## **WITNESS REGISTRATION**

Committee Name: <u>SEN.</u>	FINANCE +	REVENUE
Public Hearing on: $\underline{SB}$	15	Date: 2-25-13
Please register if you wish to testify o	n the above named measi	re/issue <b>Please print leaibly.</b>

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
Lauren Lockwood Mcall (State Treasury)			V	V				Same and the same of the same
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Committee Services

Revised 04/04