

BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**  
STATE SENATE

COMMITTEE Redistricting DATE 8-18-09

OTHER (Subject matter) \_\_\_\_\_

I. IDENTIFICATION

Name Tim Storey  
Firm/Business/Agency NCSL  
Address 7700 E. 1st Pl. City Denver State CO Zip 80230  
Title Senior F

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 \_\_\_\_\_

III. POSITION (Check appropriate box)

Original Bill \_\_\_\_\_  Proponent  Opponent  No Position on Merits  
Amendment(s) # \_\_\_\_\_  Proponent  Opponent  No Position on Merits  
Conference Committee Report # \_\_\_\_\_  Proponent  Opponent  No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral  Written Statement Filed  Record of Appearance Only

Signature Tim Storey

BILL OR RESOLUTION NUMBER

### RECORD OF COMMITTEE WITNESS STATE SENATE

COMMITTEE Relegating DATE 8-18-05

OTHER (Subject matter) \_\_\_\_\_

#### I. IDENTIFICATION

Name Peter S. Watson  
Firm/Business/Agency Minnesota Senate  
Address 17 Capitol City St. Paul State MN Zip 55155  
Title Senate Counsel / Secretary of the Senate (Legislative)

#### II. REPRESENTATION (This section to filled if the witness is appearing on behalf of any group, organization or other entity.)

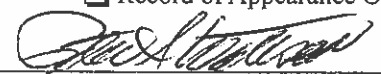
Name of person(s), group(s), firm(s) represented in this appearance \_\_\_\_\_

#### III. POSITION (Check appropriate box)

Original Bill _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

#### IV. TESTIMONY (Check appropriate box)

Oral       Written Statement Filed       Record of Appearance Only

Signature 

BILL OR RESOLUTION NUMBER

**RECORD OF COMMITTEE WITNESS**

STATE SENATE

COMMITTEE Redistricting DATE 8/18/09

OTHER (Subject matter) \_\_\_\_\_

**I. IDENTIFICATION**

Name Debra Iams  
Firm/Business/Agency NA  
Address 2379 Grinnell City Springfield State IL Zip 62704  
Title Citizen

**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 \_\_\_\_\_

**III. POSITION** (Check appropriate box)

Original Bill \_\_\_\_\_  Proponent  Opponent  No Position on Merits  
Amendment(s) # \_\_\_\_\_  Proponent  Opponent  No Position on Merits  
Conference Committee Report # \_\_\_\_\_  Proponent  Opponent  No Position on Merits

**IV. TESTIMONY** (Check appropriate box)

Oral or  Written Statement Filed  Record of Appearance Only

Signature Debra Iams