

ILLINOIS HOUSE OF REPRESENTATIVES — RECORD OF COMMITTEE WITNESS

RESOLUTION or BILL NUMBER

HB 1530

COMMITTEE House 900, Jca Ed DATE 5-4-83

OTHER (Subject Matter) _____

I. IDENTIFICATION

Name Larry Rawlins
Address _____ City _____ State _____ Zip _____
Title Lobbyist Firm or Business IEA
Business Address _____ City _____ State _____ Zip _____

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

Persons, group, firms represented in this appearance IEA

Capacity in which representation made: (Check appropriate box)

- Registered Lobbyist (The Lobbyist Registration Act appears in Chap. 63, Sec. 171-182, Ill. Rev. Stat.)
- Officer or Employee
- Member
- Other

III. POSITION (Check appropriate box)

- Proponent
- Opponent
- No Position on Merits

IV. TESTIMONY (Check appropriate box/boxes):

Oral Written Statement Filed Record of Appearance Only Signature Larry Rawlins

ILLINOIS HOUSE OF REPRESENTATIVES — RECORD OF COMMITTEE WITNESS

RESOLUTION or BILL NUMBER

1530

COMMITTEE Education DATE 5-4-83

OTHER (Subject Matter) _____

I. IDENTIFICATION

Name Orion Hill
Address Springfield City _____ State _____ Zip _____
Title _____ Firm or Business _____
Business Address _____ City _____ State _____ Zip _____

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

Persons, group, firms represented in this appearance IFT

Capacity in which representation made: (Check appropriate box)

- Registered Lobbyist (The Lobbyist Registration Act appears in Chap. 63, Sec. 171-182, Ill. Rev. Stat.)
- Officer or Employee
- Member
- Other

III. POSITION (Check appropriate box)

- Proponent
- Opponent
- No Position on Merits

IV. TESTIMONY (Check appropriate box/boxes):

Oral Written Statement Filed Record of Appearance Only Signature Orion Hill

ILLINOIS HOUSE OF REPRESENTATIVES — RECORD OF COMMITTEE WITNESS

RESOLUTION or
BILL NUMBER

1530

COMMITTEE El. & Sec. Ed. DATE 5/4/83

OTHER (Subject Matter) _____

I. IDENTIFICATION

Name MARGARET SCHMID
Address UPI 59 E. Van Buren City Chicago State IL Zip 60605
Title Pres. Firm or Business UPI
Business Address (above) City _____ State _____ Zip _____

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

Persons, group, firms represented in this appearance Univ. Prof. IL, local 4100 IFT

Capacity in which representation made: (Check appropriate box)

- Registered Lobbyist (The Lobbyist Registration Act appears in Chap. 63, Sec. 171-182, Ill. Rev. Stat.)
- Officer or Employee
- Member
- Other

III. POSITION (Check appropriate box)

- Proponent
- Opponent
- No Position on Merits

IV. TESTIMONY (Check appropriate box/boxes):

- Oral
 - Written Statement Filed
 - Record of Appearance Only
- Signature
- Margaret Schmid

ILLINOIS HOUSE OF REPRESENTATIVES — RECORD OF COMMITTEE WITNESS

RESOLUTION or
BILL NUMBER

HB 1530

COMMITTEE Elem. & Sec. Ed DATE May 4, 1983

OTHER (Subject Matter) _____

I. IDENTIFICATION

Name CHARLES ZUCKER
Address 513 S. CHICAGO City CHAMPAIGN State IL Zip 61821
Title Exec. Sec. Firm or Business _____
Business Address 1001 S. WRIGHT ST City CHAMPAIGN State IL Zip 61820

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

Persons, group, firms represented in this appearance AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS

Capacity in which representation made: (Check appropriate box)

- Registered Lobbyist (The Lobbyist Registration Act appears in Chap. 63, Sec. 171-182, Ill. Rev. Stat.)
- Officer or Employee
- Member
- Other

III. POSITION (Check appropriate box)

- Proponent
- Opponent
- No Position on Merits

IV. TESTIMONY (Check appropriate box/boxes):

- Oral
 - Written Statement Filed
 - Record of Appearance Only
- Signature
- Charles Zucker

ILLINOIS HOUSE OF REPRESENTATIVES — RECORD OF COMMITTEE WITNESS

RESOLUTION or BILL NUMBER

HB1530

COMMITTEE Education

DATE 5/4/83

OTHER (Subject Matter)

I. IDENTIFICATION

Name NORMAN SWENSON
Address 17951 LOS ANGELES City HOMEWOOD State IL Zip
Title Firm or Business
Business Address City State Zip

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

Persons, group, firms represented in this appearance COOK COUNTY COLLEGE TEACHERS UNION

Capacity in which representation made: (Check appropriate box)

- Registered Lobbyist (The Lobbyist Registration Act appears in Chap. 63, Sec. 171-182, Ill. Rev. Stat.)
Officer or Employee Member Other

III. POSITION (Check appropriate box)

- Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box/boxes):

- Oral Written Statement Filed Record of Appearance Only Signature

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RESOLUTION or BILL NUMBER

1530

COMMITTEE Education

DATE 5-4-83

OTHER (Subject Matter)

I. IDENTIFICATION

Name Oscar Weil
Address Springfield City State Zip
Title Firm or Business
Business Address City State Zip

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

Persons, group, firms represented in this appearance IFT

Capacity in which representation made: (Check appropriate box)

- Registered Lobbyist (The Lobbyist Registration Act appears in Chap. 63, Sec. 171-182, Ill. Rev. Stat.)
Officer or Employee Member Other

III. POSITION (Check appropriate box)

- Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box/boxes):

- Oral Written Statement Filed Record of Appearance Only Signature