n State Legislature WITNESS REGISTRATION

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Committee Name:	Senate	TRAIT	CAR	SHIMM	1 Services
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Public Hearing on:	HIM	7 14		Date:	120113

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

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	(0)	Yes	No	For	Against	Neutral	Yes	No
Pep. Peter Bukley								
Committee Services							Revise	ec