WITNESS REGISTRATION

Committee Name: SEN, FINANCE + REVENUE

24 Public Hearing on: $\underline{\leq B}$

Date: 2-20-13

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		Yes	No	For	Against	Neutral	Yes	No
Mary Rivary State Lands				X			<u>×</u>	
Cyneli Wickham				X		-11		
Cyndi Wickham. Jin Green- OSBA Chuck Bennett-COSA				V				
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Committee Services