

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE
Case No. **05-RD-226677** Date Filed **9/4/2018**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Millville Volunteer Fire Company		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 35554 Atlantic Ave. Millville, DE. 19967	
3a. Employer Representative - Name and Title John J. Watson EMS Chief		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. 302-539-7557	3d. Fax No.	3e. Cell No. 302-462-6726	3f. E-Mail Address emschief@millville84.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Fire Company		4b. Principal product or service Fire/ Emergency Medical Service	
5a. Description of Unit Involved Included: Consist of all full-time paid EMT/ FF employees of the Millville Volunteer Fire Company Excluded: EMS Chief and Administrative Secretary.			5b. City and State where unit is located: Millville, Delaware
6. No. of Employees in Unit 11	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Sussex County Uniformed Fire Fighters Association IAFF Local 5121		8b. Affiliation, if any Glenn Johnson Jr. President Local 5121	
8c. Address 37061 Johnson Road Selbyville, DE 19975		8d. Tel. No.	8e. Cell No. 302-381-4830
		8f. Fax No.	8g. E-Mail Address glenn.johnson@millville84.com
9. Date of Recognition or Certification February 23, 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A No contract has been ratified	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) September 21, 2018	13c. Election Time(s) 0700-1100	13d. Election Location(s) 35554 Atlantic Ave. Millville DE 19967	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)
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) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 09/01/2018

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

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-226812	Date Filed 9-5-2018

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

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

2a. Name of Employer
Watkins Security Agency, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2235 Shannon Pl SE, Washington, DC 20020

3a. Employer Representative - Name and Title
Richard Hamilton, President and CEO

3b. Address (If same as 2b - state same)
3939 Benning Rd., NE, Washington DC 20019

3c. Tel. No.
202-581-2871

3d. Cell No.

3e. Fax No.
202-581-2875

3f. E-Mail Address
rhamilton@thewatkinsgroup.com

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

4b. Principal product or service
Security services

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

5b. Description of Unit Involved
Included: All full-time and regular part-time armed and unarmed protective security officers employed by the Employer at the DC Lottery facility currently located at 2235 Shannon Place, SE, Washington, DC.
Excluded: office clerical employees, professional employees, managerial employees and supervisors as defined in the Act.

6a. No. of Employees in Unit.
7

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

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

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

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
9/11/18

11c. Election Time(s):
N/A

11d. Election Location(s):
N/A

12a. Full Name of Petitioner (Including local name and number)
Union Rights for Security Officers

12b. Address (street and number, city, state, and ZIP code)
9332 Annapolis Rd., Ste. 101, Lanham, MD 20706

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

12d. Tel No.
202-320-6898

12e. Cell No.
202-320-6898

12f. Fax No.
301-505-3646

12g. E-Mail Address
sepheriasprattley.urso@gmail.com

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

13a. Name and Title
Sopheria Sprattley, URSO Business Representative

13b. Address (street and number, city, state, and ZIP code)
329 Meadow Way, Landover, MD 20785

13c. Tel No.
202-320-6898

13d. Cell No.
202-320-6898

13e. Fax No.
301-505-3646

13f. E-Mail Address
sepheriasprattley.urso@gmail.com

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

Name (Print)
Sopheria Sprattley

Signature

Title
Business Rep

Date
8-27-18

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

PRIVACY ACT STATEMENT

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

(b) (6), (b)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 05-RC-226846	Date Filed 09-06-2018
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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: The Daily Press and The Virginian-Pilot, d/b/a Virginia Media Group	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See attached
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3a. Employer Representative - Name and Title: Marisa Porto, Publisher & Editor-in-Chief	3b. Address (if same as 2b - state same): 703 Mariners Row, Newport News, Va
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3c. Tel. No. (757) 247-4660	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mporto@dailypress.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) News Organization	4b. Principal Product or Service Print and digital news	5a. City and State where unit is located: See attached
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6b. Description of Unit Involved: Included: See attached Excluded: See attached	6a. Number of Employees in Unit: 110	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 09/04/18 and Employer declined recognition on or about (Date) 09/06/18 (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

11b. Election Date(s): September 19, 2018	11c. Election Time(s): 10am-12pm, 2:30pm-4:30pm, 6pm-8pm	11d. Election Location(s): See attached
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12a. Full Name of Petitioner (including local name and number): The NewsGuild-CWA	12b. Address (street and number, city, State and ZIP code): 501 Third St., N.W., 6th Floor, Washington, D.C. 20001
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Communications Workers of America

12d. Tel. No. (202) 434-7177	12e. Cell No.	12f. Fax No.	12g. E-Mail Address sbasile@cwa-union.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Michael Melick, attorney	13b. Address (street and number, city, State and ZIP code): 1025 Connecticut Ave., Suite 712, Washington, D.C. 20036
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13c. Tel. No. (202) 293-9222	13d. Cell No. (443) 682-3867	13e. Fax No.	13f. E-Mail Address mmelick@barrcamens.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Michael Melick	Signature 	Title Attorney	Date 09/06/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-226878	Date Filed 09-06-2018

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

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

2a. Name of Employer: Golden Services, LLC.	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 72 Mitchell Rd, Oak Ridge, TN 37830
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3a. Employer Representative - Name and Title: Michelle Kyker, VP of Business Operation	3b. Address (if same as 2b - state same): 72 Mitchell Rd, Oak Ridge, TN 37830
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3c. Tel. No. 865-804-1618	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mkyker@goldsvcs.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.): Security Systems & Services	4b. Principal Product or Service Security Protection	5a. City and State where unit is located: Manassas, VA and Fairfax, VA
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5b. Description of Unit Involved: Included: See attached page 2 for additional details Excluded: See attached page 2 for additional details	6a. Number of Employees in Unit: 10	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

11b. Election Date(s): To be determined	11c. Election Time(s): To be determined	11d. Election Location(s): To be determined
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12a. Full Name of Petitioner (including local name and number): Federal Contract Guards of America	12b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
Federal Contract Guards of America

12d. Tel. No. 212-541-3753	12e. Cell No.	12f. Fax No. 917-322-2105	12g. E-Mail Address
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13a. Name and Title: Guy James	13b. Address (street and number, city, State and ZIP code): 445 Park Ave, New York, NY 10022
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13c. Tel. No. 212-541-3753	13d. Cell No. 631-983-7972	13e. Fax No. 917-322-2105	13f. E-Mail Address gjames@fcgoa.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Guy James	Signature 	Title President	Date 9/6/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 05-RC-226993

Date Filed 09/07/2018

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

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

2a. Name of Employer: Wyndham Resorts Hotel National Harbor	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 250 Mariner Passage, Oxon Hill, Maryland 20745
3a. Employer Representative - Name and Title: Brennan Handfield -General Manager	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 301-265-4200	3d. Cell No.	3e. Fax No. 301-265-4205	3f. E-Mail Address bren.handfield@wynn.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel	4b. Principal Product or Service Hospitality	5a. City and State where unit is located: Oxon Hill, Maryland
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5b. Description of Unit Involved: Included: All full-time and regular part-time employees employed by the employer and engaged in engineering, maintenance and grounds at Wyndham Resorts National Harbor at Wyndham Resorts National Harbor. Excluded: All clerical employees, all managerial employees, all professional employees, all guards and supervisors defined by the Act.	6a. Number of Employees in Unit: 12
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6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 09/07/18 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		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:**
NLRB Election on Hotel Site Manual Mail Mixed Manual/Mail

11b. Election Date(s): 10/11/18	11c. Election Time(s): 2pm-5pm	11d. Election Location(s): Third Floor Engineering/Maintenance Shop
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12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 99	12b. Address (street and number, city, State and ZIP code): 2461 Wisconsin Ave, NW Washington, DC 20007
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Operating Engineers.

12d. Tel. No. 202-337-0099	12e. Cell No. 202-744-9519	12f. Fax No. 202-625-7982	12g. E-Mail Address kgraham@iuoelocal99.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Keith J. Graham	13b. Address (street and number, city, State and ZIP code): 2461 Wisconsin Ave, NW Washington, DC 20007

13c. Tel. No. 202-337-0099	13d. Cell No. 202-744-9519	13e. Fax No. 202-625-7982	13f. E-Mail Address kgraham@iuoelocal99.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Keith J. Graham	Signature 	Title Organizer	Date 09/07/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-227255	Date Filed 9/13/18

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

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

2a. Name of Employer
Maryland American Water Co.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1004 Baltimore Pike, Bel Air, MD 21014

3a. Employer Representative - Name and Title
Barry Suits, President

3b. Address (if same as 2b - state same)
260 Gateway Drive, Bel Air, MD 21014

3c. Tel. No.
410-838-8404

3d. Cell No.

3e. Fax No.

3f. E-Mail Address
Barry.Suits@amwater.com

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

4b. Principal product or service
Water

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

5b. Description of Unit Involved

Included: All production and maintenance employees at the location in Item 2-b

Excluded: all confidential secretaries, supervisors, guards and executives

6a. No. of Employees in Unit:
6

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

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date) 03-19-2018 and Employer declined recognition on or about 03-22-18 (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).
Utility Workers Union of America, System Local 537

8b. Address
1300 L St. NW, Suite 1200 Washington DC 20005

8c. Tel No.
201-446-5085

8d. Cell No.

8e. Fax No.

8f. E-Mail Address
john.duffy@uwua.net

8g. Affiliation, if any
Utility Workers Union of America, AFL-CIO

8h. Date of Recognition or Certification
Over 40 years ago

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
10-31-2019-5 year contract

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
Utility Workers United Association, Local 537

10b. Address
535 Smithfield St, Suite 300, PghPA 15222

10c. Tel. No.
412-355-0200

10d. Cell No.
412-606-2041

10e. Fax No.
412-261-6221

10f. E-Mail Address
sjp@sgkpc.com

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

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

11b. Election Date(s):
Oct. 25, 2018

11c. Election Time(s):
6:00-8:30 AM and 2:30-5:00 PM

11d. Election Location(s):
work location at Item 2-b above

12a. Full Name of Petitioner (including local name and number)
Utility Workers United Association, Local 537

12b. Address (street and number, city, state, and ZIP code)
535 Smithfield Street, Suite 300, Pittsburgh, PA 15222

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

12d. Tel No.
412-355-0200

12e. Cell No.
412-606-2041

12f. Fax No.
412-261-6221

12g. E-Mail Address
sjp@sgkpc.com

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

13a. Name and Title
Samuel J. Pasquarelli, Attorney

13b. Address (street and number, city, state, and ZIP code)
535 Smithfield Street, Suite 300, Pittsburgh, PA 15222

13c. Tel No.
412-355-0200

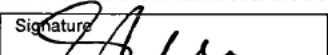
13d. Cell No.
412-606-2041

13e. Fax No.
412-261-6221

13f. E-Mail Address
sjp@sgkpc.com

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

Name (Print)
Samuel J. Pasquarelli

Signature


Title
Attorney, Utility Workers United Association, Local 537

Date
Sept. 12, 2018

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

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information 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. 5-RC-227362

Date Filed
9/14/18

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

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

2a. Name of Employer: Wyndam Resorts Hotel National Harbor		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 250 Mariner Passage, Oxon Hill, Maryland 20745	
3a. Employer Representative - Name and Title: Brennan Handfield- General Manager		3b. Address (if same as 2b - state same): Same	

3c. Tel. No. 301-265-4200	3d. Cell No.	3e. Fax No. 301-265-4205	3f. E-Mail Address brennan.handfield@wyn.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel	4b. Principal Product or Service Hospitality	5a. City and State where unit is located: Oxon Hill, Maryland
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5b. Description of Unit Involved: Included: All full-time and regular part-time employees employed by the employer and engaged in engineering, maintenance and grounds at Wyndam Resorts National Harbor at Wyndam Resorts National Harbor. Excluded: All clerical employees, all managerial employees, all professional employees, all guards and supervisors defined by the Act.		6a. Number of Employees in Unit: 12	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 09/14/18 and Employer declined recognition on or about (Date) No Reply (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: NLRB Election on Hotel Site	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 10/11/18	11c. Election Time(s): 2pm-5pm	11d. Election Location(s): Third Floor Engineering/ Maintenance Shop
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12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 99	12b. Address (street and number, city, State and ZIP code): 9315 Largo Dr. West. Upper Marlboro, Maryland 20774
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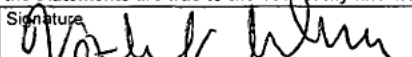
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Operating Engineers

12d. Tel. No. 202 337 0099	12e. Cell No. 202 744 9519	12f. Fax No. 202 625 7982	12g. E-Mail Address kgraham83@hotmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Keith J. Graham	13b. Address (street and number, city, State and ZIP code): 9315 Largo Dr. West. Upper Marlboro, Maryland 20774

13c. Tel. No. 202 337 0099	13d. Cell No. 202 744 9519	13e. Fax No. 202 625 7982	13f. E-Mail Address kgraham83@hotmail.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Keith J. Graham	Signature 	Title Organizer	Date 09/14/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <u>5-RC-227481</u>	Date Filed <u>9/17/18</u>

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

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

2a. Name of Employer
SecTek, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1700 G. St. NW., Washington, DC 20552

3a. Employer Representative - Name and Title
Wilfred Blood - CEO

3b. Address (if same as 2b - state same)
1930 Isaac Newton Square Suite 100, Reston, VA 20190

3c. Tel. No. 703-435-0970 **3d. Cell No.**

3e. Fax No. 703-834-0124 **3f. E-Mail Address** wdblood@sectek.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY AGENCY **4b. Principal product or service** SECURITY **5a. City and State where unit is located:** Washington, DC

5b. Description of Unit Involved
Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SPECIAL POLICE OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SECTEK, INC @ 1700 G. ST. NW., WASHINGTON, DC 20552
Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

6a. No. of Employees in Unit: 14
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (if no reply received, so state). **NONE**
 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). LEOSU **8b. Address** 220 Old Country Road #2, Mineola, NY 11501

8c. Tel No. 212-457-1010 **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address** leosunions@gmail.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)**

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

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

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

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

11b. Election Date(s): 10/1/2018 **11c. Election Time(s):** 6-8:00 AM & 2-4:00 PM **11d. Election Location(s):** Breakroom

12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA) **12b. Address (street and number, city, state, and ZIP code)** 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)

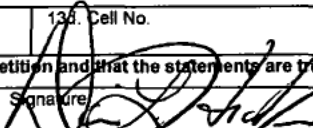
12d. Tel No. 586-772-7250 X111 **12e. Cell No.** 586-872-5634 **12f. Fax No.** 586-772-9644 **12g. E-Mail Address** organize@spfpa.org

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. 313-964-5600 **13d. Cell No.** **13e. Fax No.** 313-964-2125 **13f. E-Mail Address** 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) David L. Hickey **Signature**  **Title** International President **Date** 9/14/18

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

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-227658	Date Filed 9/19/18

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

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

2a. Name of Employer: Jones Lang LaSalle	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 100 Potomac Avenue SW Washington, DC 20024
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3a. Employer Representative - Name and Title: Megan O'Hara Pawlowski Senior VP	3b. Address (if same as 2b - state same): 601 f st nw washington dc 20004
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3c. Tel. No. 202 628 3200 x7762.	3d. Cell No.	3e. Fax No.	3f. E-Mail Address Megan.Pawlowski@am.jll.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Soccer Stadium	4b. Principal Product or Service Facilities Management	5a. City and State where unit is located: Washington, DC
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5b. Description of Unit Involved: Included: All fulltime and regular Part-time employees employed by the employer engaged in facilities maintenance at the Audi Field Soccer Stadium.	6a. Number of Employees in Unit: 5
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Excluded:
All clerical employees, all managerial employees, all professional employees, all guards and supervisors as defined by the act.

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 09/19/2018 and Employer declined recognition on or about (Date) no reply (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

11b. Election Date(s): 10-19-2018	11c. Election Time(s): 1200-100pm	11d. Election Location(s): Engineering Breakroom
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12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers, Local 99	12b. Address (street and number, city, State and ZIP code): 9315 Largo Dr W, Upper Marlboro, MD 20774
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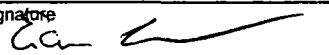
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union of Operating Engineers

12d. Tel. No. 202-253-5440	12e. Cell No. 202-253-5440	12f. Fax No.	12g. E-Mail Address eamonclifford@hotmail.com
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13a. Name and Title: Eamon Clifford, Lead Organizer	13b. Address (street and number, city, State and ZIP code): 9315 Largo Dr W, Upper Marlboro, MD 20774
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13c. Tel. No. 202-253-5440	13d. Cell No. 202-253-5440	13e. Fax No.	13f. E-Mail Address eamonclifford@hotmail.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Eamon Clifford	Signature 	Title Lead Organizer	Date 9-19-18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-227685	Date Filed 9/17/18

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

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

2a. Name of Employer Catholic University of America	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 620 Michigan Ave NE DC Washington 20064-0001
---	---

3a. Employer Representative - Name and Title Yvonne Evans	3b. Address (If same as 2b - state same) 620 Michigan Ave NE DC Washington 20064-0001
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3c. Tel. No. (202) 319-6594	3d. Cell No.	3e. Fax No.	3f. E-Mail Address evansy@cua.edu
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Schools	4b. Principal product or service University	5a. City and State where unit is located: Washington, DC
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5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details	6a. No. of Employees in Unit: 30	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ 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 & Fire Professionals of America SPFPA and its Local	8b. Address 25510 Kelly Rd MI Roseville 48066-4994
--	---

8c. Tel No. (800) 228-7492	8d Cell No. (916) 501-3174	8e. Fax No. (586) 772-9644	8f. E-Mail Address jmcroy@spfpa.org
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 05/31/2018
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____
(Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____.

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

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

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

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 10/1/18	11c. Election Time(s): 6:00 AM TO 7:30 AM & 2 00 PM TO 3:30 PM	11d. Election Location(s): At the Employers Facility 620 Michigan Ave NE, Washington, DC 20064
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12a. Full Name of Petitioner (including local name and number) Steve Maritas Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA	12b. Address (street and number, city, state, and ZIP code) (202) 595-3510 DC Washington DC 20004-
---	---

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

12d. Tel No. (202) 595-3510	12e. Cell No. (202) 486-8558	12f. Fax No. (202) 595-3510	12g. E-Mail Address LEOSUDC@GMAIL.COM
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
----------------------------	--

13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-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) Steve Maritas	Signature Steve Maritas	Title Organizing Director	Date 09/15/2018 16:19:02
--------------------------------------	-----------------------------------	-------------------------------------	------------------------------------

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-227685	Date Filed 9/17/18

Employees Included

All full-time and regular part-time Special Police Officers SPO's performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer.

Employees Excluded

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

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 5-RC-227744 Date Filed 9/20/18

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

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

2a. Name of Employer
Carroll Home Services

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
2700 Loch Raven Road, Suite 200, Baltimore, MD 21218

3a. Employer Representative - Name and Title
Eric Schmider/General Manager

3b. Address (If same as 2b - state same)
2700 Loch Raven Road, Suite 200, Baltimore, MD 21218

3c. Tel. No.
410-235-1066

3d. Cell No.

3e. Fax No.
410-387-7151

3f. E-Mail Address
eschmide @carrollhomeservices.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Home and Oil Delivery Services

4b. Principal product or service
HVAC Home Service/Oil Delivery

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

5b. Description of Unit Involved
Included: All full-time/part-time Service and Installation Techs

6a. No. of Employees in Unit:
37

Excluded: All other classifications, clerical, management, temporary employees and professional employees as defined by the act.

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

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
Friday, October 5, 2018

11c. Election Time(s):
7:00 a.m. to 9:00 a.m. and 12:00 noon to 2:00 p.m.

11d. Election Location(s):
Conference Room

12a. Full Name of Petitioner (including local name and number)
Teamster Local 570

12b. Address (street and number, city, state, and ZIP code)
6910 Eastern Avenue, Baltimore, MD 21224

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.
410-284-5081

12e. Cell No.

12f. Fax No.
410-282-7185

12g. E-Mail Address
Team570@comcast.net

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

13a. Name and Title **Moses Jackson, Vice President**

13b. Address (street and number, city, state, and ZIP code)
6910 Eastern Avenue, Baltimore, MD 21224

13c. Tel. No.
410-284-5081

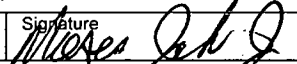
13d. Cell No.
443-506-7540

13e. Fax No.
410-282-7185

13f. E-Mail Address
Team570@comcast.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)
Moses Jackson

Signature


Title
Vice President

Date
9-20-18

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.

FIRST AMENDED RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-227878	Date Filed 9/27/18

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

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

2a. Name of Employer: KMN Sheet Metal, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7400 Boston Blvd. Springfield, VA 22153
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3a. Employer Representative - Name and Title: Dwight Day, Owner/President	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 703-550-9888	3d. Cell No.	3e. Fax No. 703-550-7585	3f. E-Mail Address dwightday@kmmmechanical.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mechanical Contractor	4b. Principal Product or Service HVAC	5a. City and State where unit is located: Springfield, VA
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5b. Description of Unit Involved: Included: See attached Excluded: See attached	6a. Number of Employees in Unit: 13
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6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

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

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

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

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

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

11b. Election Date(s): October 13, 2018	11c. Election Time(s): 1:00 p.m. to 3:00 p.m.	11d. Election Location(s): employer's shop
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12a. Full Name of Petitioner (including local name and number): Steamfitters Local 602	12b. Address (street and number, city, State and ZIP code): 8700 Ashwood Drive, Capitol Heights, MD 20743
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Association of Journeymen & Apprentices of the Plumbing & Pipefitting Indus. of the U.S. and Canada

12d. Tel. No. 301-333-2356	12e. Cell No.	12f. Fax No. 301-333-1730	12g. E-Mail Address Lu602bal@uanet.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title: Keith R. Bolek, Esq.	13b. Address (street and number, city, State and ZIP code): O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave. NW Suite 800 Washington DC 20015

13c. Tel. No. 202-362-0041	13d. Cell No.	13e. Fax No. 202-362-2640	13f. E-Mail Address kbolek@odonoghuelaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Keith R. Bolek	Signature 	Title Attorney	Date 09/27/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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

5b. Description of Unit Involved:

Included: All full-time and regular part-time service technicians and plumbers, including apprentices and helpers, employed by the employer.

Excluded: All employees employed in the employer's office, shop, field, delivery, and HVAC supply departments, and all 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-227878	Date Filed 9/24/18

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

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

2a. Name of Employer: KMN Mechanical	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 7400 Boston Blvd. Springfield, VA 22153
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3a. Employer Representative - Name and Title: Dwight Day, Owner/President	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 703-550-9888	3d. Cell No.	3e. Fax No. 703-550-7585	3f. E-Mail Address dwightday@kmmmechanical.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mechanical Contractor	4b. Principal Product or Service HVAC	5a. City and State where unit is located: Springfield, VA
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5b. Description of Unit Involved: Included: See attached Excluded: See attached	6a. Number of Employees in Unit: 13	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

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

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

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

11b. Election Date(s): October 10, 2018	11c. Election Time(s): 8a.m. to 10 a.m.	11d. Election Location(s): employer's shop
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12a. Full Name of Petitioner (including local name and number): Steamfitters Local 602	12b. Address (street and number, city, State and ZIP code): 8700 Ashwood Drive, Capitol Heights, MD 20743
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Association of Journeymen & Apprentices of the Plumbing & Pipefitting Indus. of the U.S. and Canada

12d. Tel. No. 301-333-2356	12e. Cell No.	12f. Fax No. 301-333-1730	12g. E-Mail Address Lu602ba1@uanet.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Keith R. Bolek, Esq.	13b. Address (street and number, city, State and ZIP code): O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave. NW Suite 800 Washington DC 20015
---	--

13c. Tel. No. 202-362-0041	13d. Cell No.	13e. Fax No. 202-362-2640	13f. E-Mail Address kbolek@odonoghuelaw.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Keith R. Bolek	Signature 	Title Attorney	Date 09/24/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

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

5b. Description of Unit Involved:

Included: All full-time and regular part-time service technicians, including apprentices and helpers, employed by the employer.

Excluded: All employees employed in the employer's office, shop, field, delivery, and HVAC supply departments, and all guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-227968	Date Filed 9/24/18

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

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

2a. Name of Employer Red Classic		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7210 Preston Gateway Dr MD Hanover 22110-7674	
3a. Employer Representative - Name and Title Salis Becknell		3b. Address (If same as 2b - state same) 7210 Preston Gateway Dr MD Hanover 22110-7674	
3c. Tel. No. (410) 684-8597	3d. Cell No. (240) 393-7835	3e. Fax No.	3f. E-Mail Address Silas.becknell@redclassic.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking		4b. Principal product or service Truck mechanics	5a. City and State where unit is located: Hanover, MD

5b. Description of Unit Involved		6a. No. of Employees in Unit: 11
Included: 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 Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

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

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

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

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

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

11b. Election Date(s): 10/15/18 or earliest available	11c. Election Time(s): 12:00pm - 2:00pm	11d. Election Location(s): secure location at the company location
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12a. Full Name of Petitioner (including local name and number) Edwin Allen Mulford III Edwin Allen Mulford III Truck drivers, Helpers, Taxicab Drivers, Garage Employees and Airport Employees Local Union	12b. Address (street and number, city, state, and ZIP code) 1030 S. Dukeland St. MD Baltimore 21223
---	--

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. (410) 566-5700	12e. Cell No. (442) 889-4631	12f. Fax No. (410) 566-1485	12g. E-Mail Address emulford@teamsters355.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-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) Edwin Allen Mulford III	Signature Edwin A. Mulford III	Title Organizer	Date 09/24/2018 13:03:12
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included
All full time and Part Time Truck Mechanics

Employees Excluded
Warehouse, Clerical, supervisors and Managers as defined by the act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 5-RC-228241

Date Filed 9/27/18

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

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

2a. Name of Employer
DHL, Express

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
1328 Charwood Rd Ste 100
MD Hanover 21076-3200

3a. Employer Representative - Name and Title
Adam Scott

3b. Address (If same as 2b - state same)
1328 Charwood Rd Ste 100
MD Hanover 21076-3200

3c. Tel. No.
(410) 689-1810

3d. Cell No.
(202) 701-5147

3e. Fax No.
(480) 655-3167

3f. E-Mail Address
Adam.Scott-Foshee@dhl.com

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

4b. Principal product or service
Package Delivery

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

5b. Description of Unit Involved

Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:
3

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

Excluded: See Attached Page 2 for additional details

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) 09/25/2018 and Employer declined recognition on or about 09/27/2018 (Date) (If no reply received, so state). Yes

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

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

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

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

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

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

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

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

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

11b. Election Date(s):
10/16/18 or earliest available date

11c. Election Time(s):
9am-10am and 2pm-3pm

11d. Election Location(s):
secure location at company location

12a. Full Name of Petitioner (including local name and number)
Mark Garey
Truck Drivers, Helpers, Taxicab Drivers, Garage Employees and Airport Employees Local Union no. 355

12b. Address (street and number, city, state, and ZIP code)
1030 S Dukeland St
MD Baltimore 21223-3381

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.
(410) 566-5700

12e. Cell No.
(443) 631-1415

12f. Fax No.
(410) 566-1485

12g. E-Mail Address
mgarey@teamsters355.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)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-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)
Mark Garey

Signature
Mark Garey

Title
Business Agent

Date
09/27/2018 13:44:52

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-228241	Date Filed 9/27/18

Employees Included
All full time and Part time clerical employees

Employees Excluded
all supervisors and managers as described in the act

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 5-RD-227430	Date Filed 9/17/18

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

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Catholic University of America		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 620 Michigan Ave NE DC Washington 20064-0001	
3a. Employer Representative - Name and Title Yvonne Evans Manager, Employee Relations		3b. Address (If same as 2b - state same) 620 Michigan Ave NE DC Washington 20064-0001	
3c. Tel. No. (202) 319-6594	3d. Cell No.	3e. Fax No.	3f. E-Mail Address evansy@cua.edu
4a. Type of Establishment (Factory, mine, wholesaler, etc) Schools		4b. Principal product or service University	
5a. City and State where unit is located: Washington, DC			

5b. Description of Unit Involved Included: See Attached Page 2 for additional details Excluded: See Attached Page 2 for additional details		6a. No. of Employees in Unit: 29
		6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent International Union Security Police & Fire Professionals of America SPFPA and its Local 2		8b. Address 25510 Kelly Rd MI Roseville 48066-4994	
8c. Tel No. (800) 228-7492	8d. Cell No. (916) 501-3174	8e. Fax No. (586) 772-9644	8f. E-Mail Address jmccray@spfpa.org
8g. Affiliation, if any International Union Security Police & Fire Professionals of America SPFPA		8h. Date of Recognition or Certification 07/01/2015	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 05/31/2018

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

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

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 10/1/18	11c. Election Time(s): 6:00 AM TO 7:30 AM & 2:00 PM TO 3:30 PM		11d. Election Location(s): At the Employers Facility 620 Michigan Ave NE, Washington, DC 2006-

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
None

12d. Tel No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-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) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 09/16/2018 12:26:34
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Case 5-RD-227430	Date Filed 9/17/18

Employees Included

All full-time and regular part-time Special Police Officers SPO's performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer

Employees Excluded

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