PUBLIC RECOF	lature WITNESS REGIS	
Committee Name:	Senate Ju	diciary
Public Hearing on:_	5B 780	Date: 3/27/13

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	(optional)	Yes	No	For	Against	Neutral	Yes	No
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