

SB 1270  
BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**

STATE SENATE

COMMITTEE State Gov't. DATE 7/14/11

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name Jeff Crabtree  
Firm/Business/Agency Teamsters  
Address 1300 W. Higgins Rd. City Park Ridge State IL Zip \_\_\_\_\_  
Title 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  
Teamsters Joint Council 25

**III. POSITION** (Check appropriate box)

Original Bill \_\_\_\_\_  Proponent  Opponent  No Position on Merits  
Amendment(s) # 2  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 Jeff Crabtree

SB 1270

  
 BILL OR RESOLUTION NUMBER

### RECORD OF COMMITTEE WITNESS

STATE SENATE  
 SENATE GOVERNMENT  
 COMMITTEE OF VETERANS AFFAIRS DATE 3/16/2011

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name CHARLES LYNN LOWDER  
 Firm/Business/Agency EVEREST, LLC  
 Address 450 VAUGHN CIRCLE City AURORA State IL Zip 60502  
 Title CEO

**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 EVEREST, LLC - SERVICE-DISABLED, VETERAN-OWNED SMALL BUSINESS

**III. POSITION** (Check appropriate box)

Original Bill _____	<input checked="" 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 Charles Lynn Lowder

SB 1270  
 BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**  
 STATE SENATE

COMMITTEE State Gov DATE 3/16/11

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name DAN GRANT  
 Firm/Business/Agency IL Dept. of Veterans Affairs  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 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 checked="" type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # <u>2</u>	<input checked="" 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 Dan Grant

SB 1270

  

BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**  
STATE SENATE

COMMITTEE State Court DATE 3/16/11

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name Tony Kolbe  
 Firm/Business/Agency The Dept. of Veterans Affairs  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Title Legislative Advisor

**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 checked="" type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # <u>2</u>	<input checked="" 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 Tony Kolbe

**SB 1270**  
 BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**  
 STATE SENATE

COMMITTEE State Govt. DATE 3-30-11

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name Tim Duckworth  
 Firm/Business/Agency \_\_\_\_\_  
 Address CMS 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 _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # <u>SA #3</u>	<input checked="" 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 [Signature]

SB 1270  
BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE State Government DATE 4/7/11

OTHER (Subject matter)

I. IDENTIFICATION  
Name Jim Morphea  
Firm/Business/Agency \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Title \_\_\_\_\_

II. REPRESENTATION (This section to filed 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 American Business Council

III. POSITION (Check appropriate box)

Original Bill \_\_\_\_\_  Proponent  Opponent  No Position on Merits  
Amendment(s) # 4  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 Jim Morphea

of Emerging Companies

SB 1290  
BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**

STATE SENATE

COMMITTEE

Wet Affairs

DATE

4-7-11

OTHER (Subject matter)

**I. IDENTIFICATION**

Name

Tim Riemer

Firm/Business/Agency

JAR Consulting

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) #

SA#4

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



**State Senator Linda Holmes - 42<sup>nd</sup> District**  
**M122 State Capitol, Springfield, IL 62706**  
**(217) 782-0422 (217) 782-2115 fax**  
**Lholmes@senatedem.ilga.gov**

**Fax Transmittal Sheet**

To: Nikki Patterson

From: State Senator Linda Holmes

Number of pages (including cover sheet): 8

Date: 7-20-11

Comments: SB 1270 Witness slips  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_