egon State Legislature WITN		ISTRATI	ON					
mmittee Name: Senate f	Rules							
blic Hearing on: SCR い	7		Date:	5-	8-12	<b></b>		
ase register if you wish to testify on the above	e named measu	re/issue.	ease	print	legib	<u>ly.</u>		
Name and Organization <u>or</u> County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live mor than 100 miles from this meeting	ne S	Position			Are you submitting written testimony?	
		Iocation? Yes No	For	Against	Neutral	Yes	No	
Sen. Winter								
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**Committee Services** 

Revised 04/04