

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. AB 237

SUBJECT _____

SANDY LOVERGAW
(NAME)

(Street Address or Route Number)

(City and Zip Code)

Rep. Gregg Underheim
(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: October 20, 1999

BILL NO. AB 237

SUBJECT _____

Secretary Maureen Cummings
(NAME)

(Street Address or Route Number)

(City and Zip Code)

Dept. of Regulation and Licensing
(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. AB 237

SUBJECT Message Through

Long Distance
(NAME) Quarles & Brashel

(Street Address or Route Number)

(City and Zip Code)

Wisconsin Chapter - American
(Representing) Message Through Assn

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 HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. AB 237

OR

SUBJECT _____

LEAD THOMAS.

910 W. WAL WORTH AVE

(NAME)

White Water, WI 53190

(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:

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. AB 237

OR

SUBJECT _____

JOE DAVIS

(NAME)

495 Sidney St

(Street Address or Route Number)

MADISON 53703

(City and Zip Code)

(Representing)

EDUCATIONAL ADVISORY BOARD

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 HEARING SLIP

(Please Print Plainly)

DATE: 10/20/99

BILL NO. AB 237

OR

SUBJECT MASSAGE THERAPISTS

BARBARA J. MUIER

(NAME)

3268 HWY MN

(Street Address or Route Number)

MCFARLAND, WI 53558

(City and Zip Code)

(Representing)

consumer of massage therapy

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

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Senate Sergeant-At-Arms
State Capitol - B35 South
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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 20 OCT 99

BILL NO. AB-237

OR

SUBJECT _____

JESUS GARZA

(NAME)

310 PRICE PLACE

(Street Address or Route Number)

MADISON, WI 53703

(City and Zip Code)

WI TECH. COLL. SYST. Bd.

(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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P.O. Box 7882
Madison, WI 53707-7882

Vote Record

Senate Committee on Health, Utilities, Veterans and Military Affairs

Date: 10/20/99 Executive Session Public Hearing

Bill Number: AB237

Moved by: Robson Seconded by: Drze

Motion: Concurrence

Committee Member

	<u>Aye</u>	<u>No</u>	<u>Absent</u>
Sen. Rodney Moen, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Roger Breske	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Judy Robson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Jon Erpenbach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Brian Rude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gary Drzewiecki	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Robert Welch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: _____ _____ _____

Motion Carried

Motion Failed