



# REPRESENTATION PETITION

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

### PARTIES Include information for all parties involved.

**EMPLOYER** Pasco Police Department

Contact Ken Roske

Title Police Chief

Address 215 W. Sylvester Street

City, State, ZIP Pasco, WA 99301

Telephone 509-545-3421 Ext. \_\_\_\_\_

Email \_\_\_\_\_

**PETITIONER** Pasco Commanding Officers Assoc.

Contact Daniel Thenell

Title Attorney

Address 12909 SW 68th Parkway, Suite 290

City, State, ZIP Portland, OR 97223

Telephone 503-372-6450 Ext. \_\_\_\_\_

Email dan@thenelllawgroup.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** Police Department

**Number of Employees in Bargaining Unit** 3

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

The new proposed unit would comprise of all three current captains of the Pasco Police Department.

**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 Daniel Thenell Title Attorney

Address 12909 SW 68th Parkway, Suite 290 City, State, ZIP Portland, OR 97223

Telephone 503-372-6450 Ext. \_\_\_\_\_ Email dan@thenelllawgroup.com

Signature *Daniel E. Thenell* Date 8-4-22

**From:** [Anne Puppo](#)  
**To:** [PERC Filing \(PERC\)](#)  
**Cc:** [Paige Chrz](#)  
**Subject:** Representation Petition: Pasco Police Dept.  
**Date:** Thursday, August 4, 2022 12:16:47 PM  
**Attachments:** image001.png  
image002.png  
PERC Petition w-Signature cards.pdf

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External Email

Attached please find a signed *Representation Petition* along with related signature cards regarding the Pasco Police Department.

Thank you.

(Sent on behalf of Dan Thenell: [Dan@thenelllawgroup.com](mailto:Dan@thenelllawgroup.com))  
(Additional contact: Paige Chrz: [Paige@thenelllawgroup.com](mailto:Paige@thenelllawgroup.com))



**Anne Puppo**  
*Legal Assistant*

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**THENELL LAW GROUP, PC**  
OREGON ♦ WASHINGTON ♦ IDAHO ♦ ALASKA ♦ NEVADA ♦ UTAH

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

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Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

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Email \_\_\_\_\_

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Telephone 503-372-6450 Ext. \_\_\_\_\_ Email dan@thenelllawgroup.com

Signature *Daniel E. Thenell* Date 8-4-22



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

Pasco Commanding Officers Assoc.

Petitioner/Complainant/Filing Party

v.

Pasco Police Department

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 (*date*) August 4, 2022

To:	Name	Ken Roske			
	Organization	Pasco Police Department	<input type="checkbox"/> E-mail	<input checked="" type="checkbox"/> First Class U.S. Mail	
	Address	215 W. Sylvester Street	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP	Pasco, WA 99301	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email				
	Fax				
To:	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				
To:	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 August 4, 2022

Print Name Jaymi Makin

Signature \_\_\_\_\_



**From:** [Anne Puppo](#)  
**To:** [PERC Filing \(PERC\)](#)  
**Cc:** [Paige Chrz](#)  
**Subject:** Representation Petition: Pasco Police Dept.  
**Date:** Thursday, August 4, 2022 2:43:05 PM  
**Attachments:** image001.png  
image002.png  
PERC Petition w-Signature cards and COS - ap.pdf

---

External Email

Attached please find a signed *Representation Petition* along with related signature cards and the Certificate of Service regarding the Pasco Police Department.

Thank you.

(Sent on behalf of Dan Thenell: [Dan@thenelllawgroup.com](mailto:Dan@thenelllawgroup.com))  
(Additional contact: Paige Chrz: [Paige@thenelllawgroup.com](mailto:Paige@thenelllawgroup.com))



**Anne Puppo**  
*Legal Assistant*

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