WITNESS REGISTRATION

Please register if you wish to testify on the	e above named measure/i	ssue. <i>Please</i> L	orint legibly.	
Public Hearing on: <u>SB 16</u>		Date:_	2-20-13	
Committee Name: SEN	FINANCE	« REVENU	<u>E</u>	

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
MICHAEL SCLUPGIALO,	378- 4329		\					
Oftenan GAZE TREASURY	4329		×	>				
<u> </u>								
Committee Services				J	1	<u> </u>	Revis	 ed 04/0