WITNESS REGISTRATION

Committee Name:_	HREV	
്ublic Hearing on:_	SB 306-A	Date: 3/8/2011
Please register if you wish t	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	(optional)	Yes	No	For	Against	Neutral	Yes	No
Sim McCorlay WAShirl 6 for County				X				X
Washirster Counts				X				X
Hasina Squires	45			X	4-4			X
Committee Services							D!	ed 04/04

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PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Fim McCorlay WAShul 6 for (Porny)				X				X
DANI OLSEN				×				X
Hasina Squires Special District	15			X	1-4			X
			-					
	1							
			=					
	Organization or County of Residence PLEASE PRINT LEGIBLY Fin McCarloy	Organization or County of Residence Phone # (Optional) FLEASE PRINT LEGIBLY FIN Mc Carloy WAShul 6 For (County DAM OLSEN	Organization or County of Residence Phone # (Optional) FLEASE PRINT LEGIBLY FINE Mc Carloy WAShul 6 for County DAN OLSEN	Organization or County of Residence Phone # (Optional) PLEASE PRINT LEGIBLY From this meeting location? Yes No Phone # (Optional) From this meeting location? Yes No	Organization or County of Residence Phone # (Optional) PLEASE PRINT LEGIBLY For For For An Olsen	Organization or County of Residence Phone # (Optional) PLEASE PRINT LEGIBLY For Against For Against Phone # (Optional) For Against Phone # (Optional) For Against	Organization or County of Residence Phone # (Optional) PLEASE PRINT LEGIBLY From this meeting location? Yes No For Against Neutral Ann Olsen Olsen	Organization or County of Residence Phone # (Optional) PLEASE PRINT LEGIBLY From this meeting location? Yes No For Against Neutral Yes The Mc Carloy WASA416 For Ounty DAM OLSEN