



# REPRESENTATION PETITION

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

### PARTIES Include information for all parties involved.

**EMPLOYER** Secretary of the Senate

**Contact** Debbie Brookman

**Title** Dir., Office of St. Leg. Labor Rltns.

**Address** 1007 Washington Street SE

**City, State, ZIP** Olympia, WA, 98502

**Phone** (360) 786-6444 **Ext.** \_\_\_\_\_

**Email** debbie.brookman@leg.wa.gov

**PETITIONER** Legislative Professionals Association

**Contact** Jami Lund

**Title** President

**Address** 160 Wakefield Dr

**City, State, ZIP** Centralia, WA, 98531

**Phone** (360) 918-3990 **Ext.** \_\_\_\_\_

**Email** legislativeprofessionals@gmail.com

**CURRENT BARGAINING REPRESENTATIVE**

(If One Exists) N/A

**Contact** \_\_\_\_\_

**Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**Email** \_\_\_\_\_

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

- NEW ORGANIZING** to be certified as the representative of employees currently unrepresented.
- ADD UNREPRESENTED EMPLOYEES** to an existing bargaining unit as described in WAC 391-25-080.
- CHANGE REPRESENTATIVE** of existing bargaining unit.
- REMOVE REPRESENTATIVE** of existing bargaining unit.

### BARGAINING UNIT

For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out **both** sections 1 and 2. For a petition to change or remove the representative, fill out section 1.

**SECTION 1—Describe the Existing Bargaining Unit:**

Number of Employees in Existing Unit \_\_\_\_\_

**SECTION 2—Describe the Proposed Bargaining Unit:**

All regular or temporary partisan employees of the Senate who are legislative assistants for members of the Senate Republican Caucus.

Number of Employees in Proposed Unit 21

If a CBA exists, what is the expiration date? N/A

### SHOWING OF INTEREST

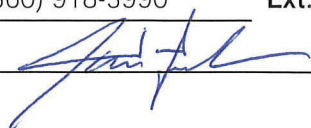
A showing of interest indicating the support of at least 30 percent of the employees in the bargaining unit must be filed with the petition. **See instructions for more information.**

### PETITIONER REPRESENTATIVE

**Name** Jami Lund

**Address** 160 Wakefield Dr

**Phone** (360) 918-3990 **Ext.** \_\_\_\_\_

**Signature** 

**Title** President

**City, State, ZIP** Centralia, WA, 98531

**Email** legislativeprofessionals@gmail.com

**Date** 5/1/2024

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

Legislative Professionals Association

Petitioner/Complainant/Filing Party

v.

Washington State Senate

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*) 5/1/2024

To:	Name	Debbie Brookman			
	Organization	Office of State Legislative Labor Relations	<input checked="" type="checkbox"/> E-mail	<input type="checkbox"/> First Class U.S. Mail	
	Address	1007 Washington St SE	<input type="checkbox"/> Fax	<input type="checkbox"/> Certified U.S. Mail	
	City, State, ZIP	Olympia, WA, 98502	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Registered U.S. Mail	
	Email	debbie.brookman@leg.wa.gov			
	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 5/1/2024

Print Name Jami Lund

Signature 



**From:** [Legislative Professionals Association](#)  
**To:** [PERC, Filing \(PERC\)](#)  
**Subject:** Representation Petition for Senate Republican Legislative Assistants  
**Date:** Wednesday, May 1, 2024 8:01:30 AM  
**Attachments:** LPA logo circle Masthead.png  
Senate GOP Representation petition.pdf  
Senate GOP showing of interest.pdf

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External Email



## Legislative Professionals Association

160 Wakefield Drive, Centralia, WA 98531  
(360) 918-3990  
[LegislativeProfessionals@gmail.com](mailto:LegislativeProfessionals@gmail.com)

Hello,

Please find attached a Representation Petition for the Legislative Professionals Association to represent Senate Republican Legislative Assistants. Also attached are Showing of Interest forms from 13 of the 20 in the proposed bargaining unit.

If you have any questions or if I can provide additional information, please do not hesitate to contact me.

Sincerely,

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Mr. Jami Lund, President

Legislative Professionals Association  
(360) 918-3990