

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Redistricting DATE 10/13/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name DAVID YERSEN
Firm/Business/Agency PAUL SIMON PUBLIC POLICY INSTITUTE
Address 1231 Lincoln Dr City Carbondale State IL Zip 62901
Title Director

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature D. Yersen

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Restricting DATE 13 Oct.
OTHER (Subject matter) _____

I. IDENTIFICATION

Name John S. Jackson
Firm/Business/Agency SFU Paul Simon Institute
Address _____ City Del State IL Zip _____
Title Professor

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits
Amendment(s) # _____ Proponent Opponent No Position on Merits
Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature _____

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Redistricting DATE 10/13/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Mike Lawrence

Firm/Business/Agency _____

Address _____ City _____ State _____ Zip _____

Title Retired as director,
Paul Simon Public Policy Inst.

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits

Amendment(s) # _____ Proponent Opponent No Position on Merits

Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature Michael J. Lawrence

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Redistricting DATE 10/13/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Justin Levitt - via video conferencing
Firm/Business/Agency Counsel, Brennan Center for Justice
Address _____ City _____ State _____ Zip _____
Title _____

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits
Amendment(s) # _____ Proponent Opponent No Position on Merits
Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature Video Conferencing

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Redistricting DATE 10/13/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name MARGARET (MAGGIE) FLANAGAN

Firm/Business/Agency _____

Address 1111 W. Hill AVE. City Carbondale State IL Zip 62901

Title PRESIDENT, LEAGUE OF WOMEN VOTERS

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance _____

LEAGUE of WOMEN VOTERS of JACKSON COUNTY

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits

Amendment(s) # _____ Proponent Opponent No Position on Merits

Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature M. Flanagan

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Redistricting DATE 10/13/09
OTHER (Subject matter) _____

I. IDENTIFICATION

Name Jim RAYFIELD
Firm/Business/Agency _____
Address 324 McKinney Hill Lane City Carrollton State TX Zip 62909
Title Retired

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance
Personal posture

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits
Amendment(s) # _____ Proponent Opponent No Position on Merits
Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature _____

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Senate DATE OCT. 13, '09

OTHER (Subject matter) "REDISTRICTING"

I. IDENTIFICATION

Name DANNY L. STOVER

Firm/Business/Agency _____

Address 917 E. 3RD ST. City CENTRALIA State IL Zip 62801

Title RETIRED COLLEGE PROFESSOR

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

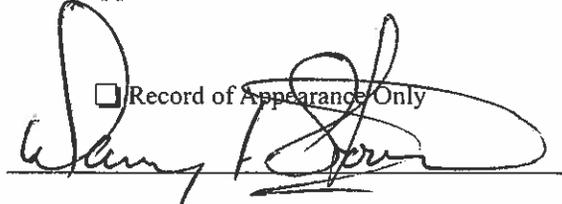
Original Bill _____ Proponent Opponent No Position on Merits

Amendment(s) # _____ Proponent Opponent No Position on Merits

Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature 

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE SENATE RESTRICTION DATE 10/13/09
OTHER (Subject matter) RESTRICTION

I. IDENTIFICATION

Name DONALD MONTY
Firm/Business/Agency _____
Address 418 S. GEANT CITY RD City CARBONDALE State IL Zip 62902
Title _____

II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits
Amendment(s) # _____ Proponent Opponent No Position on Merits
Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature Donald Monty