FORM NLRB-501 (3-21)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE		
Case	Date File	d

INSTRUCTIONS.

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.				
1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT				
a. Name of Employer	b. Tel. No.			
TIM SCOTT FOR AMERICA				
	c. Cell No.			
		f. Fax. No.		
-1 Add (Ci	I. Faralassa Dansa a a delica			
d. Address (Street, city, state, and ZIP code) 7620 RIVERS AVE, STE. 370 #312 NORTH CHARLESTON, SC 29406	e. Employer Representative TIM SCOTT	g. e-mail		
		h. Number of workers employed 25		
i. Type of Establishment (factory, mine, wholesaler, etc.) POLITICAL CAMPAIGN	j. Identify principal product or service POLITICAL CAMPAIGN			
The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and				
(list subsections) of the National Labor Relations Act, and these unfair labor				
practices are practices affecting commerce within the mea	aning of the Act, or these unfair labor practices are p	ractices affecting commerce within the		
meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)				
protected, concerted activity by publicly responding				
3. Full name of party filing charge (if labor organization, gi Mr. Shawn Fain	ive full name, including local name and number)			
4a. Address (Street and number, city, state, and ZIP code)		4b. Tel. No.		
		4c. Cell No.		
		4d. Fax No.		
		4e. e-mail		
E Eull name of national or international labor arganization	of which it is an offiliate or constituent unit /to be fille	el in when observe in filed by a labor argenization)		
5. Full name of national or international labor organization	Of Winch it is an annate of Constituent unit (10 De line	iu in when charge is med by a lagor organization)		
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No.		
Denjama / Dente to the best of the	Benjamin N. Dictor I Counsel	Office, if any, Cell No.		
(signature of representative or person making charge)	(Print/type name and title or office, if any)	Fax No.		
Address Eisner Dictor & Lamadrid, P.C.	Date Sep 21, 2023	e-mail		

WILLFUL FALSE STATEMENTS ON THIS CHARGE 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 unfair labor practice 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.