WITNESS REGISTRATION

| Committee Name: | HREV | , , |
|----------------------------------|---|-----------------------|
| Public Hearing on: | HB 2560 | Date: 2/21/1/ |
| Please register if you wish to t | 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? | | | Are you submitting written testimony? | | | |
|---|-----------------------|---|----|-----|---------------------------------------|---------|--------|---------|
| PLEASE PRINT LEGIBLY | | Yes | No | For | Against | Neutral | Yes | No |
| DEBRA BUCHANAN KEVENUE KEN ROSS REVENUE | | | X | | | | X | |
| KEN ROSS REVENUE | | | X | | | | | |
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| Committee Services | | | | | | | Revise | d 04/04 |

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|----|---|--------------------|---|------|----------|---------|---------|---------------------------------------|----|
| | PLEASE PRINT LEGIBLY | (optional) | Yes | No / | For | Against | Neutral | Yes | No |
| | DEBRA BUCHANAN | | | X | | | | X | |
| | DEBRA BUCHANAN REVENUE KEN ROSS REVENUE | | | X | | | | | |
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Committee Services

Revised 04/04