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employee and a center of a forecast. The petition must be accompanied by Ball 3-shoring of interest (see B below) and a centificate of service and a center of the petition of		NATIONAL LA	BOR RELATION				42886					
balagentiation by Petitioner and Petitioner desires to be carified as representative of the amployaes. The Petitioner alleges that the following clarematances axist and requests that the following clarematances axist and requests that the following clarematances. And the amployaes. The Petitioner and Representative Actional Labor Relations Action Labor Relations Actional Labor Relatind Relatind Relations Actional Labor Relations Actiona	employer concerned is located. the employer and all other partie	The petition mus s named in the j	t be accompan etition of: (1) t	iled by both a he petition; (2	showing of interest (s) Statement of Position	ee 6b below) and n form (Form NL	d a certifica RB-505); an	te of service sho d (3) Description	wing service on of Representation			
New York Blood Center 45-01 Vernon Blvd, Long Island City, Queens, NY 1101 3a. Employer Representative - Name and Title: 3b. Address (f same as 2b - state same): 310 East 67th Street, New York, NY 10064 3c. Tento 212-570-3096 3d Cell No. 3b. East 67th Street, New York, NY 10064 3c. Tento 310 East 67th Street, New York, NY 10064 3c. Tento 310 East 67th Street, New York, NY 10064 3c. Tento 310 East 67th Street, New York, NY 10064 3c. Tento 310 East 67th Street, New York, NY 10064 3c. Tento 310 East 67th Street, New York, NY 10064 3c. Tento 310 East 67th Street, New York, NY 10064 3c. Tento 310 East 67th Street, New York, NY 10064 3c. Tento 310 East 67th Street, New York, NY 10064 3c. Tento 310 East 67th Street, New York, NY 10064 3c. Tento 310 East 67th Street, New York, NY 10064 3c. Tento 310 East 67th Street, New York, NY 10064 3c. Tento 32 Easthole 3c. Tento 35 Easthole 3c. Tento 36 Easthole 3c. Tento 36 Easthole 3c. Tento 36 Easthole 3c. Tento 36 Easthole	bargaining by Petitioner and Peti	tioner desires to	pe certified as re	epresentative o	of the employees. The P	etitioner alleges	that the foll	owing circumsta	nces exist and			
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Maureen Cuirrlin Director- Employee & Labor Relations/HR 310 East 67th Street, New York, NY 10064 34. Cel No. 212-570-3466 34. Cel No. 212-570-3466 35. Fak No. 36. Street and Note of Employee and State where unit is located: Health Care Clinic 65. Description of Unit Involves: Included: See attachment Excluded: See attachment Common of unit movies: Included: See attachment Common of abult (Back (Common of Common of C												
Director- Employee & Labor Relations/HR 310 East 67th Street, New York, NY 10064 32: Table 30. Get No. 30. Fax No. 31. E-Mail Address 21:2-570-3096 32. Cell No. 35. Fax No. 31. E-Mail Address 43: Type of Evablishment (factory, rinne, wholesaler, etc.) 45. Principal Product or Service East No. 56. Description of Unit Involved: Included: Sec attachment Sec attachment Sec attachment Sec attachment 66. Do a substantial number (30% or more) or or eabout (bab) 61. Do a substantial number (30% or more) or or eabout (bab) 62. Do a substantial number (30% or more) or or eabout (bab) 63. Numeer of Employees in the unit High Deb or or eabout (bab) and Employees in the unit High Deb or or eabout (bab) and Employees and pacing Representative and desizes cellication under the Act. 8a. Name of Recognized or Certified Bargaining Representative and desizes cellication under the Act. 8a. Far No. 8f. Edata Address 8g. Affiliation, if any: Bh. Date of Recognition or Certification 8f. Expiration Date of Current or Most Record Contact, if any (Mortin, Day, Year) 10. Organizations or individuals other than Patitones and those area do those area of those and those area (Mortin, Strateging) If the eact of contact, if any (Mortin, Day, Year) 10. Organizations or individuals other than Patito		me and Title:	31	o. Address (if s	ame as 2b - state same,) <i>:</i>						
212-570-3096 mcurrlin@mybe.org 4a Type of Eablahomet (frequery, mine, wholesaler, etc.) 4b Principal Poduct or Service Sa City and State-Wree unit is coded: Long Island City, NY 8b. Description of Unit Involved: included: Sec attachment 5a City and State-Wree unit is coded: Long Island City, NY 8b. description of Unit Involved: included: 6b Das substantial number (30% or more) or a sobul (bate) 6b Das substantial number (30% or more) presented by the Petitioner (2 Ves No. Check One: 7a. Request for recognition as Barganing Representative was made on (0ate) on a sobul (bate) and Employee dedined recognition of a code (bate) and Employee dedined recognition (1 for reply received, so state) 8c. Tell. No. fnf Cell No 8n. Faer No. 8f. Editors is correlly received as table individuals inform than Petitioner and these named in fume 8 and 9. which have claimed recognition as representative and description or certification individuals known to have a representative indrese is in the unit described in liem 5b above. (1 none, so state) 10b. Call No. 10. Address 10b. Address 10b. Address 10b. Call No. 10c. Tel. No. 10d. Call No. 11. Election Details: If the NLRB conducts and election in the matter, state your position with respect to any which have claimed recognition as representative and other organizations individuals known to have a representative inferest is any employees in the unit described in liem 5b above. (1 none, so state) 10d. Call No.	Director- Employee & La	abor Relatio	ns/HR 3	10 East 67	th Street, New Y	ork, NY 100)64					
Health Care Clinic Health care Long Island City, NY So Description of thin two/bed: included: See attachment See Attachment See Attachment See datachment Excluded: See Attachment and Employee at City on one or about Otale) and Employee at City on one or about Otale) If the Petitoner's City on one or about Otale See Attachment See Attachment <td< td=""><td></td><td>3d. Cell No.</td><td></td><td>212-5</td><td>570-3466</td><td>mcurrlin</td><td></td><td>org</td><td></td></td<>		3d. Cell No.		212-5	570-3466	mcurrlin		org				
Included: See attachment Excluded: See attachment To representative was made on (Date) To representative was made on (Date) To representative and device comployees in the Pationer? [2] (Yes _] No Check One: To a substantial number (10% or more) To representative and devices certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state) Bb. Address Bc. Tel. No. Bd. Cell Mn Be. Far No. Bf. E-Mail Address Bg. Affiliation, if any: Bh. Date of Recognition or Certification Bit. Explaining Agent (If none, so state) Bb. Address Bg. Affiliation, if any: Bf. Date of Recognition or Certification Bit. Explaining Agent (If none, so state) Bit. Address Bg. Affiliation, if any: Bf. Date of Recognition or Certification Bit. Explaining Agent (If none, so state) Bit. Address Bg. Affiliation, if any: Bf. Date of Recognition or Certification Bit. Explaining Date of Current or Most Recom Contract, if any (Month, Day, Year) I so, approximately how may employees are pathoganing? (Name of Labor Organization) Do Granization or Individuals is ther than Petitioner and those named in items B and 9, which have daimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 babove. (If none, so state) 10a. Name 10b. Address 11c. Tel. No. 10c. Fe. No. 10c. E-Mail Address 11c. Election Date(3): 11c. Election Time(3): 7am-9am OR 11am-1pm 11d. Election Contract, if any IMonth 11d. Election Organization of which Petitioner is an difficate or constituent (If none, so state) 12a. Full Name of Petitioner (including local name and number): 12b. Address (Street and number, clw, State and 2JP code): 13b. Address (Street and number, clw, State and 2JP code): 13b. Address (Street and number, clw, State and 2JP code	4a. Type of Establishment (Factory, Health Care Clinic	mine, wholesale	; etc.)									
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Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition To. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Representative and desires certification under the Act. Ba. Address: Bc. Tel. No. Rf. Cell Nn Bg. Address:							of the e	employees in the u	unit wish to be			
Ba. Name of Recognized or Certified Bargaining Agent (If none, so state) Bb. Address: Bc. Tel. No. Bd. Cell Nn Be. Fax No. Bf. E-Mail Address Bg. Affiliation, if any: Bh. Date of Recognition or Certification Be. Exer No. Bf. Exercit 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)	on or about (Date)		(if no re	eply received, s	so state).				Hand Hand			
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6/27/19 7am-9am OR 11am-1pm Marsh room, first floor 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 1199SEIU United Healthcare Workers East 330 West 42nd Street, New York, NY 10036 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): 12d. Tel. No. 12e. Cell No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Micah Wissinger, Esq., Levy Ratner, P.C. 80 8th A venue, 8th Floor, New York, NY 10011 13c. Tel. No. 13d. Cell No. 13e. Fax No. 212-627-8100 13d. Cell No. 13d. Cell No. 212-627-8182 13e. Fax No. 13f. E-Mail Address 212-627-8100 347-852-5558 14eclare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Name (Print) Signature									Mixed Manual/Mail			
1199SEIU United Healthcare Workers East 330 West 42nd Street, New York, NY 10036 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>): 12d. Tel. No. 12e. Cell No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Micah Wissinger, Esq., Levy Ratner, P.C. 80 8th Avenue, 8th Floor, New York, NY 10011 13c. Tel. No. 13d. Cell No. 212-627-8100 13d. Cell No. 13d. Tel. No. 13e. Fax No. 212-627-8100 13d. Cell No. 13e. Fax No. 13f. E-Mail Address mwissinger@levyratner.com 13e. Fax No. 11declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature		7ai	Election Time(s	s): 11am-1pn	n	Marsh ro	n Location(s DOM, firs): t floor				
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (<i>if none, so state</i>): 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Micah Wissinger, Esq., Levy Ratner, P.C. 80 8th Avenue, 8th Floor, New York, NY 10011 13c. Tel. No. 13d. Cell No. 212-627-8100 13d. Cell No. 13e. Fax No. 13f. E-Mail Address mwissinger@levyratner.com 12e. Fax No. 12e. Cell No. 13e. Fax No. 212-627-8100 13d. Cell No. 347-852-5558 212-627-8182 I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Name (Print) Signature	12a. Full Name of Petitioner (includ	ling local name a	nd number):		12b. Address (street	and number, city,	State and 2	IP code):				
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Micah Wissinger, Esq., Levy Ratner, P.C. 80 8th Avenue, 8th Floor, New York, NY 10011 13c. Tel. No. 13d. Cell No. 212-627-8100 13d. Cell No. 13e. Fax No. 212-627-8182 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature	1199SEIU United Health	care Worker	s East		330 West 42nd	d Street, Nev	v York, 1	NY 10036				
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13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Micah Wissinger, Esq., Levy Ratner, P.C. 80 8th Avenue, 8th Floor, New York, NY 10011 13c. Tel. No. 13d. Cell No. 212-627-8100 13d. Cell No. 1 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature	12d. Tel. No.	12e. Cell No.		12f. Fax	No.	12g. E-Mail	Address					
13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 212-627-8100 347-852-5558 212-627-8182 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. 13g. Tel. No. 13f. E-Mail Address Name (Print) Signature Title Date		r who will accep	t service of all				•					
212-627-8100 347-852-5558 212-627-8182 mwissinger@levyratner.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) Signature	Micah Wissinger, Esq., Levy	Ratner, P.C		80 8th	Avenue, 8th Floor	, New York, I	NY 1001	l				
Name (Print) Signature Title Date	212-627-8100	347-852-55		212-6	27-8182	mwissin		yratner.com				
		e petition and th	1	nts are true to	the best of my knowle				Data			
			Signature	7-	2		Petitione	r				

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

Attachment 5b

Employees Included

All full-time and regular part-time Client Service Representatives as residuals to the existing unit.

Employees Excluded

All other employees of the Employer, including guards and supervisors as defined in Section 2(11) of the Act

UNITED STATES	GOVERNMENT			DO NOT	WRITE IN THI	S SPACE
RC PE	RELATIONS BOARD		Case No.	29-RC-24	3068 Date	Filed 6/11/19
INSTRUCTIONS: Unless e-Filed us	ing the Agency's web	osite, www.nlrb	.gov, submit a	an original of this	Petition to a	an NLRB office in the Region
in which the employer concerned i						
of service showing service on the	employer and all othe	er parties name	d in the petitic	on of: (1) the peti	tion; (2) Stat	ement of Position form
(Form NLRB-505); and (3) Descript	ion of Representation	n Case Procedu	ires (Form NL	RB 4812). The s	howing of in	terest should only be filed
with the NLRB and should not be s	erved on the employ	er or any other	party.		-	-
1. PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de requests that the National Labor Relat	esires to be certified as rep	presentative of the	employees. The	Petitioner alleges th	hat the followin	ig circumstances exist and
2a. Name of Employer	ions Board proceed und	the second se		t(s) involved (Street a	and the second se	the second se
Cushman and Wakefield						d properties in LI & Brooklyn
3a. Employer Representative – Name and Lawrence Smith - Supervisor	I Title		dress (If same as	s 2b – state same)		
3c. Tel. No.	3d. Cell No.	3e, Fax			3f. E-Mail Add	Iress
617-448-8406	617-448-8406	00.10				mith@cushwake.com
4a. Type of Establishment (Factory, mine, w	wholesaler, etc.) 4b. Prir	ncipal product or se	ervice			and State where unit is located:
Office Buildings		eering and Bui		ance		sland & Brooklyn New York
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All full time and regular par	t time Building Enginee	ers, Stationary Er	ngineers, Mobile	e Engineers and M	laintenance	10
Engineers						6b. Do a substantial number (30% or more) of the employees in the
All office clerical emplo	ovees professional	employees a	uards and su	inervisors unde	r the Act	unit wish to be represented by the
	by eee, prereceienar	employeee, g				Petitioner? Yes 🗸 No
Check One: 🗸 7a. Request for re	cognition as Bargaining Re	epresentative was	made on (Date) 🕻	06/10/2019 ar	nd Employer dea	clined recognition on or about
	019 (Date) (If no rep	ly received, so stat	e). No Rep	ly		
	urrently recognized as Barg			certification under the	e Act.	
8a. Name of Recognized or Certified Bar None	gaining Agent <i>(If none, s</i> e	o state).	8b. Address			
8c. Tel No.	8d Cell No.	8e. Fax	x No.		8f. E-Mail Add	Iress
8g. Affiliation, if any		8h. Date	of Recognition or	Certification		Date of Current or Most Recent y <i>(Month, Day, Year)</i>
9. Is there now a strike or picketing at the E	mplover's establishment(s)	involved? No	If so approx	imately how many er	mplovees are pa	articipating?
10. Organizations or individuals other than I						d other organizations and individuals
known to have a representative interest in a						
None				40. T.I.N.		
10a. Name	10b. Address			10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conducts	an election in this matter,	state your position	with respect to	11a. Election Type	: 🗸 Manual	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	11c. Election Tir	me(s):		11d. Election Loca	tion(s):	
June 24th 2019	8am to 9am					loodbury, New York
12a. Full Name of Petitioner (including lo Local 30 International Union of Operating						<i>city, state, and ZIP code)</i> Vhitestone, New York 11357
12c. Full name of national or international la International Union of Operating Engineers	bor organization of which I	Petitioner is an affil	iate or constituen			
12d. Tel No.	12e. Cell No.	12f. Fa	IX No		12g. E-Mail A	ddress
917-680-7978	917-680-7978	718-80			0	@iuoelocal30.org
13. Representative of the Petitioner who	will accept service of all	papers for purpos	ses of the repres	entation proceedin	g.	
^{13a.} Name and Title Andres Puerta, D	Pirector of Special Pro	ojects 13b. A		d number, city, state, estone Expressway, Whit		11357
13c. Tel No.	13d. Cell No.	13e. Fa			13f. E-Mail Ac	
917-680-7978 I declare that I have read the above petiti	917-680-7978	718-80		ledge and belief	anurespuerta(@iuoelocal30.org
			Soar of my know	neage and belief.	Dete	
Andres Puerta	mature A	Title Director	r of Special Proje	ects	Date June 11, 2	2019
WILLFUL FALSE STATEME	NTS ON THIS PETITION					
		PRIVACY AC	T 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.

FORM NLRB-502 (RC)	UNITED STA	TES OF AMERIC	A				DO NOT W	RITE IN THIS SPA	CE	
(2-18)		PETITIONS BO	DARD		Case N	No. 29	9-RC-24		te Filed 6/13/19	1
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must l named in the pet	be accompanied k ition of: (1) the p	by both a sh etition; (2) S	nowing of interest (s Statement of Position	see 6b b on form	below) and (Form NLF	a certificat RB-505); an	e of service show d (3) Description o	ng service f Represen	on tation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petit requests that the National Labo	ioner desires to be	certified as repres	entative of the	he employees. The P	Petitione	er alleges t	that the foll	owing circumstan	ces exist an	
2a. Name of Employer: Waste Connections of New	York, Inc.	110 5	dress(es) of 50th Stree klyn, NY 1	A second s	olved (S	Street and n	umber, City	, State, ZIP code):		
3a. Employer Representative - Nar Charlie Mahoney	ne and Title:	2630	dress <i>(if sam</i> Park Ave x, NY 104		ə):					
3c. Tel. No. 718-492-4336	3d. Cell No.		3e. Fax No	D.	3	Bf. E-Mail A	ddress			
4a. Type of Establishment (Factory, Waste transfer station	mine, wholesaler, e	etc.)		al Product or Service Anagement Servi			5a. City an Brooklyr	d State where unit i , NY	s located:	
5b. Description of Unit Involved:				11.11.5			6a. Numbe	er of Employees in L	Unit:	
All full-time and part-time mac	hine operators a	nd traffic contro	ollers				5			
Excluded: Clerical and professional emp	,						of the e	ubstantial number (mployees in the un ented by the Petition	it wish to be	·
Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cu		(If no reply r	eceived, so	state).	ion unde		Employer of	declined recognition		
8a. Name of Recognized or Certific				dress:	on unde	a the Act.				
LIFE Local 890	su barganning Age	int (<i>n none</i> , so sia	325	73rd Street oklyn, NY 11209						
8c. Tel. No. 718-238-2399	8d. Cell No.		8e. Fax No	D.	8	Bf. E-Mail A	ddress			
8g. Affiliation, if any: League of International Federa	ated Employees		h. Date of R	ecognition or Certifica	ation 8	Bi. Expiratio Recent Con	n Date of Co tract, if any	urrent or Most (Month, Day, Year)	8/14/2	019
9. Is there now a strike or picketing a	t the Employer's es	stablishment(s) inv	olved? No	If so, appro	oximatel	ly how man	y employee	s are participating?		
(Name of Labor Organization)					, ha	as picketed	the Employ	er since (Month, Da	y, Year)	
10. Organizations or individuals othe individuals known to have a repre-								es and other organiz	ations and	
None										
10a. Name	10b. A	ddress			1	IOc. Tel. No).	10d. Cell No.		
					1	IOe. Fax No).	10f. E-Mail Addres	s	
11. Election Details: If the NLRB co	nducts and election	n in this matter, sta	te your posit	tion with respect to an	ny such	election:	11a. Electio		lixed Manu	al/Mail
11b. Election Date(s):		lection Time(s):					n Location(s		2	
Day of week: Friday		-5PM					and the second second	boklyn, NY 1123	2	
12a. Full Name of Petitioner (include Waste Material, Recycling, a 108	-		rs' Local	12b. Address (stree 121 E 24 Stree New York, NY	et		, State and J	LIP code):		
12c. Full name of national or internat Laborers' International Union of			tioner is an a	affiliate or constituent	t (if none	e, so state):				
12d. Tel. No. (212) 925-9634	12e. Cell No.		12f. Fax N	0.	1	I2g. E-Mail	Address			
13. Representative of the Petitione 13a. Name and Title: Tamir Rosenblum, Esq., Gen Mason Tenders District Court	neral Counsel		13b. Addre 520 8th	poses of the represe ess (street and number Avenue, Suite 6 ork, NY 10018	er, city,					
Mason Tenders District Coul 13c. Tel. No. (212) 452-9451	13d. Cell No.	NEW TUR	13e. Fax N			13f. E-Mail /		ntenders.org		
I declare that I have read the above	e petition and that	the statements	re true to th	he best of my knowl			Ginaso			
Name (Print)	pouron and ula	Signature		action my know	Title				Date	
Tamir Rosenblum		YK		1/25	Gen	eral Cour	nsel		6/11/	2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq*. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (4-15)

	S GOVERNMEN	T	<u> </u>	DONO	T WRITE IN TH		
NATIONAL LABOR			Case No.			Filed	
RC PE	TITION			29-RC-24325	1	6/13/	
INSTRUCTIONS: Unless e-Filed us	sing the Agen	cy's website, w	www.nlrb.gov, submi	t an original of thi	s Petition to	an NLRB office in t	he Region
in which the employer concerned	is located. Th	he petition mus	t be accompanied b	v both a showing	of interest (s	ee 6h helow) and a	certificate
of service showing service on the	employer and	all other parti	es named in the neti	tion of (1) the net	ition · (2) Stat	tement of Position	form
(Form NLRB-505); and (3) Descrip	tion of Panrad	contation Case	Drocoduros /Earm k	11 DD 4942) The	showing of in	forment of FUSidon i	ka dila d
(FORT NERD-303), and (3) Descrip	uon or Repres	Serication Case	Procedures (Form N	ilko 4012j. Tries	snowing of in	terest snould only i	De Tilea
with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-CE	served on the	employer or al	ny otner party.				
bargaining by Petitioner and Petitioner of requests that the National Labor Rela	esires to be certil	fied as representat	tive of the employees. Th	e Petitioner alleges f	hat the following	ng circumstances exis	live t and
2a. Name of Employer			ddress(es) of Establishme				
Red Apple Property Management	LLC	180	Myrtle Avenue, Broo	oklyn, NY 11201			
3a. Employer Representative - Name and			3b. Address (If same				
Gregg Kravchuk, Property Manag			800 3rd Avenue F		NY 10022		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	Inoco	
(212) 484-9142			(212) 262-4979				
4a. Type of Establishment (Factory, mine, w	vholesaler, etc.)	4b. Principal pro				and State where unit is	located:
Residential building		Building serv	rices		Brooki	yn, NY 11201	
5b. Description of Unit Involved						6a. No. of Employees	In Unit:
Included: All building service	e workers					9 6b. Do a substantial n	umber (30%
Excluded:						or more) of the employ	yees in the
Excluded: Statutory guards a	nd supervis	sors, includ	ing superintend	ents		unit wish to be represe Petitioner? Yes	
			ative was made on (Date)		nd Employer dec	lined recognition on or a	
		(If no reply receive	• •			•	
7b. Petitioner is c		• • •	epresentative and desires	s certification under the	e Act.		
Ba. Name of Recognized or Certified Bar United Workers of America, Local 621			8b. Address	ach Road 147 Island			
8c. Tel No.	8d Cell No.		8e, Fax No.		8f. E-Mall Add		'
(888) 666-1974			(516) 706-0879				
8g. Affiliation, If any		1	8h. Date of Recognition	or Certification	81. Expiration I	Date of Current or Most	Recent
			9/9/16		Contract, if an 9/8/19	y (Month, Day, Year)	
9. Is there now a strike or picketing at the Er	nniover's establis	hment(s) involved		vimately how many er		ticinatino?	
			keted the Employer since				
10. Organizations or individuals other than F							1 Conth (double
known to have a representative interest in an	v employees in t	he unit described	in item 5b above. (If none	neu recognilion as rep a. so stata)	resentatives and	other organizations and	o individuais
None	.,						
10a. Name	10b. Add	iress	, ,	10c. Tel. No.		10d. Cell No.	
	1						
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	an election in this	s matter, state you	r position with respect to	11a. Election Type	Manual	Mall Mixed Ma	nual/Mail
any such election. 11b. Election Date(s):	110 50	ection Time(s);		11d. Election Locat			
Nearest Thursday		-8:00 am, 2:00 pr	m- 3:00 nm	Employee locker ro		ment	
12a. Full Name of Petitioner (Including Iod SEIU LOCAL 32BJ					at and number, c	ity, state, and ZIP code)	
12c. Full name of national or international lat	or organization of	of which Petitioner	is an affiliate or constituer	A 10 10 1 10 10 10 10 10 10 10 10 10 10 1	ALINEW FOR, N.	281 281	
SEIU LOCAL 32BJ	10.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.						
12d. Tel No. 212 368-3800	12e. Cell No.		12f. Fax No.		12g. E-Mall Ad	dress O	-5
13. Representative of the Petitioner who w	All accept servic	e of all papers fo	r purposes of the repres	sentation proceeding	J.		rniu
138. Name and Title Michael Soto	. Organiz	er	13b. Address (street an		and ZIP code)	12	0,52
13c. Tel No.	13d. Cell No.		25 W. 18th Street, New York 13e. Fax No.	רדטטר, זאן, און גען גען גען גען גען גען גען גען גען גע	13f. E-Mail Add	ress - ·	
	646-340-6996	AA		1.1	msoto@seiu32	bj.org 📿 📮	mia l
I declare that I have read the above petitio	n and that the st	is emerits are tru	e to the best of my know	viedge and belief.			0::
Name (Print) Sin	ature /		Title		Date	110	N
Michael Soto	rund		Organizer		6/11	19 00	Ω.
WILLFUL FALSE STATEMEN	TS ON THIS PET	TON'CAN BE P	UNISHED BY FINE AND	IMPRISONMENT (U.	S. CODE. TITLE		

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 fitigation. 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.

FORM NLRB-502 (RC)	UNITED STATES OF		7				DO NOT W	RITE IN THIS S	SPACE	
(2-18)		TIONS BC			Case No		-24327	2	Date File 6/14	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be accon named in the petition of:	npanied b (1) the pe	y both a s tition; (2)	howing of interest (s Statement of Positio	see 6b be on form (l	elow) and Form NLF	a certificat (B-505); an	e of service sh d (3) Descriptic	owing ser on of Repr	vice on resentation
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Labo	ioner desires to be certified	as represe	entative of	the employees. The P	Petitione	r alleges t	hat the foll	owing circums	tances ex	
2a. Name of Employer:			. ,	f Establishment(s) invo	•				e):	
Security USA		336	w.3/th	Street, Suite 45	50, Ne	w York	, NY 10	018		
3a. Employer Representative - Nar			•	me as 2b - state same	e):					
Ron Wiley, Account Man	lager	SAM	lE							
3c. Tel. No.	3d. Cell No.		3e. Fax N			. E-Mail A				<u></u>
212-594-4475 4a. Type of Establishment (<i>Factory</i> , 1	917-443-8843			94-5616 ipal Product or Service		RONAL		d State where u		
Residental Building			Securi		.0		Brooklyr		1111 13 10001	eu.
5b. Description of Unit Involved:							6a. Numbe	r of Employees	in Unit:	
Included: See attachment							20			
Excluded:							6b. Do a su	ubstantial numb	er (30% or	more)
See attachment							represe	mployees in the nted by the Pet	itioner? ×] Yes 🗌 No
Check One: X 7a. Request for rec on or about (Date)	(If	no reply r	eceived, so	o state).	22/2019		Employer	leclined recogni	tion	
7b. Petitioner is cu 8a. Name of Recognized or Certifie	rrently recognized as Barga	<u> </u>		and desires certification	ion under	the Act.				
NONE	eu Dargannig Agent (ii no.	ne, 30 stat	.e) 00. F	uui 555.						
8c. Tel. No.	8d. Cell No.		8e. Fax N	lo.	8f.	. E-Mail A	ddress			
8g. Affiliation, if any:		8	h. Date of	Recognition or Certific				urrent or Most (Month, Day, Ye	ear)	
9. Is there now a strike or picketing a	t the Employer's establishm	ent(s) invo	olved? No	D If so, appro	oximately	how man	y employee	s are participatir	ng?	
(Name of Labor Organization)					, has	s picketed	the Employ	er since (Month,	Day, Yea	r)
10. Organizations or individuals othe individuals known to have a repre								es and other org	anizations	and
10a. Name	10b. Address				10	Dc. Tel. No		10d. Cell No.		
					10	De. Fax No		10f. E-Mail Add	tropp	
						Je. Fax Nu		TOI. E-IMAII AUC	11622	
11. Election Details: If the NLRB co	nducts and election in this r	natter, sta	te your pos	sition with respect to a	any such e	election:	11a. Election	<u> </u>	Mixed	
TBD 11b. Election Date(s):	11c. Election T	ïme(s):			11	1d. Electio	X Manua	L		Manual/Mail
TBD		- (-)					(1	,		
12a. Full Name of Petitioner (includ):		12b. Address (stree				,		
Federal Contract Guards	of America			445 Park Ave	e, New	York,	NY 1002	22		
12c. Full name of national or internat NONE	tional labor organization of v	vhich Petit	ioner is an	affiliate or constituent	t (if none,	, so state):				
12d. Tel. No.	12e. Cell No.		12f. Fax	No.	12	2g. E-Mail	Address			
212-541-3753				22-2105	n	nember	services	@fcgoa.coi	n	
13. Representative of the Petitione 13a. Name and Title:	er who will accept service	of all pap		rposes of the represe ress (street and numb						
Kim Nguyen, Legal Counse	1			rk Ave, New Yo						
13c. Tel. No. 212-541-3753	13d. Cell No. 917-747-8338		13e. Fax	No. 22-2105		3f. E-Mail A		CGOA.CO	м	
I declare that I have read the above		ements a					1.1.61			
Name (Print)	Signatu		1		Title					Date
KIM NGUYEN		- Jul	~~~	~			DUNSEI			6/12/2019
WILLFUL FALSE STA	TEMENTS ON THIS PETIT	ION CAN	BE PUNIS	SHED BY FINE AND I	IMPRISO	NMENT (l	J.S. CODE,	TITLE 18, SEC	TION 100 ⁴	1)

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<u>RC Petition – Security USA, Inc.</u>

5b. Description of Unit Involved:

Included:

All full-time and regular part-time security officers performing guard duties under the Employer's contract with the client working at site 2915 W. 5th Street, Brooklyn, NY, known as Trump Village.

Excluded:

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

						DONOT	VRITE IN THIS S	DAGE
FORM NLRB-502 (RC) (2-18)		ATES OF AMERIC OR RELATIONS B			Case No.	DONOT	WRITE IN THIS S	Date Filed
	RC	PETITION		A CONTRACTOR	29-RC-	243802		6/25/19
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	The petition must s named in the pe	be accompanied etition of: (1) the p	by both a s etition; (2)	howing of interest (s Statement of Position	ee 6b below) and n form (Form NL	a certifica: RB-505); an	te of service sho d (3) Description	owing service on n of Representation
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Labo	tioner desires to be	e certified as repres	sentative of	the employees. The P	etitioner alleges	that the foll	owing circumst	ances exist and
2a. Name of Employer: Waste Connections of New	York, Inc.	110	^{idress(es) o} 50th Stre klyn, NY		olved (Street and i	number, City	, State, ZIP code):
3a. Employer Representative - Nar Charlie Mahoney	me and Title:	2630	ldress <i>(if sai</i>) Park Av ix, NY 104):			
3c. Tel. No. 718-492-4336	3d. Cell No.		3e. Fax N	lo.	3f. E-Mail A	ddress		
4a. Type of Establishment <i>(Factory,</i> Waste transfer station	mine, wholesaler,	etc.)		pal Product or Service Management Servi		5a. City an Brooklyr	d State where ur	it is located:
5b. Description of Unit Involved: Included:			- I			6a. Numbe	er of Employees i	n Unit:
All full-time and part-time scale Excluded:						6b. Do a s	ubstantial numbe	
Clerical and professional emp Check One: 7a. Request for rec		· · · · · · · · · · · · · · · · · · ·	ve was mad	e on (Date)	20		ented by the Petit declined recogniti	Contract Contraction of Contractiono
on or about (Date)		(If no reply	received, so	state).			recimed recognit	on
7b. Petitioner is cu 8a. Name of Recognized or Certific				and desires certification ddress:	on under the Act.			
va. Name of Recognized of Gerand	eu Dargannig Ag	ent (n none, so sa						
8c. Tel. No.	8d. Cell No.		8e. Fax N	lo.	8f. E-Mail A	ddress		
8g. Affiliation, if any:		8	3h. Date of F	Recognition or Certifica			urrent or Most (Month, Day, Yea	ar)
9. Is there now a strike or picketing a (Name of Labor Organization)	it the Employer's e	stablishment(s) inv	volved? No	If so, appro	ximately how mar		s are participating er since (Month,	
10. Organizations or individuals othe	r than Petitioner a	nd those named in	items 8 and	9, which have claimed		- YANARAL U PALAN TANÀNA ANG		
individuals known to have a repre None	esentative interest	in any employees	in the unit d	escribed in item 5b abo	ove. (If none, so s	tate)	·	
10a. Name	10b. /	Address			10c. Tel. No).	10d. Cell No.	
					10e. Fax No	D.	10f. E-Mail Addr	ess
11. Election Details: If the NLRB co	nducts and electio	n in this matter, sta	ate your pos	ition with respect to an	y such election:	11a. Election	an and an and a second second second]Mixed Manual/Mail
11b. Election Date(s): Day of week: Friday		Election Time(s): I-8AM			the second second second second second	n Location(s Street, Bro	.): boklyn, NY 112	232
12a. Full Name of Petitioner <i>(incluo</i> Waste Material, Recycling, a 108	and General In	dustrial Labore		12b. Address (street 121 E 24 Street New York, NY 1	10010		ZIP code):	
12c. Full name of national or internat Laborers' International Union of			tioner is an	affiliate or constituent	(if none, so state).			
12d. Tel. No. (212) 925-9634	12e. Cell No.		12f. Fax N	lo.	12g. E-Mail	Address		
13. Representative of the Petitione 13a. Name and Title: Tamir Rosenblum, Esq., Ger Mason Tenders District Cour	neral Counsel		13b. Addr 520 8th	poses of the represe ess (street and numbe Avenue, Suite 65 ork, NY 10018	r, city, State and			
13c. Tel. No. (212) 452-9451	13d. Cell No.		13e. Fax		13f. E-Mail . trosenblu		tenders.org	
I declare that I have read the above	e petition and tha	t the statements a	are true to t	he best of my knowle				
Name (Print)		Signature		14.	Title			Date
Tamir Rosenblum				les	General Cour	isei		6/24/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)	UNITED STATES OF A	AMERICA				DO NOT W	RITE IN THIS	S SPACE
(2-18)	NATIONAL LABOR RELAT RC PETITIC		ARD		Case No. 2	9-RC-24	3898	Date Filed 6/26/19
INSTRUCTIONS: Unless e-Filed employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4	The petition must be accom is named in the petition of: (812). The showing of interes	panied by (1) the peti st should c	v both a sho ition; (2) Sta only be filed	wing of interest (se atement of Position d with the NLRB and	e 6b below) an form (Form NL d should not be	d a certificat RB-505); and served on ti	e of service d (3) Descrip he employer	showing service on ption of Representation or any other party.
1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desires to be certified a	as represer	ntative of the	e employees. The Pe	titioner alleges	that the follo	owing circur	mstances exist and
2a. Name of Employer: ADAPT Community Net	work	^{2b.} Addr 80 Ma	ess(es) of Es aiden Lar	stablishment(s) invol ne, New York,	ved (Street and New York	number, City, 10038	, State, ZIP c	ode):
3a. Employer Representative - Na Isabella Dombrowski, Di and Labor Relations		3b. Addro Same	ess (if same	e as 2b - state same):	:			
^{3c. Tel. No.} 212-683-6700 ext. 1372	3d. Cell No.	1	3e. Fax No.		3f. E-Mail idombre	Address owski@a	daptcomr	nunitynetwork.org
4a. Type of Establishment (Factory, School	mine, wholesaler, etc.)			Product or Service				unit is located: Middle Village, NY 1137
5b. Description of Unit Involved: Included: All Teachers, Teacher As Aides), Custodians, Administrative A Bilingual Speech Therapists), Physic	sistants (including Substitute ssistants, School Psychologis al Therapists, and Occupation	Teacher As sts, Nurses, nal Therapis	ssistant <u>s),</u> To , Music Ther sts	eacher Aides (includi apists, Speech Thera	ing One-to-One apists (including	6a. Numbe 40	r of Employe	es in Unit:
Excluded: Employees whose duties	are found to be Managerial, Su	upervisory,	or Confident	tial as defined by the	Act	of the e	mployees in	nber (30% or more) the unit wish to be Petitioner? IXI Yes INC
Check One: 7a. Request for re on or about (Date)(lf r	no reply red	ceived, so st	tate).		d Employer o		
8a. Name of Recognized or Certif	urrently recognized as Bargair ied Bargaining Agent (If non				n under the Act.			
8c. Tel. No.	8d. Cell No.		8e. Fax No.		8f. E-Mail	Address		
8g. Affiliation, if any:	1	8h.	. Date of Red	cognition or Certificat		on Date of Cu ntract, if any		
9. Is there now a strike or picketing	at the Employer's establishme	ent(s) invol	ved?	If so, approx	imately how ma	ny employees	s are participa	ating?
(Name of Labor Organization)					, has pickete	d the Employe	er since (Mor	nth, Day, Year)
10. Organizations or individuals oth individuals known to have a rep							es and other o	organizations and
10a. Name	10b. Address				10c. Tel. N	lo.	10d. Cell No).
					10e. Fax N	ło.	10f. E-Mail A	Address
11. Election Details: If the NLRB of	conducts and election in this m	natter, state	e your positio	on with respect to an	y such election:	11a. Election		Mixed Manual/Mail
11b. Election Date(s): July 16, 2019, July 17, 2019 or July	11c. Election Ti 2:00pm-3:3				classroor	on Location(s n 9 in the bas y Harbor Rd, N	sement of Em	ployer's facility located at NY 11379
12a. Full Name of Petitioner (inclu United Federation of Tea			CIO [12b. Address (street 52 Broadway, 10004				York
12c. Full name of national or internation American Federation of		hich Petitic	oner is an aff	filiate or constituent (lif none, so state):		
12d. Tel. No. 212-777-7500	12e. Cell No.		12f. Fax No.		12g. E-Ma	il Address		
13. Representative of the Petitior 13a. Name and Title: Elizabeth H. Jackson, Esq., Robert T. Reilly			13b. Addres Office of	oses of the represent ss (street and number f Robert T. Reill vk, New York 10	er, city, State and ly, 52 Broad	d ZIP code):	loor,	

13c. Tel. No. 212-228-3382 ext. 167	13d. Cell No.	13e. Fax No. 212-955-2347	13f. E-Mail Address ejackson@nysutmail.org	
I declare that I have read the above	e petition and that the statements a	re true to the best of my knowledge	and belief.	
Name (Print) Elizabeth H. Jackson	Signature.	Title Alle At	e ttorney	Date 6/24/2019
		HI LOUGH A		0/21/2019

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

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

FORM NLRB-502 (RC)	UNITED	STATES OF AME	ERICA		1		DO NOT	WRITE IN THIS S	PACE
(2-18)	NATIONAL	LABOR RELATION		2D		Case No.		C-242520	Date Filed 6/3/19
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition m s named in th 12). The show	oust be accompan e petition of: (1) ti wing of interest sh	ied by L he petiti nould on	ooth a si ion; (2) : ily be fil	howing of interest (s Statement of Positio led with the NLRB an	ee 6b below) n form (Form nd should not	and a certific NLRB-505); a be served on	ate of service shi nd (3) Descriptio the employer or	owing service on n of Representation any other party.
1. PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petiti requests that the National Labo	lioner desires	to be certified as re	presenta	ative of t	he employees. The P	etitioner alleo	es that the fo	llowing circumst	ances exist and
2a. Name of Employer:		26	. Addres	s(es) of	Establishment(s) Invo	lved (Street a	nd number, Cil	y, State, ZIP code	J:
Security USA					St, Suite 450, N				r.
3a. Employer Representative - Nar Ron Wiley, Account Man		1	. Addres AME	is (if san	ne as 2b - state same;):			
3c, Tel. No.	3d. Cell No.	0042		E. Fax N			il Address		
212-594-4475 4a. Type of Establishment (Factory, i	917-443				4-5616 bal Product or Service		and the second	CURITYUS	
Building	mine, wholesa	liðr, ðic.j		ecurit			5a. City a Brookly	nd State where un	it is located:
5b. Description of Unit Involved:				ceum	.γ			er of Employees in	o l Init:
Included:								ei or Employees I	i) Qhin:
see attachment							20		
Excluded:							6b. Do a t	substantial number	r (30% or more)
see attachment							repres	employees in the interest of the petition of t	ioner? X Yes No
Check One: X 7a. Request for rec on or about (Date)	ognition as Ba		talive wa			2/2019	and Employer	declined recogniti	on
75. Petitioner is cur	rantly racogni					on under the A	st.		
8a. Name of Recognized or Certifie					dress:			•	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
None									
8c. Tel. No.	8d. Cell No.		86	Fax No	o.	8f. E-Ma	il Address		
Bg. Affiliation, if any:			8h. D	ate of R	ecognition or Certifica			urrent or Most (Month, Day, Yea	r)
9. Is there now a strike or picketing a	t the Employe	r's establishment(s)) involve	d? no	If so, approx	ximately how n	nany employee	es are participating	?
(Name of Labor Organization)						, has picke	ed the Employ	ver since (Month, L	Day, Year)
 Organizations or Individuals other individuals known to have a repre 								es and other orga	nizations and
10a. Name	10	0b. Address				10c. Tel.	No.	10d. Cell No.	
						10e. Fax	No.	10f. E-Mail Addr	855
11. Election Details: If the NLRB con	nducts and ele	ection in this matter	, state ye	our posit	tion with respect to an	y such election	11a. Electic	п Туре:	· · · · · · · · · · · · · · · · · · ·
TBD							🔀 Manu	el 🗌 Mail 🔲	Mixed Manual/Mail
11b. Election Date(s): TBD		1c. Election Time(s):				tion Location(
12a. Full Name of Petitioner (include	•				12b. Address (street			• •	-
Federal Contract Guards of		-			445 Park Ave,			22 200	2010
12c. Full name of national or internati	onal labor org	anization of which I	Petitione	er is an a	iffiliate or constituent (if none, so sta	te):		
None 12d. Tel. No.	12e. Cell No.		112	f. Fax N		1120 E-M	all Address		
212-541-3753	120. 061 110.				2-2105			@fcgoa.com	
13. Representative of the Petitione	r who will acc	cept service of all	papers	for purp	oses of the represen	ntation proces	ding.		
13a. Name and Title: Kim Nguyen, Legal Counsel	l				ess (street and numbe k Ave, New York			Pi a	l'jes
13c. Tel. No.	13d, Cell No.		10	e. Fax N	10	136 E MA	all Address	<u> </u>	<u></u>
212-541-3753	917-747-	8338			2-2105		en@fcgoa	com Co	9
I declare that I have read the above									
Name (Print)		Signature	11		•	Tille			Date
KIM NGUYEN			14	~#	<u> </u>	LEGAL	COUNSE		5/31/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef 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.

RC Petition - Security USA, Inc.

5b. Description of Unit Involved:

Included:

•

All full-time and regular part-time security officers performing guard duties under the Employer's contract with the client for the site located at 2915 W. 5th Street, Brooklyn, NY, known as Trump Village, Site 3.

Excluded:

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

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FORM NLRB-502 (RD) (4-15)

			Гр	MOTIMATE	BI THE COACE
	S GOVERNMENT RELATIONS BOARD				IN THIS SPACE
RD PE	TITION		29-RD. 244	1054	6/28/19
INSTRUCTIONS: Unless e-Filed using the Agence located. The petition must be accompanied by in the petition of: (1) the petition; (2) Statement e interest should only be filed with the NLRB and	ooth a showing of interest (se of Position form (Form NLRB- should <u>not</u> be served on the e	ie 6b below) and a certi 505); and (3) Descriptio employer or any other p	ficate of service showing on of Representation Case party.	service on the Procedures (F	employer and all other parties named form NLRB 4812). The showing of
1. PURPOSE OF THIS PETITION: RD-DECEP recognized bargaining representative is no lon Labor Relations Board proceed under its p	nger their representative. The roper authority purshant to	e Petitioner alleges that Section 9 of the Natio	at the following circums anal Labor Relations Ac	tances exist aı L	nd requests that the National
2a. Name of Employer JASA (Jewish Association Serving the Aging)	247 NY	W 37th Street New York 10016-	nment(s) involved (Street i	and number, cit	ly, State, ZIP code)
3a. Employer Representative - Name and Title Linde Freital HR I	sirector	3b. Address (If san	ne as 2b - state same)		•
3c. Tel. No. 273-5915 3d.	Cell No.	3e. Fax No.		31. E-Mail Add	tage Jaso org
4a. Type of Establishment (Factory, mine, whole	saler, etc.) 4b. Principal pr	educt or service		5a. City	and State where unit is located:
Legal	<u></u>	Legal Servi	ces		Rego Park, NY
5b. Description of Unit Involved			· .		6a. No. of Employees in Unit:
Included: See Attached Page 2 for additi Excluded: See Attached Page 2 for additi	onal details			······································	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 7 No
Check One: 7a. Request for recogn	ition as Bargaining Represent		ate) an	id Employer dec	clined recognition on or about
	(Date) (If no reply receiv				
8a. Name of Recognized or Certified Bargaini	ly recognized as Bargaining I	Like Addee			
	NUTTON /In-Hou	le Canselli Addre	\$\$420 W.45	m street.	Nout KK, NY 10036
	Cell No.	8e. Fax No.		8f. E-Maii Add	(au 6) DC1707. net
8g. Affiliation, if any		8h. Date of Recogniti	on or Cerlification		Date of Current or Most Recent- ny (Month, Day, Year)
9. Is there now a strike or picketing at the Employ	ver's establishment(s) involve	d? No If so, ap	proximately how many er	nployees are pa	articipating?
(Name of labor organization)			nce (Monih, Day, Year)		
 Organizations or individuals other than those have a representative interest in any employees 				nd olner organiz	zations and individuals known to
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 e	lection in this matter, state yo	our position with respect	to 11a. Election Type	: 🔼 Manual 🕻	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s): ASAP	11c. Election Time(s): ASAP		11d. Election Local Rego Park, Queer	• /	in NYC
12a. Full Name of Petitioner (b) (6), (b) (JASA (Jawish Association Serving the Aging)				b) (6), (b)	city, state, and ZIP code)
12c. Full name of national or international labor o COMMUNITY AND SOCIAL AGENCY EMPLOYE	rganization of which Petitione ES UNION, DISTRICT COU	er is an affiliate or consti NCIL 1707, A.F.S.C.M.	ituent (if none, so state) E., A.F.LC.I.O., Local 21	b) (6). (b) (7)(C)
	. Cell No. 5), (b) (7)(C)	12i. Fax No.		12g. E-Mail Ad (b) (6), (b) (7	
13. Representative of the Petitioner who will a 13a. Name and Title			presentation proceeding t and number, city, state,	g.	
13c. Tel No. 13d	Ceji No. (b) (6) (b) (2)(C)	13e. Fax No.		13f. E-Mail Ad	ldress
I declare that I have read the above petition ar		rue to the best of my k	nowledge and belief.	······································	
Name (Print) Signature	₂ , (¤) (7)(€)	/⊃∃/14 11/e (b)(6),(b)(7)(C)		Date	
				06/17/2019	
WILLFUL FALSE STATEMENTE	ETITION CAN BE	PUNISHED BY FINE A	AND IMPRISONMENT (U.	.a. CODE, IITL	E 18, SECTION 1001)

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	DO N	OT WRITE IN THIS SPAC
Attachment	Case	Date Filed
Employees Included		
Attorneys and Paralegals		¹ با
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Employees Excluded		, 1
Employees Excluded		, 1 - , 1 -

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