

**2001 DRAFTING REQUEST**

**Senate Amendment (SA-SB460)**

Received: 03/04/2002

Received By: malaigm

Wanted: Today

Identical to LRB:

For: David Hansen (608) 266-5670

By/Representing: Lisa Ellinger

This file may be shown to any legislator: NO

Drafter: malaigm

May Contact:

Addl. Drafters:

Subject: Econ. Development - bus. dev.

Extra Copies:

Submit via email: NO

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**Pre Topic:**

No specific pre topic given

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**Topic:**

Business assistance recipient rules of conduct; department of commerce to determine penalties

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**Instructions:**

See Attached

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**Drafting History:**

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	malaigm 03/04/2002	gilfokm 03/04/2002		_____			
/1			pgreensl 03/04/2002	_____	lrb_docadmin 03/04/2002	lrb_docadmin 03/04/2002	

FE Sent For:

<END>

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1?	malaigm	3/4 King	3/4 PB	3/4 P8/11/12			

FE Sent For:

<END>

## Malaise, Gordon

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**From:** Ellinger, Lisa  
**Sent:** Monday, March 04, 2002 12:09 PM  
**To:** Malaise, Gordon  
**Subject:** amendment for SB 460

Gordon:

We would like to make 2 amendments to SB 460

- ~~1-allow for insurance co-pays - right now the bill states that the business must cover premiums~~
- 2-make the clawback provisions proportional - at this time the bill would pull all assistance, with additional penalties. We would like the penalty to be proportional to degree of non-compliance. This is the approach currently used by Commerce.

Like everyone else around here, we would like this ASAP. Let me know what sort of turnaround time I can expect.

Thank you.

**Lisa Ellinger**  
**Office of State Senator Dave Hansen**  
**State Capitol - Room 319 South**  
**PO Box 7882**  
**Madison WI 53707**  
**608-266-5670**  
**608-267-6791 FAX**

2001

Date (time) needed

Today Mon 3/4

LRBa 1436, 1

AMENDMENT

GMM : King:

See form AMENDMENTS — COMPONENTS & ITEMS.

S A AMENDMENT

~~TO S A AMENDMENT (LRBa)~~  
~~TO S A SUBSTITUTE AMENDMENT (LRBs)~~  
 TO 2001 SB ~~SJR SR AB AJR AR~~ 460 (LRB)

At the locations indicated, amend the bill as follows:  
(fill ONLY if "engrossed ...." or "as shown by ....." )

✓ #. Page 8., line 21.: delete lines 21 to 25.

✓ #. Page 9., line 1.: delete lines 1 and 2 and substitute:

#. Page . . . . ., line . . . . .:

#. Page . . . . ., line . . . . .:

#. Page . . . . ., line . . . . .:

