

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-16-2000

BILL NO. SB 433

SUBJECT _____

(NAME) Sen. Jody Robson

(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: 3-15-06

BILL NO. SB 433

SUBJECT _____

(NAME) Gerry Bern

(Street Address or Route Number) _____

(City and Zip Code) Madison 53703

(Representing) Ans Cousin

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: 3/15/00

BILL NO. SB 433

SUBJECT _____

(NAME) Lara Leitch

(Street Address or Route Number) 1 East Main St #300

(City and Zip Code) Madison WI

(Representing) Special Children 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:

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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/15/00

BILL NO. 433

SUBJECT _____

(NAME) Robert Welch

(Street Address or Route Number) _____

(City and Zip Code) _____

(Representing) 141 South

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
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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: MARCH 15, 2000

BILL NO. SB 433

SUBJECT _____

(NAME) DAN STIER

(Representing) CHIEF LEGAL COUNSEL

(Street Address or Route Number) _____

(City and Zip Code) _____

(Representing) DHS

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
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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 15 March 2000

BILL NO. SB 433

SUBJECT _____

(NAME) M. Colleen Wilson

(Representing) 330 E Lakeside Street

(Street Address or Route Number) _____

(City and Zip Code) Madison 53715

(Representing) State Medical Society of Wisconsin

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

Vote Record

Senate - Committee on Health, Utilities, Veterans and Military Affairs

Date: 3/15/2000

Bill Number: SB 433

Moved by: Robson

Seconded by: Welch

Motion: Passage

Committee Member

	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Sen. Rodney Moen, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Roger Breske	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Judy Robson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Jon Erpenbach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Brian Rude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Peggy Rosenzweig	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Robert Welch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals:

Motion Carried

Motion Failed