PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

| WITNESS REGISTRATION | |
|----------------------------------|-----------------|
| Committee Name: De rate Ducation | |
| Public Hearing on: | Date: 3/19/2015 |

Please register if you wish to testify on the above-named measure/issue. Please print legibly.

| Name PRINT LEGIBLY | Organization or County of Residence | Check if you live more than 100 miles from this meeting. | Position on Measure | | |
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| | | | For | Against | Neutral |
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