WITNESS REGISTRATION

Committee Name:_	Senate Rules	
Public Hearing on:_	SB 15 15	Date: <u>Z-18-2014</u>

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
Januce Dysinger							V	
MACK Woods			1		V		*	V
Roxanne Ross			✓		/			/
Roxanne Ross Rob Bovett, OACC				/				/
SANDY RADDWE			_				-	0
Committee Services								ed 04/0