

Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: ORLANDIS R	Mccurdy, JR.
Title: CORRECTIO	NAL LIEUTENANT
	IDOC-STATEVILLE C.C.
Address: 6706 010	ONNOR DR City: JOLIET State: IL Zip: 60431
Email: 0 Mccurdy	iregmail.com
POSITION: Propo	<u> </u>
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:	REBUILD YES/CLOSURE NO!



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Tony GRAF	F
Title: City Admer	estrator
Firm / Business or Agency:	City of Crest HILL IC
Address: 2060 Cd	Center City: Crestfull State: IZ Zip: 60403
Email: agraffecity	Acresthillicom
POSITION: Propo	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional	Center
IDENTIFICATION:	
Name: Jesse Fowler	
Title:	
Firm / Business or Agency:	
Address: 16830 R+53 City: Crest State	e: IL Zip: 60407
Email: Jesse Foreler allinois gov	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed R	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
IDENTIFICATION:	1 21/	
Name: Brenda	TaNZ	_
Title: Refired State VIIIC		
Firm / Business or Agency:		_
Address:	City:State:Zip:	
Email:		
POSITION: Propos	ent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of	the Stateville Correctional Center
IDENTIFICATION:	
Name: TROY MAYES	
Title: CORRECTIONAL SERGEANT	(I
Firm / Business or Agency:	YIUE
Address: 727 (ASSE IN -	City: Jolnet State: IL Zip: 60435
Email: TROYMAYES 36 @ G-MANC	
POSITION: Proponent Opponen	nt No Position
TESTIMONY: Oral Written	Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correction	al Center
<b>IDENTIFICATION:</b>		
Name: Sto	icy MCNain	
Title:	tired	
Firm / Business or Agency	: Stateville	
Address:	enterger Circle City: 5 list Sta	te: <u>IL</u> Zip: <u>(1</u> 043
Email: Shmanain	asymail.com	
POSITION: Pro	opponent Opponent No Position	
TESTIMONY: Or	al Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: /6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correction	nal Center
IDENTIFICATION:	6
Name: Koss Tray ce	
Title: C/6	2
Firm / Business or Agency:	
Address: 16830 16-53 City: (ref 411) Sta	ate: 11 Zip: 60403
Email: terrance ross Illinois ger	·
POSITION: Proponent Opponent No Position	· w
TESTIMONY: Soral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DAT	E: 6/11/24	
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center		
IDENTIFICATION:		
Name: Dorsy Peldonia		
Title: Staff Assistant- MIZC Healtacare Unit Firm / Business or Agency: Stateville Correctional Center	-	
Firm / Business or Agency: Stateville Correctional Center		
Address: 1713 Mascrati Dr City: Hlict State: 12 Zip: 60435		
Email: 1Stegred 1 Cgnewl, com		
POSITION: Proponent Opponent No Position		
TESTIMONY: Oral Written Statement Filed Record o	f Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: MM MGX	<u></u>
Title: Rettred -	
Firm / Business or Agency:	DOC Stateville
Address: 3408 Harm	Red City: pliet State: IC Zip: (0495)
Email: Mcheeanna	Damail. Con
POSITION: Propone	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Sgt. S Zavala
Title: $S_{9}$
Firm / Business or Agency: DOC State Ville (C/1)RC
Address: 1812 Worker Edgedon. City: And Il State: Zip: 60447
Email: Zara Zavala Oct Il meis egu
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:
We keed our jodes d'ar our families.
Do Dot close.



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Juanta	Jamison
Title: Clueca.	Services Superoisin
Firm / Business or Agency:	IDOC '
Address: POBOX [	2 City: 1011 State: 1 Zip: 66434
Email: Juanta. Ja	mison@Illinous.gov
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only

WRITTEN COMMENTS:

Demolish Old



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	_DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Christopher	media
Title: Currectional L	ieutenant
Firm / Business or Agency:	I. DO.C. Stateville C.C.
Address: 216 W Main	ST City: Brace Ville State: TL Zip: 60407
Email:CALMedia790	@ SEC global. NET/ Christyphus medin @ Illinois-gov
POSITION: Propor	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER: P	roposed Closure of the Stateville Correctional Center	
IDENTIFICATION:		
Name: D'Nai Willia	m3	
Title: C/O		
Firm / Business or Agency: Slewwille C.C.		
Address:	City: Crost Will State: IL Zip:	
Email: anai. Williams @	Illinois gov	
POSITION: Proponent	Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

_DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Jose Mavez
Title: 0
Firm / Business or Agency: Department of Corrections
Address: 16850 5. Parte 53 City: Joliet State: IL Zip: 60434
Email: Jose Chavez@ Illinois, gov
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:
Do Not close Stateville!
Make :+ Make sense!



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Guadalupe Macias
Title: Office Assistant
Firm / Business or Agency: Department of Corrections
Address: 16850 S. Route 53 City: Joliet State: IL zip: 60434
Email: Guadalupe. Mactas @ illinois, gov
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:
To Not Close Stateville!



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville	Correctional Center
IDENTIFICATION:		-
Name: Zuchny	Jacobs	
Title: Lieuterunt		
Firm / Business or Agency: _	IDOC	
Address:	City:	State: Zip:
Email:		
POSITION: Propos	nent Opponent No	Position
TESTIMONY: Oral	Written Statement Filed	d Record of Appearance Only

WRITTEN COMMENTS:

Keep open while building



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: [ 164 d	C r 3 : 8
Title:	
Firm / Business or Agency:	
Address: 20// Do	oug las St City: Joliet State: IL Zip: 60437
Email: 11NS 22XE	Sbcglobal, Net
POSITION: Pro	ponent Dopponent No Position
TESTIMONY: Ora	l Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS	:
State VI/18 And KEEP	EVERY DIE WORKING



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Q TO C	Alten
Title:	
Firm / Business or Agency:	Stateville IDUC
Address: (083) 8-	City: C10St + 1   State: (0103 zip: I
Email: CHOUQ, alle	n 21/1/1015-gov
POSITION: Propo	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

DATE: 0/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Berseron
Title: Office ASSV Start
Firm / Business or Agency: TDOC
Address: 16830 Rt 53 City Cross Hill State L Zip: 60403
Email: rence. bergeron@Illinois-gov
POSITION: Proponent Deponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Ne Vin	linson
Title: <u>( \$571</u>	
Firm / Business or Agency:	State ville CC
Address: 2+53	City: Creshill State: T/ Zip: 600/03
Email:	Nelvin. Vinson Ca Illing gov
POSITION: Propone	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correct	etional Center
<b>IDENTIFICATION:</b>		
Name: Seraio 6	aurrola	
Title:		
Firm / Business or Agency:	1D0C	<
Address: 14836 R	t 53 city: Crest hill	State: 1 L Zip: 00403
Email: <u>Sergio.ed</u> .	gurola@gmail.com	
POSITION: Prop	ponent Opponent No Posit	tion
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
IDENTIFICATION:		
Name: Ashlee Bara	jer	
Title: RN		
Firm / Business or Agency:   The Cartesian Agency:		
Address: 16830 RT53 City: Crest Hill State: IZ Zip: 60403		
Email:		
POSITION: Propon	ent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
IDENTIFICATION:		
Name: Francise 12	odgers	
Title: Currections	assessment specialist	
Firm / Business or Agency:		
Address: 16736 Rouse 53 City: Ctot Hill State: IL Zip: 60403		
Email: Francine, redgers@ 11:10:5,96V		
POSITION: Propon	ent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER: Pr	roposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Joe Luckey J	r
Title: C/O	
Firm / Business or Agency:	Doc
Address: 16830 R+ 53	City: Crest H. 11 State: IL Zip: 66463
Email:	
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24	
SUBJECT MATTER: Prop	osed Closure of the Stateville Correctional	l Center	
<b>IDENTIFICATION:</b>			
Name: Shoute	Gresham		
Title: SWI			
Firm / Business or Agency:			
Address: 16830 Route 53 City: Crest Hil State: IL Zip: 60403			
Email: Shourteslater@ymail.com			
POSITION: Proponent	Opponent No Position		
TESTIMONY: Oral	Written Statement Filed R	ecord of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Propo	sed Closure of the Stateville Correctio	nal Center
IDENTIFICATION:	1 11 11.	
Name:	ullotti	
Title:		
Firm / Business or Agency:	DOC	<b>D</b> . 1.1.5
Address: 100 50 Kte 1	City: (18) 411 St	zip: 60403
Email:		
POSITION: Proponent	Opponent No Position	
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Collean F	anciskovich Schmidt
Title: EXEC Sec	って エーニー
Firm / Business or Agency:	IDOC/Stateville
Address: 16830 S	City: Orest Jill State: L Zip: 60403
Email: Hatschmid	+ mom @ gmail.com
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name:	OWWS
Title: Dffi	Associate
Firm / Business or Agency:	Stateville
Address: Lt. 53	City: Joliet State: IL Zip: 60434
Email:	
POSITION: Propo	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Keith	+aukins (DHS)
Title: 2nd V	ice President Local 29 Shapiro
Firm / Business or Agency:	FSCME LOCAL 29
Address: 472 N Haw	ines Ale City: Kankakeestate: 1 Zip: 6096/
Email: Keithhawki	ns 1976@ Grand. Con
POSITION: Propone	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DAT	E: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Statev	ille Correctional Center	r
IDENTIFICATION:	1 1		
Name: Sally Vo	uenzuela		
Title: Office	75515tpx/t		
Firm / Business or Agency	:_ 1,000		
Address:	City:	State:	Zip:
Email:			
POSITION: Pro	ponent Opponent	No Position	
TESTIMONY: Ora	Written Statement	Filed Record o	of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Kerrie Sh	aw
Title: Cow Clun	18/07 3
Firm / Business or Agency:	Staterille
Address: Rt.53	City: JMRT State: IL Zip: 100434
Email:	
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	_DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	1 0 0
Name: MAPLON	Lyspaty
Title: Con.	LIEUTERANT
Firm / Business or Agency:	IOOC
Address: 16830 8	2+53 City: CNS+1/11 State: Zip: 00405
Email:	
POSITION: Propor	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

<u>DATE: 6/11/24</u>		
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center		
IDENTIFICATION:		
Name: Angele Kuter		
Title: President Local 416		
Firm / Business or Agency: TOUS   AFSCME		
Address: Lele 1 Louise Drive City: Hindely State: Iz Zip: 60520		
Email: akute: 28 @ gma. 1. com		
POSITION: Proponent Proponent Deponent No Position		
TESTIMONY: Oral Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	. ( )
Name: HOW	itterauer
Title: Lieutena	nt
Firm / Business or Agency:	DOC .
Address: 14830 R	t. 53 City: Crest 11 State: 1 Zip: 100403
Email: 10114. Witte	nauera illinois. gov
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Propos	sed Closure of the Stateville Correct	ional Center
IDENTIFICATION:		
Name: Walker Steph	nen	
Title: Juvenile Justic	ce Supervisor	
Firm / Business or Agency:	J	
Address: 909 Main Street	City: Batavia	State: IL Zip: 60510
Email:		
POSITION: Proponent	Opponent No Position	on
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correction	al Center
IDENTIFICATION:	
Name: Alicon Walker	
Title: VP Jocal 416	
Firm / Business or Agency: IDJT / AFSCME	
Address: 909 Main St. City: Batavia Sta	ate: (L Zip: 60510
Email: avalker0505@ att. ret	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Levar Hol	5 fort
Title: Corrections	1 Lieutenant
Firm / Business or Agency:	Stateville C.C. J.D.o.C.
Address: 16830 RT	53 City: Crest Hill State: IL Zip: 60403
Email: Varski77	@ yahoo.com
POSITION: Propor	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

<u>DATE: 6/11/24</u>
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
DENTIFICATION:
Name: ARYONA R BRANCH
Title: XIA
Firm / Business or Agency: 5tate vill
Address: 16380 R+ 53 City: Crest Hill State: IL Zip: 60403
Email:
POSITION: Proponent Deponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Starry	Ford
Title:	orrections desessment Specialist
Firm / Business or Agency:	
Address:	R 53 City: One State: TL Zip: 60403
Email: Stacey, Fo	rd @ illinais.gov
POSITION: Prop	Opponent No Position
TESTIMONY: Ora	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	$\sim \sim $
Name: 0000	acy Myonald
Title: OVICE	Fional Courselor III
Firm / Business or Agency:	Mac Stateville CC
Address: 6830 57	Broadbay City: Crest Jul State: C Zip: COVB
Email: Dominique	McDonald @ Illinois, sov
POSITION: Propo	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctiona	l Center
IDENTIFICATION:		
Name: Evelyn	Lebron	
Title: Account	Tech 11.	
Firm / Business or Agency:	Stateville/1DEC	
Address: 16830 S.	Rte 53 City: Joliet State	e: <u>//Zip:_/60403</u>
Email: <u>evelyn, let</u>	prondillinois.goV	
POSITION: Propon	ent Dpponent No Position	
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>	
SUBJECT MATTER: Proposed C	losure of the Stateville Correctional Center	
IDENTIFICATION:		
Name: Trinette Redit		
Title: HR ASSOC.		
Firm / Business or Agency: Stateville - IDCC		
Address: 16830 Rt. 53 City: Crest Hill State: I Zip: (D43)		
Email: Trinette reddittei	Minois gov	
POSITION: Proponent	Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: ERAY, OY	WILLES
Title: OFRECTI	ONAL CLORE 3
Firm / Business or Agency:	1000 Staturla CC
Address:	City: Cless Hell State: 12 Zip: CO434
Email:CRUTLL	& SYNTHIESE. GRAY QUILLINGS BOY
POSITION: Propo	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only
POSITION: Propo	onent Opponent No Position



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
<b>IDENTIFICATION:</b>		
Name: Trace Sim	non	
Title: Correctioned Officer		
Firm / Business or Agency: 1111015 dept of corrections		
Address: 16830 R+ 55 City: Crest h.V State: 11 Zip: 60403		
Email: _trace_Simon@ Illinois.60U		
POSITION: Propon	ent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Victor	in Kuthraford
Title:	test
Firm / Business or Agency:	DOC
Address: 16830	Rt. 53 City. 25t Hell State: V Zip: 60403
Email:	
POSITION: Propo	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

DATE: 0/11/24
Proposed Closure of the Stateville Correctional Center
ln2
Associate
DOC
Late 53 city rest 411 state: 12 zip: 60403
onent Opponent No Position
Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Billy E	Johnson
Title: CIEUTEN ZNI	<u></u>
Firm / Business or Agency:	I.D.O.C.
Address: 19542 W. N	wel 20 City: Elwoop State: 7 Zip: 6042
Email: 311/38452 gm	reul. Com
POSITION: Propon	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Brithey	tankes
Title: THASHEY	of 10cal 416
Firm / Business or Agency:	IT IXC St. Charles
Address: 5N912 Pra	rie St City: Mapulark State: 1 Zip: (1015)
Email: Whzzlow	janoo conj
POSITION: Propone	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24	
SUBJECT MATTER: Prop	posed Closure of the Stateville C	Correctional Center	
IDENTIFICATION:			
Name: RYAN M	1ESSEX		
Title: Corn [Honal C	fficer		
Firm / Business or Agency: [ [ DOL Steterille Cornellene ( carnet			
Address:	City:	State: Zip:	
Email: Messex Han @ Yahao.con			
POSITION: Proponent	Opponent No	Position	
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
<b>IDENTIFICATION:</b>		
Name: José	M. Frado	
Title: Parole	Agent	
Firm / Business or Agency: Illinois Dept of Corrections		
Address: 16830 R	2+ 53 City: Crest 14:11 State: IC Zip: 60403	
Email: 100000	to pidoc com.	
POSITION: Pro	oponent Opponent No Position	
TESTIMONY: Or	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24		
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center		
IDENTIFICATION:			
Name: Carry	Stull		
Title: Cornect	oral obsicer		
Firm / Business or Agency: Mil 14645 dept of convertions			
Address: 16330	RA 53 City: Crest My State: 11 Zip: 60403		
Email: Stull, Lar	(@ illinors.gov		
POSITION: Prop	ponent Opponent No Position		
TESTIMONY: Ora	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>		
SUBJECT MATTER: Proposed C	osure of the Stateville Correctional Center		
IDENTIFICATION:			
Name: Aesirelle Foxes			
Title: C/O			
Firm / Business or Agency: IDoc			
Address: 16830 R753 · City: Csest Hill State: IL Zip: 60403			
Email:			
POSITION: Proponent	Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24		
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center		
IDENTIFICATION:			
Name: CAROS	BAKER		
Title: Corrections	1 officer		
Firm / Business or Agency:			
Address: 16830 Rt 5	City: Olest State: 4   Zip: 60403		
Email: CARLOS BAK	il lele & Grant.com		
POSITION: Prop	onent Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: ABGAN	- MEDLOCK
Title: CONTE	TONAL CAFICER
Firm / Business or Agency:	STATEVILLE CC
Address: 16830 2	T 53 City: CPTST HILL State: I Zip: 60403
Email: ABIGAIL. M	EDLOCK @ ILUNOIS GOV
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24		
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center		
<b>IDENTIFICATION:</b>			
Name: Pitchford	Staci		
Title: Correction	Officer		
Firm / Business or Agency: Stateville CC			
Address: 168 R+53	City: CRESTHIL State: IL Zip: 60403		
Email: Staci-Pitchfordeillinais.gov			
POSITION: Proponer	ot Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Corrections	al Center	
IDENTIFICATION:			
Name: Michael			
Title: Correction	nal Sergeant		
Firm / Business or Agency: Stateville C.C			
Address: 16830 R	24 53 City: Crest Hill Sta	te:60403zip:60403	
Email: Michael. Mackowiak@Illinois.gov			
POSITION: Pr	roponent Opponent No Position		
TESTIMONY: O	oral Written Statement Filed	Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24	
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center	SUBJECT MATTER:
IDENTIFICATION:	<b>IDENTIFICATION:</b>
Name: DORSEY DOWERAS	Name: ORSEY
Title: RETILES	Title: RETILES
Firm / Business or Agency:	
Address: 16830 So. RT 53 City: CRESTHILL State: T (Zip: 6403	Address: 16830
Email:	Email:
POSITION: Proponent Opponent No Position	POSITION: Pr
TESTIMONY: Oral Written Statement Filed Record of Appearance Only	TESTIMONY: Or



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24	
SUBJECT MATTER: Proj	posed Closure of the Stateville C	orrectional Center	
IDENTIFICATION:	100		
Name: Avid	MEDIES		
Title: Coppetions	1 OPPICER		
Firm / Business or Agency: Things Dept of Coppections			
Address:	City:	State: Zip:	
Email:			
POSITION: Proponent	Opponent No I	Position	
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24		
SUBJECT MATTER: Prop	osed Closure of the Stateville Correctional Center		
IDENTIFICATION:			
Name: Lorena Dela	Jado		
Title: Account Tech	<u> </u>		
Firm / Business or Agency: 100 Stateulle			
Address: 12 S - Midlar	City: To like State: Zip: 60436		
Email: Jorewoges	ocalobal net		
POSITION: Proponent	Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional	Center	
<b>IDENTIFICATION:</b>			
Name: Debie	Alvarado		
Title: Communi-	ty Member		
Firm / Business or Agency: Stateville C.C.			
Address: 16830 Rt-53 City: [10541] State: 12 Zip: 60403			
Email:			
POSITION: Pr	roponent Opponent No Position		
TESTIMONY: O	ral Written Statement Filed Re	ecord of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: J, Lovet	
Title:	
Firm / Business or Agency:	STA
Address: 50   6	32 nd st state: 52 zip: 606/6
Email: mr. Jovett	agnoil. com
POSITION: Propor	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Statevi	Ille Correctional Center
IDENTIFICATION:	
Name: AJUANA MCGNIST	
Title: StAR Recefament Go	peroles t
Firm / Business or Agency:	
Address: 546 Poll Man Rs Ant City: None	State: Ze Zip: 66996
Email: 19 JUANA MGruder & JAKOS-COR	
POSITION: Proponent Opponent	No Position
TESTIMONY: Oral Written Statement F	Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Monica Al	varado
Title: Community	y Member
Firm / Business or Agency:	stateulle (,C
Address: 16830 Rt	53 City: (rest H1) State: [ Zip: 60+03
Email:	
POSITION: Propo	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Angela	Berry
Title: Correction	a) Officer
Firm / Business or Agency:	I DOC - Statevill
Address: 4830 12.	City: Ovest Hill State: I Zip: 60403
Email: angth a	amail. com
POSITION: Propo	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: TRM/kg	t'nkland
Title:	ek 41
Firm / Business or Agency:	IDOC
Address: 16830 S	City: Crost hill State: IL Zip: 6040
Email:	
POSITION: Prop	onent Dopponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Qra	nomas
Title: Ausun	
Firm / Business or Agency:	) Stateville
Address: 16830 1L	-53 City: Crest Hu State: Zip: WUG3
Email: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	insmarto yahar. Com
POSITION: Propo	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: UCU V	lagomez
Title: Met m	orn assistant
Firm / Business or Agency:	
Address:	City: DIE State: I Zip: 60435
Email: VIllagomer La	cy4@gmail
POSITION: Propon	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Name:	Ell
Title:	
Firm / Business or Agency:	Habrille (Carrelians)
Address: XXX	City: State: Zip: 60
Email:	BUGMEHEND
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

<u>DATE: 6/11/24</u>
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: PAUIA TUNY
Title: Correctional Scoply Supervisor
Firm / Business or Agency: TROC STATE
Address: Zoe CATON Form Rb City: Lockfort State: IL Zip: 6044/
Email: Tolly 10/03 Hetwen! 1. 1011
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Clarche	2 Goodwin
Title:	
Firm / Business or Agency:	Stateville CC.
Address: 39 1577	City: Calword Crustate: IL Zip: (CC)
Email: Clearer ROOM	will for gradicion
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: LaToya	Anderson
Title:	
Firm / Business or Agency:	IDOC
Address: ON fil	e City: Park Frestate: IL zip: 60466
Email:	
POSITION: Propor	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

<u>DATE: 6/11/24</u>
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Mishawana McCall
Title: Orrectional Center
Firm / Business or Agency: State Ville Correctional Center
Address: 16830 RtE 53 City: Crest hill State: 1 Zip: 60403
Email: Michawnna Mccall@ Illinois. Gov
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

<u>DATE:</u>	0/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center	
IDENTIFICATION:	
Name: Dusharp Packer	
Title: Behavior foch	
Firm / Business or Agency: 5 tatev/116	
Address: S12 O versatech or south Manteno State: IL	Zip: 609 <b>5</b> 0
Email: pd USbarra gnaclifean	
POSITION: Proponent popponent No Position	
TESTIMONY: Oral Written Statement Filed Record of A	ppearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name:	o Malkhews
Title:	
Firm / Business or Agency:	1000
Address: 160830RV	53 City: Ches   Wall State: 12 Zip: 60 403
Email: Jame Kol	latthewsellings, GoV
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional	Center	
IDENTIFICATION:			
Name: Soundon	Newell		
Title: Levteran	<del></del>		
Firm / Business or Agency:	IDOC		
Address: 1680 21	City: Prest Hill State	: IL Zip: (05403	
Email: Brandon. Name 1 & Minois, god			
POSITION: Prop	ponent Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Re	ecord of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correction	onal Center
IDENTIFICATION:	
Name: INGRIPA RUNDROTAS	
Title: LPN	
Firm / Business or Agency:	
Address: 168 Rt 53 City: Creat Kill S	State: <u> </u> Zip: 60403
Email: INGRIDA, KUNDROTAS DILLINOIS, GOV	
POSITION: Proponent Opponent No Positio	n
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional	Center
<b>IDENTIFICATION:</b>		
Name: NEAL	URTEAGA	
Title:		
Firm / Business or Agency	IDOC	
Address:	RT. S3 City: CREST Hy State	e: /L Zip: 60403
Email:		
POSITION: Pro	oponent Opponent No Position	
TESTIMONY: Ora	al Written Statement Filed R	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Co	orrectional Center
IDENTIFICATION:		
Name:		
Title:		
Firm / Business or Agency:	Stateville	
Address:	City:	State:Zip:
Email:		
POSITION: Propon	ent Opponent No I	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville	Correctional Center
IDENTIFICATION:		
Name: Luderly	Sud	
Title: Corfectiona	Officer	
Firm / Business or Agency:		
Address:	City:	State:Zip:
Email: almodeyes	30@ Yahoo. Coin	
POSITION: Propor	ent Opponent No	Position
TESTIMONY: Oral	Written Statement Filed	d Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctiona	al Center
<b>IDENTIFICATION:</b>		
Name: Micaela	Delgado	
Title: DEFICE	Assistant	
Firm / Business or Agend	cy: Stateville Correctional Cu	nter
Address: 16830 11	City: Gest Hall Stat	te: /L Zip: 60403
Email: MICORO	d	
POSITION:	Proponent Opponent No Position	
TESTIMONY:	Oral Written Statement Filed F	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE: 0/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Ralph Johnson
Title: OWNER
Firm / Business or Agency: Johnson & ASSOCIATES INSURANCE
Address: 329 W Huron City: Chicago State: III Zip: 60654
Email: BJAFLACZ@gol.com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville	Correctional Center
IDENTIFICATION:	the THINSOM	
Name: Hand	M Jara 10011	
Title:	SOC	
Firm / Business or Agency:	Refire	
Address:	City:	State:Zip:
Email: deliterul	when a gmail com	
POSITION: Prope	onent Opponent No	o Position
TESTIMONY: Oral	Written Statement File	d Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Estare W.	48H12672
Title: SUPPLY	SUPTAVISOR
Firm / Business or Agency:	
Address: P.O. Box	400 City: LOCKPORT State: IZ Zip: 6044/
Email: biswash33	e fahoo.on
POSITION: Propon	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional	l Center
IDENTIFICATION:	*
Name: Name:	
Title: PRESTRECT LONAL 1034	, , , , , , , , , , , , , , , , , , , ,
Firm / Business or Agency: Routouttle Rislic Works	
Address: 615 ANTERSON DR City: Partoutit State	e: TL Zip: 60446
Email: <u>Snomand87equal</u> com	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed R	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: MARLON	MCKNIGHT
Title: SENGEAS	
Firm / Business or Agency:	IDOC
Address: 16830 1	27 53 City: CREST 157   State: 1 Zip: 6040 3
Email:	
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville	Correctional Center
<b>IDENTIFICATION:</b>		
Name: DewAyne	Williams	
Title:	· · · · · · · · · · · · · · · · · · ·	
Firm / Business or Agency:		
Address:	City:	State:Zip:
Email:		
POSITION: Propon	ent Opponent N	o Position
TESTIMONY: Oral	Written Statement File	ed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville	Correctional Center
IDENTIFICATION:	
Name: DARRY Foy	
Title: Counselor 1	
Firm / Business or Agency:	
Address: 46HD COMMON DOWN City: JON	State: DL Zip: 6040B
Email: Darryl, Roy @ ILLINDIS, BOV	
POSITION: Proponent Deponent No	o Position
TESTIMONY: Oral Written Statement File	d Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DAIL. 0/11/24		
SUBJECT MATTER: Propos	sed Closure of the Stateville Correctional Center		
IDENTIFICATION:			
Name: LISA MV	lavs		
Title:			
Firm / Business or Agency: State Ville IDOC			
Address: 16830 Rte 53 City: Otost State: IC Zip: 60483			
Email:	ाजा । । 		
POSITION: Proponent	Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: 201111 B	DEREN
Title: SOMIZEO	
Firm / Business or Agency:	
Address: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	State Zip: 40403
Email:	
POSITION: Propon	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24		
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center		
<b>IDENTIFICATION:</b>			
Name: Diana Ha	e li		
Title:			
Firm / Business or Agency: 5 tatente Correctional Center			
Address: 20025 OluBlan St City: West Hd W State: Il Zip: 6040 ?			
Email: MA			
POSITION: Prop	onent Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DA1E: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: OLARK	BRCKWAY
Title:	
Firm / Business or Agency:	
Address: 3 Collina	6 WOLD CT- City: BOLINGBOOK State: Th. Zip: 60440
Email:	
POSITION: Propor	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Pro	oposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Sammatha Bro	.~^Λ
Title: Shiff Superviso	
Firm / Business or Agency:	boc
Address: 16830 RT 53	City: Crest H.11 State: Il Zip: 66403
Email: Samontha Brown C	illiano: 3. gor
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE. 0/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	_
<b>IDENTIFICATION:</b>		
Name:	mes	
Title:	no office	_
Firm / Business or Agency:		_
Address: UPBO Pt	53 City: 10 et State: 1 Zip: 60403	<u>.                                    </u>
Email:	V	_
POSITION: Propor	nent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: MON CA	DAVLS
Title: CDRRE(	ITLONS ASSESS MENT SPECIALIST
Firm / Business or Agency: _	500C
Address: 168 27 3	City: Crest 111 State: 5c Zip: 60%
Email:	
POSITION: Propo	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Pr	roposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: WA	TER MATHEIS
Title:	TI AED
Firm / Business or Agency:	1006 RTD
Address: 16930 RT5	3 (r City: CREST HILL State: 11 Zip: 60903
Email:	
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional	Center	
<b>IDENTIFICATION:</b>			
Name: USSICA	HOPSON		
Title: WORRECT	TOHAL COUNSELOR		
Firm / Business or Agency:			
Address: 16930	RTE 53 City: CREST State	e:   Zip: 60403	
Email:			
POSITION:	Proponent Opponent No Position		
TESTIMONY:	Oral Written Statement Filed R	ecord of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Co	rrectional Center
IDENTIFICATION:	$\bigcirc$	
Name: Allina	Reed	
Title: Lieuten	navd	
Firm / Business or Agency:	IDOC	
Address: 16830 R	453 City: Crest H	State: <u>JL</u> Zip: 60403
Email: Alaris 6333	@ gnail. Com	
POSITION: Propo	onent Opponent No P	osition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
<b>IDENTIFICATION:</b>		
Name: Alphons	Norman	
Title:	2	
Firm / Business or Agency:		
Address: 16830 RT 53 City: Opes Hill State: FC Zip: 60403		
Email:		
POSITION: Propone	ont Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Co	enter
IDENTIFICATION:	
Name: Horramen Slamen	
Title: Comechonal Consilor	-
Firm / Business or Agency: 100 C State ville NEC	
Address: 6830 5 Broadway City: Clest Hell State:	L Zip: 60434
Email:	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed Reco	rd of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Shecno	Wagner
Title: Correction	real Officer
Firm / Business or Agency:	Dol
Address: 16830 R4	City: Cresthill State: T(Zip: 6040?
Email:	
POSITION: Propon	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Anthony	Lave
Title: 6/0	
Firm / Business or Agency:	IDa
Address: 16836 vount	City: every hill State: IL Zip: 60403
Email: The Kamily	First 5 a Gaman cem
POSITION: Propo	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24	
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center	
IDENTIFICATION:	
Name: TJ Esquive	
Title: AFSME Local 1034	
Firm / Business or Agency: Lomewille Rublic Works	
Address: 600 619 Anderson Dr City: Romewill State: 1 L Zip: GOWL	6
Email: + esquivall @att.net	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed Record of Appearance Or	ıly



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Keenan	100ng
Title: Corc Li	otent
Firm / Business or Agency:	IDDC
Address	16830 Rts City: Great Hill State: Il Zip: 60403
Email:	
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correct	ional Center
IDENTIFICATION:	
Name: JURDAN MCMILLAN	
Title: UEUTENANT	
Firm / Business or Agency: FDOC	411
Address: STATEVIUE 16830 RT 53city:	State: <u>FL</u> Zip: <u>6043</u> 5
Email:	
POSITION: Proponent Opponent No Position	on
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
IDENTIFICATION:		
Name: SAPI	A, L	
Title: Correct	ional SGT	
Firm / Business or Agency: STATEVILLE IDOC		
Address: 6830 RT 3 City: Crest Hill State: FL Zip: 60403		
Email:		
POSITION: Prope	onent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correct	ctional Center
IDENTIFICATION:	
Name: Briting Carlly	
Title: Correctional Leutenant	
Firm / Business or Agency:	
Address: 16830 RT 53 City: Class Will	State:     Zip: (1040 3
Email: Britney Horvey @ Illinois, gov	T-100 10
POSITION: Proponent Opponent No Positi	ion
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only
WRITTEN COMMENTS:	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Pro	oposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: <u>UCRCCIA</u>	Bancell
Title:	
Firm / Business or Agency:	
Address: 16386 Rt	S3 City: CNEST Hill(State: IL Zip: 60403
Email:	,
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: CARmen Lockhart
Title: Correctional consultation
Firm / Business or Agency:
Address: 16830 Rt 53 City: Evestill State: Zip: 6463
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Dakota Van Os	trand
Title:	
Firm / Business or Agency:	
Address: 1111 Trailsend	Ln City: Joliet State: IL Zip: 60436
Email:	
POSITION: Propor	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Corr	rectional Center
<b>IDENTIFICATION:</b>		
Name: Chr. > Mowe		
Title:		
Firm / Business or Agency:	AFSLME 31	
Address: 1012 5 Maple	Are City: Oak Park	State: IL Zip: 60304
Email: Croorcoluggios	1. com	
POSITION: Propos	nent Opponent No Pos	sition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		_DA	TE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville C	Correctional Cent	ter
IDENTIFICATION:	Lall		<del>-</del>
Name:	BUIL		
Title:	0/0		
Firm / Business or Agency: _	9 STA		
Address:	City:	State:	Zip:
Email:	· · · · · · · · · · · · · · · · · · ·		
POSITION: Propo	nent Opponent No	Position	
TESTIMONY: Oral	Written Statement Filed	Record	of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 0/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	CIII
Name: Quiù	Shelter!
Title:	
Firm / Business or Agency:	Stateville Doc
Address: 16830 P	City: LOUSHII State: L Zip: 00403
Email:	
POSITION: Propon	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
<b>IDENTIFICATION:</b>		
Name: Matthew	Zemat 15	
Title: Lieutenant		
Firm / Business or Agency: 11/10015 Department of Corrections		
Address: 8635 (	entral Ave City: Burbant State: 12 Zip: 60459	
Email: matthew. Ze	matis @ yahoo.com	
POSITION: Propos	nent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Troy Peiffe	
Title:	
Firm / Business or Agency:	IDOC
Address: 4328 Not mag L	City: Cisle State: IL Zip60532
Email: Perfach 23@	hotmail for
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only
W/DITTEN COMMENIES	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>. I</u>	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Co	enter
<b>IDENTIFICATION:</b>		
Name: Alcamou	n Kelly	
Title: 40		
Firm / Business or Agency:		
Address: 16836 pt 53 City CKSt Hiru State: Zip 60463		
Email:		
POSITION: Pro	oponent Opponent No Position	
TESTIMONY: Or	ral Written Statement Filed Reco	ord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	Λ
Name: Kufo	is Clark
Title: Lieutenza	ot
Firm / Business or Agency:	IDOC
Address: 300 CATON	FARM P) TRUE City: LOCKORT State: IL Zip: 6044
Email: <u>RC2795@gv</u>	1811. COM
POSITION: Propor	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	roposed Closure of the Stateville Cor	rrectional Center
<b>IDENTIFICATION:</b>		
Name: LINDA L Doyle		
Title: CO		
Firm / Business or Agency:	TATEUILLE FOX	
Address: 11560 S Mayle	Aue City: Worth	State: Zip: 60482
Email: 1 doyle 67 @ concas	+ net	
POSITION: Proponent	Opponent No Po	osition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Tasha Ja	cksor
Title: CORR. Clerk	
Firm / Business or Agency:	IL. DEPt. OF CORR. @ Stateville
Address: P.O. Box 1	6830s. Broadwapity: Crosthill State: IL zip: 60434
Email: +mh/7628	@ gmaile com
POSITION: Propon	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correction	nal Center
IDENTIFICATION:	3	
Name: Elizabet	h Mulm	
Title: LR RSP	9	
Firm / Business or Agency:	Moc- Stateuille Ce	
Address: 6830 5 Rt	City: City: City: Chast 41/1/st	ate: T Zip: (po 403)
Email:		
POSITION: Propo	onent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed C	osure of the Stateville Correctional Center
IDENTIFICATION:	
Name: 102002 + 115	
Title:	11 / 20 0
Firm Business or Agency:	11e-60.0.0
Address: 1830 PTE 5	City: PS   State: Zip: OHO
Email: WANDA, EUS	
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DAIE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Xary	Evans
Title:	2 Associate
Firm / Business or Agency:	Stateville Into NRC
Address: Kulldula	7 R+53 City: CrostHill State: R Zip: 60434
Email: Karyn 320	@Spaglobal.net
POSITION: Propo	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: JEWEL L. CARRINGTON III
Title: CORRECTIONAL SERGEANT
Firm / Business or Agency: 100C STATEVILLE
Address: 1813 GREAT RIGHT City: DANFIED State: 12 Zip: 60586
Email: Carringtoni, Q gnall. Com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Prop	osed Closure of the Stateville Correctional	l Center
IDENTIFICATION:		
Name: KENJON BAILEY		
Title: Core So T.		
Firm / Business or Agency: 1000		
Address: 1420 N. CENTER	_ ST _ City:State	e: SL Zip: 6485
Email:		
POSITION: Proponent	Opponent No Position	
TESTIMONY: Oral	Written Statement Filed R	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional C	Center
IDENTIFICATION:	
Name: Smith	
Title: Corr. Supply Supervisor 2	
Firm / Business or Agency: 1000 Stateville C.C.	
Address: 3317 5. Janviera Ave City: South ChicagoState:	IL Zip: 604(1
Email: Heights	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed Rec	ord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE:	6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional	Center	
IDENTIFICATION:		
Name: Margan Kouss		
Title: ON TA		
Firm / Business or Agency: <u>States lle</u>		
Address: Po Box 117 City: Ce SHull State	:16	Zip: 60434
Email: merzon. Kousso i Unois. gor		
POSITION: Proponent Opponent No Position		
 TESTIMONY: Oral Written Statement Filed Re	ecord of A	appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correction	al Center
<b>IDENTIFICATION:</b>		
Name: Nadina	hockeff	
Title: Refired		
Firm / Business or Agency	: Iboc	
Address: 3034 6	Ello LN. City: Homewood Sta	te: <u>U</u> Zip: 60430
Email: nadinelockett	esbeglobal. net	
POSITION: Pro	Opponent  No Position	
TESTIMONY: Or	al Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
IDENTIFICATION:		
Name: VAleric	unes	
Title: Reliked		
Firm / Business or Agency:		
Address: 2203 Bo61		
Email: 25 myr	490/yohoo.co	
POSITION: Propone	Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
<b>IDENTIFICATION:</b>		
Name: Megan	Maas	
Title: medical	records director	
Firm / Business or Agency: 100 C		
Address: 20025 Division St City: (rest Hill State: 16 Zip: 60403		
Email: megan. maas @ Illinois. gov		
POSITION: Pro	oponent Opponent No Position	
TESTIMONY: Or	al Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	_DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Patrice	- Gagliardo
Title:Correc	tional Officer
Firm / Business or Agency:	STATEVILLE
Address:	City: State: Zip:
Email:	
POSITION: Propor	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Pr	roposed Closure of the Stateville Corre	ectional Center
IDENTIFICATION:		
Name: Danielle Boc	cstabler	
Title: Accoundant	Supervisor	
Firm / Business or Agency:	tateville cc	
Address: 16835 S	. R+ 53 City: Cresthil	State: IL Zip: LOUB3
Email: danielle bock	Stahler Egmail.com	
POSITION: Proponent	Opponent No Pos	ition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Ray Book	stabler
Title: Cutu	resident
Firm / Business or Agency:	
Address:16830	SRT 53 City: JOLTET State: TL Zip: (00430)
Email:	k 78 agmail cor
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	4
Name: Kelle	Threm
Title: Pharmacy	Technician Certified
Firm / Business or Agency:	IDOC
Address: 216 W 1	Main ST City: Braceville State: Il Zip: 60407
Email: Kelle Thre	m@yahoo:con
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: TERASLE CAGA	DIATEL
Title: <u>C/o</u>	
Firm / Business or Agency:	100c
Address: 16830 S= KT 5	City: Cest Hiu State: 1L Zip: 60403
Email: TERREU CAGNOLATTIC	OILLIANS GOV
POSITION: Propone	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24		
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center		
<b>IDENTIFICATION:</b>			
Name: Brianna	Henderson		
Title: Norrectional Counselor II			
Firm / Business or Agency: 100C			
Address: 16830 Rte 3	53 City: <u>(rest /////</u> State: <u>7//</u> Zip: 60403		
Email:			
POSITION: Propon	ent Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24		
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center		
<b>IDENTIFICATION:</b>			
Name: ALUSSA	MONTO		
Title:			
Firm / Business or Agency:			
Address: 16830 12	+.63 City: Oves+ State: IL Zip: 60408		
Email: alomo-alyssa Cyahoo.com			
POSITION: Propone	ent Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Maximus	Loza
Title:	
Firm / Business or Agency:	
Address: 57/2 Aday Fo	City: Plfd State: IL Zip(0580)
Email: 2the max 2127	egmail. Com
POSITION: Prope	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

$_{ m p} \underline{ m D}$	OATE: 6/11/24		
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Ce	nter		
IDENTIFICATION:			
Name: Benita Evans-Waller			
Title: Business Manager			
Firm / Business or Agency: State Ville C. C			
Address: 16830 S. RT. 53 City: Cast hill State: 16 Zip: 60403			
Email:			
POSITION: Proponent Opponent No Position			
TESTIMONY: Oral Written Statement Filed Recor	d of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Pro	oposed Closure of the Stateville Cor	rrectional Center
IDENTIFICATION:		
Name: Angel Brown	^	
Title: Corrections	1 Clerk I	
Firm / Business or Agency:	tateville C.C.	
Address: 16830 R	4.53 City: 5/10+	State: 14 Zip: 60403
Email: angel. brown 20	illinas , gov	
POSITION: Proponent	Opponent No Po	osition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24		
SUBJECT MATTER: Proposed Closure of the Stateville Correctional	Center		
IDENTIFICATION:			
Name: Darky JefferhSON			
Title: DER DORGER CTO II			
Firm / Business or Agency: State / le Other tone Contes			
Address: 1908 Wildsohing PKWy City: Jolet State	: IL Zip: 60431		
Email: abole auche Motion Jeffenson 2 nice @ gmail.com			
POSITION: Proponent Opponent No Position			
TESTIMONY: Oral Written Statement Filed Re	ecord of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Pro	oposed Closure of the Stateville Correctiona	al Center
IDENTIFICATION:		
Name: Danya Jeffehr	N	
Title: BONT SUPERVISOR		
Firm / Business or Agency:	ville C.C.	
Address: 1908 Wildsoking	PKWAI City: Jollet Stat	e: IL Zip: 60431
Email: d.dep. 04 to hot mail.	om	27
POSITION: Proponent	Opponent No Position	
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Pro	posed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Ra Fall	Lopez
Title: Costections	OFFICEV
Firm / Business or Agency:	DOC
Address: 16830 R	E 53 City: Crest Hill State: 72 Zip: 60403
Email:	
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24		
SUBJECT MATTER: P	roposed Closure of the Stateville Correctional Center		
IDENTIFICATION:			
Name: HARRIS, ANEE	SA		
Title: <u>C/b</u>			
Firm / Business or Agency: STATEVIUE C.C.			
Address:	City: State: Zip:		
Email:	J-16-		
POSITION: Proponen	t Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correction	al Center	
<b>IDENTIFICATION:</b>			
Name: Sabrina	Loza		
Title: Office	Associate		
Firm / Business or Agency: \DGC			
Address: <u>57 12</u> Av	bor Falls Heity: Plfd Star	te: 12 Zip: 60586	
Email: rina. Jee 21@ hot mail. com			
POSITION: Propone	ent Opponent No Position		
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville	Correctional Center
IDENTIFICATION:	1	
Name: Andlin	MAUD	
Title: UCP.		
Firm / Business or Agency:		
Address:	City:	State: Zip:
Email:		· · · · · · · · · · · · · · · · · · ·
POSITION: Propor	nent Opponent No	o Position
TESTIMONY: Oral	Written Statement Filed	d Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Juneste	Bennest
Title: Lieutenant	
Firm / Business or Agency:	IDOC - Stakulle
Address: 16870 S. Bross	City: Get Hill State: JL Zip: 60430
Email: Koennest.	Bayahoo.com
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctiona	1 Center
<b>IDENTIFICATION:</b>	0	
Name: Muralle	LIMMONS	
Title: 7 MIN D	reducet	
Firm / Business or Agency:	UCD:	
Address: 769 MCS	cought City: Solet State	e: <u>N</u> Zip: <u>1,6431,</u>
Email:	0	
POSITION: Propos	nent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed R	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville C	Correctional Center
<b>IDENTIFICATION:</b>		
Name: AMBROS	10 VERGARA	
Title:CONACCA	DONAL SENGTANT	
Firm / Business or Agency:	STATEVICE CE	
Address:	City:	State:Zip:
Email:		
POSITION: Proponen	t Opponent No	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Mary	Boga
Title: Acct Tech	I +/A
Firm / Business or Agency:	Stateville Correctional Center
Address: 16836 S	Rt. 53 City: Crest Hill State: PL Zip: 60410
Email: Mary, Burg,	ra @ Illinois, gov
POSITION: Prop	onent Opponent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Proj	posed Closure of the Stateville Correction	al Center
IDENTIFICATION:		
Name: Danial L.	Adams	
Title: Correctional	Officer	
Firm / Business or Agency:	ateville CC.	
Address: 475 A Rance &	City: Oswego Sta	te: <u>/ L</u> Zip: 60543
Email: danual 610	quail. con	
POSITION: Proponent	Opponent No Position	
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### RECORD OF COMMISSION WITNESS

	DATE:6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correction	onal Center
IDENTIFICATION:	A. A
Name: Everatt Consett	
Title: CSS 2	ų.
Firm / Business or Agency: 700 C	
Address: 28,48 W. Mcdongugh City: Doliet s	tate: IL Zip: 60436
Email: Champs 2002 bucs @ aol. com	
POSITION: Proponent Opponent No Position	1
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville C	Correctional Center
<b>IDENTIFICATION:</b>		
Name: Felicia B	yant	
Title: Correction	1 Counselor	
Firm / Business or Agency:	Stateville	
Address:	City:	State:Zip:
Email:		
POSITION: Propor	ent Opponent No	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correction	al Center
IDENTIFICATION:		
Name: //eny Joh	ns on	
Title: AFSCME L	ocal 2073 President	x
Firm / Business or Agency:	AFSCME	
Address: 104 Max	St City: Neddom Sta	ite: [[ Zip: [2666
Email:		
POSITION: Propos	nent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Prop	posed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Chris Dessant	
Title: Mental Health Tea	h 2
Firm / Business or Agency:	45
Address: 746 S Evergree	en Ave. City: Kankakee State: IL zip: 60901
Email: Chrisbessant @	icloudiacom
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correction	onal Center
IDENTIFICATION:	
Name: Manda le	
Title: DSUCIO 9 154	
Firm / Business or Agency:	
Address: OS Nelson City: 3	State: Zip: 0901
Email: Shaurda, autman 02 cgmal.com	,
POSITION: Proponent Opponent No Position	n
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Pro	posed Closure of the Stateville C	orrectional Center
IDENTIFICATION:		
Name: Michael Sch	10ede	
Title: Account Tech	nluan	
Firm / Business or Agency:	nteville CC	
Address:	City:	State:Zip:
Email:		
POSITION: Proponent	Opponent No I	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Proposed Clo	sure of the Stateville Correction	al Center
<b>IDENTIFICATION:</b>		
Name: Isace Lewis		
Title: Correctional officer		
Firm / Business or Agency: <u>boc</u> Logo	m CcC.	
Address: 6897 N Contrall Cock R	City: <u>Cantrall</u> Sta	te: IL Zip: 67625
Email: Iscae Low 327@ Yaboo. Com		
POSITION: Proponent C	Opponent No Position	
TESTIMONY: Oral W	Vritten Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Prop	posed Closure of the Stateville Correctio	nal Center
IDENTIFICATION:		
Name: Cate	JIME	
Title:	•	
Firm / Business or Agency:	plonee	
Address:	City:St	tate: IL Zip: G2703
Email:		
POSITION: Proponent	Opponent No Position	l
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24		
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center		
IDENTIFICATION:		
Name: EDDIE CHUMIANT		
Title: REGIONA DIRECTOR, ASSEME COUNCIL 31		
Firm / Business or Agency: AFSCME		
Address: 120 S. VIRGINIA AG City: BENGINEState: L Zip: 62220		
Email: ECAUMIANT OAFSINE 31. ORG		
POSITION: Proponent Opponent No Position		
TESTIMONY: Oral Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Cathy Be	ckway
Title: Human Re	sources Rep
Firm / Business or Agency:	
Address: 3 Collingw	ood Ct. City: Bolingbrook State: IL Zip: 60440
Email: Cathybeckum	10 Comcast. net
POSITION: Propo	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional	Center
IDENTIFICATION:	1	
Name: PAVID	WAHCBERG	
Title: Coppector	ENAL OFFICER	
Firm / Business or Agen	cy:	
Address: 16830	RT 53 City: CAEST HICKState	e: / ( Zip: 60463
Email:		
POSITION:	Proponent Opponent No Position	
TESTIMONY:	Oral Written Statement Filed R	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
IDENTIFICATION:	6	
Name: SHEEXIA	THOMAS	
Title: BLREDER	OF IDENTIFICATION SUPERVISOR	
Firm / Business or Agency: _	/DOC	
Address: 10830 S.	BROWN City: CREST HUState: IC Ziph 0434	
Email: SHEENA. THOMASE ILL WOIS, GOV		
POSITION: Propo	nent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	_	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correc	etional Center
<b>IDENTIFICATION:</b>		
Name: Williams	Sackson	
Title: Ligoteni	and	
Firm / Business or Agency:	Convictions	
Address: 16830	9 B4 5 7 City: Cvest 140	State: / Zip: 60467
Email: W//1/ques.	jackson @illinois , 900	(
POSITION: Prop	onent Opponent No Positi	ion
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: XAVTEN	TAYLOR
Title: Levtenn	
Firm / Business or Agency:	Correction
Address: 16830 RT	S3 City: (rest 11.11 State: 71 Zip: 60403
Email: Xavier, taylor6	111,00.5.950
POSITION: Propor	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name:	Harris
Title: Correction	at Clerk III
Firm / Business or Agency:	
Address: 1830 S. 7	City Cost Will State: 2 Zip: (1043)
Email: Micolo Harri	5 @illipois, 900
POSITION: Propon	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER: Prop	osed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Name: Name:	Escil
Title: Retice	
Firm / Business or Agency:	
Address: 4830 (753)	City: One St H1/ State: IC Zip: 600/03
Email:	
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

			DATE:	6/11/24
SUBJECT MATTER:	Proposed Closure of the Sta	iteville Correction	al Center	
IDENTIFICATION:				
Name: Joshuc	Albert			
Title: Correct	ons SergeanT			
Firm / Business or Agency:				
Address: 16630 R	City: <u>C</u>	resthill Sta	nte: ZZ Zi	p: 60403
Email:				
POSITION: Prope	onent	No Position		
TESTIMONY: Oral	Written Stateme	ent Filed	Record of App	earance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Corre	ectional Center	
<b>IDENTIFICATION:</b>			
Name: Melain	e Nelson		
Title: Wantal	Assistant		
Firm / Business or Agency: State vale Correctional Center			
Address: 18 8 30 5, Rt. 53 City: Creat H: 12 State: IL Zip: 60 4 03			
Email:		9	
POSITION: Prop	onent Opponent No Pos	ition	
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correction	nal Center
IDENTIFICATION;	
Name: WINCE AUNIX	
Title: HINTH WHOMMAND APPOINT	
Firm / Business or Agency:	
Address: /bl31 J. linto 5% City: Mot Hill S.	tate: /L Zip: 11405
Email:	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER: Proposed Closure of the Stateville Correctional	Center	
IDENTIFICATION:		
Name: Patricia Kyelksvik		
Title: Staff Assistant		
Firm / Business or Agency: State Ville		
Address: 16830 S. Rt 53 City: resthill State: IL Zip: 60403		
Email:		
POSITION: Proponent Deponent No Position		
TESTIMONY: Oral Written Statement Filed R	ecord of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional	Center
IDENTIFICATION:	
Name: Magaje OBUEN	
Title: Office Asistant	
Firm / Business or Agency: Medical Records STA	
Address: 2053 & Gne Ct City: Crest HIV State	: 1 Zip: 60403
Email: Maggieobnen 0730 agmails com	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed Re	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: M. L	one/i
Title: Correction	s Maid Craftsman
Firm / Business or Agency:	12900 Examply TOC STC
Address: 17750 Esc	-angle City: Lauging State: 16- Zip: 60438
Email: Momelio	1 Qatt. net
POSITION: Propone	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE:	6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional	l Center	
IDENTIFICATION:		
Name: Cally Fount Z		
Title:		
Firm / Business or Agency: Statule C.C.		
Address: 626 - Parkshore Dr City: Shorew Stat	e:	tip: 60404
Email:		
POSITION: Proponent Opponent No Position		
TESTIMONY: Oral Written Statement Filed R	ecord of Ap	pearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	2.1
Name: Marshere	fdpn82n
Title:	
Firm / Business or Agency:	Stateville
Address: 7347.5	Clare Mant City: Cheago State: IL Zip: Lole &
Email: Marshuel	284 Dagmailcom
POSITION: Propone	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER: Prop	posed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Rey Leflore	
Title:	
Firm / Business or Agency:	<u></u>
Address:	City: Chicago State: Zip: 60623
Email:	
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Mathew	Joshard
Title:	
Firm / Business or Agency:	Stateville CC
Address: 22/0 River	city: PlainField State: IL Zip: 60586
Email: Mosh 7	a Grait Com
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER: Prop	posed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Length Lubbor	
Title:	
Firm / Business or Agency: 5+a+	evi/le
Address: 1708 Cedar Break	C+ City: Plan Cleld State: Il Zip: 60566
Email: 46538 Q Sbc glos	halipet
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

<u>DATE: 6/11/24</u>
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Al Raitore
Title: Co
Firm / Business or Agency:
Address: 14502 South laxle City: Rivertale State: Il Zip: 60419
Email: Alvertis 46770 hotmail.com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 0/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Colin Gutt	osch
Title: Correctional	officer
Firm / Business or Agency:	state of Illinois Department of Correction
Address: 760 KITH	in LN city: Wilminghon State: FL zip: 60481
Email: Colin Guttus	cl@illiross gov
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Anthony C	FLin
Title: <u>6</u>	
Firm / Business or Agency:	ID66
Address: 69435 Re	City: Chicago State: IL Zip: 66629
Email: ANHA-NYOLIV	Ex @26 gmil. Com
	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Pro	oposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: // DUNCHE Thor	mas
Title: (KS	•
Firm / Business or Agency:	feville c.c.
Address:	City:State:Zip:
Email: Kt Slanette	thomas @ Illinois gov
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Co	rrectional Center
IDENTIFICATION:		
Name: Eddre Blaune		
Title: Office Admir	Stee.	
Firm / Business or Agency:	Doc Stateville	
Address:	City:	State:Zip:
Email:		
POSITION: Propone	nt Dpponent No F	osition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

<u>DATE: 6/11/24</u>
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Aleism Higharm
Title: Comectional Conselor
Firm / Business or Agency:
Address: 1324 Halad Are City: Carwet City State: 12 Zip: 65459
Email: Aleis La Frangean @ Grucul. Com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Pro	posed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: HIN HIN	<u>U</u>
Title:	
Firm / Business or Agency:	
Address: State Manager	City: City: State: Zip: WYY
Email: Sashing & Dog	Mail. COM
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
<b>IDENTIFICATION:</b>		
Name: Patricia	Ulloa-Guzman	
Title:	*	
Firm/Business or Agency: STATEVIUE COLIRECTIVAL CENT		
Address:	City: Joliet State: # Zip: 60433	
Email: Pathy82GUzman@gmail.com		
POSITION: Propo	nent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	OATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Ce	enter
IDENTIFICATION:	
Name: LA SKHIPH ERPER	
Title:	
Firm / Business or Agency: STETEVILLE	
Address: 155 SERKU DR City: State:	C Zip: 61431
Email: MSTERPEUTZ @ GNKC	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed Reco	rd of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	T .
Name: John Co	Brooks
Title: Surguint	
Firm / Business or Agency:	DOO
Address: 16838 Rt	50 City: Over Hill State: IL Zip:
Email: Lowe Ca 35	Quand. com
POSITION: Prop	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Michelle	Castaneda
Title:	
Firm / Business or Agency:	STateville C.C.
Address: 22/0 River	side Of City: flaint-ield State: IL Zip: 60586
Email: Michelle	Cast @ Yahoo COM
POSITION: Propo	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

<u>DATE: 6/11/24</u>
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: STANTON BETHANY
Title: ST
Firm / Business or Agency:
Address: 300 CATON FARM ROLOT. 17 City: Lockpart State: I Zip: 6044/
Email: Bethany Agrica 210 gmail. Com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correction	al Center
<b>IDENTIFICATION:</b>		
Name: <u>Barea</u>	Miggins	
Title: Correct	ional Conselor I	
Firm / Business or Agenc	y: Trocc - Stateville	
Address: \U830	5- Broad Why City: John Sta	nte: ZU Zip:
Email: Barea	. Microins e lillinais - gar	/
POSITION: Pr	roponent Dopponent No Position	
TESTIMONY: O	ral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Nathaniel (	Garda
Title: Correctiona	
Firm / Business or Agency:	Illinois Dept. of Corrections
Address:	City: Crest Hill State: IL Zip: 60446
Email: Nathaniel.	parela a illinois, gov
POSITION: Propor	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	, ac	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Con	rectional Center
IDENTIFICATION:		
Name: Simpson, Ja	Smure	
Title: <u>C/O</u>	A 40 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 11110 111	
Firm / Business or Agency:	Stateville C.C.	
Address: 16830 11:	53 City: Crest Hil	State: 16 Zip: 60403
Email: asmine lashau	189@gnail.com	
POSITION: Prop	onent Opponent No Po	sition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Prope	osed Closure of the Stateville Co	orrectional Center
IDENTIFICATION:		
Name: Khanisha Moor	e	
Title: 6/0		
Firm / Business or Agency: \$ \frac{5}{4}a	teville	
Address:	City:	State:Zip:
Email: Kmoore 304 g ya	horcom	
POSITION: Proponent	Opponent No I	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Pro	posed Closure of the Stateville Co	orrectional Center
IDENTIFICATION:		
Name: John (M)	E5	
Title:		
Firm / Business or Agency:	Hev?/le	
Address:	City:	State: Zip:
Email: Datsgie 14/1 Fezu	) la mon. com	
POSITION: Proponent	Opponent No P	rosition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional	l Center
IDENTIFICATION:	
Name: Morgan Jords	
Title: CO	
Firm / Business or Agency:	
Address: 21738 Chake And City: Sunk Mastate	e: 2 Zip: 60411
Email: MOGANHOSOGMANI COM	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed R	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DAIE: 6/11/24
SUBJECT MATTER: Propo	osed Closure of the Stateville Correctional Center
IDENTIFICATION:	$\Lambda$
Name: Chanles V	Je 5T
Title: Refined	covertional historenent
Firm / Business or Agency:	
Address: 901 Bajing cliff	On City: Wincoka State: 7/ Zip: 40447
Email: best 3013@ Comcast.	net
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

DATE. 0/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Tommorah Bucharan
Title:
Firm / Business or Agency:
Address: 49 madeline St. City: bliet State: IC Zip: 6036
Email: 10mmoraharharanagmail.com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: BRANDY	T. PERKINS
Title: CORR. CIE	zek
Firm / Business or Agency:	StatewillE Corrections Center
Address: 419 Madeli	we It City: Joliet State: IL Zip: 60436
Email: brawy doll 990	yahor. com
POSITION: Propo	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Ricardo	Ruz
Title: Supply	Supervisor I
Firm / Business or Agency: _	JTC
Address: 2332 Cary	enter AVE City: pointield State: IL Zip: 60586
Email:	*
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Abboth	Jason
Title: Segant	
Firm / Business or Agency:	State ville Correctional Center
Address:	City: Crest-H.// State: TL Zip:
Email: abbott jason	126 yahoo com
POSITION: Propon	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Clo	sure of the Stateville Correctional Center
IDENTIFICATION:	
Name: 10 Carda Nec	500
Title:	
	eville C.C.
Address: 8930 5 Haypar A	City: Chgo State: Fl Zip: 60619
Email:	
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional	l Center
IDENTIFICATION:		
Name: Vania Hop	Kins	
Title: CSPA	# The state of the	
Firm / Business or Agency: _		
Address: 2520 Cec	dar Glen Dencity: <u>Lynwood</u> State	e: 1 Zip: 60411
Email: VHOPKINS D8	12@gnail. com	
POSITION: Propo	nent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed R	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Alan Hapkins
Title: CFSS IT FOOD SUPERVISOR
Firm / Business or Agency:
Address: 2520 Edat Gla Decity: Lyonastate: IL Zip: 60411
Email: chaptine 3@yahoo.com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional	Center
IDENTIFICATION:	
Name: BRANDI BEST	
Title: COPP. OFFICER	
Firm / Business or Agency:	
Address: Statevill City: Chesthal State	:Zip:
Email: brandicaliamsn.com	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed Re	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24	
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center	_
IDENTIFICATION:	
Name: Hughes, Robert Jr.	6
Title: $C/C$	
Firm / Business or Agency: Stateville C.C.	
Address: 2201 Ingalls Ave. City: Joliet State: IL Zip: 60435	-
Email: robz 00101109 yahoo.com	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	6
Name:	a houp
Title: WIRSTER	ANT
Firm / Business or Agency:	STATIONING.
Address: 2490   6	Nillow City: Poll State: In Zip: 1017
Email: Juvlody 3	2 amail, com
POSITION: Propos	nent pponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name / 10150	)
Title:	
Firm / Business or Agency:	statevite
Address: 921 MARU	Byan of City: SAUK VIMState: IC Zip: 604/
Email: Sharia	@ notmail com
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>	
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center	
<b>IDENTIFICATION:</b>		
Name: Janiece L	illiams	
Title: <u>C/O</u>		
Firm/Business or Agency: Staleville conjection contec		
Address: 3819 Mari	Orive City: Richton ParkState: Il Zip: 60471	
Email: Miley SOR &	)aol.com	
POSITION: Propo	nent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Co	rrectional Center
IDENTIFICATION:		
Name: Chimane A	-11en	
Title: C 0		
Firm / Business or Agency:	etevily	
Address:	City:	State: Zip:
Email: Mane. a	1en 25@ gman-ca	DM .
POSITION: Propone	nt Opponent No P	osition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

<u>DAIE: 6/11/24</u>
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Cordell Klwg
Title: $C/O$
Firm / Business or Agency: Statevill (
Address: 1807 Caton right Dr City: 1/61 NACIO State: IL Zip: 60586
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Kevin Foster	
Title: CSS/	
Firm / Business or Agency: _	100C
Address: 1723 Emersh	pointe Circle City: Plaintiell State: al Zip: 60586
Email: 2K Foster 13 (	Spaci (. com
POSITION: Propo	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	$\bigcap$ $\bigcap$ $\bigcap$
Name:	OANA COR
Title: Shuf-	+ Super Mark
Firm / Business or Agency:	IDOC-Storewill.
Address:	City. State: Zip:
Email: Shashor	na cole le farros con
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Corr	ectional Center
IDENTIFICATION:	
Name: Chyaire Brown	
Title: DCFS	
Firm / Business or Agency:	
Address: 1619 W. Jeffer Sun & City: Ballet	State: IL Zip: 60543
Email: Chycine 1980@ yahoo. Com	
POSITION: Proponent Opponent No Pos	sition
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## RECORD OF COMMISSION WITNESS

10		DATE:6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Corn	rectional Center
IDENTIFICATION:		
Name: Keren /	hondowhall	
Title: 500/00	Water	
Firm / Business or Agency:	Alterfor Cat	
Address: 215 M	chool Ave City: Roman	Me State: IL Zip: 60446
Email: Keren. n	rendonhall a compact, net	
POSITION: Prop	onent Opponent No Po	sition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: P	roposed Closure of the Stateville Co	rrectional Center
IDENTIFICATION:		
Name: Azhon J. Robin	59n	
Title: Citizen/IL Re	Sident	
Firm / Business or Agency:		
Address: 1072 Willow Co	ourt City: Aurora	State: IL Zip: 60504
Email:		
POSITION: Proponent	Opponent No P	osition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Corre	ectional Center
IDENTIFICATION:	
Name: A. Tempinski	
Title: C /O	
Firm / Business or Agency: NRC Statev: //e	
Address: 274 6 Lanceste Dr City: Joliet	State: 1 L Zip: 60433
Email:	
POSITION: Proponent Opponent No Posi	tion
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	<u>DATE:</u> 6/11/24	
SUBJECT MATTER: F	roposed Closure of the Stateville Correctional Center	
IDENTIFICATION:		
Name: LemeIME/Elraff		
Title: $CFSS\overline{II}$		
Firm / Business or Agency:		
Address: 405 CAROWA St City O) Let State: SL Zip: 6043/		
Email: 1 Mac 1512@ comenst net		
POSITION: Proponent	Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Pro	posed Closure of the Stateville C	orrectional Center
<b>IDENTIFICATION:</b>		
	trris	
Title: Counselow		
Firm / Business or Agency:	DOC	
Address:	City:	State: Zip:
Email:		
POSITION: Proponent	Opponent No	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER: Proposed Closure of the Stateville Correction	nal Center	
IDENTIFICATION:		
Name: Lendal Culverson		
Title: Connectional Officen		
Firm / Business or Agency:	71-2	
Address: City: Sta	nte:Zip:	
Email: Kental Cylverson 1060 Gmail.com		
POSITION: Proponent Opponent No Position		
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Corrections	al Center
IDENTIFICATION:	
Name: Charmaine Stewart	
Title: Collectional Officer	
Firm / Business or Agency:	
Address: 573 Silver Lake St City: Joket Sta	te: <u>L</u> Zip: 60431
Email: Charmanestewart 340 icloud com	
POSITION: Proponent Opponent No Position	/
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Sharah	Dunmars
Title: Collectur	nd fund See. Sup I
Firm / Business or Agency:	Stateville
Address: 5/3 Silver	Lalest City: Jolut State: IL Zip: 60431
Email: Hewath	rfich cyahoo.com
POSITION: Prop	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Holnian Durrace
Title: Aforme Local 3436 President
Firm / Business or Agency: TDJJ
Address: 1515 S. Praire Ave City: Chicago State: IL Zip: 60605
Email: Presidentburrage 3436@gmail.com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Maribal	Sanchez
Title: Corrections	Offige
Firm / Business or Agency:	Department of corrections
Address: 8989 Me	abowley City: Orland Hillstate: 16 Zip: 60487
Email: Mar, 18@	aplicant
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Aga R	Bhinson
Title: AFSCME	Local 2833
Firm / Business or Agency:	
Address: 870 Thusk	State: L Zip: 60509
Email:	
POSITION: Proponer	nt Deponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Pr	oposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Delia Ulloa	-Jimenez
Title:	
Firm / Business or Agency:	
Address:	City: JOLIET State: 1 L Zip: 60432
Email:	
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Propose	d Closure of the Stateville Correct	ional Center
IDENTIFICATION:		
Name: Vanessa Ullog		
Title: Community Member		
Firm / Business or Agency: Statevil	e	
Address:	City:	State: Zip:
Email:		
POSITION: Proponent	Opponent No Position	on
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER: Pro	posed Closure of the Stateville Correctional Center	
IDENTIFICATION:		
Name: Beatiz Ulle	oa-mireles	
Title:		
Firm / Business or Agency: Community Membel		
Address:	City: Joliet State: Zip:	
Email:		
POSITION: Proponent	Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville C	Correctional Center
IDENTIFICATION;	( (1)	
Name: Zon q	Ullog	
Title:		
Firm / Business or Agency:		
Address:	City:	State:Zip:
Email:		
POSITION: Propor	ent Opponent No	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correct	ional Center
IDENTIFICATION:	
Name: Mary E. Mausor	
Title: C/O	ı
Firm / Business or Agency: IDOC	
	State: TL Zip: 60447
Email:	
POSITION: Proponent Opponent No Position	on
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE:	0/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center	
IDENTIFICATION:	
Name: Juana Coper	
Title: C/O	
Firm / Business or Agency:	
Address: Co Co Pin La Ka Dr City: TiMey Park State: The Zip Email: Juana lope 2080 8 general. Com	0: 604 77
Email: Juana lopezo8082 gnew. Com	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed Record of App	earance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24		
SUBJECT MATTER: Prop	posed Closure of the Stateville Correctional Center		
IDENTIFICATION:			
Name: RYAN Williams			
Title: HSC			
Firm / Business or Agency: AFSCME 3			
Address: 523 Newbern Dr City: Stemwood State: IL Zip: 60107			
Email:			
POSITION: Proponent	Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional	Center
IDENTIFICATION:		
Name: Joseph	M. W. Quirk Jr	
Title: Regislere	d Dental hygiesist	
Firm / Business or Agency	: Wexterd	
Address: 10903 Soc	th Kurrensky City: Oak Lawn State	:: <u>TL</u> Zip: 60453
Email: Jue. 9a	irk 24 @ gmail. com	
POSITION: Pro	oponent Opponent No Position	
TESTIMONY: Or	al Written Statement Filed R	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	*	_DA'I	TE: /6/11/24
SUBJECT MATTER: Proposed Clos	sure of the Stateville Co	orrectional Cente	er .
IDENTIFICATION:		(g)	4
Name: CENQUE WAShington			
Title: ClO			
Firm / Business or Agency: 5144 CV	illE		
Address:	City:	State:	Zip:
Email:	2		1
POSITION: Proponent	pponent No	Position	
TESTIMONY: Oral W	Vritten Statement Filed	Record	of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

<u>DATE: 6/11/24</u>
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: JOHN ROINSON
Title: AFSCME Local 2833, President
Firm / Business or Agency:
Address: 870 N. Trask Rd City: Aurora State: IL Zip: 60505
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proj	posed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Bruce Falk	her
Title:	
Firm / Business or Agency:	ateville C.C.
Address: Rte 53 & Divi	Sion 54 City: Joliet State: Il Zip: 60435
Email:	
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: /6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correction	nal Center
identification:		
Name: JUIE AND	STEPHENS	(1000 )
Title: CO		
Firm / Business or Agency:	IDOC STATEVILLE.	
Address: 134 E. 1	OTH ST City: LOCKPOTISH	ate: (
Email: Julie Stepl	39@ Jahoo. Com	*
POSITION: Propo	nent Opponent No Position	· .
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

<u>DATE: 0/11/24</u>			
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center			
IDENTIFICATION:			
Name: Nicholus Brown			
Title: Lieutenant			
Firm / Business or Agency: IDOC Stateville			
Address: 16830 City: Crest H. State: IL Zip: 60403			
Email:			
POSITION: Proponent Opponent No Position			
TESTIMONY: Oral Written Statement Filed Record of Appearance Only			



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

en	1	DATE: /6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Corr	ectional Center
IDENTIFICATION:	110	
Name:	1 mith	
Title: OA COOK	linator	
Firm / Business or Agency:	ISP-BOFI-JO	liet
Address: 45+ 3rd A	rve city: Joliet	State:  Zip: 60433
Email: 9a54e6	shoglobal.net	\$
POSITION: Propor	nent Opponent No Pos	sition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	= / <u>·</u>	DA	IE: /0/11/24
SUBJECT MATTER: Pro	pposed Closure of the Stateville C	orrectional Cente	er
IDENTIFICATION:	V	ŧ.	r.
Name: Krystel Dio	widdie		
Title: Clinical Psyd	holgist		-
Firm / Business or Agency:	0.0	,,	
Address:	City:	State:	Zip:
Email: Krystal . Disputation	c@gmail.com		\$
POSITION: Proponent	Opponent No	Position	•
TESTIMONY: Oral	Written Statement Filed	Record	of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>		
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center		
IDENTIFICATION:			
Name: TEAMA	Milan Thomas		
Title: C/o			
Firm / Business or Agency: IDo C			
Address: 16A30 2+ 53 City: Crest 1/11 State: TL Zip: 6095			
Email:			
POSITION: Propor	ent Opponent No Position		
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	<i>;</i> -	DATE: /6/11/24
SUBJECT MATTER: Pr	oposed Closure of the Stateville Correction	nal Center
IDENTIFICATION:	2	20
Name: John	Orock	
Title: C/t	>	
Firm / Business or Agency:	eterille Correct	vial Center
Address: 704 Rocc	hare City: New lenger	ate: 1L Zip: 60471
Email: Orocky	hr& Dgmail. com	
POSITION: Proponent	Opponent No Position	* .
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

•	, a	DAT	E: /6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Con	rectional Cente	r
identification:			
Name: KUShe	da Wallace	***	
Title:	tional Officer		
Firm / Business or Agency:	Fateville		
Address:	City:	State:	Zip:
Email: 105hed	a Wallace 770	Mahoo	·com
POSITION: Prop	onent Opponent No Po	osition/	E B
TESTIMONY: Oral	Written Statement Filed	Record	of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	g_	DATE: (6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Corre	ectional Center
IDENTIFICATION:		
Name:	UISI OMITE	
Title:	(10)	
Firm / Business or Agency:	Illinois Departmen	at Of Corrections
Address: 19460 and	enwood Rd City: Chicago He	State: 72 Zip: 60411
Email:	OMIJIE OMISI @ gmail	con
POSITION: Propo	onent Opponent No Pos	ition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### RECORD OF COMMISSION WITNESS

	·	DATE:6/11/24
SUBJECT MATTER:	roposed Closure of the Stateville Co	rrectional Center
IDENTIFICATION:		
Name: Stampley 1	fdonis	
Title: Correctioner	1 07ticer	1
Firm / Business or Agency:	IDCC	
Address: 16907 Gle	n Oaks Dr.City: CCH	State: <u>IL</u> Zip: 60478
Email: Stampley add	mis @ yahoo, com	
POSITION: Proponen	0	osition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

-	5, - 10, - 10, - 11, - 1	DATE: 6/11/24
SUBJECT MATTER: P	roposed Closure of the Stateville Correction	nal Center
IDENTIFICATION:		Y .
Name: are Harna	La management and the second s	
Title:	NAME OF THE OWNER OWNER OF THE OWNER OWNE	
Firm / Business or Agency:	3	
Address: 799 Farragut	- City: Rimen, the si	tate: IC Zip:
Email: Janesworld964	aboo.co	
POSITION: Proponent	Opponent No Position	i e
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: 60 Mc Cot
Title: RETRED CORRECTIONS OFFICER
Firm / Business or Agency:
Address: 1614 CATOH ROLE DR City: Plant 1200 State: IG Zip: 6058
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER: Proposed Closure of the Stateville Correction	onal Center	
IDENTIFICATION:		
Name: Omilah Franklin		
Title: Shift Supervisor		
Firm / Business or Agency: 700		
Address: 8312 Waterburg City: Joliet S	tate: 16 Zip: 60431	
Email: Jamilah Fransin DIllinois 190V		
POSITION: Proponent Opponent No Position		
TESTIMONY: Oral Written Statement Filed	Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

DATE: 0/11/24	
UBJECT MATTER: Proposed Closure of the Stateville Correctional Center	SUBJECT MATTER:
DENTIFICATION:	IDENTIFICATION:
ame: Desire Williams	Name:
itle: CFSSIII	Title: CFS
	Firm / Business or Agency:
ddress: 1210 Farnew AVE City: Solvet State: IL Zip: 60432	Address: 1210 Fair
	Email: dowla
OSITION: Proponent Opponent No Position	POSITION: Prop
ESTIMONY: Oral Written Statement Filed Record of Appearance Only	TESTIMONY: Ora



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Michael He	5/0
Title:	102
Firm / Business or Agency:	FPOC
Address: [6830 R+5	City: C(5d hill State: J/ Zip: 6040)
Email:	
POSITION: Proponen	t Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: DON TO	- THOMAS
Title:C/O	
Firm / Business or Agency:	Stateville
Address: 13/30	16A30 At 53 City: Crest Hill State: IL Zip: 60403
Email:	
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Simone	Thornton
Title:	
Firm / Business or Agency:	DOC
Address: 1483021	City: Crost Hill State: I C Zip: 60 863
Email:	
POSITION: Propo	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER: Prop	osed Closure of the Stateville Correctional Center	
IDENTIFICATION:		
Name: TITUS BANKS		
Title: CO		
Firm / Business or Agency:		
Address: 8917 S Carpenter City: CHicago State: IL Zip: 60620		
Email: TRATBONE 630 GA	ug1/1 Com	
POSITION: Proponent	1 Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: F	roposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Devise J	ohnson
Title:	
Firm / Business or Agency:	109
Address: 2362 White Bi	Red LN City: Joliet State: 12 Zip: 60435
Email: denise; 08 @	gnail. com
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Stacia Williamson
Title:
Firm / Business or Agency:
Address: 8307 Woodland Dr. City: Jarren State: 17 Zip: 60561
Email: SIW822SWa gmail. Com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville	Correctional Center
<b>IDENTIFICATION:</b>		
Name: USHA	Simmons	
Title: Clo		
Firm / Business or Agency:	Stateville	
Address:	City:	State: Zip:
Email:		
POSITION: Propor	nent Opponent No	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DA	TE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Cent	er
IDENTIFICATION:		
Name: Tysheka	Craft	
Title: Correcti	and Officer	
Firm / Business or Agency:	Stateville C.C.	
Address: 22416 T	Imperial Draity: Dichton Parkstate: I	Zip: 60471
Email: tyshela 930	Byahao com	
POSITION: Propo	onent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record	of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE:	6/11/24
SUBJECT MATTER	R: Proposed Closure of the Stateville Correctiona	l Center	×
IDENTIFICATION:	:		,
Name: Aurora	a Asprer		
Title: CORRE	ctional Officer		
Firm / Business or Ag	gency: Stateville Correctional C	Center	2
Address: 405 Dox	rset Dp. City: Wilmington State	e:1Lz	ip: 60481
Email: <u>Allrora</u>	manex 927@gmanl com		
POSITION:	Proponent Opponent No Position		
TESTIMONY:	Oral Written Statement Filed R	clecord of Ap	pearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: <u>EVELEYNA</u>	WashiptoTon
Title: CBTU Pres.	Eneritas
Firm / Business or Agency:	
Address: 2806 579 46	ST City: LOCKPORT State: IL Zip: 6044
Email:	
POSITION: Propos	nent
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional	Center
IDENTIFICATION:		
Name: Levester	Smitlt	
Title: CBTU P	Residenct	
Firm / Business or Agency: _		
Address: 120 Dellwoo	d no City: Lockport State:	IL Zip: 1,2441
Email: Levester Sm.	+Hespecholone, Net	
POSITION: Propo	nent	
TESTIMONY: Oral	Written Statement Filed Re	cord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

THE C	ond of Commit	JOIOTT WITTIEDD
		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville	e Correctional Center
IDENTIFICATION:		
Name: Frika Gor	realez-Jimenez	
Title: Executive	Secretary I	
Firm / Business or Agency:	Stateville c.c.	
Address: 16830 R+	53 City: <u>Sol</u>	Let State: IL Zip: 60435
Email: Erikacgonzala	2@ yahoo.com	
POSITION: Propo	nent Opponent N	No Position
TESTIMONY: Oral	Written Statement Fil	ed Record of Appearance Only
WRITTEN COMMENTS:		
	) () () () () () () () () () () () () ()	Stakulle
NO	cierre	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE:	6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Co	rrectional Center	
IDENTIFICATION:			
Name: Kur	a Shulds		
Title: 0 1 rrec	trus officer		
Firm / Business or Agency:	Stateville		
Address:	City:	State:	Zip:
Email: Kierras	hield sesmail con		
POSITION: Propo	nent	osition	
TESTIMONY: Oral	Written Statement Filed	Record of A	ppearance Only
WRITTEN COMMENTS:			

I need a reasonable drive to work.



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

~	)- /-	DATE:6/	11/24
SUBJECT MATTER: Prope	osed Closure of the Stateville Corre	ectional Center	
identification:	8	17 E	
Name: Jacob lomlin			
Title: (.O. Stater			
Firm / Business or Agency:	oc Stateville		
Address: // Swallow	lane City: Beeche	State: L Zip:	60401
Email: arb Jonlingo	,601 agmail, 10	m	
POSITION: Proponent	Opponent No Pos	sition	
TESTIMONY: Oral	Written Statement Filed	Record of Appea	rance Only
WRITTEN COMMENTS:		1	C 15 6 2-
MAICE	IT //	AKE	5/2/1/5/
Keep it oper	en while	we R	3ba.k
Let me woll	'c and Servi	e at M	ly history
faliciti.	,	-	,



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
Name: ANCY E. EBBERS  Title: Office Assistant
Firm/Business or Agency: ZDDC - STA Field Services
Address: 710 H LICY LN City: RMVI State: 2 L Zip: 60446
Email:
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:
Kecp STA proper OPEN
until REBULD IS DONE.
(loke Will County County County



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Tamilea	Lathion
Title: COVVEC	Hon Officer
Firm / Business or Agency:	State VIIIe
Address: 16830	KT 53 City: CVOSTH//State: TE Zip: 60403
Email: TamyCa	Ahron @ Illinois, gov
POSITION: Propon	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Charlene Eads
Title: Social Woller
Firm / Business or Agency: Shapin Day Conten
Address: Bradley State: P Zip: 60915
Email: Cheek34408@Concast.Wet
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

DATE: 6/11/24	
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center	
IDENTIFICATION:	
Name: Same Doman	
Title: MHT TZ	n
Firm / Business or Agency: 10 HS	
Address: 100 E Seffrey City: Konley Oc State: 12 Zip: 600	13/
Email: Hope Oedzes (00) smail . Com	8
POSITION: Proponent Deponent No Position	
TESTIMONY: Oral Written Statement Filed Record of Appearance Or	nly



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Lillian F	RIER
Title: CCII	
Firm / Business or Agency:	Doc
Address: 16830 R	T53 City: CREST HI 11 State: J Zip: 60403
Email:	
POSITION: Propone	nt Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE. 0/11/24
SUBJECT MATTE	R: Proposed Closure of the Stateville Correction	al Center
IDENTIFICATION		
Name: Valeus	END 12, W S	
Title: CF5	AF6	
Firm / Business or Ag	gency: IKNOID Dept of CNO	restran
Address: 1683	30 RT 53 City: Jolset Sta	te: 7 Zip: 60 43
Email:		
POSITION:	Proponent Opponent No Position	
TESTIMONY:	Oral Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Frederick	Bowlin
Title: CSS2	
Firm / Business or Agency:	Stateville I DOC
Address: 16830	City: Crost L.   State: TC Zip: 6021C7
Email:	
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Daniel (	Tray
Title: _Snift Su	perusor
Firm / Business or Agency:	"IDOC
Address: 16830512+	City: Cvest Mill State: 16 Zip: 6
Email: _idalen 1683	eyahoo.com
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

DATE. 0/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:
Name: Rosa Espinora
Title: Correctional Laundry Manager
Firm / Business or Agency: In Oppt of Corrections - Stateville
Address: 222 Whrte Eagle City: Plainfield State: IL Zip: 60586
Email: Esois da I D yahoo. com
POSITION: Proponent Opponent No Position
TESTIMONY: Oral Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional C	enter
IDENTIFICATION:		
Name: Sherri	L. MIER	
Title: HR. Sp8	Des	
Firm / Business or Agency:	7045/517R	
Address: 3848 M	Donough City: Jolel State	O zip: 60436
Email: Sue (Sn	7. 1180 Gmail. Con	
POSITION: Prop	onent Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Rec	ord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correcti	onal Center
IDENTIFICATION:		
Name: Yahu	wa Kambul	
Title:	,	
Firm / Business or Agency:	IDOC (STATEDILLE)	
Address: 300 CATO	O FARM RD, TEL ZZCity: LOCKPORT	State: IL Zip: 60491
Email: yahusa	ka yahoo.com	
POSITION: Propo	onent Opponent No Position	on
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DA1E: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Imile	Kent
Title: Potived	
Firm / Business or Agency:	Corrections
Address: 957 Mgs	on Ave City: Joseph State: Il Zip: 60435
Email:	
POSITION: Propo	nent Deponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24	
SUBJECT MATTER: Pro	posed Closure of the Stateville Correctional Center	
IDENTIFICATION:		
Name: Dachannell	Rashad	
Title: COSSECTION	al CIERK IT	
Firm / Business or Agency:	DOC Stateville C.C.	
Address: UB30	S. R+5city: CRESH Hal State: TC Zip: 604	10
Email: dachame		
POSITION: Proponent	Opponent No Position	
TESTIMONY: Oral	Written Statement Filed Record of Appearance On	ly



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Sanbra L	Jaiker-Mc Nair
Title: Retires	
Firm / Business or Agency:	
Address: 2100 Maplewa	od Lone City: Joli et State: IL Zip: 60433
Email: Sandenswark	ermenair Oyakoo. Cow
POSITION: Proponen	
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: John	Pittordo
Title:	
Firm / Business or Agenc	T.D.O.C
Address: 16830	S. RT 53 City: Crest Hill State: 60403 Zip: G0403
Email:	
POSITION: Pr	oponent Opponent No Position
TESTIMONY: O	written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

-	₩ 	_DA	TE: <u>/6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville	Correctional Cent	er
IDENTIFICATION:  Name: Sm.+	, E	,	
Title:	<i>J</i>		
Firm / Business or Agency:			
Address:	City:	State:	Zip:
Email:		3	
POSITION: Propo	nent Opponent N	o Position	· .
TESTIMONY: Oral	Written Statement File	ed Record	of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: NICORe	ckerson
Title: Correction (	ounseler A
Firm / Business or Agency:	Stateville
Address: 140 Scales	Circle City: Romesville State: IL Zip: 60446
Email: nickicola	2 Qyahoocoly
POSITION: Propo	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

-		DATE: /6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional	Center
IDENTIFICATION:		v.
Name: Dalona [	Davis	· · · · · · · · · · · · · · · · · · ·
Title: Corrections	al officer	*
Firm / Business or Agency:	Stateville Correctional Gen	to-
Address:	City: Crest [till State	: IL Zip: 60403
Email: ahawiganah c	Lous, deleshadychoo.com	*
POSITION: Propor	nent Opponent No Position	•
TESTIMONY: Oral	Written Statement Filed Re	ecord of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville C	Correctional Center
IDENTIFICATION:		
Name: JASMINE BI	2 FWER	
Title: 10		
Firm / Business or Agency:	itateville	
Address:	City:	State:Zip:
Email: 16rewer0100	Jahoo.gom	
POSITION: Propor		Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville	e Correctional Center
<b>IDENTIFICATION:</b>		
Name: FELIPE	ZAVALA	
Title: SHIFF S	inperVISOR	
Firm / Business or Agency:	Statz VILLE CC	
Address: CR35t H	4, L L City:	State:Zip:
Email: Captiva	24@ YAHDO. COM	
POSITION: Propo	onent Opponent N	No Position
TESTIMONY: Oral	Written Statement File	ed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: P	roposed Closure of the Stateville Co	rrectional Center
IDENTIFICATION:		
Name: Ira Robinson		-
Title: CO		
Firm / Business or Agency:	DOC	
Address:	City:	State:Zip:
Email:		
POSITION: Proponent	Opponent No P	osition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	(8) /-	DATE:	6/11/24
SUBJECT MATTER: Proposed Clo	osure of the Stateville Corr	ectional Center	
IDENTIFICATION:			
Name: Pe-lin Green Ty			
Title: Sergean +			-
Firm / Business or Agency:	, 	^	
Address: 1707 Muran Or	City: Shore wood	State: IL Zi	p: 604001
Email: PGIII 11243 D sma:1	· com	- Water	
POSITION: Proponent	Opponent No Pos	sition	#
TESTIMONY: Oral	Vritten Statement Filed	Record of App	earance Only
WDITTEN COMMENTS.			



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 0/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name:	en Janeson
Title: Royling	0 -00.
Firm / Business or Agency:	IDOC
Address: POB 776	City: LOCKPON State: JL Zip: 60441
Email: NEFERTITIE	9 @ gmail. Com
POSITION: Propor	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Jasmine	Warr
Title:	
Firm / Business or Agency:	Stateville
Address: 11040 8 1	owe City: Chicago State: Il Zip: 60620
Email: Ocage746	yalhao, com
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the	e Stateville Correctional Center
IDENTIFICATION:	
Name: Melvin G Norugh	A SR
Title: Correctional e	fices
Firm / Business or Agency:	$V_{2}$
Address: Die 53 City	Crot WI State: Te Zip:
Email: Jamrock Expression (@ 9	mail. com
POSITION: Proponent Opponent	No Position
TESTIMONY: Oral Written State	ement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Rand	a Margaeila
Title:	7
Firm / Business or Agency:	INOC STRISVILLE CE
Address:	City:State:Zip:
Email: 89 und	anadis @ Jahos com
POSITION: Prop	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville C	orrectional Center
IDENTIFICATION:		
Name: TRANCO	ES LUCAS	
Title: Carrection	Officer	
Firm / Business or Agency:	IDOC	
Address: Statev!/k	City:	State: Zip:
Email: DJF-AMU	1SI CCLIAHOO	
POSITION: Propon	ent Opponent No F	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only
WDITTEN COMMENTS		



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		<u>DATE:</u>	6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Co	orrectional Center	
IDENTIFICATION:			
Name:	1 Danda	13	$\cap$
Title:	GT USD118	1501	Maria
Firm / Business or Agency:		6	
Address:	City:	State:	Zip:
Email: DM 160	Jaha-com		-
POSITION: Prope	onent pponent No P	osition	
TESTIMONY: Oral	Written Statement Filed	Record of A	Appearance Only
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Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER: Pro	posed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Shawn Vinsan	
Title: GF-55 II	
Firm / Business or Agency:	o C
Address: 903 Cora	City: Solvert State: ZC Zip: Gol(35
Email: Surry 72278 @ 191	
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only
WDITTEN COMMENTS	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

DATE: 6	/11/24
al Center	
e: Zip:	
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t	al Center



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Paging Id	JACHSON
Title:	
Firm / Business or Agency:	Statewille UC
Address:	City:State: Zip:
Email:	
POSITION: Propone	nt Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS.	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	5
Name: Ciera	King
Title: CTO	
Firm / Business or Agency:	
Address: 1867 Ca-	ton Lidge City: Planche Bate: IL Zip: 60586
Email: CKM 578	s@gmail.com
POSITION: Propo	onent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Domotaus	WARN
Title: Poting	Set
Firm / Business or Agency:	& TOOL
Address: 1040 So	City: Chy State: TZ Zip: 666 H
Email: Vglout 196	6 O Ynou Com
POSITION: Propone	ent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS.	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

			DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure o	f the Stateville Co	orrectional Center
IDENTIFICATION:			
Name: Christian	n Simon		
Title:			
Firm / Business or Agency	Stateville		
Address: 401 Docos	etbr	City: Why	on State: 1/ Zip:(0048)
Email: Simonknowsb	etter 91 @gmail. Con		100 (0)
POSITION: Pro	ponent Oppone	nt No P	osition
TESTIMONY: Ora	1 Written	Statement Filed	Record of Appearance Only
WDITTEN COMMENIE			



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

## **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville C	Correctional Center
IDENTIFICATION:		
Name: Chery	rairie	
Title: Office Species	Wist	
Firm / Business or Agency:	DOC	
Address:	City:	State: Zip:
Email: Chery, Pray	rie @ Gmail.com	
POSITION: Propon	ent Opponent No I	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only
WRITTEN COMMENTS:		
Rebuild ve	s/ Mouspire No	



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

-	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
DENTIFICATION:	
Name: Yaula C	lumour
Title: Counselos 1	
Firm / Business or Agency:	Stateville Clinical Services
Address: 709 Silver	leaf Dr City: foliet State: 12 Zip: 4043/
Email: MRS. Kaylac	colemana amoid, con
POSITION: Propor	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only
WRITTEN COMMENTS:	1. 1.11.
The administrar	tion building and other
areas need	to remain open while rebuild to
is occuring	to maintain all processes and sligt
mitionalat	ice space that will be necessary
in all of	most the demands of
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and policia	and moroeduses



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville C	Correctional Center
<b>IDENTIFICATION:</b>		
Name: Spane Ba	act	
Title: Concationo	Food Sypensor	
Firm / Business or Agency: _	State ville Correctional	Cuter
Address:	City:	State: Zip:
Email:		
POSITION: Propos	nent Opponent No	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Co	orrectional Center
<b>IDENTIFICATION:</b>		
Name: Jasmine Rul	aio on behalf	of State Rep. Dagna hep. Avelar Avel
Title: District 1	Director for State	hep. Avelar Avel
Firm / Business or Agency:		· · · · · · · · · · · · · · · · · · ·
Address:	City:	State:Zip:
Email: Jasming Gepd	agmara.org	
POSITION: Propone	nt Opponent No P	osition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only

**WRITTEN COMMENTS:** 

Panel 1



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: P:	roposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Daniel 5	1M PSEA
Title: CIO	
Firm / Business or Agency:	DOC
Address: 7/6 \$1a	(25.1d City: 50/c + State: IL Zip: 6 54 35
Email:	
POSITION: Proponent	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only





Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER: Proj	posed Closure of the Stateville C	Correctional Center
IDENTIFICATION:		
Name Nick Cris	man	
Title:		
Firm / Business or Agency:		
Address:	City:	State:Zip:
Email:		
POSITION: Proponent	Opponent No	Position
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only





Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Corre	ectional Center
IDENTIFICATION:	(	
Name: Latanya	Hunter	
Title: Lieutena	nt	
Firm / Business or Agency:	Stateville	
Address: 6830 S	Rouf City:	State:Zip:
Email: dig4 Set	s@sbcglobal.net	
POSITION: Propon	ent	tion
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only

**WRITTEN COMMENTS:** 

5



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
IDENTIFICATION:	
Name: Keen AL	) U m
Title: Corr. Liet	
Firm / Business or Agency:	:DOC
Address: \\b	City: Creth vl State: Zip: 6
Email:	
POSITION: Proponen	Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only





Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	<u>DATE: 6/11/24</u>
SUBJECT MATTER:	Proposed Closure of the Stateville Correctional Center
<b>IDENTIFICATION:</b>	
Name: Herbert	- Hughey Ir
Title: Presid	ent Retiree Union
Firm / Business or Agency: _	IDOC Stateville
Address: Rte 53 d	- Division City: Cresthill State: FL Zip:
Email: herbert	hughey 7756 a concost net
POSITION: Propos	nent Opponent No Position
TESTIMONY: Oral	Written Statement Filed Record of Appearance Only





Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

		DATE: 6/11/24
SUBJECT MATTI	ER: Proposed Closure of the Stateville Correctiona	l Center
IDENTIFICATIO	N:	
Name: LES /iz	4-WAROGIE	
Title: Correct	ional Lieutermit	
Firm / Business or A	Agency: IDOC	
Address: 250	3 SAddle brook Dr City: NAperille State	e: <u>I</u> Zip: 60564
Email: Guttrou	Ker 123 @ 9 muil - Com	
POSITION:	Proponent Opponent No Position	
TESTIMONY:	Oral Written Statement Filed R	ecord of Appearance Only

WRITTEN COMMENTS:

5



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

### RECORD OF COMMISSION WITNESS

-	* ##	DATE: : 6/11/24
SUBJECT MATTER: P.	roposed Closure of the Stateville Corre	ectional Center
identification:		
Name: Stampley	1+donis	
Title: Correctional	Officer	
Firm / Business or Agency:	1:	
Address: 16907 Glev	Oales Dr City: CCH	State: <u>IL</u> Zip: <u>60478</u>
Email: Stampley ad	onis Qyahoo. com	
POSITION: Proponent	Opponent No Pos	ition
TESTIMONY: Oral	Written Statement Filed	Record of Appearance Only

# Witness Slip

Sobject Matter Apposed Closure State ville CC Name: Jenni Ser Bortino-Tarrant THE: Executive, well county Address Event county execc will county. goo Position: Willowyota Execustra Testareny Xorr1



Co-Chair Senator David Koehler - Co-Chair Representative C.D. Davidsmeyer

#### **RECORD OF COMMISSION WITNESS**

	DATE: 6/11/24
SUBJECT MATTER: Proposed Closure of the Stateville Correctional	Center
IDENTIFICATION:	
Name: JAMES SOTO	
Title: Justice Fellow/ Paralegal	
Firm / Business or Agency: 4 of C & Northwesky	
Address: 1457 W. Sunny Side City: Chicago State	e: 74 Zip: 60640
Email:	
POSITION: Proponent Opponent No Position	
TESTIMONY: Oral Written Statement Filed R	ecord of Appearance Only