

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-20-99

BILL NO. _____

OR

SUBJECT Family Care

KARLA SMITH
(NAME)

1040 VILLAGE GREENS LAKE WEST
(Street Address or Route Number)

MOSN WI 53304
(City and Zip Code)

ACCESS TO INDE PENDENCE
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: _____

BILL NO. _____

OR

SUBJECT FAMILY CARE

RKD MARK METER
(NAME)

1623 SUNSET DR
(Street Address or Route Number)

LA 00555
(City and Zip Code)

95th AD
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-20-99

BILL NO. _____

OR

SUBJECT Family Care
Encourage Sec. Leason to work
with Pilot Counties

Carolyn Feldt
(NAME)

5407 8th Avenue
(Street Address or Route Number)

Kenosha WI 53140
(City and Zip Code)

Kenosha County
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-20-99

BILL NO. _____
OR
SUBJECT Family Care - CMO

(NAME) Ann Soulier

(Street Address or Route Number) PO Box 1301

(City and Zip Code) Shinelander 54501

(Representing) Human Service Center

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____
OR
SUBJECT FAMILY CARE
SUPPORTING CMO

(NAME) LAURIE GROSKOPF

(Street Address or Route Number) PO BOX 897

(City and Zip Code) RHINELAUNDER WI 54501

(Representing) FOREST ONEIDA VIAS HUMAN SERVICES

Speaking in Favor:

Speaking Against:

Registering in Favor: CMO

but not speaking: PANEL

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-20-99

BILL NO. _____
OR
SUBJECT Family Care

(NAME) Susan K. Larson

(Street Address or Route Number) 3181 East Aves #4

(City and Zip Code) La Crosse WI 54601

(Representing) La Crosse County CMC

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____
OR

SUBJECT Support of the

CMO County panel

Position on Family Care

(NAME) Vicki Tyka

4591 N DuBay Dr

(Street Address or Route Number)

Mosinee WI 54455

(City and Zip Code)

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20

BILL NO. _____
OR

SUBJECT Family Care

Pilot with Charles

(NAME) Sabrina Morris

(Street Address or Route Number)

(City and Zip Code)

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-20-99

BILL NO. _____
OR

SUBJECT Family Care

Leanne Velie

(NAME) 380 Willscher

(Street Address or Route Number)

(City and Zip Code)

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-20-99

BILL NO. _____
OR
SUBJECT Family CARE

RAVBY JACQUEZ
(NAME)
29981 Morris Ln
(Street Address or Route Number)

Richland Center
(City and Zip Code)

Richland County
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor: at County Fairmet
but not speaking: POSTAL

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-20-99

BILL NO. _____
OR
SUBJECT Family Care

Diane Kosinski
(NAME)
87 Vireost St
(Street Address or Route Number)

Fond Du Lac WI
(City and Zip Code)

Fond Du Lac County
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor: at
but not speaking: Mooring in a for now

Registering Against: directly
but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____
OR
SUBJECT Family Care

Tammy Taylor
(NAME)
218 N Charles St
(Street Address or Route Number)

Waukesha WI 53186
(City and Zip Code)

Waukesha County
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor: Family Care Improvement
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____
OR _____

SUBJECT Long Term Care

Re-design - Family Care

Kim Enders

(NAME) _____
31618 Hwy 80

(Street Address or Route Number) _____
Muscodia WI 53573

(City and Zip Code) _____
Richland County Pilot

(Representing) _____
project

Speaking in Favor:

Speaking Against:

Registering in Favor: In favor of
but not speaking: gain
panels

Registering Against: position
but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____
OR _____

SUBJECT Family Care

Sean Donnelly

(NAME) _____
227 Woodlawn Ct

(Street Address or Route Number) _____
Madison, WI 57713

(City and Zip Code) _____
(Representing) _____

Speaking in Favor:

Speaking Against:

Registering in Favor: _____
but not speaking:

Registering Against: _____
but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____
OR _____

SUBJECT Family Care Bill

Projects →

Rev. Sue Melvin Johnson

(NAME) _____
322 E. Washington

(Street Address or Route Number) _____
Madison 53703

(City and Zip Code) _____
Sullivan Office for Public

(Representing) Policy in WI

Speaking in Favor:

Speaking Against:

Registering in Favor: _____
but not speaking:

Registering Against: _____
but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 12-20-95

BILL NO. _____

OR

SUBJECT Support of Family

Care CCR Panel

Jessica Walko

(NAME)

817 Whiting Avenue

(Street Address or Route Number)

Stevens Point WI 54481

(City and Zip Code)

Patricia L. Lusk
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____

OR

SUBJECT Support of Family

Care Panel

Teri Buras

(NAME)

1000 Hwy 14 West

(Street Address or Route Number)

Richland Center, WI

(City and Zip Code)

Pilot Counties for Family
(Representing) Care

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-20-99

BILL NO. Family Care

OR

SUBJECT _____

Patricia Sawyer

(NAME)

1000 W Barnhart

(Street Address or Route Number)

Barabdo 53217

(City and Zip Code)

Madison Co. Sen. of Agers
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/30/99

BILL NO. _____
OR _____

SUBJECT _____

HTS Public

(NAME) _____

John Dorrod

(Street Address or Route Number) _____

1107 10th St

(City and Zip Code) _____

Green Bay WI 54313

(Representing) _____

Speaking in Favor:

Speaking Against:

Registering in Favor:

Registering Against:

Speaking for information only; Neither for nor against:

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Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: October 20 1999

BILL NO. _____
OR _____

SUBJECT _____

Family Care

(NAME) _____

Sunny Archambault

(Street Address or Route Number) _____

300 S. Adams

(City and Zip Code) _____

Green Bay WI 54313

(Representing) _____

Speaking in Favor:

Speaking Against:

Registering in Favor:

Registering Against:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____
OR _____

SUBJECT _____

Family Care

(NAME) _____

Feather/Terry Boubt

(Street Address or Route Number) _____

WI Council for Advocacy

(City and Zip Code) _____

Ballston of W. Grant Graves
Are of WI.

(Representing) _____

Speaking in Favor:

Speaking Against:

Registering in Favor:

Registering Against:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____
OR
SUBJECT Family care

Gina Graham / Aurora Health
(NAME) Care
PO Box 342
(Street Address or Route Number)

Milwaukee WI 53201
(City and Zip Code)
Aurora Health Care
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____
OR
SUBJECT Family Care

Shelanie Stein-Tunstall
(NAME) Mary Schubert's
300 W. W. Hill St. Schuiler
(Street Address or Route Number)

Milwaukee Wis
(City and Zip Code)
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10-20-99

BILL NO. _____
OR
SUBJECT Family Care

Steve Veris
(NAME) 9817 S Oakley
(Street Address or Route Number)

Madison WI
(City and Zip Code)
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____
OR
SUBJECT FAMILY CARE
PILOT PROJECTS

CHUCK WILHELM
(NAME)
DIRECTOR
(Street Address or Route Number)

OFFICE OF STRATEGIC FINANCE
(City and Zip Code)
DHFS
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. _____
OR
SUBJECT FAMILY CARE
PILOT PROJECTS

JOE LEAN
(NAME)
SECRETARY
(Street Address or Route Number)

DHFS
(City and Zip Code)
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: _____

BILL NO. _____
OR
SUBJECT _____

TONY CORALLO
(NAME)
POB 24
(Street Address or Route Number)

AGATE RIVER, WI
(City and Zip Code)
ME 1
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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Senate Sergeant-At-Arms
Room 109-1L One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 11-8-99

BILL NO. _____

OR

SUBJECT FAMILY CARE

PAUL E SANCHEZ
(NAME) Director

Box 40 & Center
(Street Address or Route Number)

RINDENWOOD WIS
(City and Zip Code)

OVERDA Co Security Services
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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Senate Sergeant-At-Arms
Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 11-8-99

BILL NO. _____

OR

SUBJECT Long Term Care Pilots

For Pilots
(NAME)

PO Box 9774
(Street Address or Route Number)

WABORUFF, WI 53568
(City and Zip Code)

Self
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 11-8-99

BILL NO. _____

OR

SUBJECT FAMILY CARE Pilots

TIM STUEBE
(NAME)

1810 Broad Ave.
(Street Address or Route Number)

Shawfield STATE
(City and Zip Code)

North Central Health Care
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: _____

BILL NO. _____
OR
SUBJECT _____

Edward Huetli, Chairperson
(NAME) (*Pronounced Hittel*)

(Street Address or Route Number)

(City and Zip Code)

Forest County Board of Supervisors.
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 11-8-99

BILL NO. _____
OR
SUBJECT Family Care Plots

Ann Soulier
(NAME)

So Bee 1301
(Street Address or Route Number)

(City and Zip Code)

Rhineland WI
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: Nov 8 1999

BILL NO. _____
OR
SUBJECT Family Care

Dianne Jacobsen
(NAME)

4331 Valley Ct.
(Street Address or Route Number)

(City and Zip Code)

Rhineland WI 53501
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 11-8

BILL NO. _____

OR

SUBJECT Fum Cane

Seechio

Richard Seechio
(NAME)

1663 E Fence Lk
(Street Address or Route Number)

Menomonie
(City and Zip Code)

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 11-8-1999

BILL NO. _____

OR

SUBJECT _____

Betty J. Current
(NAME)

1895 E. Tippecanoe Rd
(Street Address or Route Number)

haddon Flambear, WI 54538
(City and Zip Code)

87 year old Father
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: Nov 8, 1999

BILL NO. _____

OR

SUBJECT Can't get transport

to Haddonbeers in Rhinelanders by

Leonaire Kehlcke
(NAME)

416 Highway 17
(Street Address or Route Number)

Phelps 54554
(City and Zip Code)

Loved Cross
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 11-8-89

BILL NO. _____

OR

SUBJECT Family Care

Chuck Wilkelm

(NAME)

209 OTTAWA TOR

(Street Address or Route Number)

MA01502

(City and Zip Code)

Dept of Health & Family Services
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 11/8/89

BILL NO. _____

OR

SUBJECT Family Care

Del Menecher

(NAME)

COA 1000 Lakeside Dr

(Street Address or Route Number)

Wausau WI 54403

(City and Zip Code)

Agency & Disability Resources
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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Senate Sergeant-At-Arms
Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 11/8/89

BILL NO. _____

OR

SUBJECT _____

DALE R. BLITZBERG

(NAME)

330 COURT ST.

(Street Address or Route Number)

APPLE RIVER 54521

(City and Zip Code)

WISCONSIN CONNOR APPLE
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
Room 109-LL One East Main
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 11-8-99

BILL NO. _____

OR

SUBJECT FAMILY CARE PLANS

BEN ANDERSON
(NAME)

PO Box 369
(Street Address or Route Number)

PHINEAS LAUREL, WI 53529
(City and Zip Code)

ALBERTA ANDERSON AVINA
(Representing) CONSULTANTS

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger **PROMPTLY.**

Senate Sergeant-At-Arms
Room 109-L1, One East Main
P.O. Box 7882
Madison, WI 53707-7882