

TELE -

CONFERENCE

# TELECONFERENCE HEARINGS



TELECONFERENCE CONTACT SHEET

TAKEN BY SIoux

TOPIC: SUNSET REVIEW, BAR ASSN.

CONTACT SANDRA STRINGER

COMMITTEE: HOUSE JUDICIARY

PHONE 465-3718

DATE: FEB 18, 1982 DAY: MON, TUES WED

DATE SCHEDULED 1/15

TIME: 3 PM/PST SCHEDULED DURATION: — ?

LOCATION \_\_\_\_\_

SITES PARTICIPATING: ALL

MODERATOR \_\_\_\_\_

CONFERENCE MODE: Audio  Video \_\_\_\_\_

PUBLICITY:

PERSONS PARTICIPATING

SITE

REP. CHARLIE PARR

JUNEAU

\_\_\_\_\_ Invitational

Committee making contacts

PSAs FORTHCOMING  
date quantity

\_\_\_\_\_ News Release  
date quantity

\_\_\_\_\_ Summary to be provided

\_\_\_\_\_ Text to be provided

\_\_\_\_\_ Quotes to be provided

\_\_\_\_\_ Direct Mail  
date quantity

\_\_\_\_\_ Phone  
date quantity

Post at Info. Office

\_\_\_\_\_ Post other local locations

2/19 JNU AUC 50 KOD UAL

2/20 JNU FBX KET SIT NOM

SPECIAL NOTES:

Agenda & PSA back-up forthcoming.

JUNEAU LOCATION:

House Jud./Room 124

POST-TELECONFERENCE NOTE:

Participants	<u>10</u>
Observers	<u>3</u>
Total	<u>13</u>

# TELECONFERENCE HEARINGS



DATE: 2/19/80

LOCATION: ANCHORAGE

SUBJECT: House Judiciary  
Sunset Review - Bar Association

NAME	REPRESENTING	ADDRESS	PHONE	Here to TESTIFY	Here to OBSERVE
William W GARRISON	Attorney	2213 CRATAEGUS DR AVE.	272-7469	?	X
Carolyn Jones	ABA- Committee on Lifel Educational opportunities	420 "Z" St Suite 100	276-3550	X	
Patrick M Anderson	' '	1016 West 6 <sup>th</sup> Ave Suite 400 - Anchorage	279-5528	X	
Karen Hunt	ABA	1007 West 3rd Anchorage	279-3581	No	yes
GEORGE E. GORIE	<del>ATTORNEY</del>	301 W. NORTHERN CT1 BLDG SUITE 600 ANCHORAGE AK 99503	278-4655	YES	
Harry Braun	Attorney	425 E ST Suite 650	274-6537	Yes	
Doreen Savelle	Attorney	2600 Denali Circle	270-4335	yes	
John Leese	attorney	920 W. 6 <sup>th</sup> 99501	276-5231	yes	
Alex BRYNER	Attorney	701 C St Box 9 99513	271-5071	yes	
Ben WATERS	Attorney			Yes	
MINE FRANK	Att	2224. Turnagain	243-7645		X



# TELECONFERENCE HEARINGS



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Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Carolyn Jones

Here to Testify

REPRESENTING ABA - Comm. on Legal  
Educational Opportunities

Here to Observe

MAILING ADDRESS 420 "Z" St. Suite 100 zip 99501

TELEPHONE NUMBER 276-3550

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Carolyn Jones  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? Yes If so, how many? 3

How did you learn about this hearing?  
Through AK Bar Assn - by request

Would you have participated in this hearing if the network were not available? probably

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? NO

DATE 2-19-80 SUBJECT AK ABA Sunset LOCATION Anch

# TELECONFERENCE HEARINGS



2

Please Print.

To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Patrick M. Anderson Here to Testify

REPRESENTING Al Bar Ass'n Here to Observe

Committee on Legal Educational Opportunity

MAILING ADDRESS 1016 West 6th Ave Suite 400 zip 99501

TELEPHONE NUMBER 279-5028

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Patrick M. Anderson  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Bar Association

Would you have participated in this hearing if the network were not available? No

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 2/19/80 SUBJECT Al Bar Ass'n LOCATION Anch

# TELECONFERENCE HEARINGS



32

Please Print.  
To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME GEORGE E. GERRIE, JR.

Here to Testify

REPRESENTING ATTORNEY

Here to Observe

MAILING ADDRESS 301 W. NORTHERN LYS BLVD, SUITE 600 Zip 99503  
ANCHORAGE, AK

TELEPHONE NUMBER 278-4655

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

[Signature]  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
AAA

Would you have participated in this hearing if the network were not available? YES

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
   instead of mailed testimony?

Are you also providing written testimony? NO

DATE 2/19/80 SUBJECT DELEGATION OF THE AOD LOCATION ANCH

(4)

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

### PARTICIPATION FORM

NAME Diana Sunde

Here to Testify yes

REPRESENTING Alaska

Here to Observe \_\_\_\_\_

MAILING ADDRESS 21000 Denali Sunde 503 Zip 99503

TELEPHONE NUMBER 276-4335

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Diana Sunde  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Radio

Would you have participated in this hearing if the network were not available? no

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? no

DATE Feb 19 SUBJECT CHS LOCATION Anch

# TELECONFERENCE HEARINGS



51

Please Print.  
To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME ALEXANDER W. BLYNER

Here to Testify

REPRESENTING ALASKA BAR ASSN

Here to Observe

BAR EXAMINERS Committee

MAILING ADDRESS 701 C St Box 9, Anchorage zip 99513

TELEPHONE NUMBER 271 5071

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

*Alexander W. Blyner*  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Bar Assn

Would you have participated in this hearing if the network were not available? don't know

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? not personally

DATE 2/19/80 SUBJECT AK BAR Ass'n LOCATION Anchorage

# TELECONFERENCE HEARINGS



6

Please Print.  
To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME Ben Walters Here to Testify   
REPRESENTING Fee Arbitration Here to Observe   
Committee, Anchorage  
MAILING ADDRESS 310 K St, Suite 407 Zip 99501  
TELEPHONE NUMBER 276-1994

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Ben Walters  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Request by ABA board of governors

Would you have participated in this hearing if the network were not available? no

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? no

DATE 2/19/80 SUBJECT ABA LOCATION Anch.

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

### PARTICIPATION FORM

NAME John Reese

Here to Testify

REPRESENTING self

Here to Observe

MAILING ADDRESS 920 W 6th Zip 99501

TELEPHONE NUMBER 276-5231

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

John Reese  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many?     

How did you learn about this hearing?  
Alaska Bar Assn

Would you have participated in this hearing if the network were not available? probably not - may have written

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? no

DATE 2-19-80 SUBJECT Wanda Bar Association LOCATION Anchorage

# TELECONFERENCE HEARINGS



8

Please Print.  
To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME William M. Erwin

Here to Testify

REPRESENTING Self

Here to Observe

MAILING ADDRESS 632 Christensen Drive Zip 99501

TELEPHONE NUMBER 277-7249

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

William M. Erwin  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Called by the Bar Association

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? NO

DATE 19 Feb 1980 SUBJECT Sunset Legislation LOCATION Rich

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Carol Johnson

Here to Testify X (?)

REPRESENTING Alaska Bar Association

Here to Observe \_\_\_\_\_

Fee arbitration committee, ethics committee

MAILING ADDRESS 1127 W 7th Ave

Zip 99501

TELEPHONE NUMBER 276-1550

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Carol Johnson  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
contacted by 7 members of board of  
governors

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? no

DATE 2/19/83 SUBJECT \_\_\_\_\_ LOCATION \_\_\_\_\_

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME HARRY BRANSON

Here to Testify

REPRESENTING Board of Governors  
Alaska Bar Assn

Here to Observe

MAILING ADDRESS 425 G ST zip 99501

TELEPHONE NUMBER 274-6537

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Al H. Branson  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
The Alaska Bar Association

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 2/19/80 SUBJECT Legislative Teleconferencing LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Wm W. Garrison

Here to Testify

REPRESENTING Attorney

Here to Observe

MAILING ADDRESS 2213 Crataegus Drive zip 99504

TELEPHONE NUMBER 272 7469

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Wm W. Garrison  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Newspaper

Would you have participated in this hearing if the network were not available? No

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? No

DATE 3/19/90 SUBJECT See Below Sheet LOCATION Home

# TELECONFERENCE HEARINGS



## TELECONFERENCE CONTACT SHEET

TAKEN BY Sionx

TOPIC: SUNSET REVIEW  
PAROLE BOARD

CONTACT SANDRA STRINGER

PHONE 3718

COMMITTEE: HOUSE JUDICIARY

DATE SCHEDULED 1/16

DATE: ~~FEB. 6~~ FEB. 6 DAY: ~~WEDNESDAY~~ WED.

LOCATION \_\_\_\_\_

TIME: 3 PM — SCHEDULED DURATION:  
Break for dinner/reconvene by 7:00.

MODERATOR \_\_\_\_\_

SITES PARTICIPATING: ALL\*

CONFERENCE MODE: Audio  Video \_\_\_\_\_

PUBLICITY:

### PERSONS PARTICIPATING

### SITE

REP. C. PARR, CHR.  
AND OTHER  
COMMITTEE MEMBERS

JUNEAU

Invitational

Committee making contacts

PSAs \_\_\_\_\_ date \_\_\_\_\_ quantity \_\_\_\_\_

News Release \_\_\_\_\_ date \_\_\_\_\_ quantity \_\_\_\_\_

Summary to be provided

Text to be provided

Quotes to be provided

Direct Mail \_\_\_\_\_ date \_\_\_\_\_ quantity \_\_\_\_\_

Phone \_\_\_\_\_ date \_\_\_\_\_ quantity \_\_\_\_\_

Post at Info. Office

Post other local locations

### SPECIAL NOTES:

\* Decision on exact # of sites forthcoming.

AGENDA / PSA BACK-UP FORTHCOMING.

JUNEAU LOCATION:

HOUSE JUDICIARY / RM. 124

### POST-TELECONFERENCE NOTE:

Participants \_\_\_\_\_

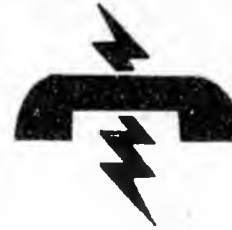
Observers 1

Total 1



Alaska State Legislature

# TELECONFERENCE HEARINGS



SUBJECT: SUNSET REVIEW - BAR ASSOCIATION

COMMITTEE: HOUSE JUDICIARY

DATE: FEBRUARY <sup>19 20</sup> 18 & 19, 1980 *20th to include Ktn*

TIME: 3:00 p.m. *2/19*; 6:00 - 8:45 pm *2/20*

SITES PARTICIPATING: ALL

CONFERENCE MODE: AUDIO

LOCATION: KETCHIKAN INFO OFFICE

MODERATOR: SANDY WENDTE

NOTES:

*Checked [unclear] - Ketchikan 5-4145 ✓*  
*AK legal services 5-6420 ✓*  
*Peter Ellis Office 5-9661 ✓*  
*Dist Atty 5-6128 ✓*  
*Public Defender 56189 ✓*  
*City Atty [unclear] - 311 ✓*

*2-11-80*

CONFIRMATION OF CONFERENCE

CENTER: YES

PUBLICITY:

Invitational -

	Date	Quantity
PSAs	_____	_____
News releases (local)	<u>2/13</u>	<u>3</u>
News releases (outlying media)	<u>Not mailed Hawaii</u> <u>KTN</u> <u>KPS</u>	<u>mailed</u>
Direct mail	_____	_____
Phone contacts	<u>2-6-80</u> <u>2-11-80</u>	<u>1</u> <u>3</u>
Other:		

NUMBER IN ATTENDANCE \_\_\_\_\_  
NUMBER TESTIFYING \_\_\_\_\_

# TELECONFERENCE HEARINGS



-VALDES-

TELECONFERENCE CONTACT SHEET

TAKEN BY \_\_\_\_\_

TOPIC: Bar association

CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

COMMITTEE:

DATE SCHEDULED \_\_\_\_\_

DATE: Feb 20, 1980 DAY: Wednesday

LOCATION \_\_\_\_\_

TIME: 4:00 p.m. SCHEDULED DURATION:

MODERATOR \_\_\_\_\_

SITES PARTICIPATING: All sites

CONFERENCE MODE: Audio \_\_\_\_\_ Video \_\_\_\_\_

PUBLICITY:

PERSONS PARTICIPATING

SITE

\_\_\_ Invitational

\_\_\_ Committee making contacts

\_\_\_ PSAs  
date quantity

\_\_\_ News Release  
date quantity

\_\_\_ Summary to be provided

\_\_\_ Text to be provided

\_\_\_ Quotes to be provided

\_\_\_ Direct Mail  
date quantity

\_\_\_ Phone  
date quantity

\_\_\_ Post at Info. Office

\_\_\_ Post other local locations

SPECIAL NOTES:

JUNEAU LOCATION:

POST-TELECONFERENCE NOTE:

Participants 0

Observers 2

Total 2





Alaska State Legislature

# TELECONFERENCE HEARINGS



DATE: 4/2/80  
 LOCATION: ANCHORAGE  
 SUBJECT: House Judiciary  
 Human Rights Commission.

NAME	REPRESENTING	ADDRESS	PHONE	HERE TO OBSERVE	HERE TO TESTIFY
Vicki Thomas	HUMAN RIGHTS COMM	204 E 5 <sup>TH</sup> ST ANCH	276-7474	✓	
Daveed Schwartz	" " "	" " "	"	✓	
Margaret Smith	"	1211 Yamarack <sup>2ldg 40</sup> apt 2137	279-2799		
Jean Justice	" " "	4107 West 72nd Ave. Anch. AK 99502	243-7549		
PENNY HLAVNA	Women's Issues Legislative Lobbying	6135 E. TUDOR AVE ANCH ANCH AK 99507	333-9417		✓
James L. Faires	Self	524 Box 621 Anch. AK 99507	244-0454	✓	
Carol L. Smith	" "	3641 Amber Bay Loop	344-5520	✓	
Carolyn Jean	officially gen	4200 2 <sup>nd</sup> St	22-5550	✓	
Christie Davis	self	5927 Doncaster	337-2074		
Lee Higman	NFB	1111 W 7th	272-0000	✓	

# TELECONFERENCE HEARINGS



SUBJECT: *Human Rights Commission*

COMMITTEE: *H Judiciary*

DATE: *4/1*

TIME: *1:00 pm.*

SITES PARTICIPATING:

CONFERENCE MODE:

LOCATION:

MODERATOR:

NOTES:

CONFIRMATION OF CONFERENCE  
CENTER: \_\_\_\_\_

PUBLICITY:

Invitational ..

	Date	Quantity
PSAs	_____	_____
News releases (local)	_____	_____
News releases (outlying media)	_____	_____
Direct mail	_____	_____
Phone contacts	_____	_____
Other:		

NUMBER IN ATTENDANCE 19  
NUMBER TESTIFYING 3

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Malcolm H. Burgess Jr

Here to Testify X

REPRESENTING Myself and ALCC  
ALCC

Here to Observe \_\_\_\_\_

MAILING ADDRESS 1473 SRA Sunsetview Zip 99504

TELEPHONE NUMBER 344 9427

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Malcolm Burgess Jr  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Maail Majearty

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4/11/60 SUBJECT Nuclear Regs LOCATION 6th Ave

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Mrs. Harold F. House Here to Testify

REPRESENTING Abbot Zoep Christian Center  
Women's Ministries + Self Here to Observe

as an American Citizen + have worked a 30 yr. Alaskan

MAILING ADDRESS 2307 E. 70th Ave. Anch. AK Zip 99502

TELEPHONE NUMBER 344-5398

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Mrs. Harold F. House  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
From Journal Majority Committee

Would you have participated in this hearing if the network were not available? Yes

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? Will by 4/25/80

DATE 4/1/80 SUBJECT Proposed Revision of Human Rights LOCATION 1024 W. 6th Anch. AK

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME Burdette A. Bacon Here to Testify

REPRESENTING Abbott Loop Christian Here to Observe

Center and Self

MAILING ADDRESS 2626 Abbott Road Anch Ak. Zip 99507

TELEPHONE NUMBER 244-4577

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Burdette Bacon  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Learned thru Moral Majority

Would you have participated in this hearing if the network were not available? Yes

If yes, did you use the network in addition to  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
Written ~~instead~~ of mailed testimony? I intend/will write.

Are you also providing written testimony? Yes

DATE 1 April 80 SUBJECT Proposed Human Rights LOCATION Anch

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME RUBB LONDON

Here to Testify

REPRESENTING OIL WATCH

Here to Observe

MAILING ADDRESS Box 3133 ANCHORAGE Zip 99510

TELEPHONE NUMBER 278-3661

AK

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

[Handwritten Signature]  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? YES If so, how many? 1

How did you learn about this hearing?  
published schedule

Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? YES

DATE 4-1-80 SUBJECT Human Rights LOCATION Anch

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Harold House

Here to Testify

REPRESENTING self

Here to Observe

MAILING ADDRESS 2307 E. 74th Av.

Zip 99507

TELEPHONE NUMBER 344-2398

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Harold House  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?

Moral Majority

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network

instead of travel

instead of phone conversations

instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE April 1, 1980

SUBJECT Revision of Human Rights

LOCATION Anch

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Lynne Woods Here to Testify

REPRESENTING Alaska Commission Here to Observe

on the Status of Women

MAILING ADDRESS MacKay Bldg. Suite 850 Zip 99501

TELEPHONE NUMBER 276-3003

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Lynne Woods  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? 3

How did you learn about this hearing?  
Legislative Information Flyer

Would you have participated in this hearing if the network were not available? No

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? yes - a copy

DATE 11-1-80 SUBJECT Women's Rights LOCATION Anch

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Don White Here to Testify

REPRESENTING Moral Majority Here to Observe   
& Self

MAILING ADDRESS Box 3157 Zip 99501

TELEPHONE NUMBER 338-2345

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Don White  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? \_\_\_\_\_ If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4-1-80 SUBJECT Human Rights LOCATION Anch

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Clay Shelton

Here to Testify

REPRESENTING Dr. Jerry Prevo

Here to Observe

MAILING ADDRESS 501 S. Pine #3 zip 99504

TELEPHONE NUMBER 338-1495

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Clay Shelton  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? \_\_\_\_\_ If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4-1-80 SUBJECT Human Rights LOCATION Anch

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME William L. Cobb Here to Testify

REPRESENTING First Church of God and Self Here to Observe

MAILING ADDRESS 4317 MacInnes Anchorage zip 99504

TELEPHONE NUMBER 276-7322

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

*William L. Cobb*  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Informed by other persons

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

- If yes, did you use the network \_\_\_\_\_ instead of travel
- \_\_\_\_\_ instead of phone conversations
- \_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? No

DATE 11-1-80 SUBJECT Human Rights LOCATION Anchor

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME DOUG ELLIOTT

Here to Testify

REPRESENTING ANCHORAGE EQUAL

Here to Observe

RIGHTS COMMISSION

MAILING ADDRESS POUCH. 6-650, ANCHORAGE Zip 99502

TELEPHONE NUMBER 264-4342

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Douglas Paul Elliott  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? NO

DATE 4/1/80 SUBJECT ASCHR LOCATION ANCH

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

*HABE AMAY*

PARTICIPATION FORM

NAME *Edward [unclear]*

Here to Testify

REPRESENTING *ANSA*

Here to Observe

MAILING ADDRESS *PO Box 4152* Zip *99510*

TELEPHONE NUMBER *278-1225*

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

*[Handwritten Signature]*

(signature)

EVALUATION: Have you participated in other legislative teleconferences? *No* If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
*Newspaper*

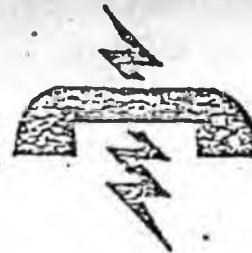
Would you have participated in this hearing if the network were not available? *No*

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? *No*

DATE *4/1/80* SUBJECT *Human Rights* LOCATION *Chugiak*

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Nier Thomas Here to Testify

REPRESENTING Human Rights Commission Here to Observe

MAILING ADDRESS 204 E 5<sup>th</sup> Ave Room 213 ZIP 99501

TELEPHONE NUMBER 276-7474

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Nier Thomas  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? 4

How did you learn about this hearing?  
Agency

Would you have participated in this hearing if the network were not available? No

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? yes

DATE 4/1 SUBJECT Human Rights LOCATION ANC

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Audrey Nelson Here to Testify

REPRESENTING Human Rights Comm. Here to Observe

MAILING ADDRESS 204 G St Anch Ak zip 99501

TELEPHONE NUMBER 276-7474

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
From my supervisor Mr. Swartz

Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4-1-80 SUBJECT Human Rights LOCATION Anch

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Sadrudin Abdullin Here to Testify \_\_\_\_\_

REPRESENTING Human Rights Commission Here to Observe

MAILING ADDRESS 830 South Pine Zip 99504

TELEPHONE NUMBER 276 2210

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Sadrudin Abdullin  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

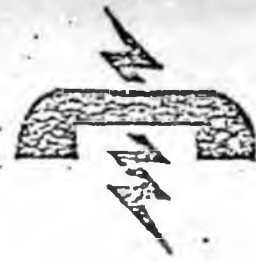
Would you have participated in this hearing if the network were not available? YES

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? NO

DATE 1 April 80 SUBJECT Human Rights Commission LOCATION Anch

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME CAROLYN Jones Here to Testify       

REPRESENTING Office of Attorney General Here to Observe X

Legal Council to Human Rights Commission

MAILING ADDRESS 420 2<sup>nd</sup> St Suite 100 Zip 99501

TELEPHONE NUMBER 270-3550

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Carolyn Jones  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? Yes If so, how many? several

How did you learn about this hearing?  
from the agency

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network  
       instead of travel  
       instead of phone conversations  
X instead of mailed testimony?

Are you also providing written testimony? NO

DATE 4-1-80 SUBJECT Human Rights LOCATION Anch.

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME David Schwartz

Here to Testify       

REPRESENTING Human Rights Commission

Here to Observe X

MAILING ADDRESS 204 E. 5th Ave. zip 99503

TELEPHONE NUMBER 276-7474

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

David Schwartz  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? X If so, how many? 1

How did you learn about this hearing?  
Agency

Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network  
       instead of travel  
       instead of phone conversations  
       instead of mailed testimony?

Are you also providing written testimony?       

DATE 4-1-80 SUBJECT Human Rights LOCATION Barack

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME BETTY KITTLESON

Here to Testify \_\_\_\_\_

REPRESENTING First Church of God

Here to Observe

MAILING ADDRESS SRA. Box 1444-N

Zip 99502

TELEPHONE NUMBER 344-0132

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? \_\_\_\_\_ If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4-1-80

SUBJECT Alaska Right

LOCATION Church

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Joan C. Justice

Here to Testify

REPRESENTING myself  
502 discrimination

Here to Observe

MAILING ADDRESS 4107 West 72nd Ave Anch. AK. Zip 99502

TELEPHONE NUMBER 243-7549

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Joan C. Justice  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4-1-80 SUBJECT Heerman Rights LOCATION Anch

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME MR. MARK ALBERT BELTZ

Here to Testify

REPRESENTING ALASKA IN GENERAL

Here to Observe

CANDIDATE FOR THE STATE HOUSE OF REPRESENTATIVES

MAILING ADDRESS 343 WEST 42ND AVENUE ANCHORAGE ALASKA zip 99502

TELEPHONE NUMBER 907-272-5363

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Miss. Mark Albert Beltz  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? unknown

*Please  
unknown  
mark Albert*

How did you learn about this hearing?  
I READ THE NEWS PAPERS WATCH CAPITAL  
GO ON PARK CHANNEL 7 ANCHORAGE

Would you have participated in this hearing if the network were not available? I WOULD TRY

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? SOMETIMES

DATE 4/1/90 SUBJECT COURT LAWS LOCATION Anchorage



# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

### PARTICIPATION FORM

NAME Fred B. Morgan Here to Testify

REPRESENTING Self primarily, <sup>V</sup> hopefully other Alaskans. Here to Observe

MAILING ADDRESS Box 2328; Anch. Zip 99510

TELEPHONE NUMBER 277-8522

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Fred B. Morgan  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? Yes If so, how many? 6 or 9

How did you learn about this hearing?  
Posted window AH. Legis. Office (6th Ave Anch.)

Would you have participated in this hearing if the network were not available? No

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
(in addition)  instead of mailed testimony?

Are you also providing written testimony? Yes

DATE 3/1 March 80 SUBJECT Elec. Code Re. P'sion LOCATION Anchorage

Alaska State Legislature

# TELECONFERENCE HEARINGS



SUBJECT: *Aquaculture HB 969, 970*

COMMITTEE: *H. Resources*

DATE: *3/31*

TIME: *2:30 - 3:30 AST*

SITES PARTICIPATING: *ALL*

CONFERENCE MODE:

LOCATION:

MODERATOR:

NOTES:

CONFIRMATION OF CONFERENCE  
CENTER: \_\_\_\_\_

PUBLICITY:

Invitational -

	Date	Quantity
PSAs	_____	_____
News releases (local)	_____	_____
News releases (outlying media)	_____	_____
Direct mail	_____	_____
Phone contacts	_____	_____
Other:		

NUMBER IN ATTENDANCE  
NUMBER TESTIFYING

0  
0

# TELECONFERENCE HEARINGS



TELECONFERENCE CONTACT SHEET

TAKEN BY SIoux

TOPIC: HEALTH INSURANCE / HB 977

CONTACT SHANNON

PHONE 3797

COMMITTEE: HOUSE HESS

DATE SCHEDULED 3/31

DATE: APRIL 8 DAY: ~~WEDNESDAY~~ TUES.

LOCATION \_\_\_\_\_

TIME: 1:30-2:45pm SCHEDULED DURATION: 1 hr. 15 min.

MODERATOR \_\_\_\_\_

SITES PARTICIPATING: ALL XCEPT ANC & FBX

CONFERENCE MODE: Audio  Video \_\_\_\_\_

PUBLICITY:

PERSONS PARTICIPATING

SITE

Invitational

Committee making contacts

PSAs Note one dated 3/27  
date quantity

News  
 Release date quantity

Summary to be provided

Text to be provided

Quotes to be provided

Direct Mail date quantity

Phone date quantity

Post at Info. Office

Post other local locations

SPECIAL NOTES:

*Testimony will be received at all sites noted.*

JUNEAU LOCATION:

HESS

POST-TELECONFERENCE NOTE:

Participants 11

Observers 17

Total 28

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Bill Weisman

Here to Testify

REPRESENTING Self

Here to Observe

MAILING ADDRESS 3315 Mt Vernon Ct Zip 99503

TELEPHONE NUMBER 279-2366

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

[Handwritten Signature]  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4-1-80 SUBJECT HB 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



(2) ~~1~~

Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Chris Beardstey

Here to Testify

REPRESENTING PROVIDENCE HOSPITAL

Here to Observe

MAILING ADDRESS Pouch 6604 zip 99502

TELEPHONE NUMBER 276-4511

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? several

How did you learn about this hearing?  
several sources

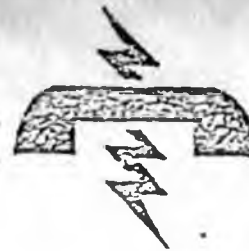
Would you have participated in this hearing if the network were not available? would have sent position paper

- If yes, did you use the network
- instead of travel
  - instead of phone conversations
  - instead of mailed testimony?

Are you also providing written testimony? yes

DATE 4/1/80 SUBJECT Health Insurance LOCATION Anchorage

# TELECONFERENCE HEARINGS



3

Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Margaret R. Wolfe

Here to Testify

REPRESENTING self

Here to Observe

MAILING ADDRESS P.O. Box 1572 Anchorage zip 99510

TELEPHONE NUMBER 272-7698

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Margaret R Wolfe  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? several

How did you learn about this hearing?  
Call from AK PIRG

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? no

DATE 4/1/80 SUBJECT Health Insurance LOCATION Anchorage

# TELECONFERENCE HEARINGS



④

Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME PENNY M. HLAVNA

Here to Testify X

REPRESENTING Self + WILL

Here to Observe \_\_\_\_\_

WOMEN'S ISSUES LEGISLATIVE LOBBYING

MAILING ADDRESS 6135 E. Tudor Apt 28 ANCHORAGE zip 99507

TELEPHONE NUMBER 333-9417

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Penny M. Hlavna  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?

Susan Johnson - Public Interest Research ~~GROUP~~ GROUP

Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network

\_\_\_\_\_ instead of travel

\_\_\_\_\_ instead of phone conversations

\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4/1/80

SUBJECT Health Care

LOCATION Anchorage

# TELECONFERENCE HEARINGS



5

Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Bernice Lave

Here to Testify

REPRESENTING \_\_\_\_\_

Here to Observe \_\_\_\_\_

International Rehabilitation Associates

MAILING ADDRESS 9220 B St Ste 201 zip 99583

TELEPHONE NUMBER 279-9431

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? 7/0 - If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Alaska Nurses Association

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? No

DATE 040180 SUBJECT Bill 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



6

Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME CANDACE BEERY

Here to Testify X

REPRESENTING WELFARE  
Rights Organization

Here to Observe \_\_\_\_\_

MAILING ADDRESS 204 E 5TH Suite 201 zip 99501

TELEPHONE NUMBER 276 7788

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Candace Beery  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
word of mouth

Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? yes

DATE 4/1/60 SUBJECT HEALTHCARE LOCATION Anchorage

# TELECONFERENCE HEARINGS



#  
7

Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Budge Klumborg Here to Testify

REPRESENTING Asst. Chaplain Here to Observe

National Assoc of Social Workers

MAILING ADDRESS 4701 7th Avenue Zip 99502

TELEPHONE NUMBER 279-4824

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Budge Klumborg  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? \_\_\_\_\_ If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4-1-80 SUBJECT AB 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



10

Please Print.  
To be returned to Teleconference Moderator.

### PARTICIPATION FORM

NAME Frank Austin Here to Testify

REPRESENTING Coalition for Economic Justice Here to Observe   
AK. Black Caucus

MAILING ADDRESS 3829 Apollo Dr., Anch. AK zip 99504

TELEPHONE NUMBER 333-1483

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Frank Austin  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? 5 or 6

How did you learn about this hearing?  
Advised by non profit organ

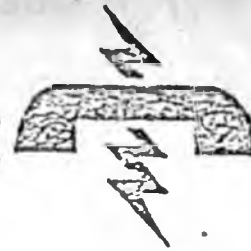
Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? yes

DATE Soon SUBJECT HB 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



8

Please Print.  
To be returned to Teleconference Moderator.

### PARTICIPATION FORM

NAME Susan Johnson Here to Testify

REPRESENTING Chris Billington for <sup>National</sup> <sub>organization of</sub> women Here to Observe

MAILING ADDRESS PO Box 1043 Anchorage ~~8550~~ zip 99510

TELEPHONE NUMBER 278-3661

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Susan Johnson  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? \_\_\_\_\_ If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4-1-80 SUBJECT HR 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



9

Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Susan Johnson Here to Testify

REPRESENTING Dan Demers of Here to Observe

The Municipal Health Planning Commission

MAILING ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Susan Johnson  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? \_\_\_\_\_ If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4-1-80 SUBJECT HB 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



11

Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Nancy Lander Here to Testify

REPRESENTING myself / Women for Political Action Here to Observe

MAILING ADDRESS 319 W. 9th Ave Anchorage Zip 99501

TELEPHONE NUMBER 274-5833 H 279-3497-W

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Nancy Lander  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Picked up the schedule of hearings from your office

Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? yes

DATE 4-1-80 SUBJECT HB 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



13

Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Robert A. Lohr

Here to Testify

REPRESENTING Self

Here to Observe

MAILING ADDRESS 4824 E 20th Ave Anchorage Zip 99504

TELEPHONE NUMBER 337-6933

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Robert A. Lohr

(signature)

EVALUATION: Have you participated in other legislative teleconferences? Yes If so, how many? 2

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE \_\_\_\_\_ SUBJECT \_\_\_\_\_ LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME DENISE KNAPP

Here to Testify       

REPRESENTING DELTA DENTAL

Here to Observe X - *have received notice to prepare*

MAILING ADDRESS P.O. Box 3-726 Anchorage Zip 99501

TELEPHONE NUMBER 278-3624

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? one If so, how many? one

How did you learn about this hearing?

10 minutes before started, by word of mouth

No copy or notice of hearing ever received. Why not?

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network

       instead of travel

✓ instead of phone conversations

✓ instead of mailed testimony?

Are you also providing written testimony? yes

DATE 5/1/80

SUBJECT \_\_\_\_\_

LOCATION Anchorage

# TELECONFERENCE HEARINGS



(12)

Please Print.  
To be returned to Teleconference Moderator.

### PARTICIPATION FORM

NAME Jeanne Holbath - for Don Bantz

Here to Testify

REPRESENTING Anchorage Neighborhood  
Health Center

Here to Observe

MAILING ADDRESS 1217 E. 10th Ave Anch Zip 99501

TELEPHONE NUMBER 279-9586

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Jeanne Holbath  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Am here in behalf of Executive Director,  
Don Bantz, who is out of town

Would you have participated in this hearing if the network were not available? no

If yes, did you use the network  
 instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony?

DATE 4/1/80 SUBJECT Health Care Coverage Bill LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME KAREN FOSTER

Here to Testify 4

REPRESENTING S.T.A.R.

Here to Observe ✓

(Standing Together Against Rape)

MAILING ADDRESS P.O. 3356

Zip 99510

TELEPHONE NUMBER 276-7279

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
AKPIRG

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE \_\_\_\_\_ SUBJECT \_\_\_\_\_ LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME MAX Kersbergan

Here to Testify \_\_\_\_\_

REPRESENTING AK State Hospital  
Assn

Here to Observe X

MAILING ADDRESS 5401 Cordova St Zip 99503

TELEPHONE NUMBER 2771633

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

JK

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?

Leg Affairs

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network

\_\_\_\_\_ instead of travel

\_\_\_\_\_ instead of phone conversations

\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? Yes

DATE 4-1-80 SUBJECT H B 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME LSusan Meek Here to Testify       

REPRESENTING Ak Nurses Assoc Here to Observe X

MAILING ADDRESS 3601 Kwik Zip 99507

TELEPHONE NUMBER 243-3887

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

LSusan Meek  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many?       

How did you learn about this hearing?  
letter from HESS Thelma Buchholt

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network  
       instead of travel  
       instead of phone conversations  
       instead of mailed testimony?

Are you also providing written testimony? yes

DATE 3/24/1 SUBJECT Health Assoc LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Gertrude Levy Here to Testify       

REPRESENTING March of Dimes Here to Observe X

MAILING ADDRESS Box 164 Anchorage zip 99570

TELEPHONE NUMBER 279-2622

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Gertrude Levy  
(signature)

EVALUATION: Have you participated in other legislative teleconferences?        If so, how many?       

How did you learn about this hearing?  
Through other org.

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network  
       instead of travel  
       instead of phone conversations  
       instead of mailed testimony?

Are you also providing written testimony? yes

DATE 4/1/50 SUBJECT HR 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME LYNN GARVEY

Here to Testify \_\_\_\_\_

REPRESENTING STAR

Here to Observe

MAILING ADDRESS P.O. Box 3356 Zip 99510

TELEPHONE NUMBER 276 7277

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Lynn M Garvey  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
PRP 1/4

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? NO

DATE 1/14/80 SUBJECT HB 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME Robin Ray

Here to Testify \_\_\_\_\_

REPRESENTING Alaska State

Here to Observe

Medical Assoc

MAILING ADDRESS 1135 L Street, Anchorage, Alaska

Zip 99501

TELEPHONE NUMBER 277-0891

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Robin Ray  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? Yes If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Legislator

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? Yes

DATE 4-1-80 SUBJECT HB 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



23

Please Print.

To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Marilyn P. Gross

Here to Testify \_\_\_\_\_

REPRESENTING self

Here to Observe X

MAILING ADDRESS 1200 Columbia Apt 13C zip 99504

TELEPHONE NUMBER 2774317

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Marilyn P. Gross  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
From colleague Susan Mack of Anchorage  
Thru my Service

Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? NO

DATE 1/4/80 SUBJECT House Bill 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Jan Harper

Here to Testify \_\_\_\_\_

REPRESENTING self

Here to Observe X

MAILING ADDRESS 5819 B Drew Place Anch. Ak. Zip 99507

TELEPHONE NUMBER 349-2855

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Jan M. Harper  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? 1 (observer)

How did you learn about this hearing?  
social work class

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? no

DATE 4/1/80 SUBJECT Health Care LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Ruth Callan

Here to Testify \_\_\_\_\_

REPRESENTING \_\_\_\_\_

Here to Observe

MAILING ADDRESS P.O. Box 724 Eagle River AK zip 99577

TELEPHONE NUMBER 688-9047

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Ruth Callan  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? 2

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4-1-80 SUBJECT HB 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME EDNA ADRIAN

Here to Testify

REPRESENTING SELF

Here to Observe

MAILING ADDRESS 1280 E. 17th Ave. Apt 336 zip 99501

TELEPHONE NUMBER 276-2886

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Edna d. Adrian  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? several

How did you learn about this hearing?  
in ANCHORAGE NEWS

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? no

DATE 7/2/80 SUBJECT H8 977 LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME BRUCE WASAETH

Here to Testify       

REPRESENTING Dept. of Community  
and Regional Affairs

Here to Observe X

MAILING ADDRESS 225 Cordova Bldg 'B'

Zip 99501

TELEPHONE NUMBER 279-8636

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?

MY LIFE IS TESTIFYING ON BEHALF  
OF THE ANCHORAGE NEIGHBORHOOD HEALTH CLINIC

Would you have participated in this hearing if the network were not available? N/A

If yes, did you use the network

\_\_\_\_\_ instead of travel

\_\_\_\_\_ instead of phone conversations

\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? NO

DATE April 1, 1980

SUBJECT Health Care Coverage Bill

LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME SUSAN WINGROVE

Here to Testify \_\_\_\_\_

REPRESENTING myself

Here to Observe

MAILING ADDRESS PO Box 10-396 Zip 99511

TELEPHONE NUMBER work 276 2327  
home 344 5756

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
AKPIRG - James Love

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? ~~yes~~

DATE 4/1/80 SUBJECT health care bill LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

### PARTICIPATION FORM

NAME Ron Hammett

Here to Testify \_\_\_\_\_

REPRESENTING SCHPD

Here to Observe X

MAILING ADDRESS 1135 W 8<sup>th</sup> St. L 1

Zip 99501

TELEPHONE NUMBER 278-2631

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Ron Hammett

(signature)

EVALUATION: Have you participated in other legislative teleconferences? YES If so, how many? 2

How did you learn about this hearing?  
Papers

Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? NO

DATE 11-1-80

SUBJECT HB 977

LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Salmouist, Rose

Here to Testify \_\_\_\_\_

REPRESENTING Local 959 -  
Anch Comm for Sr. Cit.

Here to Observe ✓

MAILING ADDRESS 1200 Airport Heights Rd zip 99504

TELEPHONE NUMBER 276-4334

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Rose Salmouist  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many? 11 usually

How did you learn about this hearing?  
\_\_\_\_\_  
\_\_\_\_\_

Would you have participated in this hearing if the network were not available? \_\_\_\_\_

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 4-1-80 SUBJECT Health LOCATION Anchorage

# TELECONFERENCE HEARINGS



SUBJECT: Human Rights Commission (Review)

COMMITTEE: House Judiciary Committee

DATE: 4-2-80

TIME: 3:00 p.m.

SITES PARTICIPATING: Juneau, Nome, Sitka, Fairbanks and Ketchikan

CONFERENCE MODE: Audio

LOCATION: Ktn. Info. Office

MODERATOR: Sandy Wendte *FRANK TESTER*

NOTES:

*4/1 I might describe*

CONFIRMATION OF CONFERENCE

CENTER: Yes

PUBLICITY:

Invitational -

	Date	Quantity
PSAs	3-28-80	3
News releases (local)	Ktn. Daily News KTKN KRBD	
News releases (outlying media)		
Direct mail		
Phone contacts		
Other:		

NUMBER IN ATTENDANCE 1

NUMBER TESTIFYING 1



LA11 2692 17.00 JAO1 0086 17.00 04/07/80

TO JNU T/C

FROM EFFIE

THOSE WHO PARTICIPATED IN TODAY'S HOUSE JUD. TELECONFERENCE  
FROM ANCHORAGE:

MAJOR BRIAN S. PORTER, ANCHORAGE POLICE DEPARTMENT 625 C ST., 99501 279-1441

OBSERVING, S.R. MOEN, ANCHORAGE POLICE DEPARTMENT, 625 C ST, 99501 264-4389

LA21 2400 16.03 JAO1 0074 16.03 04/07/80

FAIRBANKS

DEBORAH FROM MAXINE

THE FOLLOWING NAMES ARE PARTICIPANTS FOR TODAY'S TELECONFERENCE  
HOUSE JUDICIARY "HB 567"

. SGT. J.B. CARNAHAN, FBKS POLICE DEPT., 656 - 7TH, FAIRBANKS 99701  
PHONE 452-1527

. LT. RICHARD L. CUMMINGS, FBKX POLICE DEPT., 656 - 7TH, FAIRBANKS 99701  
PH. 452-1527

LA21 3833 16.53 JA01 0093 16.53 04/02/80

#####  
#####

DEBORAH FROM MAXINE

THE FOLLOWING ARE PARTICIPANTS IN THE HOUSE JUDICIARY TELECONF  
OF 4/2/80:

GALE K. VICK, TANANA CHIEFS CONF. DOYON BLDG. FAIRBANKS 99701  
PHONE 452-8251

CATHI CARR-LUNDFELT, AST. DIR. AK ST. COMM. FOR HUM RTS, FAIRBANKS  
PHONE 452-1541

CHARLES L. WILLIAMS, FAIRBANKS BLACK CAUCUS, 311 SLATER DR., FAIRBANKS  
99701 PH. 456-7472

-----  
OBSERVOR:

MONTY WYSS, SR 70762-A, FAIRBANKS 99701 PH. 488-6087

NICK GIANNAKOS, BOX 81987, COLLEGE 99708 PH.-----

LYNN MARLER, KTVF-KFRB, BOX 910, FAIRBANKS 99707 PH----

JACK H CALDWELL SR., HUMAN RIGHTS COMM., 315 BARNETTE ST., FAIRBANKS 99701

PHONE 452-8889

-----  
FBX/LIO/MW





**STATE OF ALASKA**  
**LEGISLATIVE INFORMATION OFFICE**

Alaska State Legislature  
DILLINGHAM INFORMATION OFFICE  
Pouch 229 842-5319  
Dillingham, Alaska 99576

*We are pleased to send the enclosed material in  
response to your recent request.*

.....*Dr. My M. Larson*.....

*over →*

To House Judiciary

Re: Human Rights Commission  
Performance Review

Participant for T.C.



# TELECONFERENCE HEARINGS



TELECONFERENCE CONTACT SHEET

TAKEN BY \_\_\_\_\_

TOPIC: Sunset Review of Human Rights Commission

CONTACT \_\_\_\_\_

COMMITTEE: H. Judiciary

PHONE \_\_\_\_\_

DATE: 4/2/80 DAY: Wednesday

DATE SCHEDULED \_\_\_\_\_

TIME: 3:00 p.m. SCHEDULED DURATION: \_\_\_\_\_

LOCATION Mat-Su

MODERATOR Mary

SITES PARTICIPATING:

CONFERENCE MODF: Audio \_\_\_\_\_ Video \_\_\_\_\_

PUBLICITY:

PERSONS PARTICIPATING

SITE

\_\_\_ Invitational

\_\_\_ Committee making contacts

\_\_\_ PSAs date quantity

\_\_\_ News Release date quantity

\_\_\_ Summary to be provided

\_\_\_ Text to be provided

\_\_\_ Quotes to be provided

\_\_\_ Direct Mail date quantity

\_\_\_ Phone date quantity

\_\_\_ Post at Info. Office

\_\_\_ Post other local locations

SPECIAL NOTES:

JUNEAU LOCATION:

POST-TELECONFERENCE NOTE:

Participants	<u>0</u>
Observers	<u>2</u>
Total	<u>2</u>



# TELECONFERENCE HEARINGS



TELECONFERENCE CONTACT SHEET

TAKEN BY SIoux

TOPIC: GUARDIANSHIP BILL HB 532 572

CONTACT SANDRA

COMMITTEE: HOUSE JUD.

PHONE \_\_\_\_\_

DATE SCHEDULED 2/9

DATE: 2/13 DAY: \_\_\_\_\_

LOCATION \_\_\_\_\_

TIME: 3:30-5:30 SCHEDULED DURATION: \_\_\_\_\_

MODERATOR \_\_\_\_\_

SITES PARTICIPATING: Andh; Fbx; JUD

CONFERENCE MODE: Audio  Video \_\_\_\_\_

PUBLICITY:

PERSONS PARTICIPATING

SITE

Invitational

Committee making contacts

PSAs FORTHCOMING  
date quantity

News Release  
date quantity

Summary to be provided

Text to be provided

Quotes to be provided

Direct Mail  
date quantity

Phone  
date quantity

Post at Info. Office

Post other local locations

SPECIAL NOTES:

\* AGENDA FORTHCOMING

JUNEAU LOCATION:

it. JUD

POST-TELECONFERENCE NOTE:

Participants	<u>9</u>
Observers	<u>4</u>
Total	<u>13</u>

Alaska State Legislature

# TELECONFERENCE HEARINGS



DATE: 2/13/80

LOCATION: Anchorage

SUBJECT: HB 572 Guardianship  
House Judiciary

NAME PLEASE PRINT	REPRESENTING	ADDRESS	PHONE	HERE TO OBSERVE	HERE TO TESTIFY
Betty Halsey	REACH	2146 Belair Dr Anch	274-3034		✓
Natalie GOTTSTEIN	AK Mental Health Assn	5701 Cordova, Anch	276-1705		✓
KEN HAMRICK	SATELLITE HOME PROGRAM	2330 NICHOLS ANCH.	279-6617		✓
ROGER VANWAGONER	Hope Cottages Inc & ALASKA State Hospital/Ass	2805 Bering St	278-9641		✓
Clyde Farrington	Employment and Training Center	2330 Nichols Anch.	279-6617		✓
James R. Mothershead	Ass'n for Retarded Citizens GOV'S COUNCIL FOR HUG	510 "L" St, Suite 408, Anch. 99501	271-4131		✓
LUDMILLA JACOBS	MYSELF PJA	2124 ESQUIRE DR	277-6843		✓
BEVERLY HILTNER	NAKOYIA HEALTH CARE CENTER	POUCH 6617 ANCHORAGE AK 99502	276-4044		✓
Jim Pinnes	Hope Cottages	2805 Bering	274-1581	X	
Erica Leman	Dept of Law	420 C Street Anch	276-5520	X	
Phyllis H. B...	Foster Parent for Wardship and... Subordinate Petition (200)	520 BAY 1449-C 99502	344-2920	X	

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME Ludmilla J. Jacobs

Here to Testify

REPRESENTING myself, Gov's Council

Here to Observe

for Handicapped & Gifted, The Protection Agency for Developmentally Disabled  
MAILING ADDRESS 2124 Esquire Dr Zip 99503

TELEPHONE NUMBER 277-6843

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Ludmilla J. Jacobs  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? one

How did you learn about this hearing?  
Through our Gov's Council for H & G.

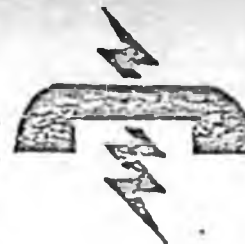
Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? yes

DATE Feb. 13 - 1980 SUBJECT Guardianship LOCATION ANCHORAGE

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME ROGER VAN WAGONER

Here to Testify

REPRESENTING Hope Cottages Inc  
Alaska State Hospital Ass.

Here to Observe

MAILING ADDRESS 2805 Bering St. Anchorage Zip 99504

TELEPHONE NUMBER 278-9641

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Roger Van Wagoner  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
We requested it through ASHA.

Would you have participated in this hearing if the network were not available? Yes

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony?

DATE 9/13/80 SUBJECT HB 575 Guardianship LOCATION Anchorage





# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME James Parsons Here to Testify

REPRESENTING Alaska Mental Health Assn Here to Observe

MAILING ADDRESS Widgeo Lane Zip 99504

TELEPHONE NUMBER 276-2230

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences?  If so, how many? 2

How did you learn about this hearing?  
Exec Director - MH Assn

Would you have participated in this hearing if the network were not available? No

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? No

DATE 2/13/80 SUBJECT SB HB 572 LOCATION \_\_\_\_\_

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME James R. Motherhead Here to Testify X

REPRESENTING SEH & Assoc. For Retarded Citizens Here to Observe \_\_\_\_\_

MAILING ADDRESS 510<sup>th</sup> 2<sup>nd</sup> St. Suite 405 Anchorage Zip 99501

TELEPHONE NUMBER 271-4131

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

James R. Motherhead  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? one

How did you learn about this hearing?  
Notice from Protection & Advocacy  
agency of Fairbanks

Would you have participated in this hearing if the network were not available? No.

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? No

DATE 2/13/80 SUBJECT Guardianship LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME KENNETH E. HAMRICK

Here to Testify

REPRESENTING SATELLITE HOME PROGRAM

Here to Observe

MAILING ADDRESS 2330 NICHOLS ANCHORAGE, AK. Zip 99503

TELEPHONE NUMBER 279-66617

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Kenneth E. Hamrick  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
GOVERNORS COUNCIL FOR THE HANDICAPPED AND CURTIS.

Would you have participated in this hearing if the network were not available? YES

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 2-13-80 SUBJECT GUARDIANSHIP LOCATION ANCHORAGE

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME BEVERLY HILTNER

Here to Testify

REPRESENTING NANUYIA HEALTH CARE CENTER

Here to Observe

MAILING ADDRESS POUCH 6617 ANCHORAGE, AK Zip 99502

TELEPHONE NUMBER 276-4044 EXT 107

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Beverly Hiltner  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
THROUGH ADMINISTRATION

Would you have participated in this hearing if the network were not available? YES

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? YES

DATE 2/13/80 SUBJECT HB 572 SB 329 LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME Betty HalseyHere to Testify REPRESENTING REACHHere to Observe MAILING ADDRESS 2146 Belair Dr Anch, AK Zip 99503TELEPHONE NUMBER 274-3034 / 279-8586

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Betty J Halsey  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?

From Dot Truman, Governor's Council on  
Handicapped + Gifted.

Would you have participated in this hearing if the network were not available? Yes

If yes, did you use the network

instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 2-13-80 SUBJECT HB 572 & SB 39 LOCATION AWC

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

### PARTICIPATION FORM

NAME Natalie GOTTSTEIN

Here to Testify

REPRESENTING Alaska Mental  
Health Assn.

Here to Observe

MAILING ADDRESS 5401 Cordova Hwy Anchorage Zip 99507

TELEPHONE NUMBER 176-1705

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Natalie Gottstein  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Letter

Would you have participated in this hearing if the network were not available? Yes

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? Yes

DATE 2/13/80 SUBJECT HB 572 / SB 379 LOCATION ANC

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME Clyde Farrington

Here to Testify

REPRESENTING Employment and

Here to Observe

Training Center of Alaska

MAILING ADDRESS 2330 Nichols Anchorage Zip 99507

TELEPHONE NUMBER 279-6617

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Clyde Farrington  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many? \_\_\_\_\_

How did you learn about this hearing?

Governor's Council for the Handicapped & Gifted letter

Would you have participated in this hearing if the network were not available? no

If yes, did you use the network

instead of travel

instead of phone conversations

instead of mailed testimony?

Are you also providing written testimony? no

DATE 2/13/80 SUBJECT Guardianship LOCATION anch

# TELECONFERENCE HEARINGS



TELECONFERENCE CONTACT SHEET

TAKEN BY SIoux

TOPIC: "Sunset" Review - Bar Association

CONTACT Sandra Stringer

PHONE 465-3718

COMMITTEE: House Judiciary

DATE SCHEDULED 1/15/80

DATE: Feb. 19 DAY: Tuesday

LOCATION \_\_\_\_\_

TIME: 3 - 6:00 p.m. SCHEDULED DURATION:

MODERATOR \_\_\_\_\_

PST

SITES PARTICIPATING: ~~JUNO~~ ANCH, KENAI, KODIAK, VALDEZ

CONFERENCE MODE: Audio  Video \_\_\_\_\_

PUBLICITY:

PERSONS PARTICIPATING

SITE

Chairman: Rep. Parr

Juneau

ANCH

KENAI

KODIAK

VALDEZ

\_\_\_\_\_ Invitational

Committee making contacts

PSAs FORTHCOMING  
date quantity

\_\_\_\_\_ News Release  
date quantity

\_\_\_\_\_ Summary to be provided

\_\_\_\_\_ Text to be provided

\_\_\_\_\_ Quotes to be provided

\_\_\_\_\_ Direct Mail  
date quantity

\_\_\_\_\_ Phone  
date quantity

Post at Info. Office

\_\_\_\_\_ Post other local locations

SPECIAL NOTES:

\*Agenda & PSA back-up forthcoming

JUNEAU LOCATION:

\*House Judiciary, Capitol, Rm. 124

POST-TELECONFERENCE NOTE:

Participants \_\_\_\_\_

Observers \_\_\_\_\_

Total \_\_\_\_\_

# TELECONFERENCE HEARINGS



Bar Assoc. Teleconf. - 2/19/80  
House Judiciary

LA11 1636 11.52 J001 0634 11.52 02/19/80

TO BUREAU 170  
FR RAYM

THE FOLLOWING PEOPLE HAVE EXPRESSED A DESIRE TO TESTIFY  
IN TODAY'S SUNSET REVIEW OF THE BAR ASSOCIATION.

- CAROLYN JONES —
- PATRICK ANDERSON —
- CAROL JOHNSON —
- ALEX BRYNER —
- ~~CHIA ROBERTSON~~
- GEORGE GORIC —
- BILL ERWIN —
- BEN WALTERS —
- JOHN BLISE —
- SANDY SAVILLE —

*Harry Branson*

SON  
INCORRECT FORM. PLEASE CORRECT AND RE-SEND.

# TELECONFERENCE HEARINGS



TELECONFERENCE CONTACT SHEET

TAKEN BY SILOUA

TOPIC: GUARDIANSHIP BILL HB 532 572

CONTACT SANDRA

COMMITTEE: HOUSE JUD.

PHONE \_\_\_\_\_

DATE: 2/13 DAY: \_\_\_\_\_

DATE SCHEDULED 2/9

TIME: 3:30-5:30 SCHEDULED DURATION: \_\_\_\_\_

LOCATION \_\_\_\_\_

SITES PARTICIPATING: Anch; Fbx; Jno

MODERATOR \_\_\_\_\_

CONFERENCE MODE: Audio  Video \_\_\_\_\_

PUBLICITY:

PERSONS PARTICIPATING

SITE

Invitational

Committee making  
contacts

PSAs FORTHCOMING  
date quantity

News  
 Release \_\_\_\_\_  
date quantity

Summary to be provided

Text to be provided

Quotes to be provided

Direct  
Mail \_\_\_\_\_  
date quantity

Phone \_\_\_\_\_  
date quantity

Post at Info. Office

Post other local  
locations

SPECIAL NOTES:

\* AGENDA FORTHCOMING

JUNEAU LOCATION:

It. Jud

POST-TELECONFERENCE NOTE:

Participants	<u>9</u>
Observers	<u>4</u>
Total	<u>13</u>

# TELECONFERENCE HEARINGS



LA21 3181 15.45 JA01 0123 15.45 02/13/80

SIoux FROM MAXINE

1. NANCY JOHNSON
2. RICHARD WILSON
3. ANGIE HAGE
4. MARSHA SCHNEIDER

THAT IS ALL WE HAVE AT THIS TIME BUT AM EXPECTING TWO MORE SHORTLY  
AFTER TWO PM AST. FBX/LJO/M \

#####  
#####

SIoux FROM MAXINE

THE FOLLOWING ARE PARTICIPANTS HOUSE

LA21 3566 18.02 JA01 0151 18.02 02/13/80

#####  
#####

SIoux FROM MAXINE

THE FOLLOWING ARE PARTICIPANTS HOUSE JUDICIARY TELECONFERENCE  
2/13/80. GUARDIANSHIP BILL HB 572:

1. NANCY JOHNSON, SR BOX 30188, FBX 99701 PHONE 479-4098
2. RICHARD R. WILSON, CAREAGE NORTH, SR 10551-9 FBX 99701 PH.470-4082
3. ANGIE HAGE, CAREAGE NORTH, P.O.BOX 847, FBX 99701 PH. 452-1921
4. MARSHA SCHNEIDER, NAT. ASSOC. SOCIAL WORKERS, P.O.BOX 80546,  
FBX 99707 PHONE 456-1070
5. JERASY Y. JENSEN, TANAKA CHIEFS MENTAL HEALTH, 1302 21ST ST.  
FBX 99701 PHONE 452-2446

OBSERVOR:

1. NANCY B. JAMES, 926 8TH AVE. FBX 99701 PH. 452-3469

Alaska State Legislature

# TELECONFERENCE HEARINGS



DATE: 2/13/80

LOCATION: Anchorage

SUBJECT: HB 572 Guardianship  
House Judiciary

NAME PLEASE PRINT	REPRESENTING	ADDRESS	PHONE	HERE TO OBSERVE	HERE TO TEST
Betty Halsay	REACH	2146 Belvoir Dr Anch	274-3034		✓
Natalie GOTTSTEIN	AK Mental Health Assn	5701 Cordova, Anch	276-1705		✓
KEN HAMRICK	SATELLITE HOME PROGRAM	2330 NICHOLS ANCH.	279-6617		✓
ROGER VANWAGNER	Hope Cottages Inc & Alaska State Hospital Ass.	2805 Bering St	278-9641		✓
Clyde Farrington	Employment and Training Center	2330 Nichols Anch.	279-6617		✓
James R. Mothershead	Ass'n for Retired Citizens	510 1/2 St. Sudo 408 Anch. 99501	271-4131		✓
LUDMILLA JACOBS	GOV'S COUNCIL FOR H & G MYSELF P & A	2124 ESQUIRE DR	277-6843		✓
BEVERLY HILTNER	NAKOYIA HEALTH CARE CENTER	POUCH 6617 ANCHORAGE 99501	276-4041		✓
Jim Finnes	Hope Cottages	2805 Bering	274-1581	✓	
Mica Curant	Dept of Law	420 C Street Anch	276-3520	✓	
Theresa H. Est	Foster Parent from Nondisruptive Unit	San Box 1449-C 99502	344-2920		✓



# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME Ludmilla J. Jacobs

Here to Testify

REPRESENTING myself, Gov's Council

Here to Observe

for Handicapped & Gifted, The Protection Agency for Developmentally Disabled

MAILING ADDRESS 2124 Piquette Dr

Zip 99503

TELEPHONE NUMBER 277-6843

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Ludmilla J. Jacobs  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? Yes If so, how many? one

How did you learn about this hearing?  
Through our Gov's Council for H & G

Would you have participated in this hearing if the network were not available? Yes

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? Yes

DATE Feb. 13 - 1980 SUBJECT Guardianship LOCATION ANCHORAGE

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME ROGER VAN WAGONER

Here to Testify

REPRESENTING Hope Cottages Inc.

Here to Observe

Alaska State Hospital Ass.

MAILING ADDRESS 2805 Bering St. Anchorage Zip 99504

TELEPHONE NUMBER 278-9641

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Roger Van Wagoner  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?

We requested it through ASHA.

Would you have participated in this hearing if the network were not available? Yes

If yes, did you use the network

instead of travel

instead of phone conversations

instead of mailed testimony?

Are you also providing written testimony?

DATE 9/13/80 SUBJECT HB 573 Guardianship LOCATION Anchorage

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME Clyde Farrington Here to Testify

REPRESENTING Employment and Training Center of Alaska Here to Observe

MAILING ADDRESS 2330 Nichols Anchorage zip 99507

TELEPHONE NUMBER 279-6617

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Clyde Farrington  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? no If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
Governor's Council for the Handicapped & C.I. Steel letter

Would you have participated in this hearing if the network were not available? no

If yes, did you use the network

instead of travel

instead of phone conversations

instead of mailed testimony?

Are you also providing written testimony? no

DATE 2/13/80 SUBJECT Guardianship LOCATION anch

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME Natalie GOSTSTEIN Here to Testify   
REPRESENTING Florida Mental Health Assn. Here to Observe   
MAILING ADDRESS 501 Columbia Hwy Jacksonville Zip 99137  
TELEPHONE NUMBER 176-1705

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Natalie Goststein  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?

Letter

Would you have participated in this hearing if the network were not available? No

If yes, did you use the network

\_\_\_\_\_ instead of travel

\_\_\_\_\_ instead of phone conversations

instead of mailed testimony?

Are you also providing written testimony? No

DATE 2/17/83 SUBJECT H.R. 572 (S. 329) LOCATION AME

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME Betty Halsay Here to Testify   
REPRESENTING REACH Here to Observe

MAILING ADDRESS 2146 Belair Dr Anch, AK Zip 99503

TELEPHONE NUMBER 274-3034 / 279-8586

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Betty Halsay  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?

From Dot Truman, Governor's Council on  
Handicapped + Gifted

Would you have participated in this hearing if the network were not available? Yes

If yes, did you use the network

instead of travel

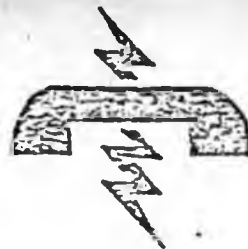
instead of phone conversations

instead of mailed testimony?

Are you also providing written testimony? \_\_\_\_\_

DATE 2-13-80 SUBJECT HB 575 & SB 339 LOCATION AWC

# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME BEVERLY HILTNER

Here to Testify

REPRESENTING NARCISSA HEALTH  
CARE CENTER

Here to Observe

MAILING ADDRESS POUCH 6617 PRUDHOKE, AK 99502

TELEPHONE NUMBER 276-4044 EXT 107

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Beverly Hiltner  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
THROUGH ADMINISTRATOR

Would you have participated in this hearing if the network were not available? YES

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? YES

DATE 2/13/80 SUBJECT HB 572 SB 335 LOCATION Juneau

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME KENNETH E. HAMRICK

Here to Testify

REPRESENTING SATELLITE HOME PROGRAM

Here to Observe

MAILING ADDRESS 2330 NICHOLS ANCHORAGE, AK. zip 99503

TELEPHONE NUMBER 279-66617

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Kenneth E. Hamrick  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many?           

How did you learn about this hearing?  
GOVERNORS COUNCIL FOR THE HANDICAPPED AND GIFTED.

Would you have participated in this hearing if the network were not available? YES

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony?           

DATE 2-13-80 SUBJECT GUARDIANSHIP LOCATION ANCHORAGE

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

### PARTICIPATION FORM

NAME James R. Motherhead Here to Testify

REPRESENTING SoH & Assn for Retarded Citizens Here to Observe

MAILING ADDRESS 516 "L" St., Suite 405 Anchorage Zip 99501

TELEPHONE NUMBER 271-4131

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

James R. Motherhead  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? Yes If so, how many? one

How did you learn about this hearing?  
Notice from Protection & Advocacy  
agency at Fairbanks

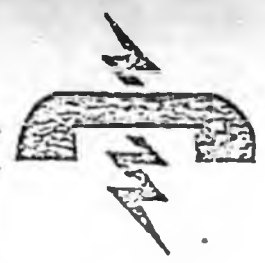
Would you have participated in this hearing if the network were not available? No.

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? No.

DATE 2/13/50 SUBJECT Guardianship LOCATION Delaware

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME James C. Parsons Here to Testify ✓

REPRESENTING Alaska Mental Health Assn Here to Observe \_\_\_\_\_

MAILING ADDRESS Widgeon Lane zip 99504

TELEPHONE NUMBER 276-2230

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? ✓ If so, how many? 2

How did you learn about this hearing?  
Exec Director - MH Assn

Would you have participated in this hearing if the network were not available? No

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? No

DATE 2/13/82 SUBJECT SB HB 572 LOCATION \_\_\_\_\_

# TELECONFERENCE HEARINGS



PAROLE BOARD TELECONF. - 2/6/80  
House Judiciary

LA11 1933 11.52 JA01 0055 11.52 02/05/80

TO DEBORAH  
FR KATHI

RE: H JUD PAROLE BOARD SUNSET

I HAVE HAD NO ONE EXPRESS INTEREST IN THAT HEARING AT THIS TIME.

PLS. ACK. REZLHAS HAD INTEREST EXPRESSED BY ONE INDIVIDUAL

JA04 0004 13.57 JA01 0087 13.58 02/05/80

TO: DEBORAH/PETE  
FM: CHARLIE  
RE: TELCON 06FEB  
BK

J. LINDA ZAUGG, SITKA PROBATION OFFICER, WILL LISTEN ONLY TO TELCON ON PROBATION.

LA33 1939 11.53 JA01 0056 11.53 02/05/80

TO DEBORAH  
FROM KOTZEBUE

RE: TELECONF. ON HOUSE JUD. PAROLE BOARD

WE HAVE NOT HAD ANY INQUIRIES CONCERNING THIS TELECONFERENCE, AND NO ONE HAS APPROACHED US TO TESTIFY.

TO DEBORAH IN JNO  
FROM DOROTHY IN DLG

RE SUNSET REVIEW ON PAROLE BOARD. I HAVE BEEN IN CONTACT WITH SEVERAL PEOPLE WHO WILL BE OBSERVERS AT THE TELECONF TOMORROW, BUT NONE HAVE DECIDED IF THEY WILL HAVE TESTIMONY. THEY MAY AFTER OBSERVING FOR AWHILE. EOM.

TO DATE KETCHIKAN WILL HAVE TWO OBSERVERS:  
DICK PEARSON, STATE JAIL  
BART PENNY, PROBATION OFFICE

IF I GET ANY MORE INPUT, I WILL LET YOU KNOW. EOM/SLW

Alaska State Legislature

# TELECONFERENCE HEARINGS



TELECONFERENCE CONTACT SHEET

TAKEN BY Sioux

TOPIC: 'Sunset' Review

CONTACT Sandra Stringer

COMMITTEE: House Judiciary

PHONE 465-3718

DATE: Feb. 6 DAY: Wednesday

DATE SCHEDULED 1/16/80

TIME: 3 p.m. - 6 p.m. SCHEDULED DURATION:  
Reconv. 7:00 p.m.

LOCATION \_\_\_\_\_

SITES PARTICIPATING: ALL\*

MODERATOR \_\_\_\_\_

CONFERENCE MODE: Audio  Video \_\_\_\_\_

PUBLICITY:

PARTICIPANTS:

\_\_\_\_\_ Invitational

Chairman: Rep. Parr

Juneau

Committee making contacts

3 - 6

Anchorage

PSAs                        
date quantity

3 - 6

Ketchikan

\_\_\_\_\_ News Release                        
date quantity

3 - 6

Dillingham

\_\_\_\_\_ Summary to be provided

3 - 6

Kenai Penin.

\_\_\_\_\_ Text to be provided

Fairbanks 7:00

\_\_\_\_\_ Quotes to be provided

Nome "

\_\_\_\_\_ Direct Mail                        
date quantity

Bethel "

\_\_\_\_\_ Phone                        
date quantity

SPECIAL NOTES:

\*Barrow tentative at this time

Post at Info. Office

\*Decision on exact number of sites to be supplied

\_\_\_\_\_ Post other local locations

\*Agenda/PSA back-up Material forthcoming

JUNEAU LOCATION:

\*House Judiciary, Rm. 124



Alaska State Legislature

# TELECONFERENCE HEARINGS



SUBJECT: SUNSET REVIEW - PAROLE BOARD

COMMITTEE: HOUSE JUDICIARY

DATE: FEBRUARY 6, 1980

TIME: 3:00 p.m.

SITES PARTICIPATING: ALL

CONFERENCE MODE: AUDIO

LOCATION: KETCHIKAN INFO OFFICE

MODERATOR: PEGGY THOMPSON

NOTES:

*will observe hearing*  
*Best Agency - Probation Officer 53178*  
*Dick Pearson - State Jail 54139*  
*Willikson 51189*

CONFIRMATION OF CONFERENCE

CENTER: YES

PUBLICITY:

Invitational -

	Date	Quantity
PSAs		
News releases (local)	<i>Per Daily News 2-5-80</i>	<i>3</i>
News releases (outlying media)		
Direct mail		
Phone contacts	<i>2-5-80</i>	<i>3</i>
Other:		

NUMBER IN ATTENDANCE 1  
NUMBER TESTIFYING 1

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

## PARTICIPATION FORM

NAME Barton Penney

Here to Testify       

REPRESENTING Probation & Parole

Here to Observe       

MAILING ADDRESS 415 Main St. Hatcher, MI Zip 49701

TELEPHONE NUMBER 335-3170

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Barton Penney  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many?       

How did you learn about this hearing?  
From Sandy Wendler information officer

Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network  
       instead of travel  
       instead of phone conversations  
       instead of mailed testimony?

Are you also providing written testimony? NO

DATE 2-6-80 SUBJECT Parole Board LOCATION

# TELECONFERENCE HEARINGS



TIME - PACIFIC STANDARD

TELECONFERENCE CONTACT SHEET

TAKEN BY S Deborah

TOPIC: HB 567

CONTACT SANDRA STEINGER

COMMITTEE: House Judiciary

PHONE 465-3718

DATE: 4/7/80 DAY: MONDAY

DATE SCHEDULED 3/25/80

TIME: 3:00 pm SCHEDULED DURATION: 2 hrs.

LOCATION \_\_\_\_\_

SITES PARTICIPATING: Arch, Fbx, Noms, BETH, JNO

MODERATOR \_\_\_\_\_

CONFERENCE MODE: Audio  Video \_\_\_\_\_

PUBLICITY:

PERSONS PARTICIPATING

SITE

Chair: REP. FARR

JNO

Police Dept  
Jesse Wasallie

Chief Loren Campbell

Invitational

\_\_\_\_ Committee making contacts

PSAs FORTHCOMING  
date quantity

\_\_\_\_ News Release  
date quantity

\_\_\_\_ Summary to be provided

\_\_\_\_ Text to be provided

\_\_\_\_ Quotes to be provided

\_\_\_\_ Direct Mail  
date quantity

\_\_\_\_ Phone  
date quantity

\_\_\_\_ Post at Info. Office

\_\_\_\_ Post other local locations

SPECIAL NOTES:  
\*will be attended by pdia chiefs + staff

JUNEAU LOCATION:  
CADITOL Rm 124

POST-TELECONFERENCE NOTE:

Participants \_\_\_\_\_  
Observers \_\_\_\_\_  
Total \_\_\_\_\_



# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME JESSE WASSILIE

Here to Testify

REPRESENTING BETHEL POLICE DEPT.

Here to Observe

MAILING ADDRESS P.O. Box 211, BETHEL, ALASKA zip 99559-

TELEPHONE NUMBER 543-3503-UNLIMITED-

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

\_\_\_\_\_  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
THRU LORNA CAMPBELL Chief of Police

Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? NO

DATE 4-7-80 SUBJECT DRUNK IN PUBLIC LOCATION JUNEAU, BETHEL

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME ROBERT BUTTCANE

Here to Testify

REPRESENTING PHILLIPS ALCOHOLISM  
TREATMENT CENTER

Here to Observe

MAILING ADDRESS P.O. Box 388, BETHEL zip 99559

TELEPHONE NUMBER 543-2128

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Robert Buttane  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? four

How did you learn about this hearing?  
telephone from legislative affairs office

Would you have participated in this hearing if the network were not available? yes

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? yes

DATE 4-7-80 SUBJECT PUBLIC DRUNKENESS LOCATION BETHEL  
HB-567

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME LORN M. CAMPBELL

Here to Testify

REPRESENTING BETHEL POLICE DEPT.

Here to Observe

MAILING ADDRESS Box 388, Bethel, AK. Zip 99559

TELEPHONE NUMBER 543-2296

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Lorn M. Campbell  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? No If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
By letter Charles Parr

Would you have participated in this hearing if the network were not available? No

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? No

DATE 4-7-80 SUBJECT DRUNK IN PUBLIC Bill LOCATION BETHEL



# TELECONFERENCE HEARINGS



Time - PACIFIC STANDARD

TELECONFERENCE CONTACT SHEET

TAKEN BY S Deborah

TOPIC: HB 567

CONTACT SANDRA STEINGER

COMMITTEE: House Judiciary

PHONE 465-3718

DATE: 4/7/80 DAY: MONDAY

DATE SCHEDULED 3/25/80

TIME: 3:00 PM TO 4:30 SCHEDULED DURATION: 1 1/2 HRS

LOCATION \_\_\_\_\_

MODERATOR \_\_\_\_\_

SITES PARTICIPATING: And, Fbx, Nome, BETH, JNO

CONFERENCE MODE: Audio  Video \_\_\_\_\_

PUBLICITY:

PERSONS PARTICIPATING

SITE

Chair: REP. PARR

JNO

Invitational

\_\_\_\_ Committee making contacts

PSAs FOORTHCOMING  
date quantity

\_\_\_\_ News  
\_\_\_\_ Release date quantity

\_\_\_\_ Summary to be provided

\_\_\_\_ Text to be provided

\_\_\_\_ Quotes to be provided

\_\_\_\_ Direct Mail date quantity

\_\_\_\_ Phone date quantity

\_\_\_\_ Post at Info. Office

\_\_\_\_ Post other local locations

SPECIAL NOTES:  
\*Will be attended by pdia chiefs & staff

POST-TELECONFERENCE NOTE:

Participants 2

Observers -

Total 2

JUNEAU LOCATION:  
CAPITOL Rm 124

# TELECONFERENCE HEARINGS



①

Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME MAJ. BRIAN S. PORTER Here to Testify

REPRESENTING Anch. Police Dept. Here to Observe

MAILING ADDRESS 625 EST. zip 99801

TELEPHONE NUMBER 264-4389

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Brian S. Porter  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? yes If so, how many? 1

How did you learn about this hearing?  
From legislator

Would you have participated in this hearing if the network were not available? NO

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? NO

DATE 4-7-80 SUBJECT HB 567 LOCATION Anchorage

# TELECONFERENCE HEARINGS



2

Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME S. R. MOEN

Here to Testify X

REPRESENTING ANCHORAGE POLICE DEPT

Here to Observe \_\_\_\_\_

MAILING ADDRESS 625 C STREET zip 99501

TELEPHONE NUMBER 279-1441

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

[Signature]  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? NO If so, how many? \_\_\_\_\_

How did you learn about this hearing?  
CONTACTED BY MAJOR PORTER OF A.P.D.  
THIS DATE

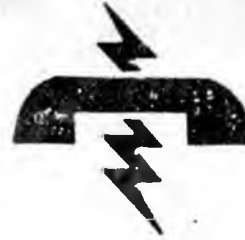
Would you have participated in this hearing if the network were not available? UNKNOWN, NOT LIKELY.

If yes, did you use the network  
\_\_\_\_\_ instead of travel  
\_\_\_\_\_ instead of phone conversations  
\_\_\_\_\_ instead of mailed testimony?

Are you also providing written testimony? NO

DATE 4-7-80 SUBJECT PUBLIC DRUNKENESS LOCATION Anchorage

# TELECONFERENCE HEARINGS



SUBJECT: PERFORMANCE REVIEW *on* HUMAN RIGHTS Commission

COMMITTEE: HOUSE JUDICIARY

DATE: 4/1/80

TIME: 1: PM

SITES PARTICIPATING: *All*

CONFERENCE MODE: *Audio*

LOCATION: *Soldotna*

MODERATOR: *Rhoda Eady*

NOTES:

CONFIRMATION OF CONFERENCE  
CENTER: \_\_\_\_\_

PUBLICITY:

Invitational -

	Date	Quantity
PSAs	_____	_____
News releases (local)	<i>KBB1</i> <i>KSRM</i> } _____	<i>Radio</i>
News releases (outlying media)	<i>Clarion</i> } _____	<i>N. paper</i>
Direct mail	_____	_____
Phone contacts	<input checked="" type="checkbox"/>	_____
Other:		

NUMBER IN ATTENDANCE 8  
NUMBER TESTIFYING 1



# TELECONFERENCE HEARINGS



Please Print.

To be returned to Teleconference Moderator.

### PARTICIPATION FORM

NAME JOAN BENNETT SCHRADER

Here to Testify       

REPRESENTING SELF

Here to Observe   ✓  

MAILING ADDRESS Box 1264 KENAI AK. ~~99501~~ zip 99611

TELEPHONE NUMBER 283-4359

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Joan Bennett Schrader  
(signature)

EVALUATION: Have you participated in other legislative teleconferences?   ✓   If so, how many?   5  

How did you learn about this hearing?  
radio advertising

Would you have participated in this hearing if the network were not available?   NO  

If yes, did you use the network  
       instead of travel  
       instead of phone conversations  
       instead of mailed testimony?

Are you also providing written testimony?   yes  

DATE 4/1/80 SUBJECT AK Human Rights Comm. LOCATION Soldotna

# TELECONFERENCE HEARINGS



Please Print.  
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME TOM HARVEY  
REPRESENTING SELF

Here to Testify \_\_\_\_\_  
Here to Observe X

MAILING ADDRESS P.O. Box 537 KENAI zip 99611  
TELEPHONE NUMBER 283-4361

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Thomas Harvey  
(signature)

EVALUATION: Have you participated in other legislative teleconferences? Yes If so, how many? 1

How did you learn about this hearing?  
Newspaper

Would you have participated in this hearing if the network were not available? No

If yes, did you use the network  
 instead of travel  
 instead of phone conversations  
 instead of mailed testimony?

Are you also providing written testimony? No

DATE 4/1/80 SUBJECT HUMAN RIGHTS COMMISSIONERS LOCATION KENAI