

903

HJ

TELECONFERENCES

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 Lifelong Educational opportunities	420 "Z" St Suite 100	276-3550	X	
Patrick M Anderson	' '	1016 West 6 th Ave Suite 400 - Anchorage	274-5528	X	
Karen Hunt	ABA	1007 West 3rd Anchorage	279-3581	No	yes
GEORGE E. GORIE	ATTORNEY	301 W. NORTHEAST LT1 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 th 99501	276-5231	yes	
Alex Bryner	Attorney	701 C St Box 9 99513	271-5071	yes	
Ben Walters	Attorney			Yes	
MINE FRANK	Att	2224. Turnagain	243-7645		X

TELECONFERENCE HEARINGS



12

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

Alaska State Legislature

TELECONFERENCE HEARINGS



32

Please Print.
To be returned to Teleconference Moderator.

PARTICIPATION FORM

NAME GEORGE E. GERRIK, 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 DETERMINATION 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 CHE 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



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 (2)

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
judges

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:

Ally 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 Document LOCATION Home

TELECONFERENCE HEARINGS



TELECONFERENCE CONTACT SHEET

TAKEN BY Sionx

TOPIC: SUNSET REVIEW PAROLE BOARD

CONTACT SANDRA STRINGER

COMMITTEE: HOUSE JUDICIARY

PHONE 3718

DATE: FEB. 6 DAY: WED.

DATE SCHEDULED 1/16

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

LOCATION _____

SITES PARTICIPATING: ALL*

MODERATOR _____

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:

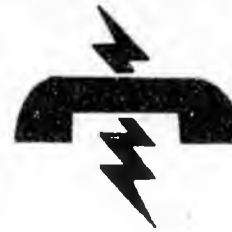
HOUSE JUDICIARY / RM. 124

POST-TELECONFERENCE NOTE:

Participants	_____
Observers	<u>1</u>
Total	<u>1</u>

Alaska State Legislature

TELECONFERENCE HEARINGS



SUBJECT: SUNSET REVIEW - BAR ASSOCIATION

COMMITTEE: HOUSE JUDICIARY

DATE: FEBRUARY ^{19 20} 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 Defenders 56189 ✓
City Atty [unclear] - 311 ✓

2-11-80

CONFIRMATION OF CONFERENCE

CENTER: YES

PUBLICITY:

Invitational -

	Date	Quantity
PSAs		
News releases (local)	<i>2/13</i>	<i>3</i>
News releases (outlying media)	<i>Not mailed Hawaii KTKN KPSB</i>	<i>mailed</i>
Direct mail		
Phone contacts	<i>2-6-80 2-11-80</i>	<i>1 3</i>
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 _____

Observers _____

Total _____

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 TH ST ANCH	276-7474	✓	
Daveed Schwartz	" " "	" " "	"	✓	
Margaret Smith	"	1211 Yamarack ^{2ldg 40} 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	officiating person	4200 2 nd 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 4/11/50 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. Alaska

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?
Alaska 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:

Rubb London
(signature)

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

How did you learn about this hearing?
published schedule

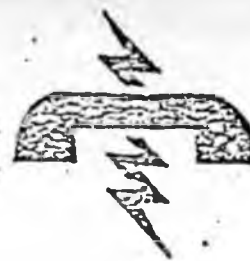
Would you have participated in this hearing if the network were not available? NO

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?

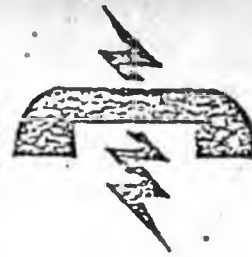
Are you also providing written testimony? _____

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 Files

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?

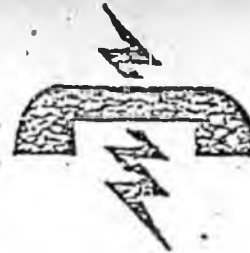
Would you have participated in this hearing if the network were not available? _____

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

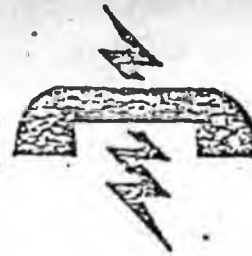
Would you have participated in this hearing if the network were not available? *No*

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 5th 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 2nd 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. Bldg 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
MAY 1985*

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 4/1/85 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, & 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 A.H. Legist
Off. v. 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
 instead of mailed testimony?

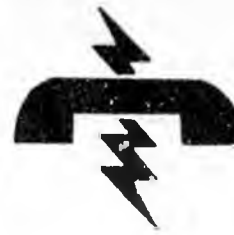
(in addition)

Are you also providing written testimony? Yes

DATE 3/ March 80 SUBJECT Elec. Code Revison 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)

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?

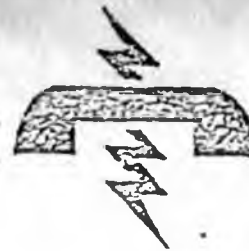
Are you also providing written testimony? yes

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 Love

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
AK. Black Caucus Here to Observe

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

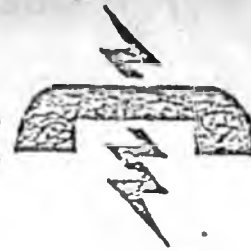
Would you have participated in this hearing if the network were not available? no

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 ^{National} _{Organization of} women Here to Observe

MAILING ADDRESS PO Box 10413 Anchorage ~~AK 99510~~ 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 9-1-80 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

No 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

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 Lusan 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:

Lusan 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 care 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 11/9

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

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?
Legislist

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



JB

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 Columbian Apt 130 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 AB 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 8th Suite 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 *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

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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

OBSERVER:

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 99
701

PHONE 452-8889

FBX/LIO/MW