WITNESS REGISTRATIO

2014 Session Joint Committee on Ways and Means Transp/Ec Dev Sub

Committee Name: JWMED

(Pages

Public Hearing on:

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		Yes	No	For	Against	Neutral	Yes	No
Pavid Williams			×	×				×
David Williams PPS Jessica Adamson Providence			X	X				X
						-		
			:					

Committee Services

Revised 04/04