PUBLIC RECO	NITNESS RE	GISTRATION	\mathcal{A}
Committee Name:	House Dum	an Services	* Nousing
Public Hearing on:	\$B 601	Date:	4 /22/13

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
Jossica adams	N							
Jossica adams Rivia Karen Mainzer 2HS	2							
DIS								