WITNESS REGISTRATION

Committee Name: SENATE FINANCE & REVENUE	Committee Name:	SENATE	FINANCE	a	REVENUE
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 Public Hearing on:
 SB IS4 Date:
 2-IS-20I3

 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
Ken Ross DOR								
Committee Services		<u> </u>	<u>I</u>		L	1	Revise	1 ed 04/04