. Full Name of Petitioner (including local name and number): Governed United Security Professionals 12b. Address (street and number, city, State and ZIP code): 5602 Baltimore National Pike suite 607 Catonsville, MD 21228										
12c. Full name of national or internati Governed United Security	Professiona	cation of which f				none, so state):	:			
12d, Tel, No. (443) 304-2018	12e. Cell No. (301) 310-3.		(4	,	04-2855		am_3800	6@yahoo.com		
13. Representative of the Petitioner who will accept service of all pap 13s. Name and Title: William Gorham/ Vice President				papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 5602 Baltimore National Pike suite 607 Catonsville, MD 21228						
13c. Tel. No. (443) 304-2018	13d. Cell No. (301) 310-3:		(4	,	04-2855			6@yahoo.com		
I declare that I have read the above Name (Print)	potition and tha	Signature	its are tr	up to th		ge and belief. Title			Date	
William Gorham		17/1-	<i>!</i>			Vice Presid	lent		10/24/19	

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 illigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). 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-250718	10-28-2019					

	•	CO LITTLE				Ų.	J-1(C	-230/1	o .	10-2	.0-2019
INSTRUCTIONS: Unless e-Filed 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 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.											
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: Reviera Enterprises, Inc.	Establishment(s) invo elt Drive D 20747	olved (Street	t and nu	mber, City,	State, ZIP co	de):					
3b. Address (if same as 2b - state same): David Stewart - Corporate Controller 3b. Address (if same as 2b - state same): same											
3c. Tel. No. 301-420-7197 ext. 205	3d. Cell No.			3e. Fax No (301) 4	20-0317		Mail Add vid@r	ress eidrayco	o.com	····	
4a. Type of Establishment (Factory, water and sewer evaluation)		ler, etc.)			pal Product or Service naintenance	9	1.	a. City and MD	State where	unit is loc	ated:
5b. Description of Unit Involved: Included: All regular part-time and Excluded:	full time h	ydrovac oj	perato:	rs, field	technicians, ba	ckmen,		32	of Employee		·
Office clerical employees	manager	s and super	Vistrs	and gua	ards as defined	in the A		of the er represer	ostantial num nployees in the nted by the Pe eclined recogni	e unit wis	h to be
Check One: 7a. Request for reconstruction on or about (Date) 7b. Petitioner is cu		(If n	o reply re	eceived, so	state).	on under the	_	=mpioyer di	acineu recog	intion	
Ba. Name of Recognized or Certifi	ed Bargaining	Agent (If none	e, so stat	e) 8b. Ad	ddress:						
8c. Tel. No.	8d. Cell No.			Be. Fax No	o.	8f. E-Mail Address					
Bg. Affiliation, if any:	 		18	n. Date of R	ecognition or Certification				rent or Most Month, Day, Y	(ear)	
9. Is there now a strike or picketing a	at the Employe	r's establishme	nt(s) invo	olved?	If so, appro	•	-		are participa		er)
(Name of Labor Organization) 10. Organizations or individuals othe individuals known to have a representation.	r than Petitionessentative Inte	er and those na rest in any emp	med in it	tems 8 and the unit de	9, which have claime scribed in item 5b ab	d recognition	n as rep	resentative	·		
10a. Name	1	0b. Address				10c. Tel. No. 10d. Cell No.			10d. Cell No.	·	
						10e. Fax No. 10			10f. E-Mail A	f. E-Mail Address	
11. Election Details: If the NLRB co	inducts and ele	ection in this ma	atter, stat	e your posi	tion with respect to a	ny such elec		la. Election		☐ Mixed	Manual/Mail
11b. Election Date(s): November 22, 2019		1c. Election Tin 3:00 p.m. to		p.m.			Election ak roc	Location(s)	:	=-	··
12a. Full Name of Petitioner <i>(inclut</i> International Union of Op	ding local name perating Er	e and number): ngineers Lo	ocal 77	7	12b. Address (stree 4546 Brittania Suitland MD	a Way	er, city, S	State and Z	IP code):		•
12c. Full name of national or internal International Union of Op	tional labor org	panization of what	ich Petiti FL-CI	ioner is an a	affiliate or constituent	(if none, so	state):				
12d. Tel. No. 12e. Cell No. 540-287-2057			12f. Fax N	lo.		E-Mail A g@iuc	ddress elocal7	7.com			
Gregorty Strotman -Business Agent 454					poses of the represe ess (street and numb rittania Way 1 MD 20746	entation pro er, city, State	oceeding le and Zi	g. P code):			
13c. Tel. No. 301-899-6900	13d. Cell No. 540-287-	2057		13e. Fax N		greg		ddress pelocal7	7.com		
I declare that I have read the abov	e petition and	Signature		re trye/to t	be best of my know	Title		1	<u></u>		Date / 28/19
crepty strotme	<u> </u>		you .	1000		Busine	255_/	<u> </u>			wy zoji I

turther 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 R C PETITION

Case No-RC-250930 Date Filed

Date Filed 10/31/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form 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.

with the NLRB and should <u>not</u>				ND 4012). THE SH	iowing or inte	erest should only be filed	
PURPOSE OF THIS PETITION: RO bargaining by Petitioner and Petition requests that the National Labor F	er desires to be certif	F REPRESENTAT fied as representat	IVE - A substantial number ive of the employees. The	Petitioner alleges th	at the following	circumstances exist and	
2a. Name of Employer	telations Board pro-	2b. A	ddress(es) of Establishmen				
Paragon Systems		1	275 First St., NE OC Washington 20002				
3a. Employer Representative – Name	e and Title		3b. Address (If same as 7529 Standish PI MD Derwood 208				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess	
(240) 912-7076			(202) 318-1465				
4a. Type of Establishment (Factory, mi	ne, wholesaler, etc.)	4b. Principal pro	oduct or service		5a. City a	and State where unit is located:	
Security Systems & Serv	vices		Armed security			Washington, DC	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ac	dditional details				-	8 6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for ac	dditional details					or more) of the employees in the unit wish to be represented by the Petitioner? Yes [V] No []	
Check One: 7a. Request f	or recognition as Bar	gaining Represent	ative was made on (Date) _	and	d Employer decl	ined recognition on or about	
7b. Petitioner		(If no reply receive ed as Bargaining R	ed, so state). Representative and desires	certification under the	Act.		
8a. Name of Recognized or Certified							
8c. Tel No.	8d Cell No.		8e. Fax No.	1	8f. E-Mail Addr	ess	
8g. Affiliation, if any	8h. Date of Recognition o	Date of Recognition or Certification 8i. Expiration Date of Current or Most Re Contract, if any (Month, Day, Year)					
9. Is there now a strike or picketing at the	he Employer's establi	shment(s) involved	1? If so, approx	kimately how many em	nployees are par	ticipating?	
(Name of labor organization)		, has pic	keted the Employer since (Month, Day, Year)			
10. Organizations or individuals other the known to have a representative interest					resentatives and	other organizations and individuals	
10a. Name	10b. Ad	Idress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond	ducts an election in th	is matter, state you	ur position with respect to	11a. Election Type: 🔽 Manual 🦳 Mail 🦳 Mixed Manual/Ma			
any such election. 11b. Election Date(s): 11/27/19		Election Time(s):		11d. Election Location(s):			
12a. Full Name of Petitioner (includia Chrissandra Jones Protective Service Officers United		1, 1-4PM umber)		TBD by Region 12b. Address (street and number, city, state, and ZIP code			
Chrissandra Jones Protective Service Officers United 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 1/a							
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad		
(202) 502-8438	(202) 502-8438					es@psosunited.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) Justin P Keating Attorney for the Union 1717 K St NW Suite 1120 Beins, Axelrod, P.C. DC Washington 20006-							
13c. Tel No. (202) 328-7222	13d. Cell No. (703) 966-3193	13d. Cell No. 13e. Fax No. 13f. E-Mail Address				dress saxelrod.com	
I declare that I have read the above p	, ,		` '	vledge and belief.	. 50		
Name (Print)	Signature		Title		Date		
Justin P Keating	Justin P. Keating		Attorney for the Union		11:10:18		

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

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

Attachment

DO NOT WRITE IN THIS SPACE							
Case 5-RC-250930	Date Filed 10/31/19						

Employees Included

All Full & Part time guards employed by the Employer at the US Peace Corps facility

Employees Excluded

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

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 5-RC-250970	Date Filed 10/3/1/19					

					i				•	1	, -, ,	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. Ti the employer and all other parties Case Procedures (Form NLRB 481	he petition m named in th 12). The show	ust be accomp e petition of: (1 ving of interes	panied b 1) the pe t should	y both a si tition; (2) S only be fil	howing of Interest (se Statement of Position ed with the NLRB an	ee 6b belo n form (Fo d should i	w) and rm NL not be	d a certificat RB-505); an served on t	te of service d (3) Descrip he employer	showing s tion of Re or any oti	service on presentation her party.	
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	oner desires	to be certified a	s represe	entative of t	he employees. The Pe	etitioner a	lleges	that the foll	owing circun	nstances (ollective exist and	
2a. Name of Employer: Triple Canopy				2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 10001 New Hampshire Ave, Silver Spring, MD 20903								
3a. Employer Representative - Name and Title: Mike Goodwin				3b. Address (if same as 2b - state same): 7121 Fairway Dr Suite 201 Fil Poly Reach Gordons 33418								
3c. Tel. No. 3d. Cell No.				Fl Palm Beach Gardens 33418 3e. Fax No. 3f. E-Mail Address								
561)406-7971 (757)560-8773								oodwin@constellis.com				
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Service				4b. Principal Product or Service Security Services @ fede			5a. City and State where unit is lo Silver Spring, MD				cated:	
5b. Description of Unit Involved: Included: Full-time and part-time security guards, as defined in Se				9(b)(3) of	the Act assigned l	by the Fi	molov	1	er of Employee	es in Unit:		
Excluded: office clerical employees, profe					_	•		6b. Do a so	ubstantial nun	the unit wis	sh to be	
Check One: 7a. Request for rec		argaining Repre	sentative	was made	on (Date)	NA		1 100,000	ented by the P declined recog		× Yes No	
on or about (Date) 7b. Petitioner is cur	rently recogni			eceived, so esentative a		n under th	e Act					
Ba. Name of Recognized or Certifie	d Bargaining	Agent (If none	e, so stat	e) 8b. Ac	ddress:	in under th	- 101.					
c. Tel. No. 8d. Cell No.				8e. Fax No.			8f. E-Mail Address					
8g. Affiliation, if any:			81	8h. Date of Recognition or Certification			n 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
none 9. Is there now a strike or picketing at	the Employe	r's establishme	ot(e) invo	lyod2 No	If so coprov	L						
(Name of Labor Organization)	. the Employe	i a catabilalillici	11(3) 11140	140		-			s are participa er since <i>(Mon</i> i	· -	ear)	
Organizations or individuals other individuals known to have a repre	than Petition sentative inte	er and those na rest in any emp	med in it loyees ir	ems 8 and the unit de	9, which have claimed scribed in item 5b abo	recognitio	n as re	epresentative	•		·	
I0a. Name 10b. Address						10c.	10c. Tel. No.		10d. Cell No.			
					100	10e. Fax No.		10f. E-Mail Address				
11. Election Details: If the NLRB cor	nducts and ele	ection in this ma	itter, stat	e your posit	tion with respect to an	y such ele	ction:	11a. Election			d Manual/Mail	
11b. Election Date(s): 11c. Election Tim						11d.	11d. Election Location(s):					
			days), 1-4pm (both days)				Mobile voting at or near worksite					
12a. Full Name of Petitioner (including local name and number): Chrissandra Jones Protective Service Officers United				12b. Address (street and number, city, State and ZIP code): 8004 Neville Place Fort Washington, MD 20744								
2c. Full name of national or international		anization of wh	ich Petiti	oner is an a	offiliate or constituent (if none so	state):	 			, <u></u>	
None					·		siale).					
12d. Tel. No. (202)602-8438 12e. Cell No. 202-602-8438							12g. E-Mail Address chrissandrajones@psosunited.com					
3. Representative of the Petitioner	who will acc	cept service of	all pape									
13a. Name and Title: Chrissandra Jones President				13b. Address (street and number, city, State and ZIP code): 10289 Housely Place White Plains, MD 20695								
3c. Tel. No. 13d. Cell No.		13e. Fax No		lo.	13f. E	13f. E-Mail Address						
202-602-8438												
declare that I have read the above Name (Print)	petition and	that the stater Signature		e true to th	ne best of my knowle	dge and b	elief.				Date	
Chrissandra Jones				ndrally	on 6	Preside					Date 10/29/19	

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