

WITNESS REGISTRATION

Committee Name: SEN. FINANCE + REVENUE

Public Hearing on: HJM 18 Date: 6-17-13

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

Name and Organization or County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
DOUG RIGGS NBIC			✓	✓			✓	
GOMBERG				X				