



# 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 Shelton

Contact Kevin Dorcy

Title Mayor

Address 525 W Cota Street

City, State, ZIP Shelton, WA 98584

Telephone 360-490-8164 Ext. \_\_\_\_\_

Email kevin.dorcy@sheltonwa.gov

**PETITIONER** Shelton Police Lieutenant Guild

Contact Mike Fiola

Title Police Lieutenant

Address 142 NE Tucannon Court

City, State, ZIP Bremerton WA 98311

Telephone 360-490-9685 Ext. \_\_\_\_\_

Email mfiola79@gmail.com

**CURRENT BARGAINING REPRESENTATIVE**

If one exists \_\_\_\_\_

Contact A.W. Buster McGehee

Title FOP Labor Representative

Address 25811 115th St Ct E

City, State, ZIP Buckley, WA 98321

Telephone 253-405-7698 Ext. \_\_\_\_\_

Email awmcgehee@fop.net

### 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** Police Department

**Number of Employees in Bargaining Unit** 2

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

All Full-Time Commissioned Police Lieutenants of the Shelton Police Department. Excluding all non-commissioned employees, Confidential employees, Commissioned Police Officer and Police Sergeants, 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** NA

### 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 A.W. Buster McGehee

Address 25811 115th St Ct E,

Telephone 253-405-7698 Ext. \_\_\_\_\_

Signature *A.W. McGehee*

Title FOP Labor Specialist

City, State, ZIP Buckley WA 98321

Email awmcgehee@fop.net

Date 6/17/2020

**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION  
STATE OF WASHINGTON**

SHELTON POLICE MANAGEMENT GUILD

Case Number

Petitioner/Complainant/Filing Party

v.

**CERTIFICATE OF SERVICE**

CITY OF SHELTON

Respondent/Responding Party

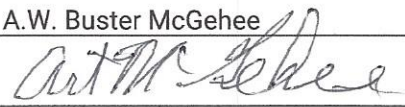
I certify that I served a copy of this (*title of document*) Representation Petition  
on all parties or their counsel of record on (*date*) June 17th, 2020

To:	Name	Mayor Kevin Dorcy		
	Organization	City of Shelton	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	525 W Cota Street	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Shelton, WA 98584	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	kevin.dorcy@sheltonwa.gov		
	Fax			
To:	Name	Mike Fiola		
	Organization	Shelton Police LT's Guild	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address	142 NE Tucannon Court	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP	Bremerton, WA 98311	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	Email	mfiola@gmail.com		
	Fax			
To:	Name			
	Organization		<input type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail
	Address		<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail
	City, State, ZIP		<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail
	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 June 17th, 2020

Print Name A.W. Buster McGehee

Signature 



**From:** [A.W. McGehee](#)  
**To:** [PERC Filing \(PERC\)](#)  
**Subject:** Representation Petition  
**Date:** Wednesday, June 17, 2020 7:47:15 PM  
**Attachments:** image001.png  
Shelton LT's PERC Filing.pdf

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## PERC FILING

Please find attached the following documents

- #1 Representation Petition
- #2 Showing of interest signed document
- #3 Certificate of service.

Please contact me if you have any questions.

Thank you,



Buster McGehee  
Labor Specialist  
National Fraternal Order of Police  
253-405-7698  
[awmcgehee@fop.net](mailto:awmcgehee@fop.net)

### **WARNING**

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