



# REPRESENTATION PETITION

Is this an amended petition?  Yes  No If yes, enter the case number: \_\_\_\_\_

### PARTIES Include information for all parties involved.

**EMPLOYER** City of Tekoa  
 Contact Roy Schulz  
 Title City of Tekoa Mayor  
 Address 419 N. Washington St.  
 City, State, ZIP Tekoa, WA 99033  
 Telephone 509-284-3861 Ext. \_\_\_\_\_  
 Email tekoamayor@gmail.com

**PETITIONER** WSCCCE AFSCME Council 2  
 Contact Kelly Wright  
 Title Organizer  
 Address PO-Box-750  
 City, State, ZIP Everett WA, 98206-0750  
 Telephone 425-299-3467 Ext. \_\_\_\_\_  
 Email kellyw@council2.com

**CURRENT BARGAINING REPRESENTATIVE**  
 If one exists \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Telephone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Email \_\_\_\_\_

### TYPE OF REQUEST Select ONE of the following.

- RECOGNITION** to be certified as the representative of employees currently unrepresented.
- INCLUSION OF UNREPRESENTED EMPLOYEES** to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- CHANGE OF REPRESENTATIVE** to be certified as the representative of employees currently represented by another organization.
- DECERTIFICATION** to no longer be represented by the current organization.
- EMPLOYER PETITION** a determination by the commission according to WAC 391-25-090.

### BARGAINING UNIT

Department or Division City of Tekoa

Number of Employees in Bargaining Unit 4

**Describe the existing or proposed bargaining unit:**

All full-time and regular part-time employees of the City of Tekoa in the following job classes: Clerk/Treasurer, Deputy Clerk and Public Work's Maintenance, excluding confidential employees, and all other employees.

**Collective Bargaining Agreement (CBA):**

If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

CBA Expiration Date \_\_\_\_\_

### SHOWING OF INTEREST The showing of interest cards are confidential and are filed ONLY with PERC.

The petition must be filed with a showing of interest indicating support of at least 30 percent of the employees in the bargaining unit. Showing of interest cards may be submitted electronically, provided the copy is legible.

### AUTHORIZED CONTACT FOR PETITIONER

Name Kelly Wright  
 Address PO-Box-750  
 Telephone 425-299-3467 Ext. \_\_\_\_\_

Title Organizer  
 City, State, ZIP Everett WA, 98206-0750  
 Email C2everett@council2.com

Signature *Kelly Wright*

Date 8-10-2024

BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION  
STATE OF WASHINGTON

WSCCCE AFSCME Council 2

Petitioner/Complainant/Filing Party

v.

City of Tekoa

Respondent/Responding Party

Case Number

CERTIFICATE OF SERVICE

I certify that I served a copy of this (title of document)

REPRESENTATION PETITION

on all parties or their counsel of record on

10-7-2024

To:	Name	Roy Schulz	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization	City of Tekoa	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address	419 N. Washington St.	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP	Tekoa, WA 99033		
	Email	tekoamayor@gmail.com		
	Fax			
	Name		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP			
	Email			
	Fax			
	Name		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Organization		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	Address		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	City, State, ZIP			
	Email			
	Fax			

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted 8-10-2024

Print Name Kelly Wright

Signature Kelly Wright

**From:** [Kelly Wright](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Subject:** REPRESENTATION PETITION for the City of Tekoa  
**Date:** Tuesday, October 8, 2024 10:00:40 AM  
**Attachments:** image001.png  
Representation petition City of Tekoa.pdf  
Showing of interest Cards City of Tekoa.pdf

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External Email

Please find the attached documents for filing:

1. REPRESENTATION PETITION for the City of Tekoa + Certificate of Service
2. Showing of interest cards

If you have any questions, please contact me.

Thank you,

**Kelly Wright**

**Organizer**

**Washington State Council of  
County and City Employees**

**AFSCME AFL-CIO**

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Everett WA 98201

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