

WITNESS REGISTRATION

Committee Name: JWMHS

Public Hearing on: HB 2015 Date: 6-18-2015

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
3) Eva Rippebeau AFSCME				X				
1) Ashley Jackson ASUCC / OSA				X				
2) Michaela Martin LBCC / OSA				X				