WITNESS REGISTRATION	PUBLIC RECORD			
Committee Name: SENATE BUSINESS LTRANS	PORTATION			
	5.23			

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	(opcional)	Yes	No	For	Against	Neutral	Yes	No
CEAIG CAMPREL			X	X				X

Committee Services