

55RCA 69
BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Redistricting DATE 9/1/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name BRAD McMILLAN

Firm/Business/Agency Bradley University

Address 1501 W. Bradley Ave City Peoria State IL Zip 61625

Title Executive Director, Institute for Principled Leadership

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 9/22/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Patrick Collins

Firm/Business/Agency Chairman of The IL Reform Commission

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 _____

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Redistricting DATE 9/20/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Dr. Michael McDonald
Firm/Business/Agency Associate Professor at George Mason
Address _____ City _____ State _____ Zip _____
Title Senior Fellow at Brookings Institution

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 9/22/09
OTHER (Subject matter) _____

I. IDENTIFICATION

Name Dr. Bruce Cain
Firm/Business/Agency Heller Professor of Political Science
Address University of California - Berkeley 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 _____

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Redistricting DATE 22/01/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name BRIAN GAINES
Firm/Business/Agency UNIV. OF ILLINOIS
Address IGPA / 207 W. NEVADA ST. City VRBANA State IL Zip 61801
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 Brian Gaines

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Redistricting DATE 9/22/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name James D. Nowlan NOWLAN
Firm/Business/Agency U. of Illinois
Address _____ City Urbana State IL Zip _____
Title Senior Fellow

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 _____ DATE 9/22/09

OTHER (Subject matter) Redistricting

I. IDENTIFICATION

Name JEAN SANGER

Firm/Business/Agency LEAGUE of Women Voters

Address 3205 W. BROOKSIDE DR City PEORIA State IL Zip _____

Title MEMBER, Bd of DIRECTORS, L of W of ILLINOIS

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
JEAN SANGER

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 Redistricting DATE 9/22/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Justin Green
Firm/Business/Agency Student @ Bradley University
Address 1315 West Saint James City Peoria State IL Zip 61606
Title President College Republicans

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

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature Justin Green

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Redistricting DATE 9/22/09
OTHER (Subject matter) _____

I. IDENTIFICATION

Name GENERAL PARKER
Firm/Business/Agency _____
Address P.O. Box 3026 City PEORIA State IL Zip 61612
Title BOARD MEMBER, POLITICAL 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 GENERAL PARKER,
ILLINOIS FATHERS, AAVR

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits
Amendment(s) # S-69, H-16 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 General Parker

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE _____ DATE 9/22/09

OTHER (Subject matter) REDISTRICTING

I. IDENTIFICATION

Name JAMES E CHRISTOPHER
Firm/Business/Agency RETIRED
Address 618 W SINGING WOOD RD City GREENSBORO State NC Zip 27426
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 _____	<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 _____

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE Redistricting DATE 9/22/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Jim McGill
Firm/Business/Agency Concerned Taxpayers
Address 340 LINCOLN City _____ State _____ Zip _____
Title Retiree

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 _____
FAMILY & FRIENDS

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 Restructuring DATE 9/22/09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Russ Crawford
Firm/Business/Agency Multiple (Tazewell County / Tazewell County Regional Planning Commission)
Address 204 District Court City E Peoria State IL Zip 61611
Title President, Heartland Water Resources Council

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 Russ Crawford

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE _____ DATE 9-22-09

OTHER (Subject matter) Redistricting

I. IDENTIFICATION

Name Steve Watts

Firm/Business/Agency _____

Address PO Box 221 (151 N. Seminary) City Galesburg State IL Zip 61402-0221

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 self

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 _____

69
BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS
STATE SENATE

COMMITTEE _____ DATE 9/22/09
OTHER (Subject matter) Redistricting

I. IDENTIFICATION

Name P.C. Tripp Waldo
Firm/Business/Agency _____
Address 6916 N. Aycliffe Dr. City Peoria State IL Zip 61614
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 NONE

III. POSITION (Check appropriate box)

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

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature P.C. Tripp Waldo