

# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

501727  
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: c- 773

## Person Filing

2. Name and mailing address (include ZIP Code):

Name

Title

Organization Boardman & Clark LLP

P.O. Box, Bldg., Room No., if any P.O. Box 927

Street

City Madison

State Wisconsin

ZIP Code + 4 53701-0927

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

4. Date fiscal year ends:

Dec / 12

5. Type of person:

a. ☐ Individual b. ☒ Partnership c. ☐ Corporation d. ☐ Other (Specify):

## Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):

Name

Organization Journey Mental Health Center, Inc.

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 625 W. Washington Ave.

City Madison

State Wisconsin

ZIP Code + 4 53707-2673

7. Date entered into:

3 / 1 / 2012

8. Name of person(s) through whom made:

Name William Greer

Name

Name

Name

Name

## Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed Alana V. Jhund

President  
(If other title, see  
instructions)

Title Executive Director

14. Signed N/A

Treasurer  
(If other title, see  
instructions)

Title Treasurer N/A

On \_\_\_\_\_ Date 608-257-9521 Telephone Number

On \_\_\_\_\_ Date Telephone Number

Filer: Boardman & Clark LLP	File Number C-
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Boardman & Clark LLP is legal counsel for Journey Mental Health Center, Inc, and has been asked to provide it with assistance with respect to the Petitions for Election filed by two of its employee groups.

#### Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

- We have assisted the employer with the its direct dealings with the NLRB through the election process.
- We have provided legal advice with respect to the employer's rights and obligations.
- We have provided advice with respect to employee communications during the election process to persuade them to vote no.

11.b. Period during which performed:

March 2012 through August 2012

11.c. Extent performed:

On-going

11.d. Name and address through whom performed:

Name William Greer

Organization Journey Mental Health Center, Inc.

P.O. Box, Bldg., Room No., if any

Street 625 W. Washington Avenue

City Madison

State Wisconsin

ZIP Code + 4 53703-2673

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

12.a. Identify subject groups of employees:

All professional and non-professional employees of Journey Mental Health Center, Inc. except managers, supervisor and employees working less than 350 hours annually.

12.b. Identify subject labor organizations:

American Federation of State, County and Municipal Employees Council 40