| 3195 | RECORD OF COMMITTEE WITNESS STATE SENATE | | | |
|--|--|-----------------|-------------------------------------|--|
| DIT O | COMMITTEE COMMITTEE | | • | |
| I. IDENTIFICATION Name Terrill Swift | OTHER (Subject matter | | | |
| Firm/Business/Agency | | City Lood ridge | State_ <u> L</u> Zip_ <u>LOS </u> | |
| II. REPRESENTATION (This section to file Name of person(s), group(s), firm(s) | | | | |
| III. POSITION (Check appropriate box) | | | | |
| Original Bill 3195 | Proponent | Opponent | No Position on Merits | |
| Amendment(s) # | ₹ | Opponent | No Position on Merits | |
| Conference Committee Report # | Proponent | Opponent | ☐ No Position on Merits | |
| IV. TESTIMONY (Check appropriate box) | r | | | |
| Oral Wri | tten Statement Filed Signature | · · Mal | Appearance Only | |

| SB 3195 BILL OR RESOLUTION NUMBER OTHER (Subject matter) I. IDENTIFICATION | ····· | | , . |
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| I. IDENTIFICATION OTHER (Subject matter) | ····· | | , . |
| OTHER (Subject matter) I. IDENTIFICATION | | | |
| | | | |
| | | | |
| Name Garvin G. Ambrose | | | |
| Firm/Business/Agency | | | |
| Address City City | | State | _Zip |
| Title Assistant State's Attorney | | | |
| II. REPRESENTATION (This section to filled if the witness is appearing on behalf Name of person(s), group(s), firm(s) represented in this appearance | of any group, | organization (| or other entity. |
| Cook County State's Attorney's Office | <u></u> | | |
| III. POSITION (Check appropriate box) | | | |
| Original Bill Proponent Op | ponent | 🔲 No Positio | n on Merits |
| Amendment(s) # Proponent | ponent | ☐ No Positio | n on Merits |
| Conference Committee Report # Proponent | ponent | 🔲 No Positio | n on Merits |
| IV. TESTIMONY (Check appropriate box) | | 55 | |
| Oral Written Statement Filed | Record of A | ppearance Onl | у |
| Signature | | | |

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| 512 21 () | COMMITTEE | mm_ | DA' | TE 2-29-72 |
| BILL OR RESOLUTION NUMBER | | | | |
| | OTHER (Subject matter) | ·) | | |
| I. IDENTIFICATION WATT | SANET | | | |
| Name ////// | | | | |
| Firm/Business/Agency | | | | |
| Address | (| City | State | Zip |
| Title | | | 3. | 170 |
| III. POSITION (Check appropriate box) | | | | |
| Original Bill | Proponent | Opponent | 🔲 No Posi | ition on Merits |
| Amendment(s) # | Proponent | Opponent | 🔲 No Posi | ition on Merits |
| Conference Committee Report # | Proponent | Opponent | 🔲 No Posi | ition on Merits |
| IV. TESTIMONY (Check appropriate box) | | | | |
| ☐ Writte | n Statement Filed | Record o | f Appearance (| Only |
| / | Signature | Will Gors | | |

| SB 3195 | RECORD OF | STATE SENAT | EE WITNESS |
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| 1 30 2010 | \sim | | . , |
| | COMMITTEE(| rm lau |) DATE 2/29/12 |
| BILL OR RESOLUTION NUMBER | OWNED OF The Avenue | | • |
| I. IDENTIFICATION | OTHER (Subject matter, | · | |
| Name Steven D | Man | | S |
| Firm/Business/Agency_ | | | |
| Address 357 EC | hicaso (| Sity Characa | State 1) -7in hers (|
| Title | ` | M Concar | |
| III. POSITION (Check appropriate) | firm(s) represented in this appearance | e | n Wingre. |
| Original Bill 319^4 | Proponent | Opponent 🔾 | No Position on Merits |
| Amendment(s) # | Proponent | Opponent | No Position on Merits |
| Conference Committee Report | Proponent 🔲 Proponent | Opponent | No Position on Merits |
| IV. TESTIMONY (Check appropria | te box) | | Λ |
| (a) Oral | ☐ Written Statement Filed Signature | All Record of | Appearance Only |

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|------------------------------------|-------------------------|-------------|----------------|---------------|
| 5 /3 3/95 | COMMITTEE | STATE SENAT | Low | - E / /. |
| | COMMITTEE | 27- 27-: 14 | DA7 | E 2/29// |
| BILL OR RESOLUTION NUMBER | OTHER (Subject matter | •) | | |
| I. IDENTIFICATION | OTHER (Subject matter | 73 | 220 B | > |
| Name | × 760- | | 17667 | |
| Firm/Business/Agency | | | | |
| | | | State | Zip |
| Title | | | | |
| Name of person(s), group(s), firm | | 7 / / 56 | Lic F | e (eroe |
| Original Bill | Proponent | Opponent Q | No Posit | ion on Merits |
| Amendment(s) # | Proponent | Opponent | No Posit | ion on Merits |
| Conference Committee Report #_ | Proponent | Opponent | 🔲 No Posi | ion on Merits |
| IV. TESTIMONY (Check appropriate b | pox) | | | |
| ☐ Oral ☐ ` | Written Statement Filed | Record o | f Appearance O | nly / |
| | Signature | J Cer | e E | bker |

| | | | EE WITNESS |
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| SB 3195 | | m Law | - 1 1 |
| BILL OR RESOLUTION NUMBER | OTHER (Subject matter) |) | · / |
| I. IDENTIFICATION Name Firm/Business/Agency | | | |
| Address 5) 8 Davis | # 241 (| City I- Vansto | State V Zip 6026 |
| Title | | _ | |
| II. REPRESENTATION (This section to fille Name of person(s), group(s), firm(s) r | | | |
| III. POSITION (Check appropriate box) | | | |
| Original Bill | Proponent | Opponent | No Position on Merits |
| Amendment(s) # | Proponent | Opponent | No Position on Merits |
| Conference Committee Report # | | Opponent | No Position on Merits |
| IV. TESTIMONY (Check appropriate box) | | | |
| Oral Writte | en Statement Filed Signature | G M. | f Appearance Only |

| SB 3195 | RECORD OF COMMITTEE WITNESS STATE SENATE | | | |
|--|--|-------------|----------------|----------------|
| ן פדים שכן | COMMITTEE Y | imlan | DAT | E 2/29/12 |
| BILL OR RESOLUTION NUMBER | | | | , , |
| I. IDENTIFICATION_ | OTHER (Subject matter |) | . | |
| Name on Wo | alsh | | | |
| | | | | |
| | | | | Zip |
| Title | | | | |
| II. REPRESENTATION (This section Name of person(s), group(s), fir III. POSITION (Check appropriate bo | rm(s) represented in this appearance | | | |
| Original Bill | \rightarrow Proponent | Opponent | ☐ No Posi | ion on Merits |
| Amendment(s) # | / | Opponent | No Posi | tion on Merits |
| Conference Committee Report # | Proponent | Opponent | ☐ No Posi | tion on Merits |
| IV. TESTIMONY (Check appropriate | box) | • | | |
| | Written Statement Filed | Record o | f Appearance C | nly |
| | Signature | Jan 4 | Jals L | 34 |

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| SB 3195 | . ا | STATE SENATE | |
| | COMMITTEE | minal law | DATE <u>2/29</u> |
| BILL OR RESOLUTION NUMBER | | | 3 |
| | OTHER (Subject matter) |) | |
| Name Matthew Bld | om | | |
| Firm/Business/Agency JUVE/ | life Tustice | initiative | (717) |
| Address 518 Dayis S | 5 † . (| City Evans | n State T Zip 6020 |
| Title DDI CY advoca | ite for JIP | | |
| II. REPRESENTATION (This section to fill | ed if the witness is appearing | on behalf of any grov | p, organization or other entity. |
| Name of person(s), group(s), firm(s) | represented in this appearance | e Juvenile | L JUSTICE |
| (1) Brosh (1) | - | Duitiation | (> T + T +) |
| | | - | (() 4) |
| III. POSITION (Check appropriate box) | | | |
| Original Bill | XI Proponent | Opponent | No Position on Merits |
| Amendment(s) # | Proponent | Opponent O | No Position on Merits |
| Conference Committee Report # | Proponent | Opponent | No Position on Merits |
| IV. TESTIMONY (Check appropriate box) | | | • |
| ☐ Oral Writ | ten Statement Filed | Record of | Appearance Only |
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| SB 3195 | STATE SENATE COMMITTEE Cuminal Law DATE 2/29 | | | |
|---|---|-----------|-----------------|----------------------|
| | COMMITTEE | minal La | W DAT | E 2/27 |
| BILL OR RESOLUTION NUMBER | | | | • |
| Y INVESTIGATION | OTHER (Subject matter | " | | |
| I. IDENTIFICATION Name OREG | Carried Al | 1 | | |
| Name <u>GREG</u> | DULLIVAN | | . <u> </u> | |
| Firm/Business/Agency | | 10. | | |
| Address | | City | State | Zip |
| Address | TOR | | | |
| II. REPRESENTATION (This section to fille Name of person(s), group(s), firm(s) r III. POSITION (Check appropriate box) | | ce | up, organizatio | on or other entity.) |
| Original Bill | Proponent | Opponent | No Posi | tion on Merits |
| Amendment(s) # | Proponent | Opponent | No Posi | tion on Merits |
| Conference Committee Report # | Proponent | Opponent | 🔲 No Posi | tion on Merits |
| IV. TESTIMONY (Check appropriate box) | | | • | |
| Oral Writte | en Statement Filed | Record o | f Appearance C | nly |
| | Signature | Record of | Suller | n |
| | _ | 0 | | |

| B 3195 | |
|---------------------------|---|
| BILL OR RESOLUTION NUMBER | |
| I. IDENTIFICATION | _ |

Firm/Business/Agency

III. POSITION (Check appropriate box)

Original Bill _____

Oral

Address

Title

RECORD OF COMMITTEE WITNESS

STATE SENATE OTHER (Subject matter) __ City 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 Proponent Opponent ☐ No Position on Merits Amendment(s) # _____ Proponent Opponent No Position on Merits ☐ No Position on Merits Conference Committee Report # _____ Proponent Opponent | IV. TESTIMONY (Check appropriate box) ☐ Written Statement Filed Record of Appearance Only