

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Redistricting DATE 12-8-09

OTHER (Subject matter) _____

BILL OR RESOLUTION NUMBER

I. IDENTIFICATION

Name Virginia Martínez

Firm/Business/Agency Mexican American Legal Defense & S.E. Fund

Address 11 E Adams Street City Chicago State IL Zip 60603

Title Legislative Staff Attorney

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

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits

Amendment(s) # _____ Proponent Opponent No Position on Merits

Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral

Written Statement Filed

Record of Appearance Only

Signature Virginia Martínez

RECORD OF COMMITTEE WITNESS
STATE SENATE

BILL OR RESOLUTION NUMBER

COMMITTEE Redistricting DATE 12/8/09
OTHER (Subject matter) Voting Rights Act

I. IDENTIFICATION

Name ANITA MADDALI
Firm/Business/Agency MALDEF
Address 11 E. Adams, Suite 700 City Chicago State IL Zip 60603
Title Staff Attorney

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

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature *Anita Maddali*

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Redistricting DATE 12-8-09

OTHER (Subject matter) _____

BILL OR RESOLUTION NUMBER

I. IDENTIFICATION

Name Kathryn S. Nesburg
Firm/Business/Agency League of Women Voters of Illinois
Address 415 N. East City Oak Park State IL Zip 60302
Title Redistricting Chair

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

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits
Amendment(s) # _____ Proponent Opponent No Position on Merits
Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature Kathy S Nesburg

RECORD OF COMMITTEE WITNESS
STATE SENATE

BILL OR RESOLUTION NUMBER

COMMITTEE Redistricting DATE 12-8-09

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Valerie Krejcie
Firm/Business/Agency League of Women Voters of Illinois
Address 332 S. Michigan City Chicago State IL Zip 60601
Title Board member

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

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature Valerie Krejcie

BILL OR RESOLUTION NUMBER

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Redistricting DATE 12/8/2009

OTHER (Subject matter) _____

I. IDENTIFICATION

Name Mary Schaafman

Firm/Business/Agency League of Women Voters of Illinois

Address 332 S Michigan City Chicago State IL Zip 60604

Title Issues & Advocacy Coordinator

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

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits

Amendment(s) # _____ Proponent Opponent No Position on Merits

Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral

Written Statement Filed

Record of Appearance Only

Signature Mary H. Schaafman

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Redistricting DATE 8, 2009

OTHER (Subject matter) _____

BILL OR RESOLUTION NUMBER

I. IDENTIFICATION

Name ANN LOUSIN
Firm/Business/Agency self (Prof; Jolen Marshall Law School)
Address 315 S. Plymouth Ct. City Chicago State IL Zip 60604
Title _____

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

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits
Amendment(s) # _____ Proponent Opponent No Position on Merits
Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature Ann Lousin

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE Senate Redistrict. ^{Comm} DATE 12/8/09

OTHER (Subject matter) _____

BILL OR RESOLUTION NUMBER

I. IDENTIFICATION

Name Terry Smith
Firm/Business/Agency De Paul College of Law
Address 25 E. Jackson Blvd City Chicago State IL Zip 60601
Title Professor

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

Name of person(s), group(s), firm(s) represented in this appearance _____

III. POSITION (Check appropriate box)

Original Bill _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Amendment(s) # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits
Conference Committee Report # _____	<input type="checkbox"/> Proponent	<input type="checkbox"/> Opponent	<input type="checkbox"/> No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral Written Statement Filed Record of Appearance Only

Signature Terry Smith

RECORD OF COMMITTEE WITNESS

STATE SENATE

COMMITTEE redistricting DATE 12/8/09

OTHER (Subject matter) _____

BILL OR RESOLUTION NUMBER

I. IDENTIFICATION

Name Ami Gandhi, Esq.

Firm/Business/Agency Asian American Institute

Address 4753 N. Broadway St. Ste 904 City Chicago State IL Zip 60640

Title Legal Director

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

Name of person(s), group(s), firm(s) represented in this appearance Asian American Institute

III. POSITION (Check appropriate box)

Original Bill _____ Proponent Opponent No Position on Merits

Amendment(s) # _____ Proponent Opponent No Position on Merits

Conference Committee Report # _____ Proponent Opponent No Position on Merits

IV. TESTIMONY (Check appropriate box)

Oral

Written Statement Filed

Record of Appearance Only

Signature Ami Gandhi