## **WITNESS REGISTRATION**

Committee Name:	SEN.	FINANCE		REVENUE		
Public Hearing on:	53	231		Date:	4-8-13	
Please register if you wish	to testify on	the above named mea	sure/iss	sue. <i>Please pl</i>	rint 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
John Wiser DILAN GRAY								
DYLAN GRAY								
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Committee Services							Revise	d 04"