



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name:

Lynne Pemberton

Title:

Firm / Business or Agency:

Address:

2109 Forest St.

City:

Cheltenham

State:

MD

Zip:

62930

Email:

lpembert@clearwave.com

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Maude Pemberton

Title: _____

Firm / Business or Agency: _____

Address: 2109 Forest St. City: Alton State: Ill Zip: 62938

Email: pomberl@clearwave.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Melinda Foster

Title: Village Trustee Cave in Rock

Firm / Business or Agency: Village of Cave in Rock

Address: P.O. Box 158 City: Cave in Rock State: IL Zip: 62919

Email: mg.foster214@yahoo.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

The Hardin County Work Camp is critical to our small community. The inmates provide assistance to not only Cave but the other two towns in the County in times of disasters when we are basically cut off from help from other agencies due to our rural location. They fill sand bags during flooding to help save homes and businesses in an ^{area} that ~~the~~ ^{a great} majority of the population is elderly or disabled. They assist with cleanup after storms so that emergency service vehicles can get to areas faster. There are many vital services these inmates provide to our community while fulfilling their debt to society. The community shows appreciation for work well done with smiles, thank yous in person and by running ads in the local paper. Hopefully that to shows the inmates they can turn their lives

around once they are released. The Hardin County
Work Camp is a tremendous asset to this County
and it would be devastating to the Community
to lose this asset.



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SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Michael Riley

Title: _____

Firm / Business or Agency: _____

Address: 1746 Inman Rd City: KARMAK State: IL Zip: 62776

Email: meriley22@hotmail.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

July 20, 2015

To Whom It May Concern:

I am the RN at Hardin County Work Camp (HCWC). I was born and raised in Hardin County. I have been working for the Illinois Department of Corrections for a little over sixteen years. I have worked at HCWC for nearly fifteen of those years. HCWC is a greatly needed facility in this area. There are currently six work camps in Illinois; HCWC is the only work camp in Southern Illinois. There are four work camps in Central Illinois and one in Northern Illinois.

This facility provides vital services to local communities such as labor provided by the work crews, vegetables harvested from the garden project, and jobs filled by local and area residents. The work camp provides the offenders an opportunity to learn various job skills as well as build work ethic. One of the offenders was discussing this past week how he could start his own business detailing cars. Many others have commented on how the skills they learned through the Building Trades program have better prepared them to get a job when they are released. They weren't looking for what the state could do for them when they are released, but what they could do for themselves and for others. With the rate of recidivism being 48% in the state of Illinois, we want these men to go back into their communities and use what they have learned to become productive residents of the state.

Offenders have told me how they feel it is better being in a low stress and non-violent facility with access to educational classes, vocational classes and performing various jobs duties, such as what is offered at HCWC. They feel they benefit from being at HCWC because of what it offers them in terms of work ethic and fostering a sense of responsibility. Offenders who are assigned on work crews and grounds crews take pride in completing projects, and it is reflected in their attitude and behavior. They are motivated to be productive and feel good about themselves and their accomplishments. The communities in this rural area cannot afford to hire enough workers to do the work that they need done. When the work crews are sent to the local towns or villages, the labor provided by the work crews is greatly appreciated.

When emergencies arise such as the river rising out of its banks, the work crews play a large role in assisting the community. When flooding occurs, time is of the essence. The work crews provide the labor involved with installing the flood gates. The offenders can quickly fill sandbags that can be sent out to where they are needed. Who will fill this role if HCWC is shuttered? Who will we call upon? More importantly, when will they come?

The Social IMPACT Research Center web page reports the poverty level for Hardin County is 20.3% compared to 14.7% for the state of Illinois. The unemployment rate for Hardin County is 8.9% compared to 6.2% for the state. Less than two weeks ago there was a local family that made the heart-wrenching decision to leave the state, but more importantly their family, and move to Kentucky because there were no jobs in the county.

According to the U.S. Census Bureau web page, the population of Hardin County alone was 4320 in 2010. The estimated population for 2013 was 4158 which was a decrease of 162 residents. The estimated population for 2014 was 4129 – that is an additional 29 residents – a total

decrease of 191 residents in four years. Results of the 2010 census indicate that Hardin County is the second smallest county in Illinois and the least populous. For a rural area like Hardin County, this is noteworthy and significant.

As you can easily see, the Hardin County Work Camp certainly has a positive influence on the offenders who gain skills that enable them to transition back into society as productive citizens, but it is also important to note the tremendous impact its loss will mean to our community – a community already burdened by unemployment and poverty but a community that is proud of its history and perseverance.

Respectfully yours,

A handwritten signature in black ink that reads "Karen Dunstan RN/CNII". The signature is written in a cursive style with a clear, legible font.

Karen Dunstan RN/CNII

Belfort

Most know that our Southern Illinois Region is predominantly rural.

Our Population is declining

We have high unemployment

We have pockets of extreme poverty

Our income is lower than the state average

8 of 11 southernmost counties border a neighboring state

Our retail trade leakages alone place increased pressure on local governments and other taxing districts to provide essential services.

With so little money circulating ---- Essential Service--- Parks, Recreation and Emergency Services suffer---

The Hardin County Work Camp has long been a Buffer—bridging these gaps— for Intra-governmental and Intra-agency needs vital to local governments, not for profits and local communities since its existence.

As President of the Ohio River Scenic Byway Board, a 501c3, Volunteer group promoting the Heritage and History in 7 counties along 188 miles of Illinois portion of the Ohio River Region we know we could not accomplish many tasks without the assistance of the Work Camp. We represent some of the poorest areas economically but perhaps the richest in natural beauty and history in our State.

The Hardin County Work Camp has been a vital partner in keeping it pristine but more recently to facilitate the completion of a state of the Art Bike Rack Project Sponsored by IDOT, IDNR and the Illinois BYWAYS.

The Work Camp coordinated with the ORSB, each municipality and county, State parks the Forest Service, to distribute and install as appropriate the Bike racks with QR codes representing all 7 Illinois Byways.

Without the Hardin County Work Camp this large project could not have been completed. It's a great example of cooperative efforts at every level of local government- to state and volunteer - to simply facilitating a bike ride through our town and encouraging a stop and stay awhile --- Bridging the gap, providing essential services- Thus added value and in turn perhaps much needed revenue.

Let's revisit the retail leak:

Hardin County's retail Leak --- \$21 Million

Pope County's retail leak --- \$24 Million

Gallatin County's retail leak-- \$33 Million

Saline County's retail leak -- \$18 Million-- for a 370 Million for our Southern Illinois region.

I submit to you that Hardin County Work Camp is not the Problem but rather the Solution!

Thank you- Rhonda Belford ORSB President

Statics from: Stronger Economies Together (U of I Extension)



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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: April ~~Smith~~ Mills

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Caledonia Park State: IL Zip: 62919

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Ryan Demison

Title: _____

Firm / Business or Agency: _____

Address: 7000 Hwy 175 S. City: Harrisburg State: IL Zip: 62446

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Tara Wallace

Title: Hardin County State's Attorney

Firm / Business or Agency: _____

Address: 70 Box 326 City: Stown State: IL Zip: 62931

Email: tawallace@live.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

In my capacity as HCSA, I have had direct involvement with the work camp & it's impact on our county. The closing of the facility would be detrimental to our county for decades to come.

If anyone would like to ask questions about my experience regarding recidivism, county impact, volunteer work, etc, please feel free to call my office at 618-287-3691 or 618-287-7062.

Thank you
Tara Wallace



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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IDENTIFICATION:

Name: BILLY DRUMM

Title: _____

Firm / Business or Agency: _____

Address: PO Box 146 City: EPOM N State: I Zip: 62931

Email: bd1950@shgwa link.net

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

I looks to me that the amount of
saying if you close the camp would
be very limited in the over-all
scheme of things



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SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name:

Kim Rutherford

Title:

owner

Firm / Business or Agency:

Hardin County Abstract Company

Address:

P.O. Box 159 159 E. Market City: Elizabethton, TN State: TN Zip: 37621

Email:

hardincountyabstract@yahoo.com

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:

The effects of the loss of the jobs
will be on all businesses in Hardin County
and all surrounding counties.



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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Jonathan Winters

Title: Correctional Officer - Hardin County Work Camp

Firm / Business or Agency: FDOL

Address: ~~REDACTED~~ City: Caseville State: IL Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Amanda L Twitchell

Title: Homemaker

Firm / Business or Agency: _____

Address: Rt 2 Box 177C City: Elizabeth State: IL Zip: 62931

Email: Jandy_mandy_1230@yahoo.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Michael Hille

Title: _____

Firm / Business or Agency: _____

Address: 3014 Peo Road City: Brookport State: IL Zip: 62910

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Brandon Vaughn

Title: %

Firm / Business or Agency: Corrections

Address: RR1 Box B2A City: Galconda State: IL Zip: 62938

Email: brvaughn@hotmail.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: EDDIE CAUMIANT

Title: REGIONAL DIRECTOR

Firm / Business or Agency: AFSCME COUNCIL 31

Address: 2725 CANTON City: MARIION State: IL Zip: 62025

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Patricia M. Smock

Title: _____

Firm / Business or Agency: _____

Address: PO Box 456 City: Rosiclare State: IL Zip: 62982

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Barbara Sue Vaughn

Title: _____

Firm / Business or Agency: _____

Address: POB 494 City: Rosiclare State: IL Zip: 62982

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: James D Vaughn

Title: C/O

Firm / Business or Agency: Corrections

Address: 511 3rd St

City: Rosiclare

State: IL

Zip: 62982

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Carolyn Baltimore

Title: _____

Firm / Business or Agency: SE Reg Planning

Address: PO Box 503

City: Waukegan

State: IL

Zip: 60097

Email: rusty204@yahoo.com

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Freda Siener

Title: Retired Teacher

Firm / Business or Agency: _____

Address: P.O. Box 158 City: Rosiclare State: IL Zip: 62482

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Ag Schmid

Title: _____

Firm / Business or Agency: _____

Address: Tunnel Hill City: _____ State: IL Zip: 62972

Email: green12@hotmail.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Daniel Austin

Title: Former Warden

Firm / Business or Agency: DOC

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Alexandra Mott

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Harrisburg State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

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ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Brenda Austin

Title: _____

Firm / Business or Agency: _____

Address: _____

City: Herzli

State: IL

Zip: _____

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

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WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Don Prince

Title: _____

Firm / Business or Agency: _____

Address: _____

City: Equality State: IL Zip: 62934

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

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WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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IDENTIFICATION:

Name: Mildred Littrell

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Cave-in-Rock State: IL Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

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DATE 7/20/15

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IDENTIFICATION:

Name: Virgil Littrell

Title: _____

Firm / Business or Agency: _____

Address: _____ City Cave in Rock State: IL Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Jim Imhoff

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Marion State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Rob Harrington

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Harrisburg State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Jessica Stephens

Title: _____

Firm / Business or Agency: Michael Stewart & Associates

Address: Po Box 425 City: Hamburg State: IL Zip: 62946

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Michael Stewart

Title: Owner

Firm / Business or Agency: Michael Stewart & Associates

Address: PO Box 425 City: HBO State: IL Zip: 62946

Email: MICHAEL.STEWART@MSSSTEWART.COM

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Nancy Pennell

Title: Hardin Co Circuit Clerk

Firm / Business or Agency: _____

Address: RI Box 200A City: Cave In Rock State: IL Zip: 62915

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: LARRY K STEWARD

Title: _____

Firm / Business or Agency: _____

Address: _____ City: ROSICURE State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Melody W. Wheatcroft

Title: Retired

Firm / Business or Agency: _____

Address: 210 W. Elm City: Hbg. State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: CHARLES PEPPERSACK

Title: _____

Firm / Business or Agency: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: KAY4@SHAWNEE1.NC.NET

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: DAVID BANKS

Title: _____

Firm / Business or Agency: _____

Address: R# 1 BOX 124 AAA City: HEROLD State: IL Zip: 62947

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Brian Banks

Title: Correctional officer

Firm / Business or Agency: _____

Address: _____ City: Herod State: IL Zip: 62447

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

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DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Robert Born

Title: Chief of Police

Firm / Business or Agency: Shawneetown Police Dept

Address: Shawneetown, 330 N Lincoln Blvd City: Shawneetown State: IL Zip: 62980

Email: _____

POSITION:



Proponent



Opponent



No Position

TESTIMONY:



Oral



Written Statement Filed



Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Malinda Field

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Harrisburg State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Kevin Stalions

Title: CASSIL

Firm / Business or Agency: FOO

Address: Golden 101 State Highway City: IL Woodland State: IL Zip: 62931

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Monty Field

Title: _____

Firm / Business or Agency: _____

Address: _____

City: Harrisburg State: _____

Zip: _____

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Jeff Edwards

Title: _____

Firm / Business or Agency: _____

Address: P.O. Box 56

City: Rosiclare

State: IL

Zip: 62982

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Jessica Edwards

Title: _____

Firm / Business or Agency: _____

Address: P.O. Box 483 City Rosicore State: IL Zip: 62982

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Marqui Lance

Title: _____

Firm / Business or Agency: _____

Address: _____

City: Rossville State: IL Zip: 62982

Email: _____

POSITION:

Proponent

Opponent

No Position

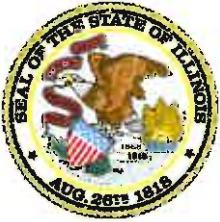
TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Pam Pease

Title: _____

Firm / Business or Agency: _____

Address: _____

City: Elizabethton State: IL Zip: _____

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: JAMES WHEATCROFT

Title: _____

Firm / Business or Agency: _____

Address: _____ City: JARRISBURG State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Clint Price

Title: _____

Firm / Business or Agency: _____

Address: 11875 Harco Rd City: Galatia State: IL Zip: 62935

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: John Cullum

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Cave-IN-Rock State: IL Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Joseph Mills

Title: _____

Firm / Business or Agency: _____

Address: _____

City: Cave-in-Rock State: IL Zip: 62912

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Christopher Banks

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Golconda State: IL Zip: 62938

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Roy W. To Hart

Title: _____

Firm / Business or Agency: _____

Address: _____

City: Rosiclare

State: _____

Zip: _____

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Beverly Cox

Title: of Coordinator - Retiree

Firm / Business or Agency: IIJ

Address: 134 Roberts City: Jerseyville State: IL Zip: 62452

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Cindy Gochebourg

Title: Retiree

Firm / Business or Agency: IDJ

Address: RR1 Box 131 City: Hamburg State: IL Zip: 62048

Email: cindg@frontiernet.net

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: JEFFREY L. HANNA

Title: _____

Firm / Business or Agency: _____

Address: _____ City: GOLCONDA State: IL Zip: 62938

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: PAUL TURNER

Title: RETIRED - IDOC

Firm / Business or Agency: _____

Address: 175 WATSON RD.

City: HARRISBURG

State: IL

Zip: 62946

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: KEITH COLLIER

Title: _____

Firm / Business or Agency: _____

Address: _____

City: Colcord

State: _____

Zip: _____

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Eric A. Armstrong

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Posiata State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Allan E Martin

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Murphy State: IL Zip: 62966

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: DAVID CHEEK

Title: _____

Firm / Business or Agency: _____

Address: 810 BUTTER RIDGE LN City: ULLYN State: IL Zip: 62992

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Beverly Simmons

Title: _____

Firm / Business or Agency: _____

Address: RR1 BOX City CAVE-IN-ROCK State: IL Zip: 62919

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Angel Leno

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Elizabethton State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Tammy Woodard

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Elizabeth State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Melissa Littrell

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Carle-in-Rock State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: David Dunstan

Title: _____

Firm / Business or Agency: _____

Address: RR 2 BOX 69 City: Elizabethton State: IL Zip: 62938

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Ronald McDowell cm

Title: _____

Firm / Business or Agency: _____

Address: R#1 Box 193A City: Elizabethton State: IL Zip: 62931

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Kelly Winters

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Cave-in-Rock State: IL Zip: 62919

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Amanda Dawenport

Title: _____

Firm / Business or Agency: _____

Address: _____ City: CAVE State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Dan Woodard

Title: _____

Firm / Business or Agency: _____

Address: _____ City Elizabeth State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Michael E. Turner

Title: _____

Firm / Business or Agency: _____

Address: _____ City: HARRISBURG State: IL Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Michael Austin

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Elizabethton State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Joe Jenkins

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Eliza GETHTOWN State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Cheryl McDowell

Title: _____

Firm / Business or Agency: _____

Address: RR #1

City: Elizabethton

State: IL

Zip: 62931

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name:

GARY GROSS

Title:

Retired Teacher

Firm / Business or Agency:

Address: Box 224 City: E'towa State: IL Zip: 6293

Email:

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:

Loss of community service
to the county & surrounding
counties.

We are poverty area - Help!



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Kay Peppersack

Title: Retired

Firm / Business or Agency: _____

Address: 407 Cedar Grove Rd. City: Simpson State: IL Zip: 62485

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Laura Winters

Title: Deputy Circuit Clerk

Firm / Business or Agency: Hardin Co. Circuit Clerk

Address: _____ City: Elizabethton State: IL Zip: 62931

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: DOUGLAS KAEGI

Title: _____

Firm / Business or Agency: _____

Address: _____ City CAVE IN ROCK State: IL Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name:

David Gribble

Title:

Firm / Business or Agency:

Address:

City:

HBC

State:

FL

Zip:

62946

Email:

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Robert Y. Prince

Title: Supply Supervisor

Firm / Business or Agency: IDOC HCLWC

Address: 496 W. Benton St City: Equality State: IL Zip: 62934

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Terry Griss

Title: _____

Firm / Business or Agency: _____

Address: 140 Legion Rd City: Camden State: IL Zip: 62917

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: _____

Title: Arde E. Williams

Firm / Business or Agency: _____

Address: _____ City: Cave-In-Rock State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Kenita Dudley

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Stonefort State: IL Zip: 62987

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Madeline Dudley

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Stonelont State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Sherrie Crapis

Title: Executive Director

Firm / Business or Agency: Family Counseling Center, Inc.

Address: 125 N Market City: Chalonda State: IL Zip: 62515

Email: sherrie@fcincoutline.org

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Ryan Vaughn

Title: Owner of V Cut 11c

Firm / Business or Agency: V Cut 11c

Address: R.R. 1 Box 182 City: Elizabeth State: IL Zip: 62931

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Wilma Hohimer

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Cave-In-Rock State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Sonya Dennison

Title: _____

Firm / Business or Agency: State Employee

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Danny Clayton

Title: _____

Firm / Business or Agency: _____

Address: 1215 Triple S Rd City: Harrisburg State: IL Zip: 62946

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: MARTY KAYLOR

Title: VILLAGE PRESIDENT

Firm / Business or Agency: VILLAGE OF CAVE IN ROCK

Address: _____ City: CIR State: IL Zip: 62919

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Scott Stouck

Title: Mr.

Firm / Business or Agency: Saline Co. Chamber / RDK Management

Address: 607 S. Commercial St City: Wsg State: IL Zip: 62946

Email: Scott@RDKmgmt.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Stanley Kipowicz

Title: _____

Firm / Business or Agency: _____

Address: RRAI Box 200A City: CAVE SPRING State: IL Zip: 62919

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Greg Love

Title: _____

Firm / Business or Agency: _____

Address: _____ City: Paris, IL State: IL Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Richard Peave

Title: _____

Firm / Business or Agency: _____

Address: RR#1 Box 40 City: Elizabeth State: IL Zip: 62931

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Linda Patton

Title: Teacher

Firm / Business or Agency: Hardin Co. School

Address: Rt 1 Box 217 City: Cave-in-Rock State: IL Zip: 62919

Email: ~~lpatton@hardin.k12.il.us~~

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Danny Gatto

Title: _____

Firm / Business or Agency: _____

Address: Box 1 Box 217

City: Cave-in-Rock

State: IL

Zip: _____

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Cindy Mills

Title: _____

Firm / Business or Agency: _____

Address: Cave-In-Rock City: _____ State: IL Zip: 62919

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Larry W. Mizell

Title: Retired Chief Deputy Director DOC

Firm / Business or Agency: _____

Address: P.O. Box 1307 City: Vienna State: IL Zip: 62995

Email: luc7skin@hotmail.com

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: Shane Potts

Title: _____

Firm / Business or Agency: _____

Address: _____

City: Providence

State: IL

Zip: 62982

Email: _____

POSITION:

Proponent

Opponent

No Position

TESTIMONY:

Oral

Written Statement Filed

Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: DANNY RENDON

Title: SGT

Firm / Business or Agency: IDOC

Address: 1902 JULIANNE DR City: MARION State: _____ Zip: _____

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:



ILLINOIS COMMISSION ON GOVERNMENT FORECASTING & ACCOUNTABILITY

Co-Chair Senator Donne Trotter - Co-Chair Representative Donald Moffitt

RECORD OF COMMISSION WITNESS

DATE 7/20/15

SUBJECT MATTER: Proposed Closure of Hardin County Work Camp

IDENTIFICATION:

Name: KANDALL Smith

Title: Correctional Officer

Firm / Business or Agency: IDOC

Address: Rt. 1 Box 125 City: HEROD State: IL Zip: 62947

Email: _____

POSITION: Proponent Opponent No Position

TESTIMONY: Oral Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS: